CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
1601 Response Road, Suite 260, Sacramento, CA 95815
P (916) 287-7915 | www.speechandhearing.ca.gov

TELECONFERENCE BOARD MEETING NOTICE AND AGENDA

The Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board (Board) will hold a Board Meeting via teleconference in accordance with Government Code section 11123, subdivision (b), and via WebEx Events on

Thursday, August 21, 2025, beginning at 1:00 p.m., and continuing on Friday, August 22, 2025, beginning at 9:00 a.m.

TELECONFERENCE LOCATIONS FOR OBSERVATION AND PUBLIC COMMENT:

Board Office
1601 Response Road
Suite 260 (2nd Floor)
Sacramento, CA 95815
(916) 287-7915

Geleris Family Education Center
427 W. Carroll Avenue
Room 1 (Thursday), Room 2 (Friday)
Glendora, CA 91741
(626) 335-0611

Law Office of Scott Warmuth
17700 Castleton St. #168
City of Industry, CA 91748
(888) 517-9888

IMPORTANT NOTICE TO THE PUBLIC:

The Board will hold this public meeting via WebEx, to observe and participate, please log on to WebEx (Instructions to connect to this meeting can be found at the end of this agenda). To participate in the WebEx Events meeting, please log on to the following websites each day of the meeting:

Thursday, August 21, 2025, WebEx Link, beginning at 1:00 p.m.:
If accessing by computer or online: **Click here to join the meeting**. If joining using the link above: Webinar number: 2496 155 9791, Webinar password: SLPAHA821. If accessing by phone: Dial +1-415-655-0001 US Toll, Access code: 2496 155 9791, Passcode: 75724232.

Friday, August 22, 2025, WebEx Link, beginning at 9:00 a.m.:
If accessing by computer or online: **Click here to join the meeting**. If joining using the link above: Webinar number: 2484 599 7084, Webinar password: SLPAHA822. If accessing by phone: Dial +1-415-655-0001 US Toll, Access code: 2484 599 7084, Passcode: 75724232.

Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. When signing into the WebEx platform, participants may be asked for their name and email address. Participants who choose not to provide their names will be required to provide a unique identifier, such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make a public comment. Participants who choose not to provide their email address may utilize a fictitious email address in the following sample format: XXXXX@mailinator.com

Due to potential technical difficulties, please consider submitting written comments by 5:00 pm, Tuesday, August 19, 2025, to speechandhearing@dca.ca.gov for consideration.

Action may be taken on any agenda item. Items may be taken out of order to facilitate the effective transaction of Board business.

Thursday, August 21, 2025, beginning at 1:00 p.m.

Board Members
Gilda Dominguez, Speech-Language Pathologist, Board Chair
Amy White, Dispensing Audiologist, Board Vice Chair
Tod Borges, Hearing Aid Dispenser
Tamara Chambers, Otolaryngologist, Public Member
Francis David, Speech-Language Pathologist
Charles Sanders, Dispensing Audiologist
Karen Chang, Public Member
VACANT, Hearing Aid Dispenser
VACANT, Public Member

Full Board Meeting Agenda

OPEN SESSION

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

2. Swearing in New Board Member and Appointment to Board Committees

Recess to Committee Meeting Business

Speech-Language Pathology Practice Committee Members
Gilda Dominguez, Speech-Language Pathologist, Committee Chair
Tamara Chambers, Otolaryngologist, Public Member
Francis David, Speech-Language Pathologist

Speech-Language Pathology Practice Committee Agenda

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

2. Public Comment for Items Not on the Agenda
(The Committee 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))

3. Discussion and Possible Action to Amend Regulations Regarding Scope of Responsibility, Duties, and Functions of Speech-Language Pathology Assistants Related to Swallow Therapy as Stated in Title 16, California Code of Regulations (CCR) section 1399.170.3

4. Discussion and Possible Action to Amend Regulations Regarding General Application Requirements and Speech-Language Pathology Aide and Audiology Aide Requirements and Scope of Activities, Duties and Functions as Stated in Title 16, CCR Sections 1399.151.2, 1399.151.3, 1399.151.4, 1399.154 through 1399.154.12, and 1399.157

5. Discussion and Possible Action to Recommend to the Full Board to initiate a Rulemaking to Amend Requirements for Continuing Professional Development for Speech-Language Pathology Assistants as Stated in Business and Professions Code (BPC) 2538.1 and Title 16, CCR Sections 1399.170.14 and 1399.170.15

6. Adjournment

Upon Adjournment of the Speech-Language Pathology Practice Committee Meeting

Hearing Aid Dispensing Committee Members
Tod Borges, Hearing Aid Dispenser, Committee Chair
Charles Sanders, Dispensing Audiologist
Tamara Chambers, Otolaryngologist, Public Member
Amy White, Dispensing Audiologist
VACANT, Hearing Aid Dispenser

Hearing Aid Dispensing Committee Agenda

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

2. Public Comment for Items Not on the Agenda
   (The Committee 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))

3. Discussion and Possible Action Regarding Postfitting Counseling and Foreign Body In The Ear Canal as Stated in BPC Sections 2538.11, 2538.36, and 2539.6 and Title 16, CCR Sections 1399.125 and 1399.126

4. Discussion Regarding Hearing Aid Dispenser Trainee Supervision and Operations at Primary and Branch Locations of their Supervisor as Stated in BPC Sections 2538.27, 2538.28, 2538.30, 2538.33, 2538.34, 2538.35, and 2538.53 and Title 16, CCR Sections 1399.114, 1399.116, 1399.117, 1399.118, and 1399.119

5. Adjournment

Upon Adjournment of the Hearing Aid Dispensing Committee Meeting

Audiology Practice Committee Members
Amy White, Dispensing Audiologist, Committee Chair
Karen Chang, Public Member
Tamara Chambers, Otolaryngologist, Public Member
Charles Sanders, Dispensing Audiologist

Audiology Practice Committee Agenda

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

2. Public Comment for Items Not on the Agenda
(The Committee 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))

3. Discussion and Possible Action to Amend Regulations Regarding General Application Requirements and Speech-Language Pathology Aide and Audiology Aide Requirements and Scope of Activities, Duties and Functions as Stated in Title 16, CCR Sections 1399.151.2, 1399.151.3, 1399.151.4, 1399.154 through 1399.154.12, and 1399.157

4. Adjournment

Upon Adjournment of the Audiology Practice Committee or Friday, August 22, 2025, beginning at 9:00 a.m.

Board Members
Gilda Dominguez, Speech-Language Pathologist, Board Chair
Amy White, Dispensing Audiologist, Board Vice Chair
Tod Borges, Hearing Aid Dispenser
Tamara Chambers, Otolaryngologist, Public Member
Francis David, Speech-Language Pathologist
Charles Sanders, Dispensing Audiologist
Karen Chang, Public Member
VACANT, Hearing Aid Dispenser
VACANT, Public Member

Full Board Meeting Agenda

OPEN SESSION

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

2. 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))*

3. Review and Possible Approval of the May 15, 2025, Committee Meetings Minutes

4. Review and Possible Approval of the May 16, 2025, Board Meeting Minutes

5. DCA Update – DCA Board and Bureau Relations

6. Board Chair's Report
   a) Board and Committee Meeting Calendar
   b) Board Committee Reports
      i. Speech-Language Pathology Practice Committee
      ii. Hearing Aid Dispensing Committee
      iii. Audiology Practice Committee

7. Executive Officer's Report
   a) Administration Update
   b) Outreach Update
   c) Budget Report
   d) Regulations Report
   e) Licensing Report
   f) Practical Examination Report
   g) Enforcement Report

8. Legislative Report: Update, Review, and Possible Action on Proposed Legislation
   a) Legislative Calendar and Deadlines
   b) 2025 Board-Sponsored Legislation
      i. Senate Bill (SB) 861 (Committee on Business, Professions and Economic Development) Consumer affairs.
   c) Bills with Recommended Watch Status
      i. Assembly Bill (AB) 45 (Bauer-Kahan) Privacy: health data: location and research.
      ii. AB 322 (Ward) Precise geolocation information.
      iii. AB 346 (Nguyen) In-home supportive services: licensed health care professional certification.
      iv. AB 364 (DeMaio) Personal information: maintenance.
      v. AB 410 (Wilson) Bots: disclosure.
      vi. AB 485 (Ortega) Labor Commissioner: unsatisfied judgments: nonpayment of wages.
      vii. AB 489 (Bonta) Health care professions: deceptive terms or letters: artificial intelligence.
      viii. AB 667 (Solache) Professions and vocations: license examinations: interpreters.
      ix. AB 742 (Elhawary) Department of Consumer Affairs: licensing: applicants who are descendants of slaves.
      x. AB 784 (Hoover) Special education: specialized deaf and hard-of-hearing services.
      xi. AB 970 (McKinnor) Child abuse and neglect reporting.
      xii. AB 1015 (Patel) Discrimination and harassment prevention training.
      xiii. AB 1110 (Ortega) Safety rules and regulations: notice.
      xiv. AB 1192 (Carrillo) Child abuse or neglect: reporting.
      xv. AB 1326 (Ahrens) Masks: individual or public health.
      xvi. AB 1327 (Aguiar-Curry) Home improvement and home solicitation: right to cancel contracts: notice.
      xvii. SB 81 (Arreguín) Health and care facilities: information sharing.
      xviii. SB 82 (Umberg) Contracts: consumer goods and services: dispute resolution provisions.
      xix. SB 294 (Reyes) The Workplace Know Your Rights Act.
      xx. SB 402 (Valladares) Health care coverage: autism.
      xxi. SB 446 (Hurtado) Data breaches: customer notification.
      xxii. SB 470 (Laird) Bagley-Keene Open Meeting Act: teleconferencing.
      xxiii. SB 497 (Wiener) Legally protected health care activity.
      xxiv. SB 641 (Ashby) Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions.

9. Legislative Items for Future Meeting *(The Board May Discuss Other Items of Legislation in Sufficient Detail to Determine Whether Such Items Should be on a Future Board Meeting Agenda and/or Whether to Hold a Special Meeting of the Board to Discuss Such Items Pursuant to Government Code section 11125.4)*

10. Discussion and Possible Action to Propose Amendments to Statutorily Approved Continuing Professional Development Providers as Stated in BPC Section 2532.6

11. Discussion and Possible Action to Propose Amendments to Statutory Requirements for Continuing Professional Development of Speech-Language Pathology Assistants as Stated in BPC Section 2538.1(b)(6)

12. Discussion and Possible Action Regarding Proposed Amendments to Obtain Statutory Authority for Implementing a Retired License Status for Board Licensees

13. Discussion and Possible Action Regarding Technical Statutory Clean-up

BREAK 12:30 – 1:00 pm (Time Approximate)

OPEN SESSION

14. Discussion and Possible Action Regarding Audiology Practice Committee Recommendation Regarding Consumer Protection and Licensing Issues Related to Potential Creation of an Audiology Assistant License Type

15. Update on Centers for Medicare & Medicaid Services Changes to the Interpretation of the Medicare Benefit Policy Manual Related to Required Professional Experience Temporary License Holders' Treatment of Medicare Patients and Billing for Services

16. Discussion of the February 2025 Occupational Analysis of the Speech-Language Pathologist Profession

17. Discussion on Hearing Aid Dispensing Licensing Examinations as stated in BPC sections 2538.17, 2538.25, 2538.31, and 2538.32, and Title 16, CCR Sections 1399.112, 1399.120, 1399.121, 1399.122, and 1399.152.4

18. Discussion on Hearing Healthcare Provider Letter Regarding Workforce Shortages and Recommendations to Address those Shortages through Licensure Reciprocity and Changes to Regulations regarding Hearing Aid Trainee as stated in Title 16, CCR Sections 1399.114, 1399.116, 1399.117, 1399.118, and 1399.119

19. Regulatory Report: Update, Review, and Possible Action on Board Regulation Packages
    a) Update on Regulations Regarding Processing Times as Stated in Title 16, CCR Sections 1399.113, 1399.141, 1399.151.1, 1399.153.2, 1399.160.6, 1399.170.4, and 1399.170.13
    b) Update on Regulations Regarding Audiology Licensing Requirements Related to Supervised Clinical Experience as Stated in Title 16, CCR section 1399.152.2
    c) Update on Regulations Regarding Hearing Aid Dispensers Trainee and Temporary Licensee Supervision as Stated in Title 16, CCR sections 1399.102 and 1399.115 through 1399.119
    d) Update on Regulations Regarding General Application Requirements and Hearing Aid Dispensers and Dispensing Audiologists Examination Requirements as Stated in Title 16, CCR sections 1399.112, 1399.120, 1399.121, 1399.122, and 1399.152.4
    e) Update on Regulations Regarding Approved Institutions as Stated in Title 16, CCR section 1399.152
    f) Update on Regulations Regarding Fingerprinting Requirements as Stated in Title 16, CCR sections 1399.112, 1399.151.2, and 1399.170.14

20. Future Agenda Items

CLOSED SESSION

21. The Board Will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Proposed Decisions, Stipulated Decisions, Defaults, Petitions for Reductions in Penalty, Petitions for Reconsideration, and Remands.

OPEN SESSION

22. 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. 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) 287-7915 or making a written request to Cherise Burns, Executive Officer, 1601 Response Road, Suite 260, Sacramento, California 95815. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.

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MEMORANDUM

DATE	August 8, 2025
TO	Speech-Language Pathology Practice Committee
FROM	Maria Liranzo, Legislation/Regulation/Budget Analyst
SUBJECT	Agenda Item 3: Discussion and Possible Action to Amend Regulations Regarding Scope of Responsibility, Duties, and Functions of Speech-Language Pathology Assistants Related to Swallow Therapy as Stated in Title 16, California Code of Regulations (CCR) section 1399.170.3

Background

On November 30, 2023, the Speech-Language Pathology Practice Committee (Committee) discussed the practice restriction on speech-language pathology assistants (SLPA) regarding the performance of oral pharyngeal swallow therapy with bolus material.

At its December 5, 2024, meeting, the Committee reviewed and discussed SLPA practice restrictions in neighboring states and the scope of practice for both the occupational therapy assistant and physical therapist assistant.

The Committee directed Board staff to provide information on the following, which were discussed at its Committee meeting on May 15, 2025:

- Curriculum related to swallowing and feeding for both Board-approved SLPA training programs and occupational therapy assistant (OTA) training programs;
- The role of an OTA under the supervision of an occupational therapist (OT) with advanced practice in swallowing assessment, evaluation, or intervention;
- The setting in which OTA are performing swallowing and feeding therapy; and
- The registration of OTs as a speech-language pathology (SLP) aide when they are operating under the supervision of a speech-language pathologist for the purpose of fulfilling the 240 hours of experience required to obtain advanced practice certification in swallowing assessment, evaluation and intervention.

At this meeting, the Committee directed Board staff to provide information on where OTA work (Attachment A). The Committee also directed Board staff to draft regulatory text that would remove restrictions on SLPAs performing oral pharyngeal swallow therapy with bolus material (Attachment B).

Summary of Changes

The following are proposed regulatory changes to remove restrictions on SLPAs performing oral pharyngeal swallow therapy with bolus material:

- CCR Section 1399.170.3 was amended to remove restrictions on SLPAs performing oral pharyngeal swallow therapy with bolus material.

Discussion Questions,

1. Given that OTs are required to complete coursework in addition to supervised experience (Attachment C), and SLPA Programs do not include swallowing curriculum, should there be a coursework requirement for SLPAs to perform oral pharyngeal swallow therapy with bolus material?

   When reviewing foreign educated SLP graduates (Attachment D), the Board requires that their coursework includes course content related to Anatomy of Physiology of Swallowing and Swallowing/Dysphagia. In reviewing SLP programs in the state, these are often provided in one- or two- three (3) semester unit courses. Similar to the California Board of Occupational Therapy Board (CBOT), the Board defines one academic semester unit as equal to fifteen (15) hours for academic courses credited for continuing education (CCR section 1399.160.5).

2. Given that SLPAs complete 100 hours of fieldwork experience for licensure, is 240 hours of supervised experience in oral pharyngeal swallow therapy with bolus material excessive?

   a. If so, how many hours of supervised experience should a SLPA receive to perform oral pharyngeal swallow therapy with bolus material?

3. Does the written verification of competency need to be an original document or is a copy sufficient? Should the written verification of competency require a statement of competency along with the SLPs signature and license number? Does the SLP need to be licensed in California, or can this training be done by an SLP licensed in any state or US territory?

4. What method of approval is needed for the SLPA to perform this procedure on a patient? Does it need to be written and/or maintained on file and produced for Board inspection?

5. Where should these requirements be specified? Should they be specified in CCR section 1399.170.1 regarding the responsibilities, duties, and functions of a SLPA? Should there be cross references to these requirements in other sections, such as CCR section 1399.170.2 regarding the types of supervision required for duties performed by a SLPA?

6. Do special considerations need to be made for feeding and swallowing in schools? Would the requirements discussed apply to SLPAs in school setting or should there be different requirements?

Action Requested

Staff recommends the Committee review and discuss the materials provided and determine if additional regulation sections require amendments to institute educational and supervised experience requirements to establish competency as well as supervision requirements specific to the provision of swallow therapy with bolus material by SLPAs.

Attachment A: CBOT Workforce Report
Attachment B: Swallow Therapy Performed by SLPAs Text Proposal
Attachment C: CBOT Laws and Regulations
Attachment D: Foreign Educated SLP Graduate Application
Attachment E: American Speech-Language-Hearing Association (ASHA) Technical Paper on Report on Swallowing and Swallowing Disorders Graduate Curriculum
Attachment F: ASHA Pediatric Feeding and Swallowing

WORKFORCE NEEDS ASSESSMENT

IN CALIFORNIA

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October 2021

POWERED BY
California Community Colleges

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Acknowledgements

A collaboration between the California Board of Occupational Therapy (CBOT), and the California Community Colleges' Centers of Excellence for Labor Market Research (COE) and Health Workforce Initiative (HWI), this report profiles the licensed occupational therapy assistant workforce with a focus on employment and educational opportunities.

Special thanks for the contributions from the following individuals:

- John Cordova, RN, BSN, PHN
  Statewide Director Employer Engagement - Health Workforce Initiative (ret.)
- Heather Martin, Executive Officer
  California Board of Occupational Therapy

We welcome feedback on this report. If you have comments or questions, please contact the COE via email at info@coeccc.net.

C·O·E
CENTERS OF EXCELLENCE
FOR LABOR MARKET RESEARCH

For information on this report contact:

Laura Coleman, Statewide Director
Centers of Excellence for Labor Market Research
colemal@losrios.edu / www.coeccc.net

CALIFORNIA BOARD OF CBOT OCCUPATIONAL THERAPY

For information about occupational therapy licensing in California contact:

Heather Martin, Executive Officer
California Board of Occupational Therapy
cbot@dca.ca.gov / www.bot.ca.gov

Executive Summary

In collaboration with the California Board of Occupational Therapy, the California Community College Centers of Excellence conducted the 2019 California Occupational Therapy Assistant Workforce Survey, the only survey focused on the Occupational Therapy Assistant (OTA) workforce in California. This report combines original survey data with recent educational and employment statistics and projections to describe the current OTA workforce, the educational programs that train OTAs, and the growing employer demand for OTAs in California. The findings generate critical insights to support the growing healthcare needs of the state and the future of the OTA profession.

Key Takeaway: Recent OTA graduates are younger and more racially and ethnically diverse than the current OTA workforce as a whole.

- **Recommendation**: Support and invest in equity and inclusion initiatives at the regional and state level to ensure that employers retain new program graduates. Education programs for OTAs might focus on recruiting more Hispanic/Latino OTAs, who are currently underrepresented in the profession relative to the population of California.

Key Takeaway: While wages were good on average ($51,200 for those with one job), wages are lower for OTAs with less experience. For those who had been licensed for two years or fewer, almost half (49%) earned less than $50,000 annually.

- **Recommendation**: It is critical to keep wages high, especially for new entrants to the profession. High entry-level wages are one way to safeguard against occupational separations – workers who leave an occupation for other types of work. Additionally, as many OTAs come to the field from another health profession, high wages will encourage more workers with allied health backgrounds to consider becoming an OTA.

Key Takeaway: There is significant interest in continued education – of the OTAs surveyed, many expressed interest in pursuing higher education to advance in the field of occupational therapy.

- **Recommendation**: Before expanding educational offerings, the labor market value of advanced degrees as well as changes to occupational competencies (such as knowledge, skills and abilities) related to positions requiring more education should be substantiated by industry employers.

Key Takeaway: In an average year, about 310 OTAs graduate from training programs in California. Occupational demand is estimated to be about 340 jobs annually.

- **Recommendation**: To meet employer demand through 2024, educational programs could moderately increase the number of OTA graduates. Given that close to 40% of the surveyed OTAs reported holding multiple OTA positions, the ratio of new entrant (defined here as average annual completers) to job opening (defined here as average job growth plus replacement needs) is not necessarily a one-to-one relationship. When considering expanding program capacity, demand should be validated by local employers, including the type of positions they are recruiting for – full-time versus part-time, per diem, etc.

Occupational Therapy Assistants in California

To better understand the labor market conditions for OTAs, the composition of the current OTA workforce, and the potential supply of new entrants to the profession, this study compiled data from multiple sources. The data includes information collected directly from licensed OTAs, from OTA training programs (where available), and current and projected occupational employment data for OTAs.

In collaboration with the California Board of Occupational Therapy (CBOT), the California Community College Centers of Excellence for Labor Market Research (COE) conducted the 2019 California Occupational Therapy Assistant Workforce Survey. In July 2019, 3,500 OTAs — every OTA in the state with an active license at the time — received a letter inviting them to complete an online survey in exchange for a participation incentive. Participants were able to submit responses online until August 2019. In total, over 550 OTAs, representing 16% of all active licensees, completed the survey. Their responses provide insight into the demographic composition of OTAs in California, their education, licensure, job characteristics such as work tasks, scheduling, and compensation, and the future of the OTA profession, including retirement and potential policy changes.

Current OTA Workforce

This section includes a demographic profile of the existing OTA workforce, where OTAs are typically employed, how much they earn and the pipeline of community college students.

Size of the OTA Workforce

In 2019, there were 2,917 OTAs employed in the state of California[1]. This is an increase of more than 1,000 OTAs in the last ten years; OTAs numbered 1,246 in 2009. By the year 2024, California is forecasted to employ 3,643 OTAs, an increase of 726 workers.

According to state licensure data[2], out of an estimated 3,500 individuals who held an active OTA license in the state, nearly 600 were not employed in the profession. Based on survey responses, a quarter of respondents (25%) were new licensees, while 39% had held a license for 3-10 years and 36% had held a license for more than a decade (See Exhibit 1).

Exhibit 1: Years with License

Licensed for:	Responses	% Responses
0-2 years	138	25%
3-5 years	127	23%
6-10 years	91	16%
11-20 years	103	18%
21 or more years	100	18%
Totals	559	100%

In 2019

3,500 OTA licenses

2,917 OTAs employed

[1] Economic Modeling Specialists, Inc. 2020.1

[2] License count as of July 2019. Source: Department of Consumer Affairs, Licensee Lists. Accessed online at https://www.dca.ca.gov/consumers/public_info/index.shtml.

Demographics

Gender

According to survey responses, women make up a larger proportion of OTAs (82%) than men (17%) and a small number of OTAs (1%) were transgender. This percentage is consistent with data reported by the California Board of Occupational Therapy, who reported that 79% of OTAs were female.[3]

Exhibit 2: Gender Distribution of OTAs

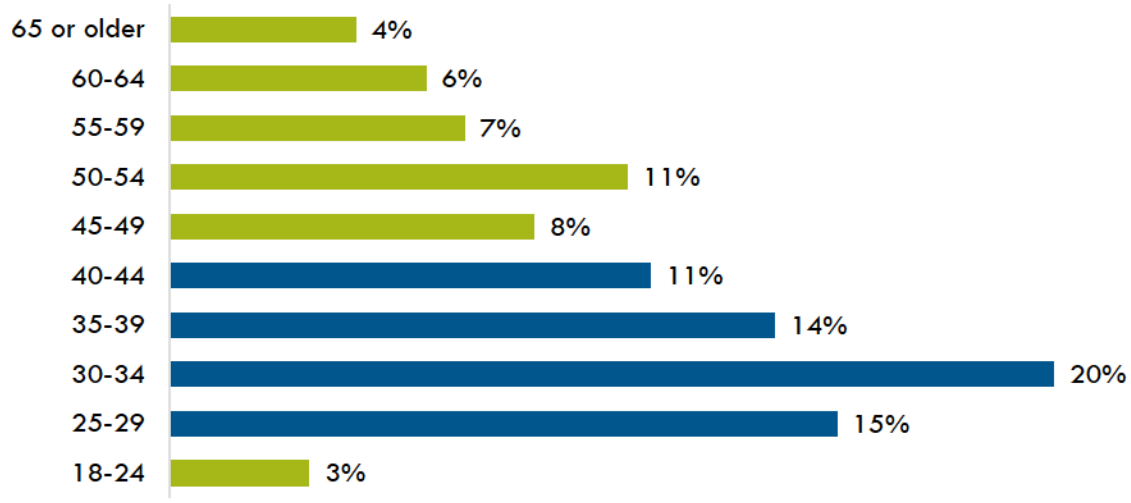
	Responses	% Responses
Female	459	82%
Male	96	17%
Transgender	3	1%
Total	**558**	**100%**

The prevalence of more women working as OTAs is mirrored in the current pipeline of students in OTA training programs. In the CCC system, 81% of students in the 2018-2019 academic year were female and 17% were male. This gender composition has been consistent over the last three academic years (2016-2017 and 2017-2018, and 2018-2019).

Age

Most survey respondents (60%) were age 25 to 44 years old as indicated in blue in Exhibit 3. Another 36% of respondents were 45 years of age and older. OTAs ages 18 to 24 years represented three percent of respondents.

Exhibit 3: Age Distribution



Community college students, representing future OTAs, will increase the number of younger OTAs. Nearly half (46%) of students enrolled in OTA programs in the community colleges are between the ages of 25 and 34. The proportion of students just out of high school (ages 20-24) is 18%. This translates to a younger OTA workforce in the next two to three years if students secure employment post program completion.

Race/Ethnicity

More than half of respondents (55%) were white, while underrepresented minority groups accounted for 45% of respondents (Exhibit 4). When compared to the state's racial/ethnic composition, minority groups represented a

[3] California Board of Occupational Therapy, 2019 licensee data.

smaller proportion of the OTA workforce than in the state's population as a whole.[4] When comparing across age groups, OTAs over the age of 40 were significantly more likely to be white than respondents under age 40. This suggests that racial and ethnic minorities are better represented in younger age groups. This also implies that as OTAs retire, the OTA workforce may become more racially/ethnically diverse.

A breakdown of students enrolled in OTA training programs in 2018-19 reveals the racial and ethnic makeup is primarily white (32%), Latino or Hispanic (29%) and Asian (13%). The remaining 26% of respondents identified as Black, two or more races, or another race.

Exhibit 4: Race/Ethnicity of Surveyed OTAs and California Population[5]

	OTA Workforce		California Residents
	Responses	% Responses	% Population
White	305	55%	37%
Asian	106	19%	15%
Latino or Hispanic	68	12%	39%
Black	28	5%	7%
Other	22	4%	2%
Two or more races	30	5%	4%

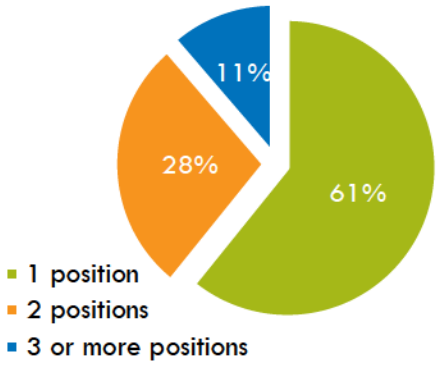
Employment and Compensation

The survey measured the number of licensed OTAs working in their field, their employment status, and their earnings. Overall, licensed OTAs were employed in their profession and a significant number of them held multiple jobs as an OTA (39%). Data collected from survey respondents revealed that 91% of OTA licensees were actively employed in occupational therapy (Exhibit 5), and of those, 70% worked full time. While most OTAs (61%) reported being employed in one position, it was common to hold multiple OTA positions (39%). Employment in multiple OTA jobs may compensate for part-time employment or fluctuations in work hours, help to build savings, and compensate for low wages, according to the findings of this study.

Exhibit 5: Current Employment Status

	Responses	% Responses
Employed in Occupational Therapy only	440	79%
Employed in Occupational Therapy and another field	65	12%
Employed in another field only	13	2%
Unemployed	36	6%
Retired	5	1%

Exhibit 6:Number of OTA positions held



Respondents were also asked how long they had been employed in their current occupational therapy position. In their primary job, 29% of OTAs had two to five years of experience with their current employer, with an additional 26% having six or more years of experience.

[4] Source: US Census Bureau, 2018.

[5] For the race/ethnicity question, survey respondents were asked to select all that apply. The responses were subsequently recoded to ensure that the categories were mutually exclusive. Respondents selecting multiple categories were reclassified into 'Two or more races' category. For the California data, those selecting 'Two or more races' are counted separately than the other race/ethnicity categories. Subsequently, percentages will not sum to 100.

Exhibit 7: Employer Tenure

	Primary Job		Secondary Job	
	Responses	% Responses	Responses	% Responses
Less than 6 months	77	15%	54	27%
6 months - 11 months	60	12%	27	14%
1 year - up to 2 years	93	18%	46	23%
2 years - 5 years	146	29%	46	23%
6 years or more	129	26%	25	13%
Total	**505**	**100%**	**198**	**100%**

In the year prior to the survey, one-fifth (21%) of OTAs were working in a part-time or temporary position when they would have preferred a full-time position. Nearly half (47%) of surveyed OTAs reported they had taken on additional work in the past year (Exhibit 8). While taking on additional work within the profession was common (39%), few respondents (8%) worked a secondary job outside the profession.

Exhibit 8: OTAs and additional work (47% of survey respondents)

	Responses	% Responses
Took additional OTA work in the last year	197	39%
Worked PT but preferred FT	107	21%
Worked outside the profession for additional income	39	8%

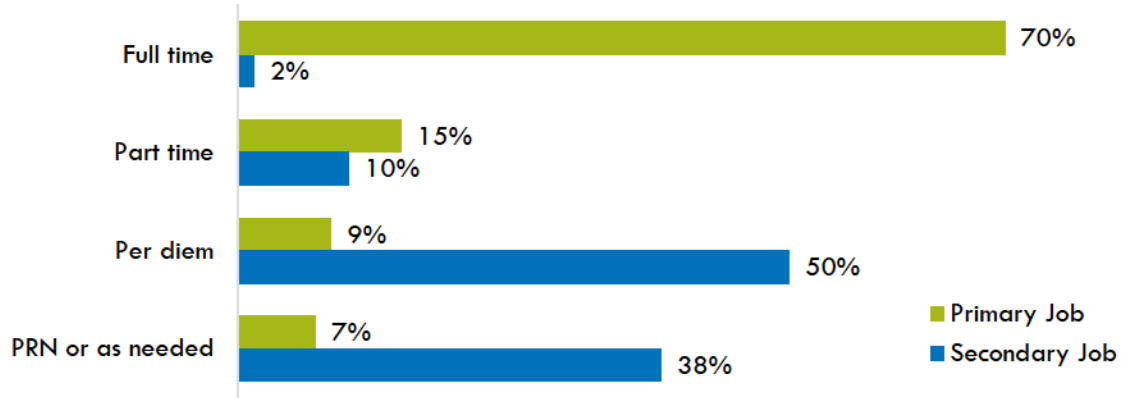
Note: Respondents were asked to select all that apply.

Scheduling

The survey asked respondents to describe how their work hours were typically scheduled. OTAs with only one position generally worked full-time hours while those with more than one position were generally scheduled on a per-diem basis.

- For respondents who held only one OTA position, 70% were scheduled full time while 16% were scheduled either per diem or as needed (PRN). (Exhibit 9).
- These trends were reversed for OTAs who had a second occupational therapy position. In their secondary job, 88% of OTAs were scheduled as per diem or as needed (PRN) while only 2% were scheduled full-time.

Exhibit 9: Primary and Secondary OTA Positions by Type



Earnings

The average reported income (Exhibit 10) for OTAs was $51,200 for those with one job and $65,900 for respondents holding two OTA jobs. These figures are consistent with wage estimates for OTAs in California. Wage data on OTAs in California show the median wage (50th percentile) for OTAs is $74,360 with the lowest 10% (10th percentile) earning about $55,200 and the highest 10% (90th percentile) earning more than $96,000 annually.[6]

Survey responses showed that 87% of OTAs received an hourly wage at their primary work location, while 13% were compensated by salary.

Exhibit 10: Reported Earnings

	Responses	% Responses	OTA Wages in California
Less than $30,000	67	13%	
$30,000-$49,999	90	18%	
$50,000-$59,999	72	14%	10th Percentile
$60,000-$69,999	91	18%	
$70,000-$79,999	78	15%	Median (50th)
$80,000-$99,999	44	9%	90th Percentile
$100,000 or more	24	5%	
Prefer not to say	39	8%	
Totals	**505**	**100%**	

Survey findings also indicated more years of experience was correlated with higher earnings (Exhibit 11). Respondents who had been licensed as an OTA for less than two years had significantly lower median earnings than OTAs licensed 3-10 years or OTAs licensed more than 10 years. However, there was not a significant salary increase between OTAs licensed 3-10 years and OTAs licensed more than 10 years, which could warrant further exploration into wages paid and years of work experience.

Exhibit 11: Income by Number of Years with an OTA License

	0 2 Years		3 10 Years		More than 10 Years	
	Responses	% Responses	Responses	% Responses	Responses	% Responses
Less than $30,000	37	30%	18	9%	13	7%
$30,000-$49,999	23	19%	38	18%	29	16%
$50,000-$59,999	19	16%	28	14%	25	14%
$60,000-$69,999	9	7%	45	22%	37	21%
$70,000-$79,999	6	5%	38	18%	34	19%
$80,000-$99,999	9	7%	18	9%	17	10%
$100,000 or more	1	1%	13	6%	10	6%
Prefer not to say	18	15%	8	4%	13	7%
Total	**122**	**100%**	**206**	**100%**	**178**	**100%**

[6] Source: Economic Modeling Specialists, Inc., 2021.3 – QCEW Employees, Non-QCEW Employees, and Self-Employed

Work Environment

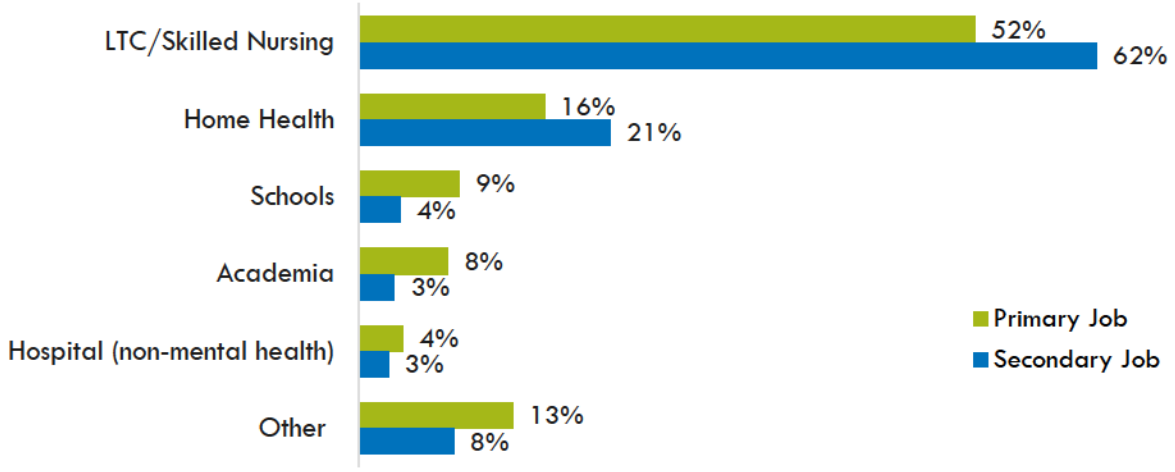
In addition to understanding employment status and compensation, the survey also identified where OTAs were employed, what tasks they completed on the job, and other work environment factors.

Industry Employers

Our analysis of labor market data indicated Ambulatory Health Care Services, Nursing and Residential Care Facilities, and Hospitals were the largest industry employers of the occupation. Results of a 2015 national salary and workforce survey by the American Occupational Therapy Association (AOTA) confirmed that a majority of OTAs worked in Long-Term Care or Skilled Nursing facilities (56%), followed by schools and hospitals at 15% and 11% respectively.

- According to survey responses, the primary job for 52% of OTAs and the secondary job for 62% of those who reported holding multiple OTA positions was in Long-Term Care or Skilled Nursing facilities.[7]
- Home health settings accounted for employment for 16% of working OTAs as the primary job and 21% of secondary jobs for those who reported holding multiple OTA positions (Exhibit 12).

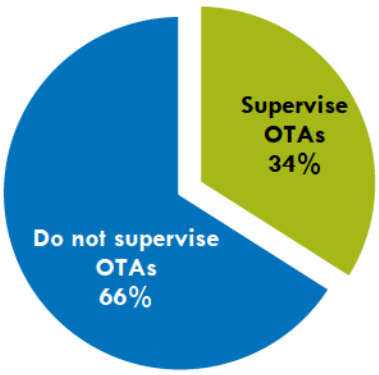
Exhibit 12: Practice Setting



Supervision Role of OTs

In addition to the OTA survey, the COE fielded a companion survey of Occupational Therapists. Over 450 licensed OTs participated in the survey which examined the educational and employment experiences of OTs, including their work with OTAs. Only a third (34%) of OTs reported supervising OTAs, suggesting that many OTs work independently (Exhibit 13). OTs typically supervised no more than two OTAs. Fewer than 10% of OTs supervised more than two OTAs.

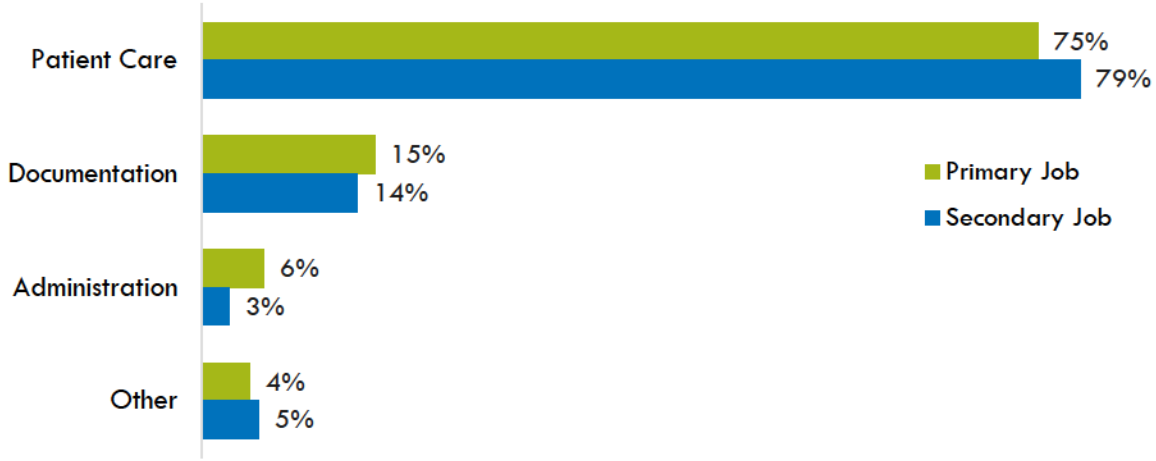
Exhibit 13: OT Supervision of OTAs



[7] In labor market data, long-term care or skilled nursing facilities are reported as a subindustry under Hospitals.

Work Activities
OTAs generally worked in healthcare settings (hospitals and care facilities) where they reported spending much of their time on patient care in both their primary and secondary jobs (Exhibit 14). Other OTA work tasks included documentation (which accounted for 15% of their time) and, to a much lesser degree, administration (6%).

Exhibit 14: Percent Time on Work Activities



Prior Work Experience and Education

Work Experience
Based on information reported from the licensee survey, a significant number of OTAs obtained work experience primarily in other health professions prior to obtaining a license (43%). Nearly one-fifth were previously employed as a certified nurse assistant (18%) and another 10% were previously employed as rehabilitation aides.

Exhibit 15: Employment in Health Field Prior to OTA Licensure

	Responses	% Responses
Other Health Profession	67	43%
Certified Nurse Assistant	28	18%
Rehabilitation Aide	16	10%
Physical Therapy Aide	10	6%
Other Nursing	8	5%
Medical Billing or Records	8	5%
Behavior Therapist	7	5%
Caregiver	6	4%
Personal Trainer	6	4%
Totals	**156**	**100%**

Education
The majority of OTAs licensed in California completed their OTA education in the state (69%), while 27% completed their education at a college out of state and another 3% completed an online program. Of those who completed their education in California, the most common programs attended were Santa Ana College (attended by 17% of respondents) and Stanbridge College (13%). None of the surveyed OTAs completed their OTA education abroad, suggesting that California's labor market relies on in-state educational providers to supply seven out of 10 OTA professionals.

Surveyed OTAs were asked how likely they would be to recommend the college they attended to a friend (Exhibit 16). Overall, OTAs reported a positive college experience with 78% extremely or somewhat likely to recommend the college they attended to a friend.

Exhibit 16: Likelihood of Recommending

	Responses	% Responses
Extremely/Somewhat Likely	438	78%
Neither likely nor unlikely	75	13%
Extremely/Somewhat Unlikely	46	8%
Totals	**559**	**100%**

College Experience

OTA respondents completed an open-ended question asking them to reflect on what they liked about the college where they completed most of their OTA coursework. It is important to keep in mind that these comments reflect years of experiences and a variety of educational institutions. Qualitative data analysis of the open-ended responses revealed students most appreciated competent instructors, flexible timing, convenient location, positive reputation of the academics at the college, quality advising, and low cost. Exhibit 17 displays positive aspects of the colleges that were most referenced along with a key quote that reflects a typical response.

Exhibit 17: Positive Aspects of College Experience



Respondents were also asked about the qualities of the college that they disliked. Curriculum, poor advising, instructors, cost, and location were common themes when students reflected on both positive and negative aspects of their college experience. In addition, students also disapproved of the program organization and curriculum choices which deprioritized important aspects of their work.

Exhibit 18: Negative Aspects of College Experience



Education Debt

The cost of education was one negative attribute of OTA education as indicated by respondents. Over half (58%) of responding OTAs used student loans to pay for education expenses, including a quarter (25%) of respondents who took out significant debt ($30,000 more) to finance their education.[8] Exhibit 19 displays the amount of student debt accumulated by respondents.

The amount of debt students carried was correlated with the type of institution they attended for their OTA coursework (Exhibit 20). Overall, students who attended private colleges were significantly more likely than public college attendees to have any education-related debt. Of the students who attended private colleges, the majority (78%) took out $30,000 or more in loans compared to just 16% of students who attended public colleges.

Exhibit 19: Student Loan Debt

	Responses	% Responses
No Debt	237	42%
Under $5,000	18	3%
$5,000 - $9,999	27	5%
$10,000 - $14,999	31	6%
$15,000 - $19,999	29	5%
$20,000 - $24,999	31	6%
$25,000 - $29,999	37	7%
$30,000 or more	141	25%
I don't know	8	1%
Totals	**559**	**100%**

[8] Respondents were not asked to clarify how the education debt was accrued – whether in pursuit of an OTA education, other non-OTA education, or possibly a combination of both.

Exhibit 20: Student Loan Debt by College Type

	Attended Public College		Attended Private College	
	Responses	% Responses	Responses	% Responses
Under $5,000	8	15%	1	1%
$5,000 - $9,999	12	22%	0	0%
$10,000 -$14,999	6	11%	0	0%
$15,000 -$19,999	6	11%	2	2%
$20,000 -$24,999	5	9%	3	3%
$25,000 -$29,999	7	13%	13	15%
$30,000 or more	9	16%	69	78%
I don't know	2	4%	1	1%
Totals	**55**	**100%**	**89**	**100%**

Education Attainment

When asked to indicate their highest level of education, 55% of respondents indicated that they held an associate degree while 45% held a bachelor's degree or higher (Exhibit 21). OTAs in California have higher levels of educational attainment compared to OTAs across the United States. Nationally, only 18% of OTAs hold a bachelor's degree and for the vast majority of OTAs (82%) an associate degree is their highest level of education.[9]

Exhibit 21: Educational Attainment

	Responses	% Responses
Associate degree	310	55%
Bachelor's degree	225	40%
Master's or Doctoral degree	24	4%
Totals	**559**	**100%**

Additionally, according to survey responses, associate degree holders were more likely than those with a bachelor's degree or higher to have obtained a degree in a health field. Nearly all associate degree holders (96%) indicated that their program of study was in a health field, compared to only 37% of bachelor's degree holders. This may suggest that students are earning bachelor's degrees in other fields, then moving into the occupational therapy field. In addition, data from OTA programs at California community colleges indicates that 32% of students taking OTA courses in 2018-19 had previously earned a bachelor's degree.

Survey responses indicated OTAs over the age of 40 were more likely to report an associate degree as their highest degree earned (60%) as compared to 51% for OTAs under 40 years of age. A baccalaureate was significantly more common for younger OTAs, with 45% of respondents under 40 holding a bachelor's degree compared with 35% for those over 40. This indicates that the workforce is becoming more educated as younger OTAs enter the profession.

This trend is supported by data from a subsequent survey question about the length of licensure. OTAs with more than 10 years of experience were less likely to have a bachelor's degree compared to OTAs with 0-2 years of experience (see Exhibit 22).

[9] O*NET Online https://www.onetonline.org/link/summary/31-2011.00#Education

Exhibit 22: Educational Attainment by Years Licensed

	0 2 Years		3 10 Years		More than 10 years	
	Responses	% Responses	Responses	% Responses	Responses	% Responses
Associate degree	71	51%	107	49%	132	65%
Bachelor's degree	66	48%	98	45%	61	30%
Master's or Doctoral degree	1	1%	13	6%	10	5%
Totals	**138**	**100%**	**218**	**100%**	**203**	**100%**

Key Takeaways – Current OTA Workforce

- In California, the OTA workforce was predominantly white and female. Similarly, the pipeline of OTAs as represented by current community college students in OTA programs was also majority white and female.
- Most licensed OTAs were employed in a single, full-time OTA position. However, close to 40% of the current workforce reported holding multiple OTA jobs, generally on a per-diem basis.
- Income reporting indicated that most OTAs earned above the living wage threshold for a single adult. Fifty-five percent (55%) reported earning more than $30,000 in annual income from OTA work, exceeding the living wage threshold for a single adult in California ($27,123).
- Most of the OTAs surveyed completed their OTA-specific education in California (69%), while 27% completed their education out of state and another 3% completed an online program.
- Over half (58%) of surveyed OTAs used student loans to pay for education expenses, including a quarter (25%) of respondents who incurred significant debt ($30,000 more) to finance their education.
- Overall, students who attended private colleges were significantly more likely than public college attendees to have any education-related debt.
- More than half of OTAs surveyed held an associate degree as their highest level of education attained.

Workforce Outlook

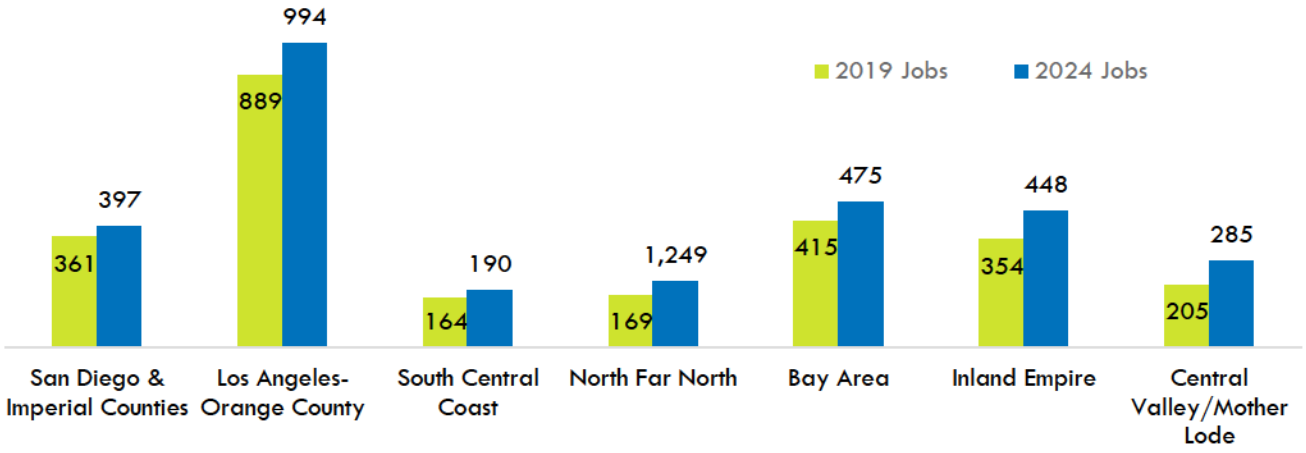
Survey responses from occupational therapy assistants (OTAs) provide real-time, detailed information about their current jobs, earnings, job schedule, education pathway and more. This section of the study describes characteristics of the OTA workforce using a combination of traditional employment data and workforce survey responses.

In 2019, there were approximately 2,500 OTA jobs in California, accounting for five percent (5.5%) of all OTA employment in the United States. Within California, OTA employment is a relatively small piece of a much larger puzzle — the overall number of jobs in California totaled close to 20 million in 2019. However, occupational projections for OTAs forecast growth of 17% or an additional 440 jobs over the next few years, bringing the number of OTA jobs to closer to 3,000 by 2024.

The greatest growth will be in the Los Angeles/Orange County region which is expected to add 105 new positions over the next five years (Exhibit 23). The fastest rate of growth is expected in the Central Valley/Mother Lode region (close to 40% growth or about 80 jobs).[10]

Exhibit 23: Projected Employment by Region for Occupational Therapy Assistants, 2019-2024

Region	Job Change	% Job Change
Los Angeles/Orange County	105	11.8%
Inland Empire	95	26.7%
Central Valley/Mother Lode	80	38.9%
Bay Area	60	14.5%
North Far North	48	28.6%
San Diego & Imperial Counties	35	9.7%
South Central Coast	26	15.6%



Expected Retirement Age

In addition to the growth of new jobs for OTA, retirements of OTAs are also important for understanding future workforce needs. Approximately half (51%) of current OTAs expected to retire at age 65 or earlier, 45% expected to retire between the ages of 66 and 75, and a few (5%) intended to not retire at all (4%).

[10] Industry and occupational employment data provided by Emsi Burning Glass, 2021.3 – QCEW Employees, Non-QCEW Employees, and Self-Employed. There are an estimated 46,138 OTA jobs in the United States. Regional totals may not add to state estimates.

Exhibit 24: Expected Retirement Age

	Responses	% Responses
Age 55 or younger	34	7%
56-65	221	44%
66-75	205	41%
76 or older	24	5%
I do not intend to retire	21	4%
Totals	**505**	**100%**

Exhibit 25 provides a closer look at retirement of OTAs. Survey respondents under age 40 were significantly more likely than those over age 40 to suggest retiring at age 65 or younger (58% and 42%, respectively). Additionally, nearly half (49%) of respondents age 40 or older indicated they expected to retire between the ages of 66 and 75.

Exhibit 25: Expected Retirement Age by Current Age of Respondents

	Age: Under 40		Age: 40+	
	Responses	% Responses	Responses	% Responses
Age 55 or younger	26	10%	8	3%
56-65	129	48%	92	39%
66-75	89	33%	116	49%
76 or older	14	5%	10	4%
I do not intend to retire	11	4%	10	4%
Totals	**269**	**100%**	**236**	**100%**

Planning for Future Occupational Therapy Professionals

Changes in the healthcare environment are especially relevant for OTAs, where there have been calls for higher levels of education than currently required. Recently, there has been robust discussion about whether AOTA should mandate or recommend increasing the OTA degree requirement from associate to bachelor's degree. To assess how the current workforce might respond, this study asked respondents about hypothetical education pathways. Overall, there was support for increasing the educational requirement to a bachelor's degree by 2027. However, at this time, guidance from the American Occupational Therapy Association (AOTA) has not changed – confirming that occupational therapy assistants may enter the profession at either the associate or bachelor's degree level.[11,12]

Based on survey responses, 46% of OTAs expected to pursue additional years of education. Current OTAs under the age of 40 reported they planned to pursue additional educational opportunities at a rate significantly higher (62%) than OTAs over the age of 40 (28%).

[11] American Occupational Therapy Association. 2019. "Results from RA 2019 Spring Meeting: Motions Include OT and OTA Entry-Level Mandates." Accessed at: https://www.aota.org/Publications-News/AOTANews/2019/Results-RA-Spring-Meeting-Motions-Include-Entry-Level-Mandates.aspx.

[12] Additional information about education mandates for OTAs is available at: https://www.aota.org/Education-Careers/entry-level-mandate-doctorate-bachelors.aspx

Exhibit 26: Plans to Pursue Future Educational Opportunities

	Under 40 years of age		Over 40 years of age	
	Responses	% Responses	Responses	% Responses
Yes	166	62%	65	28%
No	103	38%	171	72%
Totals	**269**	**100%**	**236**	**100%**

To further inform the conversation regarding incumbent OTAs, the survey asked respondents to consider hypothetical education pathways. First, they were asked their level of interest in pursuing a bachelor's degree in occupational therapy, and second, their interest in completing a bridge program from OTA to Occupational Therapist (OT).

Exhibit 27: Interest in Pursuing Education Pathways

	Bachelor's Degree in Occupational Therapy		OTA to OT Bridge	
	Responses	% Responses	Responses	% Responses
Definitely yes	112	22%	207	41%
Probably yes	72	14%	96	19%
Might or might not	115	23%	109	22%
Probably not	111	22%	50	10%
Definitely not	95	19%	43	9%
Totals	**505**	**100%**	**505**	**100%**

As shown in Exhibit 27, nearly two thirds (60%) of respondents were definitely or probably interested in an OTA to OT bridge, if one were available, as compared to just over a third (36%) of responding OTAs who were definitely or probably interested in a stand-alone bachelor's degree in occupational therapy. Newly licensed OTAs expressed significantly more interest in pursuing an OTA to OT bridge program as compared to experienced licensees (74% and 53% respectively), see Exhibit 28.

Exhibit 28: Interest in Pursuing OTA to OT Bridge

	Responses	0-2 Years	10+ Years
Definitely/Probably Yes	303	74%	53%
Might or might not	109	18%	21%
Definitely Not/Probably Not	93	7%	26%
Totals	**505**	**100%**	**100%**

Overall, when asked about the possibility of obtaining a bachelor's degree in occupational therapy, 36% definitely or probably would. However, this number was significantly higher (44%) for those whose highest level of education was an associate degree, as compared to those with a bachelor's degree or higher (27%). Interest also varied according to the type of college OTAs previously attended. Those who attended private colleges for their OTA coursework were significantly more interested in earning a bachelor's degree in occupational therapy than those who attended public colleges (49% and 30% respectively).

Exhibit 29: Interest in Pursuing a Bachelor's Degree in OT by College Type

	Public College		Private College	
	Responses	% Responses	Responses	% Responses
Definitely/Probably Yes	53	30%	46	49%
Might or might not	45	25%	20	21%
Definitely Not/Probably Not	81	45%	28	30%

Survey data indicated that most (59%) OTAs were in support of the increased education requirement for licensure. However, associate degree holders were less likely (53%) to support this change as compared to OTAs with a bachelor's degree or higher (67%).

Given their supervisory role, occupational therapists (OTs) were asked what benefits, if any, might result from requiring OTAs to attain a bachelor's degree in occupational therapy. While many OTs felt the bachelor's degree would result in better quality of care (28%) and a more well-rounded professional (21%), more than one-third (35%) did not see a benefit to requiring the degree.

Key Takeaways – Workforce Outlook

- Jobs for OTAs are expected to increase in number over the next few years. The largest growth in new jobs is forecasted for the Los Angeles/Orange County region while the Central Valley/Mother Lode region may experience the fastest growth for the profession.
- The growth in OTA jobs is the result of the creation of new positions and retirements. According to the survey, OTAs who were aged 40 or younger anticipated retiring before the age of 65. Combined, these two factors represent an ongoing need for trained, skilled OTAs to fill job vacancies.
- Considering the potential for a higher level of educational attainment for licensure as an OTA, the survey asked respondents about the likelihood that they would pursue additional education, and 62% of respondents age 40 or younger indicated yes.
- Overall, respondents indicated more interest in an Occupational Therapist Assistant to Occupational Therapist bridge program than completing a bachelor's degree in occupational therapy. Those most interested in an OTA to OT bridge program were current OTAs who had been employed in their position less than two years.

Occupational Therapy Technology Programs

Community Colleges

Four community colleges offer training and education programs to prepare future OTAs. These are Clovis College, Grossmont College, Sacramento City College, and Santa Ana College.[13] Clovis College is the newest OTA program; Clovis received accreditation candidacy status in 2020 and welcomed its first cohort of students in the spring of 2021. On an annual basis, there are about 421 students taking courses in Occupational Therapy Technology.[14] These programs share many characteristics of successful CE programs:

- 98% course retention rates on average
- 92% course success rates on average
- In the most recent three years for which data is available, these programs have collectively awarded bachelor's and associate degrees to 316 students
- 90% passing rate for graduates who took the COTA exam in the most recent three years
- 88% of graduates reported obtaining a third-party credential after college

A close look at the most recent available data of student employment outcomes for OTA programs found that community college students who complete their studies in this field:

- Found a job closely related to their field of study - 92%
- Reported median annual earnings of $35,232
- Reported median change (gain) in earnings of 31%
- Most (58%) met or exceeded the single-adult living wage threshold within one year of exit

Exhibit 30: Community College Awards

Community College	Award	2017-18	2018 -19	2019-20	3 Year Average
Grossmont	Associate	21	20	23	21
Sacramento City	Associate	28	27	25	27
Santa Ana	Associate	51	50	36	46
Santa Ana	Bachelor's	--	23	11	17
Clovis	Associate	--	--	--	--
Total, All		**100**	**120**	**95**	**111**

Private Postsecondary Institutions

Three private colleges currently graduate future OTAs. These are American Career College (Anaheim), CBD College, and Stanbridge University. American Career College in Los Angeles is the newest OTA program but has not yet graduated students. Ninety percent (90%) of graduates from these institutions passed the COTA exam (average across most recent three years of pass rates available).

[13] Sources of information on active OTA programs in California included CCCCO Datamart, CCCCO Launchboard, CCCCO Curriculum Inventory System (COCI), and the National Board for Certification in Occupational Therapy (NBCOT).

[14] CalPass Plus Launchboard, 2016-2019 data for California Community Colleges. Does not include the program at Clovis as data is insufficient for the time frame. Total, All average excludes missing data.

Exhibit 31: Private Institutions Awards[15]

Community College	Award	2016-17	2017 -18	2018-19	3 Year Average
American Career College (Anaheim)	Associate	26	36	25	29
CBD College	Associate	53	51	51	52
Stanbridge University (Irvine)	Associate	150	88	122	120
Total, All		**229**	**175**	**198**	**201**

Pipeline of Graduates

Based on the award data for the most recent three years, and including bachelor's degree recipients from Santa Ana, OTA programs across the state successfully graduated about 312 students each year. Assuming that all OTA students apply post-graduation to take the COTA exam, and that of those 90% will pass, approximately 281 students enter the workforce as new OTAs each year.

Key Takeaways – Occupational Technology Programs

- Although few in number, both public and private occupational technology programs consistently conferred awards and prepared students to successfully pass the COTA exam.
- Considering the current completion rate and new accredited programs, the number of eligible entrants to the OTA workforce could grow from 281 to more than 300 within the next two to five years.

[15] Program and completion data for other postsecondary institutions was compiled using the Integrated Postsecondary Education Data System (IPEDS).

Conclusion

Combining data from the workforce survey, available educational outcomes, and employer demand projections, this report provides a detailed profile of OTA employment in California.

Findings from a unique set of survey questions about employment showed that most OTAs work in Long Term Care or Skilled Nursing facilities and earn good wages - $51,200 a year on average. Surprisingly, a significant minority of OTAs (39%) reported working multiple jobs and an additional 21% were underemployed, working part time when they when they would have preferred full-time work. These findings suggest that while the OTA profession offers high wages and employment, some workers may not realize these benefits, especially those with fewer years of experience in the profession.

A look at the demographics of current and future OTAs revealed an unequal composition of the workforce. More women than men were employed as OTAs and the same is true for the pipeline of community college programs. White OTAs were overrepresented in relation to California's workforce and Hispanic OTAs were underrepresented. The demographics of students in community college programs reflected a similar distribution amongst these two racial/ethnic groups.

Using occupational projections, it is estimated that more than 440 new jobs will be created by 2024, growth of 17% over a five-year period, an average of 88 jobs annually. In addition, the replacement rate for OTAs is about 9.6% annually – meaning that each year about 250 workers will vacate their position for another type of work or leave for personal reasons (including retirement). All told, annual employer demand could generate close to 340 opportunities for new entrants to the OTA field through 2024.

There are currently five public and three private postsecondary programs in California that train OTAs. Community colleges award, on average, 111 degrees annually, including 94 associate degrees, and 17 bachelor's degrees; according to the most recent three program years of data available, about 200 associate degrees are conferred by private postsecondary programs.

As discussed previously, there are 340 annual job openings in California. On average, approximately 312 students at both community colleges and private postsecondary institutions are awarded an associate or bachelor's degree annually. Comparing the occupational demand and recent degrees conferred, California will face an undersupply of about 9% or 28 OTAs annually. In other words, anticipated job openings for OTAs slightly exceeds the projected number of graduating OTAs.

Looking forward to the future of the OTA occupation, it is possible that changes in licensing or employer requirements for education may encourage current or future OTAs to obtain a bachelor's degree. The workforce survey found that many OTAs were interested in pursuing additional education and believed a bachelor's degree would be valuable to their career. Future research could explore how educational and other changes shift the demographic composition of the workforce and the educational choices and job opportunities of OTAs.

References

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Text Proposal
Swallow Therapy Performed by Speech-Language Pathology Assistants

Legend:	Added text is indicated with an underline. Omitted text is indicated by (* * * *) Deleted text is indicated by ~~strikeout~~.

§ 1399.170.3. Activities, Duties, and Functions Outside the Scope of Responsibilities of a Speech-Language Pathology Assistant.

A speech-language pathology assistant may not conduct evaluations, interpret data, alter treatment plans, or perform any task without the express knowledge and approval of a supervising speech-language pathologist. The speech-language pathology assistant may not perform any of the following functions:

(a) Participate in parent conferences, case conferences, or inter-disciplinary team conferences without the supervising speech-language pathologist or another speech-language pathologist being present;

(b) Provide counseling or advice to a client or a client's parent or guardian which is beyond the scope of the client's treatment;

(c) Sign any documents in lieu of the supervising speech-language pathologist, i.e., treatment plans, client reimbursement forms, or formal reports;

(d) Discharge clients from services;

(e) Make referrals for additional services;

(f) Unless required by law, disclose confidential information either orally or in writing to anyone not designated by the supervising speech-language pathologist;

(g) Represent himself or herself as a speech-language pathologist; and,

(h) Perform procedures that require a high level of clinical acumen and technical skill, i.e., vocal tract prosthesis shaping or fitting, and vocal tract imaging~~, and oropharyngeal swallow therapy with bolus material~~.

NOTE: Authority cited: Sections 2531.95 and 2538.1~~(a)~~, Business and Professions Code. Reference: Section 2538.1~~(b)(3)~~, Business and Professions Code.

Business and Profession Code section 2570.3.

(a) A person shall not practice occupational therapy or hold themselves out as an occupational therapist or as being able to practice occupational therapy, or to render occupational therapy services in this state unless the person is licensed as an occupational therapist under the provisions of this chapter. A person shall not hold themselves out as an occupational therapy assistant or work as an occupational therapy assistant under the supervision of an occupational therapist unless the person is licensed as an occupational therapy assistant under this chapter.

(b) Only an individual may be licensed under this chapter.

(c) This chapter does not authorize an occupational therapist to practice physical therapy, as defined in Section 2620; speech-language pathology or audiology, as defined in Section 2530.2; nursing, as defined in Section 2725; psychology, as defined in Section 2903; marriage and family therapy, as defined in Section 4980.02; clinical social work, as defined in Section 4996.9; professional clinical counseling, as defined in Section 4999.20; educational psychology, as defined in Section 4989.14; or spinal manipulation or other forms of healing, except as authorized by this section.
(d) An occupational therapist may provide advanced practices if the occupational therapist has the knowledge, skill, and ability to do so and has demonstrated to the satisfaction of the board that the occupational therapist has met educational training and competency requirements. These advanced practices include the following:

(1) Hand therapy.

(2) The use of physical agent modalities.

(3) Swallowing assessment, evaluation, or intervention.

(e) An occupational therapist providing hand therapy services shall demonstrate to the satisfaction of the board that the occupational therapist has completed education and training in all of the following areas:

(1) Anatomy of the upper extremity and how it is altered by pathology.

(2) Histology as it relates to tissue healing and the effects of immobilization and mobilization on connective tissue.

(3) Muscle, sensory, vascular, and connective tissue physiology.

(4) Kinesiology of the upper extremity, such as biomechanical principles of pulleys, intrinsic and extrinsic muscle function, internal forces of muscles, and the effects of external forces.

(5) The effects of temperature and electrical currents on nerve and connective tissue.

(6) Surgical procedures of the upper extremity and their postoperative course.

(f) An occupational therapist using physical agent modalities shall demonstrate to the satisfaction of the board that the occupational therapist has completed education and training in all of the following areas:

(1) Anatomy and physiology of muscle, sensory, vascular, and connective tissue in response to the application of physical agent modalities.

(2) Principles of chemistry and physics related to the selected modality.

(3) Physiological, neurophysiological, and electrophysiological changes that occur as a result of the application of a modality.

(4) Guidelines for the preparation of the client, including education about the process and possible outcomes of treatment.

(5) Safety rules and precautions related to the selected modality.

(6) Methods for documenting immediate and long-term effects of treatment.

(7) Characteristics of the equipment, including safe operation, adjustment, indications of malfunction, and care.

(g) An occupational therapist in the process of achieving the education, training, and competency requirements established by the board for providing hand therapy or using physical agent modalities may practice these techniques under the supervision of an occupational therapist who has already met the requirements established by the board, a physical therapist, or a physician and surgeon.

(h) The board shall develop and adopt regulations regarding the educational training and competency requirements for advanced practices in collaboration with the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, the Board of Registered Nursing, and the Physical Therapy Board of California.

(i) This chapter does not authorize an occupational therapist to seek reimbursement for services other than for the practice of occupational therapy as defined in this chapter.

(j) “Supervision of an occupational therapy assistant” means that the responsible occupational therapist shall at all times be responsible for all occupational therapy services provided to the client. The occupational therapist who is responsible for appropriate supervision shall formulate and document in each client’s record, with the occupational therapist’s signature, the goals and plan for that client, and shall make

sure that the occupational therapy assistant assigned to that client functions under appropriate supervision. As part of the responsible occupational therapist's appropriate supervision, the occupational therapist shall conduct at least weekly review and inspection of all aspects of occupational therapy services by the occupational therapy assistant.

(1) The supervising occupational therapist has the continuing responsibility to follow the progress of each client, provide direct care to the client, and to ensure that the occupational therapy assistant does not function autonomously.

(2) An occupational therapist shall not supervise more occupational therapy assistants, at any one time, than can be appropriately supervised in the opinion of the board. Three occupational therapy assistants shall be the maximum number of occupational therapy assistants supervised by an occupational therapist at any one time, but the board may permit the supervision of a greater number by an occupational therapist if, in the opinion of the board, there would be adequate supervision and the public's health and safety would be served. In no case shall the total number of occupational therapy assistants exceed three times the number of occupational therapists regularly employed by a facility at any one time.

California Code of Regulations Title 16, Division 39, Article 6.

§ 4150. Definitions.

For the purpose of this article:

(a) "ACOTE" means the Accreditation Council for Occupational Therapy Education.

(b) "Post professional education and training" means education and training obtained subsequent to the qualifying degree program or beyond current ACOTE standards for the qualifying degree program.

(c) "Contact hour" means sixty (60) minutes of coursework or classroom instruction.

(d) "Semester unit" means fifteen (15) contact hours.

(e) "Quarter unit" means ten (10) contact hours.

(f) "Rehabilitation of the hand, wrist, and forearm" as used in Code section 2570.2(l) refers to occupational therapy services performed as a result of surgery or injury to the hand, wrist, or forearm.

(g) "Upper extremity" as used in Code section 2570.3(e) includes education relating to the hand, wrist, or forearm.

(h) “Swallowing” as used in Code section 2570.3 is the passage of food, liquid, or medication through the pharyngeal and esophageal phases of the swallowing process.

(i) “Instrumental evaluation” is the assessment of any aspect of swallowing using imaging studies that include, but are not limited to, endoscopy and videofluoroscopy.

(1) “Endoscopic evaluation of swallowing” or “endoscopy” is the process of observing structures and function of the swallowing mechanism to include the nasopharynx, oropharynx, and hypopharynx.

(2) “Videofluoroscopic swallowing study” or “videofluoroscopy” is the fluoroscopic recording and videotaping of the anatomy and physiology of the oral cavity, pharynx, and upper esophagus using a variety of bolus consistencies to assess swallowing function. This procedure may also be known as videofluorography, modified barium study, oral-pharyngeal motility study and videoradiography.

§ 4153. Swallowing Assessment, Evaluation, or Intervention.

(a) The role of an occupational therapist in instrumental evaluations is to observe structure and function of the swallowing mechanism in order to assess swallowing capability and determine swallowing interventions. The occupational therapist may not perform the physically invasive components of the instrumental evaluation.

(b) Swallowing assessment, evaluation or intervention may be performed only when an occupational therapist has demonstrated to the Board that they have met the post professional education and training requirements established by this section as follows:

(1) Education: Completion of 45 contact hours in the following subjects:

(A) Anatomy, physiology and neurophysiology of the head and neck with focus on the structure and function of the aerodigestive tract;

(B) The effect of pathology on the structures and functions of the aerodigestive tract including medical interventions and nutritional intake methods used with patients with swallowing problems;

(C) Interventions used to improve pharyngeal swallowing function.

(2) Training: Completion of 240 hours of supervised on-the-job training, clinical internship or affiliation, which may be paid or voluntary, pertaining to swallowing assessment, evaluation or intervention. An occupational therapist in the process of completing the training requirements of this section may practice swallowing assessment, evaluation or intervention under the supervision of an occupational therapist who has been approved under this article, a speech language pathologist with expertise in this area, or a physician and surgeon.

c) An occupational therapist may provide only those swallowing assessment, evaluation or intervention services the occupational therapist is competent to perform.

§ 4154. Post Professional Education and Training.

(a) Post professional education courses shall be obtained at any of the following:

(1) College or university degree programs accredited or approved by ACOTE;

(2) College or university degree programs accredited or approved by the Commission on Accreditation in Physical Therapy Education;

(3) Colleges or universities with Speech and Hearing Programs accredited or approved by the Council on Academic Accreditation in Audiology and Speech-Language Pathology;

(4) Any approved provider. To be approved by the Board the provider shall submit the following:

(A) A clear statement as to the relevance of the course to the advanced practice area.

(B) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course) particularly as it relates to the advanced practice area.

(C) Information that shows the course instructor's qualifications to teach the content being taught (e.g., their education, training, experience, scope of practice, licenses held, and length of experience and expertise in the relevant subject matter), particularly as it relates to the advanced practice area.

(D) Information that shows the course provider's qualifications to offer the type of course being offered (e.g., the provider's background, history, experience, and similar courses previously offered by the provider), particularly as it relates to the advanced practice area; or

(5) A provider that has not been approved by the Board, if the applicant occupational therapist demonstrates that the course content meets the subject matter requirements set forth in sections 2570.3(e) or 2570.3(f) of the Code, or section 4153 of these regulations, and submits the following:

(A) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course) particularly as it relates to the advanced practice area.

(B) Information that shows the course instructor's qualifications to teach the content being taught (e.g., their education, training, experience, scope of practice, licenses held, and length of experience and expertise on the relevant subject matter), particularly as it relates to the advanced practice area.

(b) Post professional training shall be supervised which means, at a minimum:

(1) The supervisor and occupational therapist have a written agreement, signed and dated by both parties prior to accruing the supervised experience, outlining the plan of supervision and training in the advanced practice area. The level of supervision is determined by the supervisor whose responsibility it is to ensure that the amount, degree, and pattern of supervision is consistent with the knowledge, skill and ability of the occupational therapist, and appropriate for the complexity of client needs and number of clients for whom the occupational therapist is providing advanced practice services.

(2) The supervisor is readily available in person or by telecommunication to the occupational therapist while the therapist is providing advanced practice services.

(3) The supervisor does not have a co-habitative, familial, intimate, business, excluding employment relationships, or other relationship that could interfere with professional judgment and objectivity necessary for effective supervision, or that violates the Ethical Standards of Practice, pursuant to section 4170.

(c) Any course instructor providing post-professional education under section 4154(a)(4) or (5) who is a health care practitioner as defined in section 680 of the Code shall possess an active, current, and unrestricted license.

(d) Post professional education and training must be completed within the five years immediately preceding the application for approval in each advanced practice area.

Application Checklist for Foreign-Educated Graduates

Required Professional Experience
Speech-Language Pathologists

Visit our Frequently Asked Questions page (link available under the Applicant/Registrant tab) for more information. If you need additional assistance, please email the Board at speechandhearing@dca.ca.gov

Items 1 – 5 must be submitted and on file before documentation can be placed in queue for out-of-country education review for acceptable equivalency by a Board Subject Matter Expert.

1. **Application**
   - Please answer all questions.

2. **Fees**
   - Check or Money Order to the Board for $35, made payable to SLPAHADB.

3. **Report of Clinical Practicum (Foreign-Educated Applicants)**
   - Must be completed by the university's current training program director with original signature. Please include with the application. A completed and signed form should also be submitted from the university to the evaluation service along with official transcripts.

4. **Syllabi in English for All Undergraduate and Graduate Courses**
   - Can be submitted with application or can be emailed as PDF attachments immediately after application filing.

5. **Coursework Evaluation Report**
   - Course-by-course evaluation must include certified transcript copies and should be sent directly to the Board from an accredited foreign credentials evaluation service OR included in evaluation service-sealed envelope in the application package.

   Please note that items 3-5 will be placed in queue for licensed Subject Matter Expert out-of-country education review based on the final required documentation received date. The amount of time the materials spend in queue is highly variable and depends on Subject Matter Expert availability.

Once your coursework is approved by a licensed Subject Mater Expert, you will be sent an email to continue with the application process and submit items 6 – 9. Items 6-8 must be submitted together.

6. **Application to Supervise a Temporary RPE – Foreign-Educated**

7. **Copy of Front and Back of Social Security Card**
   - Please remember to sign your card.

8. **Fingerprints**
   - California applicants are required to use Live Scan for fingerprinting. Fees are paid directly to the Live Scan operator. Most applicants use this preferred method. Please submit a copy of the completed form.
   - Out-of-State/Country 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). The template is located under the Forms/Publications tab.
     - One (1) check or money order in the amount of $84 ($35 application fee and $49 fingerprint card processing fees) may be submitted. Please make check or money order payable to SLPAHADB.

9. **National Exam Score**
   - Effective 09/01/2014, minimum passing score of 162.
   - Must be passed within the five years prior to application filing or during the RPE.
   - Must be sent to the Board electronically from Praxis/ETS to reporting code **8544**.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
1601 Response Road, Suite 260, Sacramento, CA 95815
P (916) 287-7915 | www.speechandhearing.ca.gov

Speech-Language Pathology
REQUIRED PROFESSIONAL EXPERIENCE (RPE) APPLICATION
Foreign Educated Temporary License
$35.00

INSTRUCTIONS: Do not print this application double-sided. DO NOT USE WHITE-OUT. Any corrections to this form must be crossed out and initialed. **NOTE: Professional services can only start upon the issuance of the RPE temporary license.**

PART A – Personal Information

1. FULL LEGAL NAME: LAST FIRST MIDDLE

2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):

3. STREET ADDRESS CITY STATE ZIP

4. PERSONAL TELEPHONE: BUSINESS TELEPHONE:

5. SOCIAL SECURITY NUMBER (SSN) / INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN):

6. DATE OF BIRTH: (MM/DD/YYYY)

7. EMAIL ADDRESS:

8. ARE YOU ACTIVE DUTY MILITARY PERSONNEL OR HONORABLY DISCHARGED VETERAN? YES ☐ NO ☐

By checking yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirement: 1) supply satisfactory evidence with the application that the applicant is serving as an active duty member of the armed forces for the United States or was honorably discharged (DD-214).

9. ARE YOU A SPOUSE OR REGISTERED DOMESTIC PARTNER OF ACTIVE DUTY MILITARY PERSONNEL STATIONED IN CALIFORNIA AND DO YOU HOLD A VALID LICENSE TO PRACTICE IN ANOTHER STATE? YES ☐ NO ☐

By checking yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirements: 1) provide satisfactory evidence with the application that you are married to, or in a domestic partnership or other legal union with, an active duty member of the armed forces of the United States who is assigned to a duty station in California under official active duty orders; and 2) hold a current license in another state, district, or territory of the United States in Speech-Language Pathology and provide evidence of the license with the application.

10. BUSINESS AND PROFESSIONS CODE SECTION 135.4 PROVIDES THAT THE BOARD MUST EXPEDITE, AND MAY ASSIST WITH, THE INITIAL LICENSURE PROCESS FOR CERTAIN APPLICANTS DESCRIBED BELOW.

Do any of the following statements apply to you? YES ☐ NO ☐

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for, or on behalf of, the United States government.

If you selected yes, then you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so will result in application review delays.

11. PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 115.4, BEGINNING JULY 1, 2024, THE BOARD/BUREAU SHALL EXPEDITE THE INITIAL LICENSURE PROCESS FOR AN APPLICANT WHO IS AN ACTIVE DUTY MEMBER OF THE US ARMED FORCES AND ENROLLED IN THE US DEPARTMENT OF DEFENSE SKILLBRIDGE PROGRAM.

Do you request expediting of your application under this authority? YES ☐ NO ☐

If you select YES, you must attach documentation of enrollment to this application.

12. WHAT IS THE ENTRY LEVEL DEGREE TO PRACTICE SPEECH-LANGUAGE PATHOLOGY IN YOUR COUNTRY?

Bachelors in: _____ Masters in: _____ Other: _____

PART A – Continued

13.UNDERGRADUATE AND GRADUATE PROGRAMS

INSTITUTION NAME	LOCATION/ COUNTRY	MAJOR FIELD OF STUDY	DEGREE RECEIVED	DATE DEGREE RECEIVED

	YES	NO
11. Have you passed the Educational Testing Service/National Teacher Examination (NTE) (The Praxis series) in Speech-Language Pathology within the last five years?	☐	☐
12. Have you completed any portion of your CFY/RPE in another state?	☐	☐
13. Have you ever been licensed to practice Speech-Language Pathology in any state or country? If yes, list the state(s) or country? _____ If yes, list your license number(s): _____	☐	☐

DISCIPLINARY INFORMATION

A YES answer to any of the questions below requires you to complete and submit the Discipline Reporting Form.

	YES	NO
14. Have you ever been the subject of a disciplinary action or have any *pending* disciplinary action taken, or charges filed against, any Speech-Language Pathology, audiology, hearing aid dispensing, or other healing arts license, including any disciplinary action taken by any other state or federal government entity? *This includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction of actions taken against a license.*	☐	☐
15. Do you have any pending investigations by any state or federal agencies against you?	☐	☐
16. Have you been denied a license to practice Speech-Language Pathology, audiology, hearing aid dispensing, or any other healing arts profession, in any state or country?	☐	☐
17. Have you voluntarily surrendered a license to practice Speech-Language Pathology, audiology, hearing aid dispensing, or any other healing arts, in another state or country?	☐	☐

I hereby certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect and that misstatements or omissions of material facts may be cause for denial of this application or for suspension or revocation of a license.

APPLICANT'S SIGNATURE: _____ DATE: _____

INFORMATION COLLECTION AND ACCESS: The information requested on this application is mandatory and will be used to process this application. The Executive Officer of the Speech-Language Pathology, Audiology, and Hearing Aid Dispensers Board is responsible for maintaining the information in this form, and may be contacted at 1601 Response Road, Suite 260, Sacramento, CA 95815, 916-287- 7915 regarding questions about this notice or access to records. Information provided may be transferred to other governmental and enforcement agencies as necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act. Disclosure of your social security number is mandatory, and collection is authorized by Business and Professions section 30. Your social security number will be used exclusively for tax enforcement purposes and investigation of violations of cash-pay reporting laws as set forth in Unemployment Insurance Code section 329, for compliance with any judgment or order for family support in accordance with Business and Professions Code section 30 and Family Code section 17520, or for verification of licensure or examination status by a licensing or examination board. If you fail to disclose your social security number, then you may be reported to the Franchise Tax Board and be assessed a penalty of $100 in accordance with Revenue and Taxation Code section 19528. Pursuant to Business and Professions Code section 31(e), the California Department of Tax and Fee Administration and the Franchise Tax Board may share taxpayer information with the Board. If a registrant does not pay his or her state tax obligation, then the license or registration may be suspended.

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APPLICATION TO SUPERVISE A TEMPORARY RPE
Foreign Educated

INSTRUCTIONS: Do not print this application double-sided. Applicant completes **Part A** and supervisor completes **Part B**. DO NO USE WHITE-OUT. Any corrections to this form must be crossed out and initialed.

Professional services can only start upon the issuance of the RPE temporary license.

PART A – Personal Information

1. FULL LEGAL NAME: LAST FIRST MIDDLE	
2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):	
3. STREET ADDRESS:	
CITY, STATE, ZIP CODE:	
4. PERSONAL TELEPHONE:	BUSINESS TELEPHONE:
5. SOCIAL SECURITY NUMBER (SSN) / INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN):	
6. DATE OF BIRTH: (MM/DD/YYYY)	
7. EMAIL ADDRESS:	

PART B – To be completed by the RPE Supervisor

Refer to Title 16, California Code of Regulations, Section 1399.153.3 for supervisor's responsibilities.

8. FULL LEGAL NAME OF SUPERVISOR: LAST FIRST MIDDLE	
STREET ADDRESS:	
CITY, STATE, ZIP CODE:	
9. BUSINESS TELEPHONE:	SLP LICENSE NUMBER/ CTC CREDENTIAL NUMBER:
10. EMAIL ADDRESS:	
11. PROPOSED START DATE: AS SOON AS APPROVED ☐ FUTURE DATE: _____ **Professional services can only start upon the issuance of the RPE temporary license.**	
12. NUMBER OF RPE EMPLOYMENT HOURS PER WEEK: ☐ 30-40 (FULL-TIME) ☐ 15-29 (PART-TIME)	

PART B – Continued

13. LIST OF LOCATION(S) WHERE FUNCTIONS WILL BE PERFORMED: (DO NOT PROVIDE CONTRACT AGENCY NAME AND ADDRESS)

FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)	ADDRESS	CITY, STATE, ZIP CODE
FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)	ADDRESS	CITY, STATE, ZIP CODE
FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)	ADDRESS	CITY, STATE, ZIP CODE

14. IS/ARE THE SETTING(S) LISTED IN QUESTION #13 A SCHOOL SETTING? ☐ YES ☐ NO _____

IF YES, IS THE RPE: ☐ A SALARIED EMPLOYEE OF THE PUBLIC SCHOOL OR COUNTY OFFICE OF EDUCATION.

☐ PAID BY A CONTRACT AGENCY AND PLACED IN THE SCHOOL.

15. SUPERVISION:

☐ THE RPE WILL BE WORKING FULL-TIME AND I AGREE TO PROVIDE EIGHT HOURS OF DIRECT MONITORING EACH MONTH. AT LEAST FOUR OF THE EIGHT HOURS WILL BE IN SCREENING, THERAPY, AND EVALUATION.

☐ THE RPE WILL BE WORKING PART-TIME AND I AGREE TO PROVIDE FOUR HOURS OF DIRECT MONITORING EACH MONTH. AT LEAST TWO OF THE FOUR HOURS WILL BE IN SCREENING, THERAPY, AND EVALUATION.

I, the RPE applicant, have discussed the plan for supervision with this supervisor and agree to its implementation. I will not provide professional services until I have been issued an RPE temporary license. I further certify under penalty of perjury under the laws of the State of California that all statements made in the application are true and correct. Any misrepresentation may be cause for denial of my license.

APPLICANT'S SIGNATURE: _____ DATE SIGNED: _____

I, the RPE supervisor, have discussed the plan for supervision with the RPE applicant and hereby accept professional and ethical responsibility for his or her performance. I understand that professional services cannot be rendered until an RPE temporary license has been issued. I further certify under penalty of perjury under the laws of the State of California that all statements made in Part B are true and correct.

SUPERVISOR'S SIGNATURE: _____ DATE SIGNED: _____

REQUIRED PROFESSIONAL (RPE) TEMPORARY LICENSE
✦Duties and Responsibilities of Applicant✦

RPE temporary license applicant must read and sign this form under the penalty of perjury.

1) I have read and understand the laws and regulations pertaining to the responsibilities of an RPE temporary license holder.

2) My supervisor shall maintain a current license issued by the Board during the time of my supervision. If my supervisor's license expires during the course of professional experience, then I will immediately notify the board. *A supervisor's license may be verified at any time on the Board's website.*

3) I understand that my work plan can be 36 weeks of full-time professional experience (defined as 30-40 hours per week) with at least eight hours of direct monitoring per month or 72 weeks of part-time professional experience (defined as 15-29 hours per week) with at least four hours of direct monitoring per month.

4) If there is a break in professional experience due to a medical reason, then it is my responsibility to notify the Board of the exact dates of the absence. I will not receive credit for the break in professional experience.

5) At the time of supervision completion, I will ensure that my supervisor completes the RPE Verification Form and submits within 10 days of supervised experience completion or change in supervision.

APPLICANT'S SIGNATURE	PRINTED FULL LEGAL NAME OF APPLICANT	DATE

✦ Duties and Responsibilities of Supervisor ✦

RPE applicant supervisor must read and sign this form under the penalty of perjury.

1) I possess the qualifications to supervise an RPE applicant: a California SLP license; or (if employed by a public school) a clear and valid teaching credential authorizing service in language, speech, and hearing issued by the California Commission on Teacher Credentialing.

2) I agree to ensure that either my SLP California license or my teaching credential is renewed in a timely manner. Failure to do so could result in a loss of credit for professional experience by the RPE.

3) I agree to provide eight hours direct monitoring per month for each full-time RPE (defined as 30-40 hours per week) and four hours direct monitoring per month for each part-time RPE (defined as 15-29 hours per week).

4) I will not supervise a greater number than three RPE's at any one time pursuant to California Code of Regulations Section 1399.153.4.

5) I will immediately notify the RPE of any disciplinary action against my license, including revocation, suspension (even if stayed), probation terms, inactive status, or lapse in licensure that affects my qualification to supervise.

6) I have read and understand the laws and regulations pertaining to the supervision of the RPE and the professional experience required.

7) I will ensure that the extent, type, and quality of the clinical work performed is consistent with the training and professional experience of the RPE and shall be accountable for the assigned duties performed by the RPE.

8) At the time of supervision completion, I will complete the RPE Verification Form. I will submit the originally signed form to the Board within 10 calendar days of supervised experience completion or termination of supervision.

9) I have completed the initial six hours of continuing professional development in supervision training and will complete three hours every four years thereafter.

SUPERVISOR'S SIGNATURE	PRINT FULL LEGAL NAME OF SUPERVISOR	LICENSE NO. OR CREDENTIAL NO.	DATE

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
1601 Response Road, Suite 260, Sacramento, CA 95815
P (916) 287-7915 | www.speechandhearing.ca.gov

PRAXIS EXAMINATION INFORMATION
SPEECH-LANGUAGE PATHOLOGY: FOREIGN EDUCATED

All applicants must submit a passing score on the required specialty examination.

Effective September 1, 2014, the minimum passing score for Speech-Language Pathology is 162.

These examinations are offered at several sites throughout California, the United States, and internationally according to an annual schedule set by the Education Testing Service.

Applications may be obtained from:

The Praxis Series
Educational Testing Service
P.O. Box 6051
Princeton, NJ 08541-6051
(609) 771-7395

The examination may be taken and passed any time within the five-year period prior to filing an application for permanent licensure or it may be taken while the Required Professional Experience (RPE) is being completed. It takes approximately six weeks for ETS to process and send out scores. It is not recommended that you wait until the end of your RPE to sit for the examination. There are no limits on the number of times the examination may be taken.

Failure to submit passing scores to the Board before completion of the RPE will result in the delay of full licensure.

When filing for the examination, please arrange to have a copy of your score sent electronically to the Board using the following Reporting Code: **8544**.

NOTE: As defined in the California Code of Regulations Section 1399.153.10 (a)" ……Under no circumstances will the Board reissue or extend a temporary license because of failure by the requestor, within the initial RPE Temporary License period, to submit the required licensing documentation or because of a failure by the requestor to take and pass the licensing examination as specified in Section 1399.152.3."

UNDERGRADUATE & GRADUATE COURSE CONTENT

The Board's Subject Matter Expert will review the course-by-course evaluation report and syllabi to determine if the below required *course content* has been met. The report and syllabi should clearly identify that all items in the course content listed below have been met. Please provide the international credential evaluation service with official transcripts sent directly from the universities identifying the required topics. The evaluation report, syllabi, and Clinical Practicum: Foreign-Educated are evidence that you have obtained the required knowledge and skills to be temporarily licensed as a Speech-Language Pathologist RPE in the State of California. [CCR 1399.152(b) and 1399.152(e)]

Acoustics of Speech	Aural Rehabilitation	Fluency	Physical Science Course
Adult Language: Receptive/Expressive Aphasia/Traumatic Brain Injury	Articulation/Phonology	Language Development	Social/Behavioral Science Course
Anatomy of Physiology of Hearing	Biological Science Course	Motor Speech Disorders	Social Aspects (Autism)
Anatomy of Physiology of Speech	Child Language: Receptive/Expressive Semantics/ Syntax/Morphology/Phonology	Neurological Aspects of Language	Speech Development
Anatomy of Physiology of Swallowing.	Clinical Methods	Neuroanatomy	Statistics(Mathematical)
Audiology/Audiometry	Communication Modalities (Augmentative and Alternative Communication)	Phonetics	Swallowing/Dysphagia
		Psychoacoustics of Hearing	Voice & Resonance

Based on the Council for Clinical Certification (CFCC) in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association (ASHA)

CLINICAL EXPERIENCE

You must have worked the clinical practicum in at least three different age ranges across the life span. A minimum of 300 clock hours are required. All clock hours must have been supervised by a Speech-Language Pathologist. Please list the number of hours for each age range.

Birth to 5 years of age _____
6 years of age to 22 years of age _____
23 years of age to 61 years of age _____
62+ years of age _____
Total Hours _____

Based on the Council for Clinical Certification (CFCC) in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association (ASHA)

CREDENTIAL EVALUATION SERVICES

Below are examples of California agencies that determine United States equivalency of education obtained outside of the United States. These agencies are approved by the American Speech-Language-Hearing Association (ASHA) and are members of the National Association of Credential Evaluation Services (NACES), an association of private foreign credential evaluation services dedicated to promoting excellence and committed to setting the standard for their profession.

The report must be sent to the Board directly from the agency or submitted in the evaluation-sealed envelope with application.

Education Records Evaluation Service, Inc.
Sacramento, California

International Education Research Foundation, Inc.
Culver City, California

Center for Applied Research, Evaluation, and Education, Inc.
Anaheim, California

REPORT OF CLINICAL PRACTICUM – SPEECH-LANGUAGE PATHOLOGY APPLICANT: FOREIGN-EDUCATED

INSTRUCTIONS: This form should be submitted with the application package and also supplied with the official transcripts sent by the university to the foreign credentials evaluation service. The current Training Program Director is required to complete and sign this form. A separate form must be completed for each college or university.

REQUIREMENTS: Licensure requires a minimum of 300 clock hours in clinical practicum to be completed in at least three (3) different age ranges across the life span. Clock hours must have been supervised by a Speech-Language Pathologist. Please list the number of hours for each age range and subject below. Please note that a maximum of 25 hours may be obtained in a field other than that for which the applicant is seeking licensure.

UNIVERSITY & TRAINING PROGRAM DIRECTOR INFORMATION

FOREIGN APPLICANT'S FULL NAME:
COLLEGE OR UNIVERSITY NAME:
CURRENT TRAINING PROGRAM DIRECTOR NAME:
EMAIL ADDRESS OF CURRENT TRAINING PROGRAM DIRECTOR:

CLINICAL PRACTICUM INFORMATION

	Birth to 5 years of age	6 to 22 years of age	23 to 61 years of age	62 years of age and over
1. Articulation				
2. Fluency				
3. Voice and Resonance: • Including respiration and phonation				
4. Receptive and Expressive Language • Including phonology, morphology, syntax, prelinguistic, communication, and paralinguistic communication in the areas of speaking, listening, reading, and writing				
5. Hearing • Including the impact on speech and language				
6. Swallowing • Oral, pharyngeal, esophageal, and related functions, including oral function for feeding and orofacial myofunction				
7. Cognitive Assessments of Communication • Attention, memory, sequencing, problem-solving, executive functioning				
8. Social Aspects of Communication • Challenging behavior, ineffective social skills, lack of communication opportunities, autism				
9. Augmentative and Alternative Communication Modalities • Including oral, manual, augmentative and alternative communication techniques, and assistive technologies.				

I hereby certify under penalty of perjury that all statements made herein are true in every respect and misstatements or omissions of material facts may be cause for denial of the application, or for suspension or revocation of a license.

Signature of Current Training Program Director | Printed Name of Current Training Program Director | Date

STATE OF CALIFORNIA
BCIA 8016
(Rev. 04/2020)

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0437
ORI (Code assigned by DOJ)

License
Authorized Applicant Type

Speech Pathologist
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board
Agency Authorized to Receive Criminal Record Information

06187
Mail Code (five-digit code assigned by DOJ)

1601 Response Road, Suite 260
Street Address or P.O. Box

N/A
Contact Name (mandatory for all school submissions)

Sacramento | CA | 95815
City | State | ZIP Code

Contact Telephone Number

Applicant Information:

Last Name | First Name | Middle Initial | Suffix

Other Name: (AKA or Alias)

Last Name | First Name | Suffix

Sex ☐ Male ☐ Female

Date of Birth

Driver's License Number

Height | Weight | Eye Color | Hair Color

Billing Number
(Agency Billing Number)

Place of Birth (State or Country) | Social Security Number

Misc. Number: Applicant Must Pay At Site
(Other Identification Number)

Home Address: Street Address or P.O. Box | City | State | ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature | Date

Your Number: 7700 SLP/AU
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:
(Must provide proof of rejection)
Original ATI Number

Employer (Additional response for agencies specified by statute):

Not Applicable
Employer Name

Street Address or P.O. Box | Telephone Number (optional)

City | State | ZIP Code | Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator | Date

Transmitting Agency | LSID | ATI Number | Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at **http://oag.ca.gov/privacy-policy**.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at **keeperofrecords@doj.ca.gov**, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170

REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification[1] that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared. [2]
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record. [3]

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. [4]

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at* https://www.fbi.gov/about-us/cjis/background-checks.

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[1] Written notification includes electronic notification, but excludes oral notification
[2] https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement
[3] See 28 CFR 50.12(b)
[4] See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

Graduate Curriculum on Swallowing and Swallowing Disorders (Adult and Pediatric Dysphagia)

Technical report

Special Interest Division 13: Swallowing and Swallowing Disorders (Dysphagia)

About this Document

This curriculum was revised by members of the American Speech-Language Hearing Association (ASHA) Special Interest Division 13: Swallowing and Swallowing Disorders (Dysphagia) 2006 Steering Committee: Caryn Easterling and Cathy Lazarus (committee cochairs), Elizabeth Andrews, Rita Bailey, Dan Gaskell, Tessa Goldsmith, Steve Gorsek, and Adrienne Perlman. Michelle Ferketic, ASHA's Director, Special Interest Divisions and International Liaison Programs, provided technical assistance. The activity was monitored by Division 13 Steering Committee Liaison Catriona Steele. Other members of the 2006 Special Interest Division 13 Steering Committee are Nancy Swigert (coordinator); Lynn Brady-Wagner, Maureen Lefton-Greif, and Luis Riquelme (associate coordinator). The Steering Committee is monitored by the monitoring VP for Professional Practices in Speech-Language Pathology, Brian Schulman.

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  - References for Adult Dysphagia
  - References for Pediatric Dysphagia
- Suggested Student Learning Outcomes/Benchmarks (Related to KASA Guidelines)

Introduction

Approximately 87% of the respondents to ASHA's *2005 Health Care Survey in Speech-Language Pathology* (ASHA, 2005) indicated that they were the primary providers of dysphagia services in their facilities. In the same survey, 16% of speech-language pathologists (SLPs) working in health care settings reported that they provide dysphagia services to infants and/or children. Results of the 2003 *Omnibus Survey* (ASHA, 2003) also indicated that 13.8% of SLPs practicing in the schools now treat children with dysphagia. Diagnosis and treatment of swallowing disorders are included in the SLPs' scope of practice (ASHA, 2001). Graduate programs must respond to the education and training demands implicit in this scope of practice and provide students with knowledge and skills required to effectively evaluate and treat dysphagia across a variety of populations and practice settings.

In the fields of speech-language pathology and audiology, graduate programs are accredited by the American Speech-Language-Hearing Association (ASHA) Council on Academic Accreditation (CAA). New standards for certification that were recently developed for speech-language pathology and audiology graduate training programs required implementation in calendar year 2004 (CAA, 2001). Consequently, accredited programs have realigned their curricula with the new standards. Whereas the old standards were process-based, the new standards are outcome-based.

The new standards required a realignment of the *Graduate Curriculum on Swallowing and Swallowing Disorders (Adult and Pediatric Dysphagia)* to include behaviorally defined levels of achievement. The standards now include outcomes and benchmarks that correspond to the new certification standards. This change will likely require many university programs to adapt their traditional instructional practices and assessment procedures to meet the new outcomes-based standards.

This updated version of the *Graduate Curriculum on Swallowing and Swallowing Disorders (Adult and Pediatric Dysphagia)* reflects these changes as well as the expansion of the knowledge base in this critical area of clinical practice. The revised curriculum, with its outline and references, can serve as a model for university programs. Because the development of any course is unique to the instructor and the academic institution, the Division on Swallowing and Swallowing Disorders has attempted to provide this material in a format that will allow instructors to design their own curricula. New and important work in swallowing continues to be published; therefore, the references should not be regarded as an exhaustive list, but instead as a resource to be updated by each instructor as appropriate. Included in the reference sections are classic and theoretical summaries for the more advanced graduate seminar, as well as basic texts, journal articles, and treatment manuals for the clinical components and the basic practitioner. The reference lists are divided into three sections, general dysphagia references, adult dysphagia references, and pediatric dysphagia references; each is organized by topic.

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References

American Speech-Language-Hearing Association. (2003). *2003 Omnibus survey caseload report: SLP*. Available from www.asha.org/members/research/omnibus/2003OmnibusSurvey.htm.

American Speech-Language-Hearing Association. (2001). *Scope of practice in speech-language pathology*. Available from www.asha.org/policy.

American Speech-Language-Hearing-Association. (2005). *SLP health care survey 2005: Caseload characteristics*. Available from www.asha.org/Research/memberdata/HealthcareSurvey/.

Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC). (2001). *Guidelines for developing formative assessment plans for implementation of new standards for the certificate of clinical competence*.

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Lecture Topics

1. Normal aerodigestive tract
    A. Anatomy
        1. Oral
        2. Pharyngeal
        3. Laryngeal
        4. Esophageal
        5. Respiratory
    B. Sensory innervation and motor control
        1. Cortical
        2. Subcortical
        3. Peripheral
    C. Biomechanics
        1. Bolus preparation

2. Bolus propulsion
3. Airway protection
4. Respiratory-swallow coordination

D. Development and maturation

1. Suckling, sucking, swallowing, and chewing
    a. Prenatal
    b. Neonatal
    c. Infant
    d. Toddler
    e. Young child
    f. Mature sensorimotor system
    g. Elderly

2. Abnormal swallowing

A. Etiology and conditions

1. Neurogenic
    a. Stroke
    b. Dementia
    c. Neurodegenerative disorders
    d. Brain tumor
    e. Spinal cord injuries
    f. Traumatic brain injury
2. Structural
    a. Head and neck cancer and treatment effects
    b. Zenker's diverticulum
    c. Cervical neck disease
    d. Cricopharyngeal hypertrophy
3. Iatrogenic
    a. Tracheostomy and/or ventilator issues

b. Drug induced
c. Postsurgical

4. Psychiatric or behavioral
    a. Globus pharyngeus
    b. Delirium
    c. ETOH related
5. Systemic
    a. Myositis
    b. HIV/AIDS
    c. Esophageal causes

B. Signs and symptoms observed clinically and instrumentally
    1. Protracted mastication
    2. Impaired oral sensation
    3. Oral incontinence/drooling
    4. Nasal regurgitation
    5. Uncontrolled bolus flow into pharynx
    6. Abnormal swallow onset
    7. Laryngeal penetration and laryngeal secretions
    8. Aspiration
    9. Pharyngeal residue and stasis
    10. Retrograde bolus flow
    11. Esophageal considerations

C. Areas of impairment in instrumentally measured pathophysiology of swallowing in adults
    1. Bolus formation/propulsion
    2. Swallow initiation and coordination
    3. Airway protection
    4. Swallow duration
    5. Respiratory swallow coordination

6. Pharyngeal clearance
7. Esophageal components

D. Consequences of swallowing impairment
1. Aspiration and pneumonia
2. Malnutrition

3. Assessment

A. History
1. Name, age, sex
2. Referring diagnosis
3. Primary diagnosis/current medical status
4. Past medical history
a. Pertinent medical conditions (including any GI issues)
b. Pertinent speech, language, cognition
c. Pertinent developmental history (pediatric)
1. Fine and gross motor
2. Neurodevelopmental milestones
3. State/organization
4. Feeding development
5. Pertinent diagnostic examinations
6. Psychosocial history
a. Level of independence
1. Support system
b. Cultural issues/special needs
c. Education/employment
7. Current diet/nutritional status
a. Food texture and liquid consistency
b. Include dietary restrictions/food allergies
c. Frequency/duration (pediatric)

d. Anthropometric measures (pediatric)

B. Noninstrumental examination

1. Cognition/state
    a. Level of alertness
    b. Readiness for oral intake
    c. Auditory and visual acuity
2. Position/posture
    a. Seating
    b. Positioning equipment/adaptive equipment
3. Pulmonary/respiratory status
    a. Auscultation (e.g., cervical/laryngeal/thoracic)
4. Multisystem sensorimotor examination (oral mechanism examination)
    a. Structure/function of:
        1. Head/neck
        2. Lips/cheeks
        3. Tongue
        4. Palate/velum
        5. Oropharynx/pharynx
        6. Larynx
        7. Dentition/jaw
    b. Reflexes
    c. Sensation (sensory awareness)
5. Clinical “hands on” swallowing examination
    a. Liquids
        1. Equipment (bottle, cup, straw, etc.)
        2. Oral phase (components)
        3. Pharyngeal/laryngeal phase (components)
        4. Consistencies administered

            a. Thin, nectar, honey, pudding
        b. Purees
            1. Oral phase
            2. Pharyngeal/laryngeal phase
        c. Mechanical soft
            1. Oral phase
            2. Pharyngeal/laryngeal phase
        d. Regular solids
            1. Oral phase
            2. Pharyngeal/laryngeal phase
        e. Observations
            1. Self-feeding/feeding
                a. Level of assistance
            2. Positioning needs
            3. Clinical signs of dysphagia/aspiration
            4. Patient/caregiver/staff interactions
            5. Compensatory swallowing and/or feeding modifications
                a. Equipment/utensils
            6. Duration and volume of feeding (pediatric)
6. Impressions (assessment)
    a. Diagnostic statement
    b. Strengths and weaknesses
    c. Prognosis
7. Recommendations
    a. Oral vs. non-oral
    b. Best textures/consistencies to meet nutritional needs orally (if feasible)
    c. Further testing or workup indicated

8. Special considerations indicated for evaluation of tracheostomy and ventilator-dependent patients
9. Special considerations indicated for evaluation of neonates and infants

C. Instrumental examination
    1. Videofluoroscopy
        a. Definition and rationale
        b. Procedure/protocol
        c. Findings and interpretation
        d. Advantages and disadvantages
        e. Radiation safety procedure
    2. Fiberoptic endoscopic evaluation of swallowing (FEES)
        a. Definition and rationale
        b. Procedure/protocol
        c. Findings and interpretation
        d. Advantages and disadvantages
    3. Pharyngeal manometry/manofluorography
        a. Definition and rationale
        b. Procedure/protocol
        c. Findings and interpretation
        d. Advantages and disadvantages
    4. Ultrasonography
        a. Definition and rationale
        b. Procedure/protocol
        c. Findings and interpretation
        d. Advantages and disadvantages
    5. Scintigraphy
        a. Definition and rationale
        b. Procedure/protocol

c. Findings and interpretation

d. Advantages and disadvantages

6. Electromyography

a. Definition and rationale

b. Procedure/protocol

c. Findings and interpretation

d. Advantages and disadvantages

7. Other medical diagnostic procedures

a. Upper gastrointestinal series (upper GI)

b. Esophagram

c. Esophageal manometry

d. pH probe

e. CT

f. MRI

g. Laryngoscopy

1. Flexible

2. Rigid

h. Bronchoscopy

i. Esophagoduodenoscopy (EGD)

4. Management of dysphagia

A. Treatment planning

1. Nutrition/hydration status

a. Means of nutrition

b. Types of nutrition

c. Nutritional risk

2. Management strategies

3. Treatment candidacy and prognosis

4. Other referrals

5. Patient/caregiver/team education
6. Discharge planning

B. Clinical management
1. Swallowing maneuvers
2. Compensatory postures and positioning
3. Bolus modification
4. Adaptive equipment
5. Physiotherapeutic exercises
6. Sensory augmentation
7. Biofeedback

C. Prosthetic management

D. Surgical/medical management

E. Treatment risks, benefits, and complications

F. Non-oral feeding

G. Counseling families and patients regarding diagnosis and treatment planning

5. Documentation

A. Assessment

B. Progress notes and treatment outcomes

C. Reimbursement eligibility

D. Discharge summary

6. Ethical Issues

A. Ethical principles
1. Beneficence
2. Nonmaleficence
3. Autonomy
4. Justice and fidelity

B. Patient rights
1. Right to predetermine medical treatment limits

2. Right to discontinue or refuse treatment
3. Right to refuse to follow swallowing safety recommendations

C. SLP responsibilities
    1. Determination of efficacious treatment approaches
    2. Responsibility to educate/explain potential risks and outcomes
    3. Responsibility to accept patient/family decisions
    4. Responsibility to advocate for treatment or no treatment
    5. Responsibility to continue or discontinue treatment

D. Family/caregiver rights
    1. "Living will"
    2. Power of attorney
    3. Parental rights

E. Societal issues
    1. "Right to die" and end of life
        a. Withholding or providing nutrition: moral/ethical/religious concerns
        b. Legal issues and tube feeding
        c. Caregiver burden
    2. Degenerative and/or terminal diseases and treatment
        a. Dementia
        b. Cancer
        c. Other diseases
    3. Economic considerations
        a. Provider
        b. Insurer
        c. Public
            1. Medicare
            2. Medicaid
        d. Individual

7. Efficacy
    A. Utilizing research to support treatment techniques
    B. “Fads” and trends in treatment approaches
    C. Evidence-based practice
        1. ASHA NOMS
        2. Functional communication measures
        3. Other
    D. Safety
        1. Treatment approaches
        2. Trials of oral feeding with individuals who are “NPO”
        3. “Free water” protocols
8. Models of delivery
    A. Dysphagia program and implementation
    B. Team approach
    C. Family, staff, patient education
    D. Service delivery models
    E. Multidisciplinary interactions (acute care and long-term care)

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Course Didactic Content

This is a suggested introductory course lecture outline with suggested references to be used. This should provide a knowledge base to engage in a clinical practicum in swallowing.

Lecture outline: Refer to outline of graduate-level course with suggested references.

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Clinical Observations (Direct or Taped)/ Swallow Lab

These are suggested activities to be added to a graduate-level swallowing course.

1. Interpretation of archived imaging studies

2. Hands-on training and demonstration in screening, diagnostic, and treatment techniques with adults and children (i.e., sEMG, IOPI, FEES)
3. Report writing
4. Observation: at least three cases as part of the graduate course. Observations should include at least one instrumental, one noninstrumental evaluation, and one treatment session (adult and pediatric case). Individuals should be exposed to as many treatment sites and team interactions as possible, including a variety of medical and educational settings.

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Graduate-Level Clinical Practicum

Suggested time: 60 clinical hours, to include diagnostic and treatment activities with an experienced certified clinician in a medical, nursing, special education, or rehabilitation setting. Whereas 60 hours is suggested, programs will need to determine their own criteria. These are suggested guidelines but are not requirements.

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Dysphagia is a multidisciplinary field; therefore readings and other educational materials should be selected from among such relevant disciplines as dentistry, engineering, geriatrics, internal medicine, gastroenterology, neurology, nursing, nutrition, otolaryngology, pediatrics, physiology, pulmonology, radiology, rehabilitation medicine, and speech-language pathology.

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- *Gastroenterology*
- *Journal of the American Geriatric Society*
- *Journal of Head and Neck Cancer*
- *Journal of Medical Speech-Language Pathology*
- *Journal of Pediatric Gastroenterology and Nutrition*
- *Journal of Physiology*
- *Journal of Speech, Language, and Hearing Research*
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ASHA Professional Development

Master Clinician Series

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    - *by J. Murray and E. Callaway*
- Therapeutic Interventions for Dysphagia (video)
    - *by J. Logemann*

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Other Products

- Radiographic Interpretation of Swallowing Disorders (CD-ROM)
    - *by B. Martin-Harris*
- FEES: Fiberoptic Endoscopic Evaluation of Swallowing (video)
    - *by S. Langmore*
- Treatment of Dysphagia in Adults (video)
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- Medically Fragile Adults: Issues in Evaluation and Treatment (CD-ROM)
    - *by B. Sonies, J. Robbins, and P. Sullivan*
- The SWAL-QOL and SWAL-CARE Outcome Tools for Dysphagia (video)
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- Interpreting X-Ray Swallow Studies and Planning Treatment (audio CD)

    - *by J. Logemann*
- Radiation Safety for Speech-Language Pathologists
    - Division 13 Newsletters
- Dysphagia: State of the Clinical Examination
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- Setting the Stage: Clinical Practice in the Neonatal Intensive Care Unit (video)
    - *by C. Shaker*
- Pediatric Dysphagia: Management Challenges (video)
    - *by J. Arvedson and B. Rogers*
- Pediatric Feeding and Swallowing: Assessment and Treatment Programming (video)
    - *by R. Alexander*

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Telephone Replays

- Standardizing Dysphagia Diets: The National Dysphagia Diet and Other Considerations (audio CD)

by G. McCullough, C. Pelletier, C. Steele, and P. Sullivan

- Dysphagia in the Schools: An Interdisciplinary Team Approach

by E. Horner and J. Arvedson

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Videotapes and Manuals

- Pediatric Dysphagia Management Challenges (4 hour video)

by J. Arvedson and B. Rogers

- Pediatric Feeding and Swallowing Assessment and Treatment Programming (2 hour video)

by R. Alexander

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Video Seminars From Clinician's View (ASHA Approved CE Provider)

- ABC's of Pediatric Feeding and Swallowing, Modules I–V

by R. Alexander, R. Beecher, M. Wojcik, L. Kliebahn, C. Cayo, M. Kirby, et al.

- Focus on the Rib Cage for Improvement of Respiration, Phonation, Postural Control and Movement in Children

by R. Alexander

- ABC's of Pediatric Swallowing—modules

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- Sensory aspects and NDT Treatment for Feeding Disorders

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- *Pediatric Neurology*
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Suggested Student Learning Outcomes/Benchmarks (Related to KASA Guidelines)

1. The student will identify the anatomy, physiology, and neural controls involved in normal swallowing for children and adults.
2. The student will describe primary physiological systems associated with swallowing, such as respiratory, gastrointestinal, musculoskeletal, and sensory systems.
3. The student will use knowledge of normal swallowing processes to determine presence or absence of dysphagia in children and adults.
4. The student will identify primary etiologies and associated dysphagia characteristics in children and adults.
5. The student will identify the symptoms and underlying etiologies and pathophysiology of dysphagia in children and adults.
6. The student will identify symptoms, underlying etiology, and pathophysiology of dysphagia in special populations (i.e., tracheostomized and ventilator dependent patients, patients with multiple diagnosis/comorbidities, and patients with postsurgical anatomical variations, systemic medical conditions, etc.).
7. The student will identify research-supported characteristics of normal and disordered swallowing across the life span.
8. The student will identify evidence-based methods for instrumental and noninstrumental assessment of dysphagia.
9. The student will demonstrate knowledge and skills needed to implement research-supported strategies for noninstrumental evaluation of swallowing.
10. The student will demonstrate knowledge and skills needed to implement research supported strategies for instrumental evaluation of swallowing.
11. The student will demonstrate the ability to devise research-supported therapy/management plans for the treatment of specific swallowing impairments, taking into account motivation level, quality of life, cultural, ethical, and moral issues.
12. The student will describe basic radiation safety protocols for speech-language pathologists and patients during radiographic swallow evaluation.
13. The student will identify options for dysphagia teaming models that are appropriate for a variety of practice settings and environments.

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Index terms: curriculum, graduate programs, swallowing

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Pediatric Feeding and Swallowing

Overview

The scope of this page is feeding and swallowing disorders in infants, preschool children, and school-age children up to 21 years of age. This page covers pediatric dysphagia and pediatric feeding disorder (PFD). These are separate diagnoses but may co-occur.

Speech-language pathologists (SLPs) are the preferred providers of dysphagia services and are integral members of an interprofessional team. Interprofessional collaboration is the preferred practice pattern.

See the Pediatric Feeding and Swallowing Evidence Map for summaries of the available research on this topic.

Feeding and Swallowing

Feeding is the term for supplying someone with nourishment. The term feeding includes all aspects of eating or drinking, including gathering and preparing food and liquid for intake, sucking or chewing, and swallowing (Arvedson & Brodsky, 2002). Feeding may also be achieved by non-oral routes (e.g., percutaneous endoscopy gastronomy tube). Feeding provides children and caregivers with opportunities for communication and social experiences that form the basis for future interactions (Lefton-Greif, 2008).

Swallowing is a complex skill during which saliva, liquids, and foods are transported from the mouth into the stomach while keeping the airway protected. The integration of six cranial nerves and over 30 muscles responsible for swallowing ensures the precise coordination required to safely and effectively transport foods and liquids (Steele & Miller, 2010). Swallowing is commonly divided into the following four phases (Arvedson & Brodsky, 2002; Logemann, 1998):

1. **Oral preparatory**—This is a voluntary phase during which foods or liquids are manipulated in the mouth to form a cohesive bolus, which includes sucking liquids, manipulating soft boluses, and chewing solid foods.
2. **Oral transit**—This is a voluntary phase that begins with the posterior propulsion of the bolus by the tongue and ends with the initiation of the pharyngeal swallow.
3. **Pharyngeal**—This phase begins with a voluntary pharyngeal swallow that, in turn, propels the bolus through the pharynx via an involuntary contraction of the pharyngeal constrictor muscles.
4. **Esophageal**—This is an involuntary phase during which the bolus is carried to the stomach through the process of esophageal peristalsis.

Feeding Disorders

The term **feeding disorders** describes a range of eating activities and behaviors that may or may not include problems with swallowing. Goday, et. al (2019) note the following:

- **Pediatric feeding disorder (PFD)** is any difficulty a person has with oral intake as compared to same age peers. PFD is associated with medical, nutritional, feeding skill, and/or psychosocial dysfunction. **Impaired oral intake** is the inability to consume sufficient foods and liquids to meet nutritional and hydration requirements.
- PFD should be diagnosed only if not better attributed to body image disturbances or dysmorphia.
- Impairments result in activity limitations or participation restrictions due to interactions with personal and environmental factors.
- PFD may be diagnosed as acute if the disorder has been present for less than 3 months or chronic if the disorder has been present for 3 months or more.

Food avoidance (e.g., throwing food on the ground, refusing to take a bite) should be interpreted as communicating a message—not as conveying a negative behavior. This approach can lead to better collaboration between the child and the adult (e.g., caregiver, clinician).

Avoidant/Restrictive Food Intake Disorder (ARFID)

According to the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.; American Psychiatric Association, 2022), **avoidant/restrictive food intake disorder (ARFID)**[1] is an eating or a feeding disturbance (e.g., apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food, concern about aversive consequences of eating) associated with one (or more) of the following:

- significant weight loss (or failure to achieve expected weight gain or faltering growth in children)
- significant nutritional deficiency
- dependence on enteral feeding or oral nutritional supplements
- marked interference with psychosocial functioning

Selective eating in ARFID is due to disinterest in eating or food in general, sensory sensitivity, and/or a fear of consequences (e.g., choking; Kambanis et al., 2020).

SLPs don't diagnose or treat ARFID. SLPs can, however, recognize signs of ARFID, screen for the condition, assess for PFD, and make appropriate referrals to an ARFID treatment team or mental health practitioner when appropriate.

SLPs may work as part of an interprofessional team managing patients or clients with ARFID, addressing related skill or other deficits that would qualify a concurrent diagnosis of PFD.

ARFID differs from PFD in the following ways:

- ARFID does not include children whose primary challenge is a skill deficit (e.g., dysphagia).
- ARFID includes a severity of eating difficulty that exceeds the severity typically associated with a certain condition (e.g., Down syndrome).

For further information about the overlap and distinction of PFD and ARFID, please see Estrem et. al (2024).

[1] ***An Important Note About ARFID***: Avoidant/restrictive food intake disorder (ARFID) is considered a mental health disorder and outside the scope of practice of an SLP. Although SLPs may screen or make referrals for ARFID, they do not diagnose or treat it. The information about ARFID in this section is meant to be an informational resource for SLPs—although they do not diagnose or treat ARFID, they still need to know about it in the context of clinical patient care.

Swallowing Disorders (Dysphagia)

Dysphagia is a swallowing disorder involving difficulty processing and/or moving liquid and/or food boluses through the oral cavity, pharynx, esophagus, or gastroesophageal junction. SLPs also recognize causes and signs/symptoms of esophageal dysphagia and make appropriate referrals for its diagnosis and management.

The consequences and associated symptoms of feeding and swallowing disorders may include

- aspiration pneumonia and/or compromised pulmonary status;
- dehydration;
- feeding and swallowing problems that persist into adulthood;
- food aversion;
- gastrointestinal issues (e.g., motility disorders, constipation, diarrhea);
- ongoing need for enteral (gastrointestinal) or parenteral (intravenous) nutrition;
- oral aversion;
- poor weight gain and/or undernutrition;
- psychosocial effects on the child and their family; and
- undernutrition or malnutrition.

Incidence and Prevalence

Incidence refers to the number of new cases identified in a specified time period.

Prevalence refers to the number of children who are living with feeding and swallowing problems in a given time period.

It is assumed that the incidence of feeding and swallowing disorders is increasing because of the improved survival rates of children with complex and medically fragile conditions (Lefton-Greif, 2008; Lefton-Greif et al., 2006; Newman et al., 2001) and the improved longevity of persons with dysphagia that develops during childhood (Lefton-Greif et al., 2017).

Estimated reports of the incidence and prevalence of pediatric feeding and swallowing disorders vary widely due to factors including

- variations in the conditions and populations sampled;
- how the terms **pediatric feeding disorder**, **avoidant/restrictive food intake disorder** (ARFID; please see the "ARFID" section above for further details), and/or **swallowing impairment** are defined; and the choice of assessment methods and measures (Arvedson, 2008; Lefton-Greif, 2008). The data below reflect this variability.

According to the *2022 National Survey of Children's Health* (Child and Adolescent Health Measurement Initiative, 2022), survey interviews indicated that within the past 12 months, 1.6% of children (approximately 1,188,828) ages 0–17 years were reported to have eating or swallowing problems because of a health condition. Prevalence varied for a variety of co-occurring conditions:

- **Cerebral palsy** (ages 0–18 years)—The prevalence of swallowing problems was 50.4%. There was a trend toward increased swallowing difficulty with more severely impaired functioning, but this did not reach the level of significance (Speyer et al., 2019).
- **Craniofacial microsomia**—The prevalence of swallowing difficulties was estimated to be 13.5% (van de Lande et al., 2018).
- **Laryngeal cleft, type 1**—The prevalence of swallowing difficulties was 86%, which decreased by up to 26% postsurgical intervention (Liao & Ulualp, 2022).
- **Laryngomalacia**—The prevalence of swallowing disorders was 72%, which was reduced by 59% postsurgery (Rossoni et al., 2024).
- **Unilateral vocal fold paralysis (partial or complete)**—The prevalence of dysphagia was 92.9%, while 53.6% exhibited silent aspiration (Irace et al., 2019).

- **Congenital heart disease**—The overall pooled prevalence of dysphagia was 42.9%, with the pooled mean prevalence of aspiration in this population estimated to be 32.9% (Norman et al., 2022).
- **Neuromuscular diseases** (ages 2–18 years)—The prevalence of dysphagia was 47.2% (Kooi-van Es et al., 2020).
- **Acute stroke**
    - Newborns—The frequency of feeding and swallowing impairment was 39%. At the time of discharge, feeding and swallowing disorders persisted for 19% of newborns (Sherman et al., 2021).
    - Children—The frequency of feeding and swallowing impairment was 41%. At the time of discharge, feeding and swallowing disorders persisted for 17% of children (Sherman et al., 2021).

The overall annual prevalence of pediatric feeding disorders in the United States is estimated to be between 2.7% and 4.4% (Kovacic et al., 2021). Estimates varied across a variety of co-occurring conditions:

- **Preterm**
    - Infants (ages 6–12 months) who were born preterm—The prevalence of feeding problems was 43%.
    - Children (ages 1–7 years) who were born preterm—The prevalence of feeding problems was 25% (Walton et al., 2022).
- **Cerebral palsy** (ages 0–18 years)—The prevalence of feeding problems was 53.5%. There was a trend toward increased feeding difficulty with more severely impaired functioning, but this did not reach the level of significance (Speyer et al., 2019).
- **Craniofacial microsomia**—The prevalence of feeding difficulties is estimated to be 26.4% (Caron et al., 2018).
- **Cleft palate**
    - With Pierre Robin sequence—The prevalence of feeding difficulties was estimated to be 91%.
    - With isolated cleft palate only—The prevalence of feeding difficulties was estimated to be 72% (Paes et al., 2017).
- **Acute stroke**
    - Newborns—The frequency of feeding and swallowing impairment was 39%. At the time of discharge, feeding and swallowing disorders persisted for 19% of newborns (Sherman et al., 2021).

    - Children—The frequency of feeding and swallowing impairment was 41%. At the time of discharge, feeding and swallowing disorders persisted for 17% of children (Sherman et al., 2021).

- **Autism**—The prevalence of food selectivity was 69.1% in children and adolescents, with 48.8% displaying food selectivity several times per week or even daily. The prevalence of mealtime behaviors was 64.3% (Babinska et al., 2020).

Signs and Symptoms

Pediatric feeding disorder (PFD) may co-occur with dysphagia. Signs and symptoms of PFD vary based on the domain(s) affected and the child's age and developmental level. They include, but are not limited to, the following (Goday et al., 2019):

Medical Factors

- Slowed motility, vomiting, and/or constipation due to gastrointestinal (GI) conditions
- Nasopharyngeal and laryngeal perceptual changes, such as stertor (noisy breathing, low-pitched sound that sounds like snoring), stridor (noisy breathing, high-pitched sound on inspiration), and congestion during or after eating
- Frequent respiratory illnesses, tachypnea (fast breathing), or apnea (temporary cessation of breathing)
- Cyanosis (turning blue), tachycardia (fast heart rate), bradycardia (slowed heart rate), and mottling (blotchy, red and purple marbling on the skin) due to cardiac conditions
- Neurological impairments characterized by severe motor and cognitive delays

Nutritional Factors

- Malnutrition
- Restricted dietary diversity or quality, quantity, and/or variety of beverages and foods consumed
- Micronutrient deficiencies related to the exclusion of certain food groups

Feeding Skill Factors

- Oral sensory impairments, including
    - limited tolerance for age-appropriate textures and viscosities, which may be associated with specific flavors, temperatures, tastes, bolus size, or appearance;

    - lack of awareness of food within the mouth, poor bolus formation, anterior loss, large bolus sizes, and gagging or refusal of liquid and food textures that provide inadequate sensory input; and
    - gagging with specific textures or bolus sizes, the need for excessive chewing, and limited variety of intake resulting in the need for bland flavors, finely grained textures, small bolus sizes, and room-temperature foods.
- Oral motor impairments, including
    - poor bolus control and manipulation resulting in anterior loss or gagging and coughing;
    - inefficient intake;
    - slow, ineffective mastication;
    - oral residue;
    - poor secretion management; and
    - an uncoordinated suck–swallow–breathe sequence.
- Pharyngeal swallowing impairments, including
    - audible or gulping swallows;
    - wet vocalizations;
    - multiple swallows per bolus;
    - throat clearing or coughing; and
    - chronic congestion.

Psychosocial Factors

- Learned feeding aversions
- Stress and distress during mealtimes
- Disruptive behavior during mealtimes
- Food overselectivity or picky eating
- Failure to advance to age-appropriate diet
- Grazing
- Caregiver use of maladaptive strategies to increase intake

Causes

Oral feeding requires coordination of the central and peripheral nervous systems, the oropharyngeal mechanism, the cardiopulmonary system, and the GI tract, with support from craniofacial structures and the musculoskeletal system. Because of how these systems interact, an impairment in one area can lead to a disruption or dysfunction in another, resulting in PFD (Goday et al., 2019). PFD may be caused by any singular factor or a combination of factors across the four domains:

Medical Factors

- GI tract conditions, such as gastroesophageal reflux disease, eosinophilic esophagitis, or motility disorders
- Oropharyngeal and laryngeal anomalies, such as laryngomalacia, vocal fold paralysis, or laryngeal cleft
- Pulmonary or other aerodigestive conditions, such as chronic lung disease
- Congenital heart disease or other cardiac conditions
- Neurological impairments, such as cerebral palsy

Nutritional Factors

- Metabolic disorders
- Medication side effects resulting in decreased appetite
- Neurodevelopmental disorders that affect energy expenditure and growth

Feeding Skill Factors

- Oral sensory impairments that may lead to
    - Oral hyposensitivity (or under-responsiveness)
    - Oral hypersensitivity (or over-responsiveness)
- Oral motor impairments affecting lip closure, tongue movement, and chewing abilities
- Pharyngeal swallowing impairments affecting airway protection and closure and that require an instrumental evaluation to fully assess anatomy and physiology

Psychosocial Factors

The factors within the child, the caregiver, and the feeding environment that can adversely affect feeding development and ultimately contribute to and maintain PFD, such as developmental delays, mood disorders, anxiety, stress, a distracting mealtime environment, and inappropriate social influences

Roles and Responsibilities

SLPs play a central role in the assessment, diagnosis, and treatment of infants and children with swallowing and feeding disorders. The professional roles and activities in speech-language pathology include clinical/educational services (diagnosis, assessment, planning, and treatment); prevention and advocacy; and education, administration, and research. See ASHA's Scope of Practice in Speech-Language Pathology (ASHA, 2016).

Appropriate roles for SLPs include the following:

Assessment

- Conducting a comprehensive assessment, including clinical and instrumental evaluations as appropriate
- Considering culture as it pertains to food choices/habits, perception of disabilities, and beliefs about intervention (Davis-McFarland, 2008; Villaluna & Dolby, 2024)
- Diagnosing pediatric oral and pharyngeal swallowing disorders (dysphagia)
- Recognizing signs of avoidant/restrictive food intake disorder and making appropriate referrals with collaborative treatment as needed
- Recommending a feeding and swallowing plan for the individualized family service plan, individualized health plan, individualized education program, or 504 plan
- Referring the patient to other professionals as needed to rule out other conditions, determine etiology, and facilitate patient access to comprehensive services

Counseling and Education

- Educating caregivers of children at risk for pediatric feeding and swallowing disorders
- Educating other professionals on the needs of children with feeding and swallowing disorders and the role of SLPs in diagnosis and management
- Educating children and their families to prevent complications related to feeding and swallowing disorders

Treatment

- Advocating for people with feeding and swallowing disorders at the local, state, and national levels
- Consulting and collaborating with other professionals, family members, caregivers, and others to develop programs

- Providing supervision, evaluation, and/or expert testimony, as appropriate
- Helping to advance the knowledge base related to the nature and treatment of these disorders
- Remaining informed of feeding and swallowing disorders research
- Serving as an integral member of an interdisciplinary feeding and swallowing team
- Providing evidence-based treatment for the remediation of pediatric feeding and swallowing disorders

SLPs who serve a pediatric population should be educated and appropriately trained to do so (ASHA, 2023). SLPs require specific knowledge of pediatric swallowing anatomy and physiology to treat pediatric feeding disorders and dysphagia.

Feeding and Swallowing Teams

Evaluation, assessment, and treatment of pediatric feeding and swallowing disorders may require the efforts of multiple specialists on an interprofessional team. Members of the feeding and swallowing team may vary across settings.

SLPs may be the team coordinator, who leads the team in

- identifying core team members and support services,
- training team members,
- facilitating communication between team members,
- tracking and documenting team activity,
- actively consulting with team members, and
- assisting in discharge planning.

School Setting Considerations

School-based SLPs play a significant role in the management of feeding and swallowing disorders. SLPs assess and treat students and educate families, teachers, and other professionals who work with the student. SLPs develop and lead the school-based feeding and swallowing team.

Feeding, swallowing, and dysphagia are not specifically mentioned in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA, 2004). However, school districts have a responsibility to protect the health and safety of students with disabilities, including those with feeding and swallowing disorders. Students with disabilities have the right to access services to address safe mealtimes regardless of their special education classification (IDEA, 2004).

The U.S. Department of Education acknowledges that chronic health conditions could make a student eligible for special education and related services under the disability category "Other Health Impairment," if the disorder interferes with the student's strength, vitality, or alertness and limits the student's ability to access the educational curriculum.

Students who do not qualify for IDEA services and have swallowing and feeding disorders may receive services through the Rehabilitation Act of 1973, Section 504, so long as the swallowing and feeding disorder substantially limits one or more of life's major activities.

School districts that participate in the U.S. Department of Agriculture Food and Nutrition Service Program in the schools (i.e., the National School Lunch Program) must follow regulations (see 7 C.F.R. § 210.10[m][1]) to provide substitutions or modifications in meals for children who are considered disabled and whose disabilities restrict their diet (Meal Requirements for Lunches and Requirements for Afterschool Snacks, 2021). [2]

For more information, see also *Accommodating Children With Disabilities in the School Meal Programs: Guidance for School Food Service Professionals* [PDF] (U.S. Department of Agriculture, 2017).

[2] Here, we cite the most current, updated version of 7 C.F.R. § 210.10 (from 2021), in which the section letters and numbers are "210.10(m)(1)." The original version was codified in 2011 and has had many updates since. Those section letters and numbers from 2011 are "210.10(g)(1)" and can be found at https://www.govinfo.gov/content/pkg/CFR-2011-title7-vol4/pdf/CFR-2011-title7-vol4-sec210-10.pdf

Educational Relevance

IDEA ensures free and appropriate public education and protects the rights of students with disabilities. Feeding and swallowing disorders may be considered educationally relevant and part of the school system's responsibility to ensure

- adequate time to eat meals, which includes the ability to eat within the school's mealtime schedule and the need for accommodations such as extended mealtime or shorter, more frequent meals;
- safety while eating and drinking at school, including access to appropriate personnel, foods, liquids, and procedures to minimize risks of choking and aspiration while eating;
- adequate nourishment and hydration so that students can attend to and fully access the school curriculum;
- student health and well-being (e.g., free from aspiration pneumonia or other illnesses related to malnutrition or dehydration) to maximize their attendance and academic ability/achievement at school; and

- skill development for eating and drinking efficiently during meals and snack times so that students can complete these activities with their peers safely and in a timely manner.

Please see the Clinical Evaluation: School Setting section below for further details.

Assessment

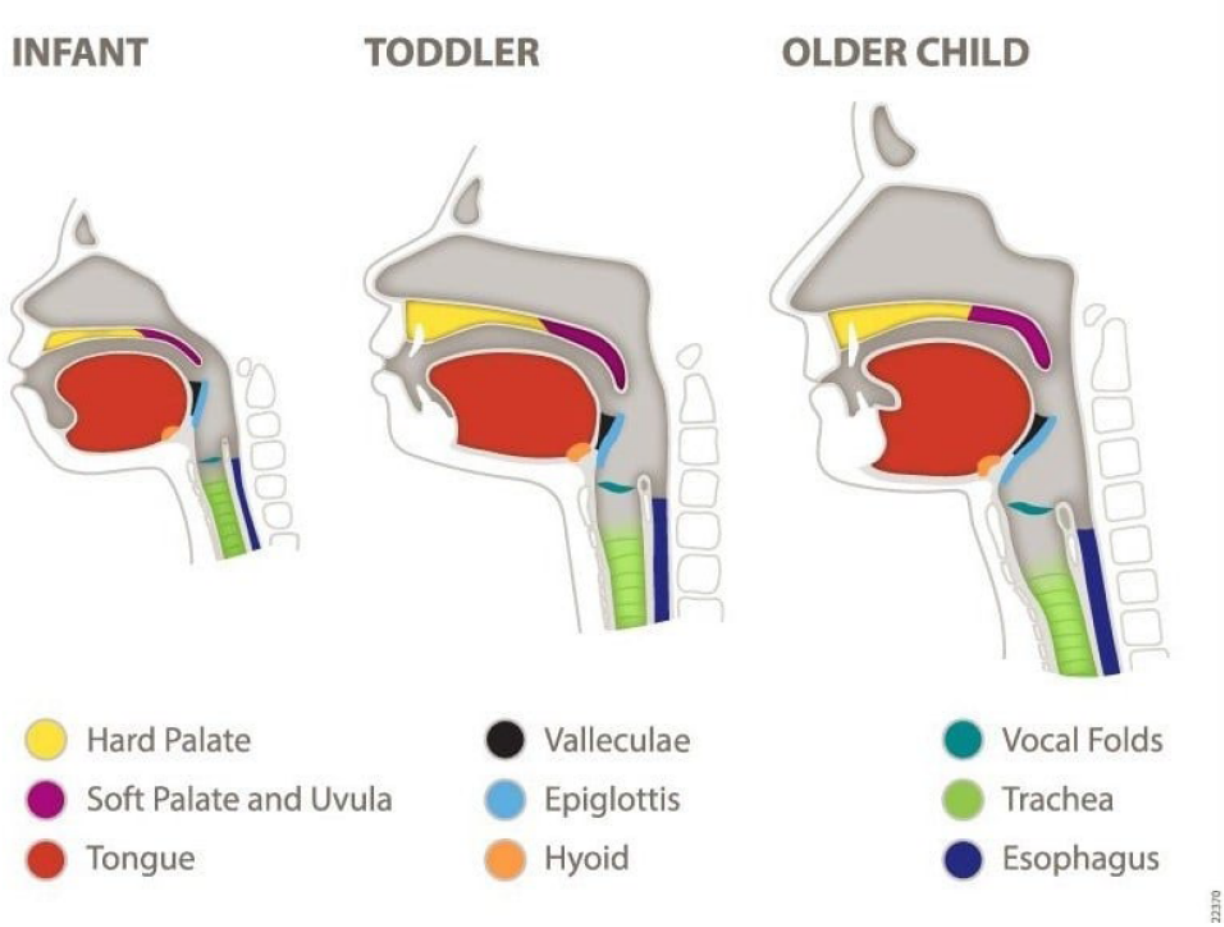
See the Assessment section of the Pediatric Feeding and Swallowing Evidence Map for pertinent scientific evidence, expert opinion, and client/caregiver perspective.
See *Person-Centered Focus on Function: Pediatric Feeding and Swallowing* [PDF] for examples of assessment data consistent with the International Classification of Functioning, Disability and Health framework (World Health Organization, 2001).

Assessment and treatment of swallowing and swallowing disorders require the use of appropriate personal protective equipment and universal precautions as needed.

Clinicians may consider the following factors when assessing feeding and swallowing disorders in the pediatric population:

- Congenital abnormalities and/or chronic conditions can affect feeding and swallowing function.
- Feeding skills of premature infants will be consistent with neurodevelopmental level rather than chronological age or adjusted age.
- Positioning limitations and abilities (e.g., children who use a wheelchair) may affect intake and respiration.
- Infants cannot describe their symptoms, and children with reduced communication skills may not be able to adequately do so either. Clinicians may rely on
    - a thorough case history;
    - caregiver interviews;
    - weight gain and growth trajectory;
    - data from monitoring devices (e.g., for patients in the hospital or on home respiratory support);
    - nonverbal forms of communication (e.g., behavioral cues signaling feeding or swallowing problems); and
    - observations of the caregiver's behaviors and ability to read the child's cues as they feed the child.

As infants and children grow and develop, the absolute and relative size and shape of oral and pharyngeal structures change. See figures below.



Lateral views of infant head, toddler head, and older child head showing structures involved in swallowing. From Arvedson, J.C., & Lefton-Greif, M.A. (1998). *Pediatric Videofluroscopic Swallow Studies: A Professional Manual With Caregiver Guidelines.* Copyright ©1998 Joan C. Arvedson. Reproduced and adapted with permission. All rights reserved.

Anatomical and physiological differences in infants include the following:

- The tongue fills the oral cavity, and the velum hangs lower than the adult velum. The hyoid bone and the larynx are positioned higher than in adults, and the larynx elevates less than in adults during the pharyngeal phase of the swallow.
- Each swallow of solids is discrete once the infant begins eating pureed food, as opposed to sequential swallows in bottle-fed or breastfed/chestfed infants.
- Swallowing anatomy and physiology change as the child gets older (Logemann, 1998).
    - The intraoral space increases as the mandible grows down and forward.
    - Deciduous teeth erupt, and the buccal fat pads are reabsorbed.

- The oral cavity elongates in the vertical dimension.
- The pharynx becomes elongated and enlarged as the child grows. This happens because the space between the tongue and the palate increases, and that between the larynx and the hyoid bone lowers.

Chewing matures as the child develops (see, e.g., Delaney et al., 2021; Gisel, 1988; Le Révérend et al., 2014; Wilson & Green, 2009). Concurrent medical issues may affect this timeline. Foods given during the assessment should be consistent with the child's current level of chewing skills.

Clinical Evaluation

A clinical evaluation of feeding and swallowing is necessary to determine the presence or absence of a feeding and/or swallowing disorder.

The evaluation may address

- eating,
- drinking,
- secretion management,
- oral hygiene,
- sensory status,
- the ability to accept food,
- the amount of diversity in their diet,
- management of oral medications,
- the caregiver's behaviors while feeding their child, and
- the psychosocial impact of feeding and swallowing difficulties on the family-and-child dynamic.

SLPs conduct assessments in a culturally responsive manner to acknowledge and honor the family's cultural background, religious beliefs, dietary beliefs/practices/habits, history of disordered eating behaviors, and preferences for medical intervention. Families are encouraged to bring foods and drinks common to their household and utensils typically used by the child. Typical feeding practices and positioning should be used during assessment. Cultural, religious, and individual beliefs about food and eating practices may affect an individual's comfort level or willingness to participate in the assessment. Some eating habits that appear to be a sign or symptom of a feeding disorder (e.g., avoiding certain foods or refusing to eat in front of others) may, in fact, be related to cultural differences in meal habits or may be symptoms of an eating disorder (National Eating Disorders Association, n.d.).

SLPs do not diagnose or treat eating disorders such as bulimia, anorexia, and avoidant/restrictive food intake disorder; in cases where these disorders are suspected, the SLP should refer to the appropriate behavioral health professional.

The clinical evaluation typically begins with a case history based on a comprehensive review of medical/clinical records and interviews with the family and health care professionals.

During a clinical evaluation, the SLP may assess the following:

- Overall physical, social, behavioral, and communicative development
- Gross and fine motor development
- Cranial nerve function
- Structures of the face, jaw, lips, tongue, hard and soft palate, oral pharynx, and oral mucosa
- Functional use of muscles and structures used in swallowing, including
    - symmetry,
    - sensation,
    - strength,
    - tone,
    - range and rate of motion, and
    - coordination of movement
- Head–neck control, posture, oral and pharyngeal reflexes, and involuntary movements and responses in the context of the child's developmental level
- Observation of the child eating or being fed by a family member, caregiver, or classroom staff member using foods from the home and oral abilities (e.g., lip closure) related to
    - typically used utensils or
    - utensils that the child may reject or find challenging
- Functional swallowing ability, including, but not limited to, typical developmental skills and task components, such as
    - suckling and sucking in infants,
    - mastication in older children,
    - oral containment (i.e., of bolus and secretions),

    - manipulation and transfer of the bolus, and
    - the ability to eat efficiently or within the time allotted at school
- Environmental factors, such as
    - mealtime schedule and routine;
    - distractions such as televisions and electronic devices; and
    - seating, positioning, and other environmental factors that impact feeding safety and efficiency
- Psychosocial factors, including
    - child and caregiver stress and other mental health factors that can affect mealtime interactions,
    - caregiver approaches to feeding,
    - caregiver expectations,
    - caregiver–child interactions and interpretation of hunger and satiety cues, and
    - the impact of feeding and swallowing needs on social interactions with adults and peers
- Ability to remain alert during intake to maintain swallow safety
- Impression of airway adequacy and coordination of respiration and swallowing
- Developmentally appropriate secretion management, which might include frequency and adequacy of spontaneous dry swallowing and the ability to swallow voluntarily
- Modifications in bolus delivery and/or use of rehabilitative/habilitative or compensatory techniques on the swallow and their effectiveness/impact
- Interventions by and referrals to
    - medical or surgical specialists,
    - a registered dietitian,
    - a psychologist or social worker,
    - an occupational therapist (OT), or
    - a physical therapist (PT)

Please see the *Pediatric Clinical Swallowing Evaluation Template* [PDF].

Team Approach

A team approach is necessary for appropriately diagnosing and managing pediatric feeding and swallowing disorders. The severity and complexity of these disorders vary widely in this population (McComish et al., 2016).

SLPs who specialize in feeding and swallowing disorders typically lead the professional care team in the clinical or educational setting.

Additional team members may include

- family/caregivers;
- a registered dietitian;
- a lactation consultant (infants);
- a nurse;
- an OT or a PT;
- a physician, such as
    - a pediatrician,
    - a neonatologist,
    - an otolaryngologist,
    - a gastroenterologist,
    - a dentist, or
    - a psychologist or psychiatrist;
- a psychologist/mental health professional (outpatient or school-based);
- a social worker (outpatient or school-based);
- a classroom teacher and/or a classroom teaching assistant; and/or
- school-based administrators/leaders.

Additional medical and rehabilitation specialists may be included, depending on the type of facility, the professional expertise needed, and the specific population being served.

See ASHA's resources on interprofessional education/interprofessional practice (IPE/IPP) and focusing care on individuals and their care partners.

For further information on the importance of a team approach, see Gosa et al. (2020), Desai et al. (2022), Homer (2008), and Dawson et al. (2024).

Screening

Screening identifies the need for further assessment and may be completed prior to a comprehensive evaluation. Swallowing screening is a procedure to identify individuals

who require a comprehensive assessment of feeding and swallowing function or a referral for other professional and/or medical services (ASHA, 2004). Screening for pediatric feeding disorder and/or dysphagia may be conducted by an SLP or any other member of the patient's care team. Individuals of all ages are screened as needed, requested, or mandated or when presenting medical conditions (e.g., neurological or structural deficits) suggest that they are at risk for pediatric feeding disorder and/or dysphagia. The purpose of the screening is to determine the likelihood that pediatric feeding disorder and/or dysphagia exists and the need for further assessment (see ASHA's resource on swallowing screening).

Screening may include the following:

- Administration of an interview or a questionnaire that addresses the patient's/caregiver's perception of and/or concern with swallowing function (e.g., the Feeding Impact Scales or Family Management of Feeding).
- Monitoring the presence of the signs and symptoms of oropharyngeal and/or esophageal swallowing dysfunction.
- Patient/caregiver report or observation of difficulty with *per os*.
- Administration of standardized screening protocols. Please see About the Feeding Assessment Tools—Infant Feeding Care for evidence-based screening tools.
- Observation of the student while eating snacks or a meal.
- Teacher/parent interview.

All screening procedures include communication of results and recommendations to the team responsible for the individual's care and to the patient and caregivers.

Screening may result in

- recommendations for rescreening;
- recommendations for additional assessment to determine whether, and the degree to which, feeding skill may be impaired; and
- referrals for other examinations or services (ASHA, 2004).

The medical team may make temporary recommendations (e.g., no oral intake, stipulation of specific dietary precautions) while the patient is awaiting further assessment.

Clinical Evaluation: Infants

The clinical evaluation for infants from birth to 1 year of age includes an evaluation of prefeeding skills, an assessment of readiness for oral feeding, an evaluation of

breastfeeding/chestfeeding and bottle-feeding ability, and observations of caregivers feeding the child.

SLPs should have extensive knowledge of

- embryology,
- prenatal and perinatal development,
- medical issues common to preterm and medically fragile newborns,
- typical early infant development,
- neuroprotection,
- neonatal care and its influence on neurodevelopment,
- respiratory support in the hospital and at home,
- alternative feeding modalities, and
- medical comorbidities common in the neonatal intensive care unit and after discharge.

Appropriate referrals to medical professionals should be made when anatomical or physiological abnormalities are found during the clinical evaluation. The clinical evaluation of infants typically involves the following:

- A case history, which includes (Arvedson, 2008)
    - gestational and birth history (to include Apgar scores if available);
    - general health;
    - medical comorbidities;
    - pertinent medical history including growth patterns, neurodevelopmental status, orofacial structures, and cardiopulmonary and gastrointestinal function;
    - any known allergies or intolerances;
    - the caregivers'/family's cultural/religious beliefs/preferences regarding food and feeding practices; and
    - the caregivers'/family's perceptions of the mealtime process related to schedule, location, specific strategies, and oral and enteral intake
- A physical examination, which includes (Arvedson, 2008)
    - oral reflexes/oral peripheral examination;
    - infant and caregiver interactions;

    - developmental motor assessment looking at head, neck, and trunk positioning;
    - respiratory status and supports;
    - overall state, alertness, and autonomic functions such as temperature, heart rate, respiratory rate, and oxygen saturation (physiologic stability);
    - response to sensory stimulation; and
    - self-regulatory behaviors
- A determination of oral feeding readiness
- An assessment of the infant's ability to engage in non-nutritive sucking (NNS)
- Developmentally appropriate clinical assessments of feeding and swallowing behavior (nutritive sucking [NS])
- An identification of additional disorders that may have an impact on feeding and swallowing
- A determination of the optimal feeding method
- An assessment of the duration of mealtime experience, including the potential impact on physiologic stability (SLP may refer to the medical team, as necessary)
- An assessment of issues related to fatigue and volume limitations
- An assessment of the effectiveness of parent/caregiver and infant interactions for feeding and communication
- Consideration of the infant's ability to obtain sufficient nutrition/hydration across settings (e.g., hospital, home, day care)

For further information on case history and physical examination, please see Gosa and Dodrill (2023) and Delaney (2019).

Non-Nutritive Sucking (NNS)

NNS is sucking for comfort without fluid release (e.g., with a pacifier, finger, or recently emptied breast). NNS does not determine readiness to orally feed, but it is helpful for assessment. NNS patterns can typically be evaluated with skilled observation and without the use of instrumental assessment.

A noninstrumental assessment of NNS includes an evaluation of the following:

- The infant's oral structures and functions, including palatal integrity, jaw movement, and tongue movements for cupping and compression (Note: Lip closure is not required for infant feeding because the tongue typically seals the anterior opening of the oral cavity.)

- The infant's ability to turn the head and open the mouth (rooting) when stimulated on the lips or cheeks and to accept a pacifier into the mouth
- The presence and strength of **compression** (positive pressure of the jaw and tongue on the pacifier)
- The presence and strength of **suction** (negative pressure created with tongue cupping and jaw movement)
- The infant's ability to maintain stable status (e.g., oxygen saturation, heart rate, respiratory rate) during NNS

Nutritive Sucking (NS)

The clinician can determine the appropriateness of NS following an NNS assessment. Any change in physiologic, motoric, or behavioral status from baseline should be taken into consideration at the time of the assessment.

NS skills are assessed during breastfeeding/chestfeeding and bottle-feeding if both modes are going to be used. SLPs should be sensitive to family values, beliefs, and access regarding bottle-feeding and breastfeeding/chestfeeding and should consult with parents and collaborate with nurses, lactation consultants, and other medical professionals to help identify parent preferences.

Assessment of NS includes an evaluation of the following:

- sucking–swallowing–breathing coordination
- the feeding relationship—interaction between the infant and the feeder
- **efficiency**—volume of intake per minute
- **endurance**—ability to remain engaged in the feeding to finish the required volumes while sustaining appropriate feeding patterns

The infant's communication behaviors during feeding can be used to guide a flexible assessment. These cues can communicate the infant's ability to tolerate bolus size, if any additional postural support is needed and if swallowing and breathing are no longer synchronized. The caregiver can use these cues to optimize feeding by immediately responding to the infant's needs (Shaker, 2013b).

Breastfeeding/Chestfeeding/Lactation

SLPs collaborate with parents, nurses, and lactation consultants prior to assessing feeding skills when appropriate. This requires a working knowledge of nursing strategies to facilitate safe and efficient swallowing.

Lactation assessment typically includes an evaluation of the following:

- the infant's behavior (e.g., positive rooting, willingness to suckle)

- the infant's position (e.g., well supported, tucked against the caregiver's body)
- the infant's ability to latch
- efficiency and coordination of the infant's suck–swallow–breathe pattern
- health of the caregiver's mammary tissue, if present
- the caregiver's behavior (e.g., comfort with lactation, confidence in handling the infant, awareness of the infant's cues during feeding)

For an example, see *Community Management of Uncomplicated Acute Malnutrition in Infants < 6 Months of Age (C-MAMI)* [PDF].

Bottle-Feeding

The assessment of bottle-feeding includes an evaluation of the following:

- the infant's behavior (e.g., positive rooting, willingness to suckle)
- the infant's readiness to accept a nipple
- the caregiver's behavior while feeding the infant
- efficiency and coordination of the infant's suck–swallow–breathe pattern
- nipple type and form of nutrition (breast milk or formula)
- the infant's position
- quantity of intake
- the length of time the infant takes for one feeding
- the infant's response to attempted interventions, such as
    - a different nipple for flow control,
    - external pacing,
    - a different bottle to control air intake, and
    - different positions (e.g., side feeding)

Spoon-Feeding

The assessment of spoon-feeding includes an evaluation of the optimal spoon type and the infant's ability to

- move their head toward the spoon and then open their mouth,
- turn their head away from the spoon to show that they have had enough or are not interested,
- close their lips around the spoon for bolus extraction,

- clear food from the spoon with their top lip,
- move food from the spoon to the back of their mouth, and
- attempt to spoon-feed independently.

Clinical Evaluation: Toddlers, Preschoolers, and School-Age Children

The clinical evaluation of toddlers and preschool-age children typically includes the following (Arvedson, 2008):

- A thorough case history, including a review of family, medical, developmental, and feeding history
- A physical examination, including the parent–child dynamic; head, neck, and trunk mobility and positioning; cardiorespiratory status; overall state and response to sensory stimulation; and self-regulation
- A functional oral mechanism and cranial nerve examination
- A feeding assessment that replicates the home environment as closely as possible, such as
    - the child seated in a highchair, a chair, or other specialized seating system as needed;
    - offering textures and consistencies that are both familiar and preferred, in addition to varied, more challenging, and novel presentations;
    - assessing for the effectiveness of both compensatory and active interventions for oral sensory and oral motor feeding needs;
    - assessing stimulability for sensory motor–based interventions based on perceived deficits or trialing different utensils, cups, and so on; and/or
    - providing caregiver training through psychosocial support and coaching to facilitate child-led, responsive mealtimes

Results of a clinical assessment are integrated to form a plan that answers the following questions:

- Are further referrals or testing, such as an instrumental swallowing evaluation, warranted?
- Can the child eat and drink orally in a way that meets nutrition and hydration needs?
- Are modifications needed in positioning, sensory aspects of foods and liquids, scheduling, or mealtime structure to facilitate success?
- What feeding skill–based deficits are suspected or present (motor)?

Clinical Evaluation: School Setting

Evaluation in the school setting includes students aged 3–21 years. The process may begin with a referral to a team of professionals within the school district trained in identifying and treating feeding and swallowing disorders. The referral can be initiated by families/caregivers or school personnel. In other cases, children may enter the school setting with a documented history of a feeding and swallowing disorder and prior or current treatment.

A physician's order is typically not required to evaluate a student for feeding and swallowing disorder in the school setting; however, it is best practice to collaborate with the student's physician, particularly if the student is medically fragile or under the care of a physician. See the School Collaboration With Outside Medical Professionals section below.

Parental/caregiver consent is required to initiate an evaluation in schools. Case history information is gathered from caregivers and via record review (e.g., videofluoroscopic swallowing study [VFSS] report, outpatient feeding team evaluation) about the child's medical history, current health status, eating habits, and feeding or swallowing concerns.

The school-based SLP conducts the evaluation in collaboration with team members (OT, PT, school nurse), which includes observation of the student eating a typical meal or snack. Implementation of strategies and modifications is part of the diagnostic process. Trials of specific interventions may be warranted based on the assessment findings.

A feeding and swallowing evaluation includes a determination of a child's ability to eat and drink enough food safely within the school's mealtime schedule. Not being able to eat within the allotted time can decrease a child's ability to access the curriculum. SLPs make recommendations for accommodations such as extended mealtimes or shorter, more frequent meals. Consideration of inclusive time and impact on peer interactions should be considered.

Additional components of the evaluation include the following:

- An assessment of oral structures and function during intake
- An assessment to determine the developmental level of feeding skills
- An assessment of various textures and consistencies of food to assess oral sensory and oral motor feeding skills
- An assessment to determine the effectiveness of both compensatory and active interventions for oral sensory and oral motor feeding needs
- An assessment of issues related to fatigue and access to adequate levels of nutrition and hydration during school

- An assessment of oral feeding abilities, including the ability to manipulate and propel the bolus, and effective mastication
- An assessment for any signs of feeding and swallowing concerns, including coughing, choking, prolonged mastication time, oral holding, wet vocal quality, or congestion
- An assessment of adaptive equipment for eating and positioning by an OT and a PT
- An assessment to determine the effectiveness of accommodations to reduce the educational impact of feeding and swallowing disorders
- An assessment to determine the impact of feeding and swallowing on inclusive time

Team Approach

The school-based feeding and swallowing team includes professionals within the school setting and works closely with families in all phases of evaluation and treatment. Professionals who treat the child outside of the school setting (e.g., physicians, dietitians, psychologists) are consulted to collaborate and share information (with parental consent). See the School Collaboration With Outside Medical Professionals section below.

Members of the team include, but are not limited to, the following:

- SLP
- family/caregiver
- classroom teacher and assistant
- school nurse
- dietitian and/or cafeteria staff
- OT
- PT
- school administrator
- behavioral specialist
- school psychologist
- social worker

The team works together to

- develop an individualized health plan that includes compensatory strategies, food and drink consistency recommendations, and emergency procedures for choking;
- provide information and training to staff and families for compensatory strategies;
- develop an individualized education program (IEP) to include goals and accommodations needed for safe feeding and swallowing;
- oversee the day-to-day implementation of the feeding and swallowing plan and any individualized education program strategies to help prevent aspiration, choking, undernutrition, or dehydration while in school;
- identify and provide direct treatment for feeding and swallowing if an adverse impact on educational or functional performance is found to be present (IDEA, 2004); and
- work with families to seek physician referral for instrumental assessment and/or follow-up as needed.

School Collaboration With Outside Medical Professionals

Best practice indicates establishing open lines of communication with the student's physician or other health care provider—either through the caregiver or directly—with the caregiver's consent. Any communication by the school team to an outside physician, facility, or individual requires signed parental consent.

A physician's order or prescription is not required to perform clinical evaluations, modify diets, or provide intervention in the school setting. However, there are times when a prescription, referral, or medical clearance from the student's primary care physician or other health care provider is indicated, such as when the student

- receives part or all of their nutrition or hydration via enteral or parenteral tube feeding,
- has a complex medical condition and experiences a significant change in status,
- has recently been hospitalized with aspiration pneumonia,
- has had a recent choking incident and has required emergency care,
- is suspected of having aspirated food or liquid into the lungs,
- has suspected structural abnormalities (requires an assessment from a medical professional), and/or
- requires modification of their school-provided meals (see the U.S. Department of Agriculture guidance discussed in the School Setting Considerations section above).

See ASHA's resources on interprofessional education/interprofessional practice (IPE/IPP) and collaboration and teaming for guidance on successful collaborative service delivery across settings.

See the Treatment in the School Setting section below for further information.

Instrumental Evaluation

Instrumental evaluation is conducted after a clinical evaluation when more information is needed to determine the presence and pathophysiology of dysphagia. Instrumental assessments can help provide specific information about anatomy and physiology otherwise not accessible by noninstrumental evaluation. Instrumental evaluation identifies the appropriate treatment plan based on swallowing physiology and can also help determine if swallow safety can be improved with strategies such as modifying food textures, liquid consistencies, and positioning.

Instrumental evaluation is completed in a medical setting. These studies are a team effort and may include the radiologist, radiology technician, and SLP. The SLP or radiology technician typically prepares and presents the barium items, whereas the radiologist records the swallow for visualization and analysis. Please see ASHA's resource on state instrumental assessment requirements for further details.

The two most commonly used instrumental evaluations of swallowing for the pediatric population are

- videofluoroscopic swallowing study (VFSS) and
- flexible endoscopic evaluation of swallowing (FEES).

The roles of the SLP in the instrumental evaluation of swallowing and feeding disorders include

- participating in decisions regarding the appropriateness of these procedures;
- conducting the VFSS and FEES instrumental procedures;
- interpreting and applying data from instrumental evaluations to
    - determine the severity and nature of the swallowing disorder and the child's potential for safe oral feeding
    - develop feeding and swallowing treatment plans, including recommendations for optimal feeding techniques;
- being familiar with and using information from various diagnostic procedures that give information related to swallowing, including
    - manofluorography,

- scintigraphy (which, in the pediatric population, may also be referred to as "radionuclide milk scanning"),
- pharyngeal manometry,
- 24-hour pH monitoring,
- flexible fiberoptic laryngoscopy (usually completed in the office),
- direct laryngoscopy and bronchoscopy (usually completed in the operating room), and
- esophagoscopy.

General Considerations for Instrumental Evaluations

Determining the appropriate procedure to use depends on what needs to be visualized and which procedure will be best tolerated by the child. Prior to the instrumental evaluation, clinicians may consult with the team to coordinate feeding schedules that will maximize feeding readiness during the evaluation.

Examinations should be completed only for infants or children when (Martin-Harris et al., 2020)

- there are documented or suspected oropharyngeal swallowing impairments,
- the patient is medically stable and has the skills needed to participate, and
- the findings are needed to determine the plan of care.

These points should also be considered when planning for repeat instrumental exams, which should not be completed at arbitrary time intervals but rather dictated by a change in status or the need for new information, understanding the cumulative effects of radiation exposure over the lifespan for infants and young children (Martin-Harris et al., 2020). When conducting an instrumental evaluation, SLPs should consider the following:

- Infants are obligate nasal breathers, and the placement of a flexible endoscope in one nostril when a nasogastric tube is in the other nostril could compromise breathing. Clinicians should discuss this with the medical team to determine options, including the temporary removal of the feeding tube and/or use of another means of swallowing assessment.
- Anxiety and crying are common reactions. Anxiety may be reduced by using distractions (e.g., preferred toys, videos), allowing the child to sit on the parent's or the caregiver's lap (for FEES procedures), and decreasing the number of observers in the room.

- Positioning for the VFSS depends on the size of the child and their medical condition (Arvedson & Lefton-Greif, 1998; Geyer & McGowan, 1995). Infants under 6 months old typically require head, neck, and trunk support.
- Children are positioned as they are typically fed at home and in a manner that avoids spontaneous or reflexive movements that could reduce safety. Modifications to positioning are made as needed and are documented as part of the assessment findings.
- Any study in which a natural feeding process is impossible may not represent typical swallow function and should be interpreted with caution. Disruptions to the natural feeding process include
    - inappropriate positioning,
    - lack of caregiver involvement, and
    - the use of unfamiliar foods.

Test Environment

Procedures take place in a child-friendly environment if possible and appropriate. They can involve toys, visual distractors, rewards, and a familiar caregiver. Various items are available in the room to promote success and to simulate a typical mealtime experience. Such items include preferred foods, familiar food containers, utensil options, and seating options.

Preparing the Child and Family

The clinician prepares the child and family by

- explaining the procedure, its purpose, and the test environment in a health-literate way;
- implementing a trauma-informed care approach that allows the child to be calm and get used to the room, the equipment, and the professionals who will be present;
- instructing the family to schedule meals and snacks so that the child will be hungry and more likely to accept foods needed for the study, as appropriate;
- collaborating with interprofessional team members, such as child life specialists, to support the child and their caregivers before, during, and after the exam; and
- asking the family to provide familiar utensils, preferred foods, and specialized seating from home to make the environment as natural as possible and increase the child's comfort.

Tube Feeding

Tube feeding, also known as enteral nutrition, is used when nutrition cannot be maintained through oral intake. Types of tubes include the following:

- nasogastric (passed through the nose down the esophagus and into the stomach)
- transpyloric (placed in the duodenum or jejunum)
- gastrostomy (a tube placed in the stomach)
- gastronomy–jejunostomy (placed in the jejunum)

Alternative feeding does not preclude the need for feeding-related treatment. These approaches may be considered by the medical team if the child's swallowing safety and efficiency cannot reach a level of adequate function or does not adequately support nutrition and hydration. In these instances, the swallowing and feeding team considers

- the optimum tube-feeding method that best meets the child's needs and
- whether the child will need tube feeding for a short or an extended period of time.

SLPs do not make medical decisions regarding enteral feeding. However, information provided by SLPs may contribute to medical providers' decision-making process. Please see ASHA's resource on alternative nutrition and hydration in dysphagia care for further information.

Treatment

See the Treatment section of the Pediatric Feeding and Swallowing Evidence Map for pertinent scientific evidence, expert opinion, and client/caregiver perspective.

The primary goals of feeding and swallowing intervention for children are to

- support safe and adequate nutrition and hydration;
- determine the optimum feeding methods and techniques to maximize swallowing safety and feeding efficiency;
- incorporate dietary preferences by collaborating with caregivers;
- help individuals achieve age-appropriate eating skills in the most normal setting and manner possible (i.e., eating meals with peers in the school, mealtime with the family);
- minimize the risk of pulmonary complications;
- maximize the quality of life;
- support caregiver–child interactions and encourage child and caregiver autonomy and independence; and

- prevent future feeding issues with positive feeding-related experiences to the extent possible, given the child's medical situation.

Medical, surgical, and nutritional factors are important considerations in treatment planning. The underlying disease state(s), the chronological and developmental age of the child, social and environmental factors, and psychological and behavioral factors also affect treatment recommendations. Not every child will have the same access to food, health care providers, or other resources that are necessary to comply with recommendations. Clinicians take each patient's and caregiver's unique circumstances into account when providing education, counseling, and community resource recommendations. See ASHA's resource on social determinants of health for further information.

An interdisciplinary team approach is essential for individualized treatment of children with complex feeding problems (McComish et al., 2016; West, 2024). See ASHA's resources on interprofessional education/interprofessional practice (IPE/IPP) and collaboration and teaming.

Questions to ask when developing an appropriate treatment plan include the following:

Can the child eat and drink safely?

Consider the child's overall swallowing function and how these factors affect feeding efficiency and safety, as follows:

- pulmonary status
- nutritional status
- overall medical condition
- physical mobility, positioning, and their influence on overall health
- feeding and swallowing abilities
- cognition

Can the child receive adequate nutrition and hydration by mouth alone, given length of time to eat, efficiency, and fatigue factors?

This question is answered by the child's interprofessional team. If the child cannot meet nutritional needs by mouth, the team may make recommendations for nonoral intake and/or the inclusion of dietary supplements.

How can the child's functional abilities be maximized?

This might involve questions and decisions about what the child's current skill level is, if the child can safely eat an oral diet that meets nutritional needs, if that diet needs to be modified in any way, and if the child needs compensatory strategies to eat the diet. Does the child have the potential to improve swallowing function with direct treatment?

How can the child's quality of life be preserved and/or enhanced?

The family's customs and traditions around mealtimes and food should be respected and incorporated into therapy recommendations and education. Caregivers may prioritize the following quality-of-life concerns (Simione et al., 2020):

- enjoyable stress-free mealtimes
- eating without medical interventions (e.g., tube feedings)
- health-related outcomes
    - expanding the child's diet
    - eating healthy foods
    - meeting nutritional needs
    - maintaining or gaining weight

See also Simione et al. (2023).

What are the family's preferences and goals, and how does the family dynamic influence mealtimes?

Are the family's expectations congruent with the child's current developmental age and skill set? Does the family use a responsive feeding approach, attending to the child's hunger and satiety cues and respond in a supportive manner? Are there other psychosocial factors that require support from other interprofessional practice team members, such as a mental health practitioner?

Treatment Considerations

The health and well-being of the child is the primary concern in treating pediatric feeding and swallowing disorders. Beliefs about the medicinal value of some foods or liquids vary among cultures, religions, and individual families. Some beliefs and healing practices may not be consistent with recommendations that an SLP typically makes. The clinician works with the family to determine alternatives that promote safety while aligning with their culture, beliefs, and customs around food.

Appropriate treatment approaches consider the child's age, cognitive and physical abilities, and specific swallowing and feeding problems. Infants, young children, and children with an intellectual disability or language disorder may have difficulty following verbal or nonverbal directions. In these cases, intervention might consist of changes in the environment or caregiver training for improving safety and efficiency of feeding.

The management of feeding and swallowing disorders in infants, toddlers, and older children is facilitated by a multidisciplinary approach. This is especially important for children with complex medical conditions.

Treatment considers the following:

- **Readiness for oral feeding**—Children who are beginning to eat orally for the first time or after an extended period of nonoral feeding will need time to become comfortable in the presence of food and to explore food without experiencing physiological responses (e.g., for children with significant gastrointestinal problems).
- **Communication**—SLPs can help caregivers understand emerging communication and interpret their behavior as it relates to feeding and swallowing while also providing language stimulation related to food vocabulary (e.g., names of foods and various flavors) as well as how children might be using feeding behaviors (e.g., food refusal responses) to communicate.
- **Physical conditions**—Treatment for children with conditions and disorders that affect movement (e.g., cerebral palsy or muscular dystrophy) needs to consider the length of time to fatigue, optimal feeding methods, and positioning to maximize safe feeding and swallowing.

Compensatory Treatment

Postural and Positioning Techniques

Postural and positioning techniques involve adjusting the child's posture or position to increase feeding safety. These techniques serve to protect the airway and support functional transit of food and liquid. No single posture works for all people. Postural changes differ between infants and older children. Instrumental assessments provide necessary information regarding the effectiveness of any of the techniques of swallow safety, which include the following:

- chin down—tucking the chin down toward the neck
- chin up—slightly tilting the head up
- head rotation—turning the head to the weak side to protect the airway
- upright positioning—supports the head, neck, and trunk alignment in a way that is functional considering the child's physical needs
- head stabilization—supported so as to present in a chin-neutral position
- reclining position—using pillow support or a reclined infant seat with trunk and head support
- side-lying positioning (for infants)

Diet Modifications

Diet modifications are any changes made to the viscosity, texture, temperature, portion size, or taste of foods or liquids to increase safety and decrease difficulty of

swallowing. Typical modifications may include thickening thin liquids, softening, cutting/chopping, or pureeing solid foods. Taste or temperature of a food may be changed to increase sensory input for swallowing. See the International Dysphagia Diet Standardisation Initiative (IDDSI).

Diet modifications include individual and family preferences whenever feasible. SLPs consult with families regarding safety of medical treatments, such as swallowing medication in liquid or pill form, which may be contraindicated by the disorder. Diet modifications should consider the nutritional needs of the child and be guided by clinical and instrumental assessment findings.

Precautions

Consumers should use caution regarding the use of commercial, gum-based thickeners for infants of any age (Beal et al., 2012; U.S. Food and Drug Administration, 2017). SLPs should be aware of these precautions and consult, as appropriate, with their facility to develop guidelines for using thickened liquids with infants (Gosa, Dodrill, & Robbins, 2020).

Equipment and Utensils

Adaptive equipment and utensils may be used with children who have feeding problems to foster independence with eating and increase swallow safety. These tools can help by controlling bolus size or achieving the optimal flow rate of liquids.

Examples of adaptive equipment include the following:

- modified nipples
- cutout cups
- weighted forks and spoons
- angled forks and spoons
- sectioned plates
- non-tip bowls
- Dycem® to prevent plates and cups from sliding
- metered straws
- feeder-assisted straw cups

SLPs work with oral and pharyngeal implications of adaptive equipment. SLPs may collaborate with occupational therapists, because motor control is an important consideration for using adaptive equipment.

Direct Interventions

Swallowing Maneuvers

Swallowing maneuvers are strategies used to change the timing or strength of movements of swallowing (Logemann, 2000). Some maneuvers require following multistep directions and may not be appropriate for young children and/or older children with cognitive impairments. Please see the Treatment section of ASHA's Practice Portal page on Adult Dysphagia for further information. Examples of maneuvers include the following:

- **Effortful swallow**—Posterior tongue base movement is increased to facilitate bolus clearance.
- **Mendelsohn maneuver**—Elevation of the larynx is voluntarily prolonged at the peak of the swallow to help the bolus pass more efficiently through the pharynx and to prevent food/liquid from falling into the airway.
- **Supraglottic swallow**—Vocal folds are closed by voluntarily holding one's breath before and during the swallow in order to protect the airway.
- **Super-supraglottic swallow**—An effortful breath hold tilts the arytenoid forward, which closes the airway entrance before and during the swallow.

Although sometimes referred to as the **Masako maneuver**, the Masako (or "tongue-hold") is considered an exercise, not a maneuver. In the Masako, the tongue is held forward between the teeth while swallowing; this is performed without food or liquid in the mouth to prevent coughing or choking.

Swallowing maneuvers and other rehabilitation techniques commonly utilized in adult populations have limited application in pediatric populations due to physical and cognitive immaturity of infants and children (Gosa & Dodrill, 2017).

Oral Motor Treatments and Sensory Techniques

There is limited high-quality evidence supporting the use of oral motor exercises or sensory techniques in the treatment of pediatric feeding disorder–related sensory deficits and swallowing dysfunction in isolation (Arvedson et al., 2010; Gosa et al., 2017; Gosa & Dodrill, 2017). Motor learning is experience dependent, meaning that children establish motor patterns through opportunities that are frequent and are as closely related to the desired task as possible (Kleim & Jones, 2008; Zimmerman et al., 2020). For example, if a child wants to chew a banana, they should be provided with frequent opportunities and modifications that encourage them to engage in the motor task of chewing a banana. As compared with oral motor exercises, modifying the sensory components of food-like taste, texture, temperature, and shape is more effective as facilitating desired oral motor patterns, such as chewing or tongue lateralization (Arvedson et al., 2010).

Evidence-based practice is a guiding principle of speech-language pathology. Clinicians should consider any available evidence before using any product or technique. See

ASHA's Evidence-Based Practice (EBP) page, and visit ASHA's Pediatric Feeding and Swallowing Evidence Map for further information.

Infant Feeding Strategies

Pacing

Pacing involves decreasing the rate of eating by controlling the rate of presentation of the food or liquid and the time between bites or swallows. Feeding strategies for children may include alternating bites of food with sips of liquid or swallowing two to three times per bite or sip. For infants, pacing involves limiting the number of consecutive sucks. Strategies that slow the feeding rate may allow for more time between swallows to clear the bolus and may support more timely breaths.

Flow Rate Modifications

Nipple flow rate selection is one of the most important considerations for keeping the airway safe during bottle-feeding. Using a slower flow nipple can support and regulate suck–swallow–breathe coordination (Goldfield et al., 2013). Bottle nipple manufacturing is an unregulated industry. Therefore, there can be high performance variability between brands and sometimes between individual nipples. This variability can also be altered by external variables such as infant sucking pressures, pliability, hydrostatic pressure, and viscosity modifications (Pados, 2021).

Elevated Side-Lying Positioning

Elevated side-lying positioning aims to support better bolus control and reduce the work of breathing (Girgin et al., 2018; Park et al., 2014; Raczyńska et al., 2022). The infant is positioned on their side, with the head, shoulders, and hips neutrally aligned and facing upward and elevated to approximately 45 degrees. Flexion is provided through swaddling.

Viscosity Modifications (Thickening)

Thickening may be necessary to treat dysphagia for some infants, based on the results of an instrumental assessment. The goals of thickening agents are to

- establish safe oral feeding that is least disruptive to developing feeding skills and
- reduce and stop using a thickener as quickly as possible.

There is limited evidence about the effects of **viscosity modifications**, or thickening, as an intervention for dysphagia in infants (Gosa et al., 2011). Some anecdotal data link some thickened liquids and harmful side effects (Beal et al., 2012; Clarke & Robinson, 2004). The interprofessional team discusses the risks and benefits of viscosity modifications as well as the infant's unique comorbidities, health status, and parent preferences (Duncan et al., 2019).

Cue-Based Feeding

Cue-based feeding is an approach that views the feeding experience as a partnership with the infant. The infant's cues are viewed as communication that guides the caregiver and allows the infant to set the pace of feeding and have more opportunity to enjoy the experience of feeding when the quality of feeding is prioritized over the quantity ingested. As a result, intake may be improved (Shaker, 2013a).

The infant's cues during feeding, such as lack of active sucking, passivity, or pushing away, provide information about the infant's physiologic stability during feeding and inform the feeder's response to cues, which allows them to provide immediate intervention to support positive oral feeding experiences. Cue-based feeding is an approach that is predominantly used in the neonatal intensive care unit (NICU); however, knowing that motor learning is experience dependent, a trauma-informed, cue-based approach to oral feeding can be adapted and is appropriate for clinicians working with infants and their families in other settings.

SLPs in the NICUs educate caregivers to improve their understanding of and response to the infant's communication during feeding. Most NICUs have begun to move away from volume-driven feeding to cue-based feeding (Gosa & Dodrill, 2023; Shaker, 2013a).

Responsive Feeding

Like cue-based feeding, **responsive feeding** focuses on the caregiver-and-child dynamic. Responsive feeders attempt to understand and read a child's cues for both hunger and satiety; respect that communication in a nurturing, reciprocal way; and support the child in developing preferences for age-appropriate, nutritionally balanced foods. Responsive feeding encourages the child to eat autonomously, in response to their developmental and physiologic needs, which supports self-regulation and cognitive, emotional, and social development (Pérez-Escamilla et al., 2021).

Biofeedback

Biofeedback treatment for swallowing uses instrumental methods (e.g., surface electromyography, ultrasound, nasendoscopy) to give visual feedback during feeding and swallowing. Children with sufficient cognitive skills can be taught to interpret this visual information and make physiological changes during the swallowing process.

Electrical Stimulation

Electrical stimulation uses an electrical current to stimulate the peripheral nerve. SLPs with appropriate training and competence in performing electrical stimulation may provide the intervention. ASHA does not require any additional certifications to perform electrical stimulation and urges members to follow the ASHA Code of Ethics, Principle II, Rule A, which states: "Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience" (ASHA, 2023).

There is concern that using neuromuscular electrical stimulation (NMES) with neonates and infants may impact neuromuscular development in ways that are not yet well understood. Clinicians should use discretion when considering using NMES to minimize potential harm to patients (Epperson & Sandage, 2019). High-risk infants may exhibit dampened responses or cues to pain, and that pairing the potentially painful experience of NMES with feeding may affect neuromuscular development and increase aversion to feeding by pairing a painful stimulus with swallowing (Bustamante et al., 2022). ASHA is strongly committed to evidence-based practice and urges members to consider the best available evidence before using any product or technique.

Please see the NMES section of the Pediatric Feeding and Swallowing Evidence Map for further information.

Intraoral Prosthetics and Appliances

Intraoral prosthetics (e.g., palatal obturator, palatal lift prosthesis) can be used to stabilize the intraoral cavity by providing compensation or physical support for children with congenital abnormalities (e.g., cleft palate) or damage to the oropharyngeal mechanism. This support may help improve swallowing efficiency and function.

Intraoral appliances (e.g., palatal plates) are removable devices with small knobs that provide tactile stimulation inside the mouth to encourage lip closure and appropriate lip and tongue position for improved functional feeding skills. Referrals may be made to dental professionals for assessment and fitting of these devices.

Treatment in the School Setting

SLPs who address feeding and swallowing in schools should be familiar with IDEA, which protects students with disabilities. This includes students with feeding and swallowing disorders. School-based treatment addresses the impact of the disorder on a student's educational performance to promote swallow safety for adequate hydration and nutrition. Maximizing the health of the students is key to facilitating their academic progress and access to the educational curriculum. Goals are implemented through individualized education programs (IEPs) written specifically for the students' individual needs.

Individualized Education Program (IEP)

Information from the referral, caregiver interview/case history, and clinical evaluation of the student is used to develop IEP goals and objectives for improved feeding and swallowing, if appropriate. The IEP may include direct therapy aimed at improving oral feeding and swallowing skills, in addition to accommodations needed for safe and efficient oral intake throughout the school day.

Feeding and Swallowing Plan

A **feeding and swallowing plan** addresses diet and environmental modifications and procedures to minimize aspiration and choking risks while optimizing nutrition and

hydration. Ongoing staff and family education is essential to student safety. The plan should be reviewed annually along with the IEP goals and objectives or sooner if significant changes occur or if it is found to be ineffective.

A feeding and swallowing plan may include, but not be limited to, the following:

- student demographic information
- appropriate positioning of the student for a safe oral intake
- specialized equipment indicated for positioning or feeding, as needed
- environmental modifications to minimize distractions, enhance efficiency, and promote safe and sufficient oral intake
- adapted utensils or supplies for mealtimes (e.g., specialized cup, curved spoon/fork)
- recommended diet consistency, including food and liquid preparation/modification
- sensory modifications, including temperature, taste, or texture
- food presentation techniques, including wait time and amount
- the level of assistance required for eating and drinking
- cues or prompts for eating and drinking
- specific diet levels according to IDDSI and ways for school-based teams to ensure a child's diet meets the required level of modification (e.g., IDDSI flow rate testing)
- any additional accommodation and compensatory supports needed to support safe and sufficient oral intake during the school day.

Individualized Health Plan or Individualized Health Care Plan

An **individualized health plan** or **individualized health care plan** may be developed as part of the IEP or 504 plan to establish appropriate health care that may be needed for students with feeding and/or swallowing disorders. The plan includes a response protocol in a student health emergency (Homer, 2008). Staff who work closely with the student should have training in cardiopulmonary resuscitation (CPR) and the Heimlich maneuver, in addition to being trained on overt signs and symptoms of aspiration

Postsecondary Transition Planning for Adolescents

Feeding and swallowing challenges can persist well into adolescence and adulthood. Precautions, accommodations, and adaptations must be considered and implemented as students transition from high school to postsecondary settings. See ASHA's resource on postsecondary transition planning for information about transition planning for students with disabilities.

Periodic assessment and monitoring of any changes are necessary to ensure ongoing swallow safety and adequate nutrition throughout adulthood. A risk assessment for choking and an assessment of nutritional status should be considered part of a routine examination for adults with disabilities, particularly those with a history of feeding and swallowing problems. See, for example, Moreno-Villares (2014) and Thacker et al. (2008).

Service Delivery

See the Service Delivery section of the Pediatric Feeding and Swallowing Evidence Map for pertinent scientific evidence, expert opinion, and client/caregiver perspective.

SLPs also consider other nontreatment/assessment service delivery variables that may affect treatment outcomes, including format, provider, dosage, and setting. Decisions are made based on the child's needs, their caregivers' preferences and beliefs, and the setting in which services are provided. SLPs consider social determinants of health (e.g., caregivers' ability to access services) when providing services.

Format

Format refers to the structure of the treatment session (e.g., group and/or individual). The appropriateness of the treatment format often depends on the child's age, the type and severity of the feeding or swallowing problem, and the service delivery setting.

Supporting evidence for telepractice in pediatric feeding and swallowing is still emerging (Edwards et al., 2022; Malandraki & Kantarcigil, 2017). Telepractice can be used to deliver specialized multidisciplinary feeding assessments and treatment to children. Telepractice assessment and treatment models are feasible and can help families avoid travel and receive services that may not be available in their local communities (Clawson et al., 2008; Edwards et al., 2022; Malandraki & Kantarcigil, 2017; Raatz et al., 2020, 2021).

For further reading, see Ward et al. (2022).

Provider

Provider refers to the professional providing treatment (e.g., SLP, occupational therapist, or other feeding specialist). Recommended practices follow a collaborative process that involves an interdisciplinary team, including the child, family, caregivers, and other related professionals. When treatment incorporates accommodations, modifications, and supports in everyday settings, SLPs often provide training and education in how to use strategies to facilitate safe swallowing.

Caregiver coaching is an important aspect of feeding and swallowing service delivery. Providers build relationships with families to understand and support them throughout the duration of therapy. Caregiver coaching empowers families to support their child's feeding and swallowing needs and facilitate improvement when the therapist is not present. A strengths-based approach should be used to promote cooperation between

therapists and families. Caregiver coaching allows SLPs to help families recognize their child's strengths and facilitates therapeutic progress.

Dosage

Dosage refers to the frequency, intensity, and duration of service. Dosage depends on individual factors, including the child's medical status, nutritional needs, and readiness for oral intake.

Setting

Setting refers to the location of treatment and varies across the continuum of care (e.g., NICU, intensive care unit, inpatient acute care, outpatient clinic, home, or school).

Resources

ASHA Resources

- Aerosol Generating Procedures
- Clinical Feeding and Swallowing Evaluation for the School-Based Speech-Language Pathologist
- Dysphagia Management for School Children: Dealing With Ethical Dilemmas
- Dysphagia On-the-Job Resources
- Dysphagia Service Delivery in the Educational Setting: Pediatric Feeding Disorder and the Culturally Responsive Clinician
- Evidence-Based Practice (EBP)
- Feeding and Swallowing Disorders in Children [Consumer Information]
- Flexible Endoscopic Evaluation of Swallowing (FEES)
- Focusing Care on Individuals and Their Care Partners
- Interprofessional Education/Interprofessional Practice (IPE/IPP)
- Legal Issues and Opportunities Associated With Serving Children With Pediatric Feeding Disorders in Schools
- Medicaid Reimbursement in Schools
- Palliative and End-of-Life Care
- Pediatric Feeding Assessments and Interventions [Webinar]
- Pediatric Feeding Disorder and the School-Based Speech-Language Pathologist: An Evidence-Based Update for Clinical Practice
- *Person-Centered Focus on Function: Pediatric Feeding and Swallowing* [PDF]

- Postsecondary Transition Planning
- Preferred Practice Patterns for the Profession of Speech-Language Pathology
- Scope of Practice in Speech-Language Pathology
- Social Determinants of Health
- Sorting Through Pediatric Feeding Confusion: SLPs and ARFID
- State Instrumental Assessment Requirements
- *Swallowing and Feeding Team Referral Plan* (Sample Form) [PDF]
- Swallowing Screening
- *The Value of the Speech-Language Pathologist (SLP) in Pediatric Feeding and Swallowing Disorders (FSDs)* [PDF]
- Trauma-Informed Care
- Treating Pediatric Feeding Disorders and Dysphagia: Evidence-Based Interventions for School-Based Clinicians
- Videofluoroscopic Swallow Study (VFSS)
- What School-Based Speech-Language Pathologists Need to Know About Pediatric Swallowing and Feeding Development and Disorders

Other Resources

This list of resources is not exhaustive, and the inclusion of any specific resource does not imply endorsement from ASHA.

- *Accommodating Children With Disabilities in the School Meal Programs: Guidance for School Food Service Professionals* [PDF]
- Accommodating Disabilities in the School Meal Programs: Guidance and Q&As
- *American Academy of Pediatrics Policy Statement—Prevention of Choking Among Children* [PDF]
- Americans with Disabilities Act (ADA)
- Consensus Paper: Diagnostic Overlap of PFD and ARFID [PDF]
- Code of Federal Regulations
- Feeding Matters
- Individuals with Disabilities Education Act (IDEA)
- Infant Feeding Care Assessment Tools

- International Association of Pediatric Feeding and Swallowing
- International Commission on Radiological Protection (ICRP)
- La Leche League International
- Management of Swallowing and Feeding Disorders in Schools
- National Foundation of Swallowing Disorders
- Radiologyinfo.org | Video Fluoroscopic Swallowing Exam (VFSE)
- RCSLT | New Long COVID Guidance and Patient Handbook

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About This Content

Content for ASHA's Practice Portal is developed through a comprehensive process that includes multiple rounds of subject matter expert input and review. ASHA extends its gratitude to the following subject matter experts who were involved in the development of the Pediatric Feeding and Swallowing page:

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Members of the Ad Hoc Committee on Speech-Language Pathology Practice in the Neonatal Intensive Care Unit included Justine J. Sheppard (chair), Joan C. Arvedson, Alexandra Heinsen-Combs, Lemmietta G. McNeilly, Susan M. Moore, Meri S. Rosenzweig Ziev, and Diane R. Paul (ex officio). Alex F. Johnson and Celia Hooper

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Members of the Swallowing and Swallowing Disorders (Dysphagia) Committee on Cross-Training included Caryn Easterling, Maureen Lefton-Greif, Paula Sullivan, Nancy Swigert, and Janet Brown (ASHA staff liaison). Celia Hooper, vice president for professional practices in speech-language pathology (2003–2005), served as monitoring vice president.

Members of the Working Group on Dysphagia in Schools included Emily M. Homer (chair), Sheryl C. Amaral, Joan C. Arvedson, Randy M. Kurjan, Cynthia R. O'Donoghue, Justine Joan Sheppard, and Janet E. Brown (ASHA liaison). Brian B. Shulman, vice president for professional practices in speech-language pathology, served as the monitoring officer.

ASHA seeks input from subject matter experts representing differing perspectives and backgrounds. At times a subject matter expert may request to have their name removed from our acknowledgment. We continue to appreciate their work.

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MEMORANDUM

DATE	August 8, 2025
TO	Speech-Language Pathology Practice Committee
FROM	Maria Liranzo, Legislation/Regulation/Budget Analyst
SUBJECT	Agenda Item 4: Discussion and Possible Action to Amend Regulations Regarding General Application Requirements and Speech-Language Pathology and Audiology Aide Requirements as Stated in Title 16, California Code of Regulations (CCR) Sections 1399.151.2, 1399.151.3, 1399.151.4, 1399.154 through 1399.154.12, and 1399.157

Background

On November 30, 2023, the Speech-Language Pathology Practice Committee (SLP Committee) directed Board staff to amend the previously drafted proposed regulatory language that will implement statutory changes relating to speech-language pathology (SLP) aides. The SLP Committee met on December 5, 2024, and May 15, 2025, to review and discuss the draft regulatory text.

Summary of Changes

The following are changes the SLP Committee made at its meeting on May 15, 2025, and changes Board staff made to prepare the proposed text for the rulemaking process:

- Section 1399.154.1(a)(8) was amended to require the level of supervision to be provided in the application for each duty performed by the aide.
- Section 1399.154.2(c) was amended to specify the type of supervision a SLP can provide to a SLP aide, with definitions for each type of supervision added as paragraphs (1) and (2).
- Section 1399.154.2(e) was amended to replace “evaluation and/or treatment” with “the practice of speech-language pathology” and replace “which” with “that.”
- Section 1399.154.2(f) was amended to prohibit supervisors from defining services that may be provided by the SLP aide to include any services that require a SLPA license as.
- Section 1399.154.3 was amended to replace “includes” with “include.”
- Section 1399.154.4(b) was amended to clarify the “aid may assist in providing to patients.”

- Section 1399.154.4(c) was amended to replace “by the evaluation and treatment plan for any patient” with “their role in assisting during the evaluation and treatment of any patient.”

- Section 1399.154.12(a)(3) was amended to require the level of supervision to be provided in the application for each duty performed by the aide.

Similar changes will be made to regulations related to audiology aide which will be presented at the Audiology Practice Committee meeting.

Action Requested

Staff recommends the SLP Committee review and discuss the materials provided. The SLP Committee may wish to determine whether or not to recommend the regulatory language to the Board to initiate the rulemaking process.

Suggested Motion Language

Move to recommend the regulatory text for Title 16, CCR Sections 1399.151.2, 1399.151.3, 1399.151.4, 1399.154 through 1399.154.12, and 1399.157 to the Board to initiate the rulemaking process, as noticed/amended, and direct Board staff to prepare the regulatory text for Board review and approval.

Attachment: Proposed Text as of August 8, 2025

General Application Requirements and Speech-Language Pathology and Audiology Aide Requirements
as of August 8, 2025

Legend:	Added text is indicated with an underline. Omitted text is indicated by (* * * *) Deleted text is indicated by ~~strikeout~~.

§ 1399.151.2. Expedited Licensure or Registration Process.

The Board shall expedite any application of an applicant who:

(a) Pursuant to Section 115.4 of the Code, identifies themself as an honorably discharged member of the United States Armed Forces, and who provides a Certificate of Release or Discharge from Active Duty (DD-214) or other documentary evidence showing the date and type of discharge, pursuant to Section 115.4 of the Code.

(b) Pursuant to Section 115.6 of the Code, identifies themself as a person who is married to, or in a domestic partnership or other legal union with an active-duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active-duty military orders, and the applicant holds a valid license, or comparable authority, to practice as a hearing aid dispenser or audiologist in another United States state, district, or territory, and who provides documentary evidence as specified in paragraphs (1) through (3). application:

(1) Certificate of marriage or certified declaration or registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces,

(2) A copy of their current license or registration in another state, district, or territory of the United States, and,

(3) A copy of the military orders establishing their spouse or partner's duty station in California.

(c) Pursuant to Section 135.4 of the Code, identifies themself as an applicant who was admitted to the United States as a refugee pursuant to Section 1157 of Title 8 of the United States Code, or was granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to Section 1158 of Title 8 of the United States Code, or has a special immigrant visa (SIV) pursuant to Section 1244 of Public Law 110-181, Public Law 109-163, or Section 602(b) of Title VI of Division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government, and who provides the appropriate documentary evidence specified in paragraphs (1) through (4).

(1) Form I-94, arrival or departure record, with an admission class code such as "RE" (refugee) or "AY" (asylee) or other information designating the person a refugee or asylee;

(2) Special Immigrant Visa that includes the "SI" or "SQ";

(3) Permanent Resident Card (Form I-551), commonly known as a "green card," with a category designation indicating that the person was admitted as a refugee or asylee; or,

(4) An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Bureau that the applicant qualifies for expedited licensure or registration per Section 135.4 of the Code.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 115.4, 115.5, 115.6 and 135.4, Business and Professions Code

§ 1399.151.3. Licensure or Registration, Discipline, and Conviction Disclosure.

(a) An applicant for licensure or registration shall disclose if they have been licensed to practice speech-language pathology or audiology in any other state or country, and if applicable, the state and country where the license or registration was issued.

(b) An applicant for licensure or registration shall disclose if they have been denied a license or registration to practice speech-language pathology or audiology in any other state or country, and if applicable, the state and country where a license or registration was denied. Applicants are not required to disclose any information regarding a denial based upon any of the following:

(1) Convictions dismissed pursuant to Sections 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code, or a comparable dismissal or expungement;

(2) Convictions for which the person has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code;

(3) Convictions for which the person has been granted clemency or a pardon by a state or federal executive;

(4) An arrest that resulted in a disposition other than a conviction including an infraction or citation;

(5) Convictions that were adjudicated in the juvenile court; or,

(6) Convictions under California Health and Safety Code Sections 11357(b), (c), (d), (e), or Section 11360(b) which are two (2) years or older.

(c) An applicant for licensure or registration shall disclose if, within the preceding seven (7) years, they have had a license or registration subjected to formal discipline by a licensing board in or outside of California. Discipline includes suspension, revocation, voluntary surrender, probation, reprimand, or any other restriction on a license or registration held by the applicant. However, an applicant shall not be required to disclose prior disciplinary action if the basis for that disciplinary action was a conviction that has been dismissed pursuant to Sections 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code, or a comparable dismissal or expungement. If the applicant identifies that they meet this criterion, they shall provide the Board the following information:

(1) Name of the disciplinary action taken against the applicant;

(2) Date of the offense;

(3) Name of the licensing entity;

(4) Dates of probation, if applicable;

(5) Description of the circumstances of the incident;

(6) A certified copy of the determination made by the licensing entity that includes the date and location of the incident, specific violation(s), dates of disciplinary action, sanctions or penalties imposed and the completion dates;

(7) A letter from the applicant describing the applicant's rehabilitation efforts or changes;

(8) Any written statement or documentary evidence that the applicant may wish to submit to present regarding rehabilitation and demonstration of the applicant's fitness for licensure or registration.

(9) A written statement, signed by the applicant, certifying that all of the information provided about the formal discipline in the application is true and correct under penalty of perjury under the laws of the state of California.

(d) As a condition of renewal, a licensee or registrant shall certify whether they, since they last renewed their registration, they have been convicted of any violation of the law in this or any other state, district, or territory of the United States, or in another country, omitting traffic infractions under one thousand dollars ($1,000) not involving alcohol, dangerous drugs, or controlled substances.

(e) As a condition of renewal, a licensee or registrant shall certify whether, since they last renewed their registration, they have had a license or registration disciplined by a government agency or other disciplinary body. Discipline includes suspension, revocation, voluntary surrender, probation, reprimand, or any other restriction on a license or registration.

(f) If the licensee or registrant affirmatively states they meet the criterion in subsections (d) and (e), they shall provide the Board the following information:

(1) Name of the disciplinary action taken against the applicant;

(2) Date of the offense;

(3) Name of the licensing entity;

(4) Dates of probation, if applicable;

(5) Description of the circumstances of the incident;

(6) A certified copy of the determination made by the licensing entity that includes the date and location of the incident, specific violation(s), dates of disciplinary action, sanctions or penalties imposed and the completion dates;

(7) A letter from the applicant describing the applicant's rehabilitation efforts or changes;

(8) Any written statement or documentary evidence that the applicant may wish to submit to present regarding rehabilitation and demonstration of the applicant's fitness for licensure or registration.

(9) A written statement, signed by the applicant, certifying that all of the information provided in the application is true and correct under penalty of perjury under the laws of the state of California.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 144.5, 480, and 2533, Business and Professions Code.

§ 1399.151.4. Fingerprinting.

(a) An applicant for licensure or registration is required to furnish to the Department of Justice a full set of fingerprints for the purpose of conducting a criminal history record check and to successfully complete a state and federal level criminal offender record information search conducted through the Department of Justice.

(1) The applicant shall submit a receipt showing the transmission of Live Scan fingerprints to the Department of Justice or two (2) classifiable sets of fingerprints

with the current fees charged by the California Department of Justice and the Federal Bureau of Investigation with the licensure or registration form required in Section 1399.154.1 and fee required in Section 1399.157.

(2)The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check.

(3) If an applicant is unable to Live Scan or complete the classifiable sets of fingerprints, the Board will work with the Department of Justice to obtain a criminal history record check on the applicant. The applicant shall comply with any instructions and pay any costs to conduct the criminal history record check for any rejected fingerprints.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 144, 480, and 2533, Business and Professions Code.

§ 1399.154. Definitions.

As used in this article, the following definitions apply:

(a) "Speech-language pathology aide" means a person who

(1) assists or facilitates while the speech-language pathologist is evaluating the speech ~~and/~~or language of individuals or is treating individuals with a speech-language ~~and/~~or language disorder, and

(2) is registered by the supervisor with the Board and the registration is approved by the Board.

(b) "Audiology aide" means a person who

(1) assists or facilitates while an audiologist or dispensing audiologist is evaluating the hearing of individuals ~~and/~~or is treating individuals with hearing disorders, and

(2) is registered by the supervisor with the Board and the registration is approved by the Board.

(c) "Supervisor" means a licensed speech-language pathologist who supervises a speech-language pathology aide or a licensed audiologist or dispensing audiologist who supervises an audiology aide.

(d) "Industrial audiology aide" means a person who is certified by the Council for Accreditation in Occupational Hearing Conservation and whose primary duty is to assist in a hearing conservation program as described in Section 5097 of Article 105 of Group 15 of Subchapter 7 of Chapter 4 of Division 1 of Title 8 of the California Code of

Regulations.~~an audiology aide who conducts pure tone air conduction threshold audiograms for the purpose of industrial hearing testing in addition to other acts and services as provided in these regulations.~~

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

§ 1399.154.1. Registration of Aides.

(a) Before allowing an aide to assist in the practice of speech-language pathology or audiology under ~~his or her~~ their supervision, a supervisor shall register each aide with the Board and pay the registration fee required in Section 1399.157. The form submitted to the Board shall include:

(1) Applicant's full legal name, other names used such as maiden name, address of record which will be publicly disclosed, home address, telephone number, social security number or individual tax identification number, and date of birth;

(2) Applicant's email address, if any;

(3) The applicant has the option to disclose whether they are serving or have previously served in the United States military.

(4) The applicant has the option to disclose their eligibility for an expedited registration process and provide evidence in accordance with Section 1399.151.2.

(5) The applicant shall disclose the information required in Section 1399.151.3.

(6) Certification from the applicant that all of the information provided in the application and any attachments is true and correct under penalty of perjury under the laws of the state of California.

(7) Supervisor's full legal name, address of record, license number, business telephone number, business name, business address, and the supervisor's email address, if any;

(8) Duties the aide will perform while assisting the supervisor in the practice of speech-language pathology or audiology and the level of supervision as defined in Sections 1399.154.2 and 1399.154.9 that will be provided for each duty,

(A) If the applicant identifies themselves as an industrial audiology aide, as defined in Section 1399.154, they must provide a copy of their Council for Accreditation in Occupational Hearing Conservation certification with their application.

(9) Training program, training methods, the length of the training program, the minimum competency level of the aide, assessment methods the supervisor will utilize to ensure the aide's competency, and a summary of past education, training, and experience the aide may already have acquired, if any;

(A) The training shall be in accordance with Section 1399.154.4 or 1399.154.10, as applicable.

(10) A written statement, signed by the applicant, certifying that they have discussed the plan for supervision with the supervisor and agree to its implementation, and further certifying under penalty of perjury under the laws of the state of California that all of the statements made in the application are true and correct, and that any misrepresentation shall be cause for denial of a license.

(11) A written statement, signed by the supervisor, certifying that the supervisor has discussed the plan for supervision with the aide and accepts professional and ethical responsibility for their performance, and further certifying that under penalty of perjury under the laws of the state of California that all of the statements made in the application are true and correct.

(12) A signature from the aide and the supervisor under penalty of perjury under the laws of the state of California that they reviewed all the laws and regulation pretraining to their duties and responsibilities as an aide or supervisor.

(b) The applicant in subsection (a) is required to furnish to the Department of Justice a full set of fingerprints in accordance with Section 1399.151.4.

(c) Regardless of their title or job classification, any support person who functions as a speech-language pathology or audiology aide and facilitates or assists a supervisor in evaluations or treatment shall be registered with the Board. ~~In the application for registration, the supervisor shall provide to the Board, his or her proposed plan for supervising and training the speech-language pathology or audiology aide. The proposed plan for training shall be in accordance with Section 1399.154.4 and shall include the supervisor's training methods, the necessary minimum competency level of the aide, the manner in which the aide's competency will be assessed, the persons responsible for training, a summary of any past education, training and experience the aide may have already undertaken, and the length of the training program and assessment of the aide's competency level.~~

(d) The Board shall review the application for compliance with the requirements of this article and notify the supervisor of the disposition of the application for registration and whether further information is required in order to complete its review.

(e) If an aide has more than one supervisor, each supervisor shall register the aide as stated in subsection (a).

NOTE: Authority cited: Section 2531.25, Business and Professions Code. Reference: Sections 30, 31, 114.5, 115.4, 115.5, 144, 144.5, 480, 2530.2, 2530.6 ~~and~~, 2532.4, and 2533, Business and Professions Code.

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

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

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

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

(c) ~~Be physically present~~ Provide immediate supervision while the speech-language pathology ~~or audiology~~ aide is assisting during evaluations or treatment of ~~with~~ patients, and direct supervision while the speech-language pathology aide is assisting when patients are not undergoing evaluations or receiving treatment or when patients are not present. ~~, unless an alternative plan of supervision has been approved by the Board. A supervisor of industrial audiology aides shall include a proposed plan for alternative supervision with the application form. An industrial audiology aide may only be authorized to conduct puretone air conduction threshold audiograms when performing outside the physical presence of a supervisor. The supervisor shall review the patient histories and the audiograms and make necessary referrals for evaluation and treatment.~~

(1) "Immediate supervision" as used in this Section means the supervisor is physically present when the speech-language pathology aide is performing their duties.

(2) "Direct supervision" as used in this Section means on-site observation and guidance by the supervisor while the speech-language pathology aide is performing their duties.

(d) Evaluate, treat, and manage all patient care ~~and determine the future dispositions of patients~~.

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

(f) Define the services ~~which~~ that may be provided by the speech-language pathology ~~or audiology~~ aide. Those services shall not exceed the competency of the aide as

determined by ~~his or her~~their education, training, and experience nor shall they be services that require a separate license under Section 2538.1 of the Code~~, and shall not include any treatment beyond the plan established by the supervisor for the patient~~.

(g) Possess and maintain a current, active, and unrestricted California license as a speech-language pathologist pursuant to Sections 2532 of the Code, and have at least two years of full-time experience or 3,120 hours of experience providing services as a licensed speech-language pathologist. "Full-time experience" as used in this section means the individual works a minimum of thirty (30) hours per week for at least thirty-six (36) weeks in a calendar year.

(h) Notify the speech-language pathology aide immediately 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.

(i) Complete a minimum of six (6) hours of continuing professional development in supervision prior to assuming responsibility as a supervisor, and three (3) hours of continuing professional development in supervision every four (4) years thereafter. Continuing professional development training obtained from a Board-approved provider may be applied towards the supervisor's continuing professional development requirement set forth in Section 1399.160.3. The supervisor shall maintain records of course completion in supervision training for a period of four (4) years after the renewal period in which it was earned.

(j) Review with the speech-language pathology aide the laws and regulations pertaining to the supervision and practice of speech-language pathology.

(k) Provide the aide with a plan for how to handle emergencies.

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

§ 1399.154.3. Maximum Number of Aides.

~~A supervisor shall not supervise more than three (3) speech-language pathology or audiology aides. The Board may authorize more than three supervisees if, in its discretion, the supervisor demonstrates that the public health and safety would not be jeopardized and that he or she can adequately supervise more than three aides.~~
(a) The number of speech-language pathology aides a supervisor can supervise shall not exceed the number specified in Section 1399.170.16.

(b) A supervisor of an audiology aide shall not supervise more than three (3) full-time equivalent support personnel and shall not exceed more than six (6) support personnel at any time. Support personnel include audiology aides, hearing aid dispenser trainee licensees under Section 2538.28 of the Code, and hearing aid dispenser temporary

licensees under Section 2538.27 of the Code. “Full-time equivalent” as used in this section means the individual works a minimum of thirty (30) hours per week.

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

§ 1399.154.4. Training of Speech-Language Pathology Aide~~Aide~~s.

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

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

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

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

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

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

§ 1399.154.5. Notice of Termination.

Within 30 days after the termination of the supervision of a speech-language pathology or audiology aide, the supervisor shall notify the Board, in writing, of such termination and the date thereof. Written notification shall include the following:

(a) The aide's full legal name and registration number;

(b) The supervisor's full legal name, license number, business address, telephone number, and email address, if any;

(c) The effective date of the termination; and

(d) A written statement, signed by the supervisor, certifying under penalty of perjury that all statements made in the notification are true in every respect and that misstatements or omissions of material facts shall be cause for denial of the application to terminate supervision, or for suspension or revocation of a license.

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

§ 1399.154.6. Noncompliance with Article.

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

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

§ 1399.154.7. Aide Experience Not Applicable to Qualifications for Licensure.

Any experience obtained acting as a speech-language pathology aide or audiology aide shall not be creditable toward the supervised clinical experience ~~required in Section 2532.2(c) of the code~~ or the required professional experience required in Sections 2532.2~~(d)~~ and 2532.25 of the Code~~code~~, or the field work experience required in Section 1399.170.8.

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

§ 1399.154.8. Responsibilities of Audiology Aide's Supervisor.

A supervisor of an audiology aide shall:

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

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

(c) Provide supervision to the audiology aide in accordance with Section 1399.154.9.

(d) Evaluate, treat, and manage all patient care.

(e) Appropriately train the audiology aide to perform duties to effectively assist in the practice of audiology in accordance with Section 1399.154.10 that is unique to the duties of the aide and the setting in which the aide will be assisting the supervisor.

(f) Define the services that may be provided by the audiology aide. Those services shall not exceed the competency of the aide as determined by their education, training, and experience nor shall they be services specified in Section 1399.154.11.

(g) Possess and maintain a current, active, and unrestricted California license as an audiologist or dispensing audiologist pursuant to Sections 2532 or 2539.1 of the Code, and have at least two (2) years of full-time experience or 3,120 hours of experience providing services as a licensed audiologist. "Full-time experience" as used in this section means the individual works a minimum of thirty (30) hours per week for at least thirty-six (36) weeks in a calendar year.

(h) Notify the audiology aide immediately 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.

(i) Complete a minimum of six (6) hours of continuing professional development in supervision prior to assuming responsibility as a supervisor, and three (3) hours of continuing professional development in supervision every four (4) years thereafter. Continuing professional development training obtained from a Board-approved provider may be applied towards the supervisor's continuing professional development requirement set forth in Section 1399.160.3. The supervisor shall maintain records of course completion in supervision training for a period of four (4) years after the renewal period in which it was earned

(j) Review with the audiology aide the laws and regulations pertaining to the supervision and practice of audiology.

(k) Provide the audiology aide with a plan for how to handle emergencies.

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

§ 1399.154.9. Supervision of Audiology Aide.

(a) For the purposes of the supervision of an audiology aide, the following definitions apply:

(1) "Immediate supervision" means the supervisor is physically present while the audiology aide is performing their duties.

(2) “Medically fragile” means a client who is acutely ill and in an unstable condition.

(3) “Direct supervision” means on-site observation and guidance by the supervisor while the audiology aide is performing their duties.

(4) “Indirect supervision” means the supervisor is not at the same facility or in close proximity to the audiology aide but is available to provide supervision by telephonic or other electronic means.

(b) Immediate supervision shall be provided when an audiology aide performs any acts or services involving medically fragile patients.

(c) Immediate supervision shall be provided when an audiology aide performs any acts or services that the supervisor has trained the audiology aide to perform but the audiology aide has yet to perform the act or service with patients.

(d) Following initial registration, the supervisor shall provide immediate supervision at all times during the first ninety (90) calendar days of work, except as provided in subsection (f). The supervisor shall maintain in the audiology aide’s personnel file a record that verifies the aide meets the requirements of this subsection.

(e) After ninety (90) calendar days or until the supervisor determines the audiology aide is competent, whichever occurs later, with the exception of those services provided in subsection (b) and (c), the supervisor shall provide direct supervision at all times when the aide is assisting with patients. The supervisor shall provide indirect supervision when the audiology aide is assisting when patients are not present such as programming a device or cleaning equipment.

(f) At a minimum, indirect supervision shall be provided when an industrial audiology aide, as defined in Section 1399.154, is performing duties for a hearing conservation program as described in Section 5097 of Article 105 of Group 15 of Subchapter 7 of Chapter 4 of Division 1 of Title 8 of the California Code of Regulations.

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

§ 1399.154.10. Training of Audiology Aide.

Before an audiologist or dispensing audiologist allows an aide to assist in the practice of audiology under their supervision, an audiology aide shall complete a training program established by the supervisor. The training program shall, at a minimum, include:

(a) Instruction in the skills necessary to perform any acts or services that are within the practice of audiology as defined in Section 2530.2 of the Code. The supervisor is not

required to repeat any training the audiology aide may have already received as the result of any prior education, training, or experience.

(b) A supervisor shall require an audiology aide to demonstrate their competence to perform any acts or provide any services that are within the practice of audiology as defined in Section 2530.2 of the Code, and which may be assigned to the aide or which the aide may assist in providing to patients. A supervisor shall allow an audiology aide only to perform those acts or to provide those services for which they have been provided training and demonstrated competency, and that are within the scope of responsibility of an audiology aide.

(c) A supervisor shall instruct an audiology aide as to the limitations imposed upon their duties, acts, or services by these regulations, by their training and skills, and their role in assisting during the evaluation and treatment of any patient.

(d) A supervisor shall provide training to an industrial audiology aide, as defined in Section 1399.154, to perform the duties required for a hearing conservation program as described in Section 5097 of Article 105 of Group 15 of Subchapter 7 of Chapter 4 of Division 1 of Title 8 of the California Code of Regulations.

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

§ 1399.154.11. Activities, Duties, and Functions Outside the Scope of Responsibility of an Audiology Aide.

An audiology aide shall not perform any of the following functions:

(a) Conduct diagnostic evaluations, including impedance test battery, videonystagmography (VNG), electronystagmography (ENG), or auditory brainstem response (ABR);

(b) Interpret diagnostic data;

(c) Alter treatment plans;

(d) Provide counseling or advice to a client or to a client's parent or guardian that is beyond the scope of the client's treatment;

(e) Sign any documents in lieu of a supervisor , including treatment plans, client reimbursement forms, or formal reports;

(f) Discharge clients from services;

(g) Make referrals for additional services outside of the audiology practice;

(h) Unless required by law, disclose confidential information either orally or in writing to anyone not designated by the supervisor;

(i) Represent themself as an audiologist or dispensing audiologist;

(j) Fit, sell, or independently adjust a hearing aid without possessing a valid hearing aid dispensers license or a valid hearing aid trainee license;

(k) Independently adjust cochlear implant settings;

(l) Perform those procedures that require a high level of clinical acumen and technical skill, such as cerumen removal;

(m) Perform any task without the express knowledge and approval of a supervisor; or

(n) Violate laws or regulations pertaining to the Health Insurance Portability and Accountability Act.

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

§ 1399.154.12. Registration Renewal of Aides.

(a) A supervisor shall renew the registration of each aide with the Board and pay the renewal fee required in Section 1399.157. The form submitted to the Board shall include:

(1) The aide's full name, business name, business address, business telephone number, aide's registration number, and the aide's email address, if any;

(2) Supervisor's full legal name, address of record, license number, business telephone number, business name, business address, and the supervisor's email address, if any;

(3) Duties the aide performs while assisting the supervisor in the practice of speech-language pathology or audiology and the level of supervision as defined in Sections 1399.154.2 and 1399.154.9 that will be provided for each duty,

(4) Training program, training methods, the length of the training program, the minimum competency level of the aide, assessment methods the supervisor is utilizing to ensure the aide's continued competency, and a summary of past education, training, and experience the aide may already have acquired, if any.

(A) The training shall be in accordance with Section 1399.154.4 or 1399.154.10.

(5) A written statement, signed by the aide, certifying that the aide has discussed the plan for supervision with the supervisor and agrees to its implementation, and further certifying under penalty of perjury under the laws of the state of California that all of the statements made in the application are true and correct, and that any misrepresentation may be cause for denial of a registration.

(6) A written statement, signed by the supervisor, certifying that the supervisor has discussed the plan for supervision with the aide and accepts professional and ethical responsibility for their performance, and further certifying that under penalty of perjury under the laws of the state of California that all of the statements made in the application are true and correct.

(b) Any aide registered with the Board prior to Month XX, 20XX (next full year after the effective date) must renew their registration in accordance with subsection (a).

(c) An aide is exempt from subsection (a) if during the aide's previous registration period they were called to active duty as defined in Section 114.3 of the Code.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 114.3, 144.5, 703, 704, 2530.2, 2530.6, 2533, 2535, and 2535.2 Business and Professions Code.

§ 1399.157. Fees.

(a) The application fee and biennial renewal fee for a speech-language pathologist shall be $150.00. The application fee and biennial renewal fee for ~~a non-dispensing~~ an audiologist shall be $150.00.

(b) The application fee and annual renewal fee for a dispensing audiologist shall be $280.00.

(c) The ~~application~~registration fee for a speech-language pathology assistant shall be $50.00. The biennial renewal fee for a speech-language pathology assistant shall be $100.00.

(d) The delinquency fee to renew an expired license or registration shall be $25.00.

(e) The fee for registration of an aide shall be $30.00. The biennial renewal fee for an aide shall be $30.00.

(f) The application and biennial renewal fee for a continuing professional development provider shall be $200.00.

(g) The fee for each license or registration status and history certification letter shall be $25.00.

(h) The duplicate wall certificate fee shall be $25.00.

(i) The Board shall waive the application or registration fee for an applicant who meets the requirements set forth in Section 115.5 of the Code. Applicant must submit the following with the application:

(1) Certificate of marriage or certified declaration or registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces,

(2) A copy of the military orders establishing their spouse's or partner's duty station in California and,

(3) Written verification from the applicant's issuing licensing entity that the applicant's license or registration in another state, district, or territory of the United States is current in that jurisdiction. The verification shall include all of the following:

(A) the full legal name of the applicant and any other name(s) the applicant has used or has been known by,

(B) the license or registration type and number issued to the applicant by the original licensing entity,

(C) the name and location of the licensing entity, and,

(D) the issuance and expiration date of the license.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 115.5, 163.5, 2532.6(f), 2534.2, 2535, 2535.2, 2538.1 and 2538.53, Business and Professions Code.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	August 12, 2025
TO	Speech-Language Pathology Practice Committee
FROM	Cherise Burns, Executive Officer
SUBJECT	Agenda Item 5: Discussion and Possible Action to Recommend to the Full Board to initiate a Rulemaking to Amend Requirements for Continuing Professional Development Requirements for Speech-Language Pathology Assistants as Stated in Business and Professions Code (BPC) section 2538.1 and Title 16, CCR Sections 1399.170.14 and 1399.170.15

Background

The Speech-Language Pathology Practice Committee (Committee) met on May 15, 2025, to discuss if Speech-Language Pathology Assistants (SLPAs) should be allowed to fulfil their CPD requirement from other providers. This is because Board staff had to educate current SLPA licensees regarding acceptable types of CPD during the course of auditing continuing professional development (CPD) records.

BPC section 2538.1(b)(6) states that SLPAs may be satisfy their CPD through:

- State or regional conferences,
- Workshops,
- Formal in-service presentations,
- Independent study programs, or
- Any combination of these.

BPC section 2532.6 allows SLPA supervisors to fulfil their CPD requirement from an:

- Accredited institutions of higher learning.
- An organization approved as continuing education provider by the
    - American Speech-Language Hearing Association,

- American Academy of Audiology, or
- California Medical Association's Institute for Medical Quality Continuing Medical Education Program.

- Other entities or organizations approved as continuing professional development providers by the Board.

At its May 15, 2025 meeting, the Committee determined that SLPAs should be allowed to satisfy their CPD through the same providers their supervisors are allowed to fulfil their CPD requirement.

The Committee may also wish to consider the following.

- Whether it wishes to statutorily define independent study programs to have the same meaning as self-study.

- Whether SLPAs should be prohibited from using coursework towards a master's degree that would qualify an applicant for licensure as a speech-language pathologist pursuant to BPC Section 2532.2 towards meeting SLPA CPD requirements.

Action Requested

Staff recommend the Committee review and discuss the materials provided. The Committee may wish to determine whether or not to recommend to the Board the legislative proposal to be included as part of the Board's Sunset Review. If this proposal is included in the Board's Sunset Review bill, if the legislation passes, the Board could then initiate a formal rulemaking process to update the regulations to conform to the new statutory requirements.

Suggested Motion Language

Move to recommend to the Board the legislative proposal to be included as part of the Board's Sunset Review as noticed/amended.

Attachment: Board's Sunset Review Legislative Proposal Regarding SLPA CPD

Board's Sunset Review Legislative Proposal Regarding
Speech-Language Pathology Assistant Continuing Professional Development

Business and Professions Code section 2538.1

(a) The board shall adopt regulations, in collaboration with the State Department of Education, the Commission on Teacher Credentialing, and the Advisory Commission on Special Education, that set forth standards and requirements for the adequate supervision of speech-language pathology assistants.

(b) The board shall adopt regulations as reasonably necessary to carry out the purposes of this article, that shall include, but need not be limited to, the following:

(1) Procedures and requirements for application, registration, renewal, suspension, and revocation.

(2) Standards for approval of ~~Associate Degree~~ Speech-Language Pathology Assistant associate degree ~~training~~ programs based upon standards and curriculum guidelines established by the National Council on Academic Accreditation in Audiology and Speech-Language Pathology, or the American Speech-Language-Hearing Association, or equivalent formal training programs consisting of two years of technical education, including supervised field placements. The board may impanel site review committees to conduct onsite evaluations, inspections, and investigations of a speech-language pathology assistant training program and to assess the training program's compliance with the board's laws and regulations. The members of the site review committee shall receive no compensation but shall be reimbursed for their actual travel and per diem expenses by the institution that is the subject of the evaluation, inspection, or investigation.

(3) Standards for accreditation of a Speech-Language Pathology Assistant associate degree ~~training~~ program's institution by the Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges or the Senior College Commission of the Western Association of Schools and Colleges, or equivalent accreditation.

(4) The scope of responsibility, duties, and functions of speech-language pathology assistants, that shall include, but not be limited to, all of the following:

(A) Conducting speech-language screening, without interpretation, and using screening protocols developed by the supervising speech-language pathologist.

(B) Providing direct treatment assistance to patients or clients under the supervision of a speech-language pathologist.

(C) Following and implementing documented treatment plans or protocols developed by a supervising speech-language pathologist.

(D) Documenting patient or client progress toward meeting established objectives, and reporting the information to a supervising speech-language pathologist.

(E) Assisting a speech-language pathologist during assessments, including, but not limited to, assisting with formal documentation, preparing materials, and performing clerical duties for a supervising speech-language pathologist.

(F) When competent to do so, as determined by the supervising speech-language pathologist, acting as an interpreter for non-English-speaking patients or clients and their family members.

(G) Scheduling activities and preparing charts, records, graphs, and data.

(H) Performing checks and maintenance of equipment, including, but not limited to, augmentative communication devices.

(I) Assisting with speech-language pathology research projects, in-service training, and family or community education.

The regulations shall provide that speech-language pathology assistants are not authorized to conduct evaluations, interpret data, alter treatment plans, or perform any task without the express knowledge and approval of a supervising speech-language pathologist.

(5) The requirements for the wearing of distinguishing name badges with the title of speech-language pathology assistant.

(6) Minimum continuing professional development requirements for the speech-language pathology assistant, not to exceed 12 hours in a two-year period. The speech-language pathology assistant's supervisor shall act as a professional development advisor. The speech-language pathology assistant's professional growth may be satisfied with successful completion of state or regional conferences, workshops, formal in-service presentations, independent study programs, courses offered by entities listed in paragraph (1) of subdivision (e) of Section 2532.6, or any combination of these concerning communication and related disorders. Independent study programs shall have the same meaning as self-study as defined by the board in regulation. Coursework from a master's degree that would qualify an applicant for licensure as a speech-language pathologist pursuant to Section 2532.2 shall not be used to satisfy this requirement.

(7) Minimum continuing professional development requirements for the supervisor of a speech-language pathology assistant.

(8) The type and amount of direct and indirect supervision required for speech-language pathology assistants.

(9) The maximum number of assistants permitted per supervisor.

(10) A requirement that the supervising speech-language pathologist shall remain responsible and accountable for clinical judgments and decisions and the maintenance of the highest quality and standards of practice when a speech-language pathology assistant is utilized.

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MEMORANDUM

DATE	July 15, 2025
TO	Hearing Aid Dispensing Committee
FROM	Maria Liranzo, Legislation/Regulation/Budget Analyst
SUBJECT	Agenda Item 3: Discussion and Possible Action Regarding Postfitting Counseling and Foreign Body In The Ear Canal as Stated in BPC Sections 2538.11, 2538.36, and 2539.6 and Title 16, CCR Sections 1399.125 and 1399.126

Background

On December 1, 2023, the Hearing Aid Dispensing Committee (Committee) delegated two Committee Members to work with staff to draft regulatory text that would define the terms "postfitting counseling" as used in BPC section 2538.11 and "foreign body" as used in BPC sections 2538.36 and 2539.6, and permit hearing aid dispensers and dispensing audiologists to remove hearing aid domes. This is in response to an inquiry the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) received in July 2022 asking whether there is any statutory or regulatory language that would restrict a hearing aid dispenser (HAD) from performing a dome removal if appropriate training is provided, and appropriate safeguards and policies are in place to limit dome removal to lower-risk clients. The Committee met on December 5, 2024, and May 15, 2025, to review and discuss the draft regulatory text.

Summary of Changes

The following changes were made to the text presented on May 15, 2025:

- Amended CCR section 1399.125(a) to remove the words "ear lobe."
- Amended CCR subsection 1399.125(d) to replace the word "patient" with the word "client."
- Amended CCR section 1399.126(b) to
    - Remove the words "ear lobe,"
    - Renumber paragraph (1) as paragraph (3), and
    - Add paragraphs (1) and (2) to clarify that defining "foreign body" is not meant to restrict individuals who are licensed to remove a complete and intact hearing aid, ear mold impressions, ear dam, or dome of a hearing aid from a client's ear if they are

licensed by the state to do so and it is within the scope of their license or within the scope of the license of the person they supervise.

Discussion Question

1. Do we want to consider another name for “ear dam” such as “ear impression blocking material”? Other names commonly used online are ear impression pad or foam stops. The last Occupational Analysis Report uses the phrase “blocking material (e.g., cotton dam).”

Action Requested

Staff recommends the Committee review and discuss the provided materials and make any clarifications necessary before recommending the changes for full Board consideration.

Attachment : Hearing Aid Dome Removal Text Proposal as amended May 15, 2025

PROPOSED REGULATORY TEXT

Hearing Aid Dome Removal
As Amended May 15, 2025

Legend:	Added text is indicated with an underline. Deleted text is indicated by ~~strikeout~~.

§ 1399.125. Postfitting Counseling.

(a) For purposes of Section 2538.11 of the Code, "postfitting counseling" means adjustments and servicing of a hearing aid or aids sold, removal and replacement of a hearing aid that has malfunctioned or is no longer operational, resolving client issues including physical fit and acoustic targets, and educating the client on optimizing communication while using hearing aids and accessories. "Postfitting counseling" also includes the removal of a hearing aid dome in the ear canal.

(b) A licensed hearing aid dispenser shall not remove a hearing aid dome unless:

(1) They received written and signed verification from an otolaryngologist certified by the American Board of Otolaryngology – Head and Neck Surgery or a licensed audiologist that the dispenser has performed and is competent to remove the hearing aid dome. The written verification shall be maintained in the personnel file of the licensed hearing aid dispenser.

(2) They performed a minimum of five (5) supervised hearing aid dome removals supervised by an otolaryngologist certified by the American Board of Otolaryngology – Head and Neck Surgery or a licensed audiologist prior to receiving the written verification specified in (b)(1).

(3) The hearing aid dome is before the second bend of the ear canal.

(c) A licensed dispensing audiologist shall not remove a hearing aid dome unless they comply with (b)(3).

(d) A licensed hearing aid dispenser or licensed dispensing audiologist shall not remove a hearing aid dome where the client has contraindications to the procedure. For purposes of this paragraph, examples of contraindications include:

(1) Visible congenital or traumatic deformity of the ear or other signs of infection.

(2) Active drainage from the ear.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Section 2538.11, Business and Professions Code.

§ 1399.126. ~~Significant Air-Bone Gap~~ Referral for Medical Opinion.

~~(a)~~ For purposes of Sections 2538.36 and 2539.6 of the Code:

(a) A "significant air-bone gap" means ~~is defined as~~ a difference of fifteen (15) decibels or more between the higher air conduction and the lower bone conduction pure tone thresholds at two (2) or more succeeding octave frequencies of five hundred (500) Hertz through and including four thousand (4000) Hertz.

(1)~~(b)~~ Tests for significant air-bone gap shall be performed in a suitable environment using appropriate equipment to establish threshold values and with appropriate masking procedures employed.

(b) A "foreign body" means any organic or non-organic object or material that is not a natural part of the human body that would normally be present in the ear canal.

(1) Nothing in this Section shall be construed to prevent a person licensed in the practice of fitting or selling hearing aids from removing a complete and intact hearing aid, ear mold impression, ear dam, or dome of a hearing aid from a client's ear.

(2) Nothing in this Section shall be construed to restrict persons licensed or registered under the laws of the State of California from practicing their licensed profession and operating within the scope of their licensed profession or supervised by someone operating within the scope of their licensed professions that allows them to remove a complete and intact hearing aid, ear mold impressions, ear dam, or dome of a hearing aid from a client's ear.

(3) A licensed hearing aid dispenser or licensed dispensing audiologist shall comply with Section 1399.125 prior to removing a hearing aid dome.

NOTE: Authority cited: Sections 2531.06 and 2531.95, Business and Professions Code. Reference: Sections 2538.36 and 2539.6, Business and Professions Code.

Hearing Aid Dispenser Trainee Supervision and Supervisor Location Legislative Proposal

Business and Professions Code (BPC) section 2538.33

(a) Before engaging in the practice of fitting or selling hearing aids, each licensee shall notify the board in writing of the address or addresses where they are to engage, or intend to engage, in the practice of fitting or selling hearing aids, and of any changes in the address or addresses ~~their place of business~~ within 30 days of engaging in that practice.

(b) If ~~a street the~~ address provided pursuant to subdivision (a) is not the address at which the licensee receives mail, the licensee shall also notify the board in writing of the mailing address for each location where the licensee is to engage, or intends to engage, in the practice of fitting or selling hearing aids, and of any change in the mailing address or address ~~of their place or places of business~~.

BPC section 2538.34

(a) Every hearing aid dispenser ~~licensee~~ who engages in the practice of fitting or selling hearing aids shall have ~~and maintain~~ an established retail business address to engage in that fitting or selling, routinely open for service to customers or clients. The address of ~~the licensee's~~ that place of business shall be registered with the board as provided in Section 2538.33.

(b) Except as provided in subdivision (c), if a hearing aid dispenser engages in the practice of fitting or selling hearing aids at ~~licensee maintains~~ more than one place of business within this state, they shall apply for and procure a branch office ~~duplicate~~ license for each place of business ~~branch office maintained~~. The application shall state the name of the person and the address ~~location~~ of the place or places of business for which the branch office ~~duplicate~~ license is desired.

(c) A hearing aid dispenser may, without obtaining a branch office ~~duplicate~~ license ~~for a branch office~~, engage on a temporary basis in the practice of fitting or selling hearing aids at ~~the primary or branch location of~~ another ~~licensee's~~ business or at a location or facility that they may use on a temporary basis, provided that the hearing aid dispenser notifies the board in advance in writing of the dates and addresses of those businesses, locations, or facilities at which they will engage in the practice of fitting or selling hearing aids.

> (1) For purposes of this subdivision, "temporary basis" means a limited and short period of time that is not intended to occur repeatedly.

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MEMORANDUM

DATE	August 5, 2025
TO	Hearing Aid Dispensing Committee
FROM	Cherise Burns, Executive Officer
SUBJECT	Agenda Item 4: Discussion Regarding Hearing Aid Dispenser Trainee Supervision and Operations at Primary and Branch Locations of their Supervisor as Stated in BPC Sections 2538.27, 2538.28, 2538.30, 2538.33, 2538.34, 2538.35, and 2538.53 and Title 16, CCR Sections 1399.114, 1399.116, 1399.117, 1399.118, and 1399.119

Background

At the December 2024 Board meeting, Tod Borges asked if a hearing aid dispenser trainee can do their unsupervised hours at a location other than their primary place of business and if they need a branch license to practice at those other locations. Mr. Borges also asked whether the supervisor needs a branch license for the trainee to work there. On May 15, 2025, the Hearing Aid Dispensing Committee (Committee) reviewed statutory and regulatory requirements regarding hearing aid dispenser trainees' supervision and operating at locations of their supervisor .

The Committee determined that allowing a hearing aid trainee to maintain a branch office license pursuant to BPC section 2538.34 would be inconsistent with BPC section 2538.30, which prohibits the management or independent operation of a business that engages in the fitting or sale of hearing aids by temporary and trainee licensees, and suggested that statutory changes should be considered (Attachment A).

The Committee identified that words like "manage" and "independently operate a business" as used in BPC section 2538.30 was being defined in proposed regulatory changes to the hearing aid dispenser trainee supervision (Attachment B) but not the word "maintain" as used in BPC section 2538.34. The Committee determined that the word "maintain" as used in BPC section 2538.34 may not accurately capture the situation a hearing aid dispenser trainee may be in and suggested that statutory changes should be considered (Attachment A). (*Note: The Committee discussed at its meeting in May 2025 that businesses could be maintained, operated, or managed by a different hearing aid dispenser. Business could also be maintained, operated, or managed by someone who does not fit or sell a hearing and are employed by a corporation, partnership, trust, association, or other like organization provided that any and all fitting or selling of hearing aids is conducted by the individuals who are licensed pursuant to BPC section 2538.20.)*

The Committee also identified that the word "temporary" as used in BPC section 2538.34 should be clarified and suggested that statutory changes should be considered (Attachment A).

Discussion Question

1. Do the proposed statutory changes remove any confusion that implies a hearing aid trainee is allowed to maintain a branch office license?

2. Do the proposed statutory changes address concerns that a hearing aid dispenser may not necessarily be the one maintaining a business?

3. Do the proposed statutory changes address clarify that the word "temporary" as used in BPC section 2538.34 to mean short term and not recurring?

Action Requested

Staff recommend the Committee review and discuss the materials provided. The Committee may wish to determine whether or not to recommend to the Board the legislative proposal to be included as part of the Board's Sunset Review.

Suggested Motion Language

Move to recommend to the Board the legislative proposal to be included as part of the Board's Sunset Review as noticed/amended.

Attachment A: HAD Trainee Supervision and Supervisor Location Legislative Proposal

Attachment B: Hearing Aid Dispensers Trainee and Temporary Licensee Supervision Proposed Text as adopted August 25, 2023

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

PROPOSED REGULATORY LANGUAGE
Hearing Aid Dispensers Trainee and Temporary Licensee Supervision

Legend:	Added text is indicated with an underline. Omitted text is indicated by (* * * *) Deleted text is indicated by ~~strikeout~~.

Amend Sections 1399.102 of Article 1 of Division 13.3 of Title 16 as follows:

§ 1399.102. Definitions.

For the purpose of the regulations contained in this chapter, the term:

(a) "Code" means the Business and Professions Code.

(b) "Board" means the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.

(c) "Supervisor" or "supervising dispenser" means a person who holds a license issued pursuant to the provisions of Sections 2538.26 ~~and 2538.27~~ or 2539.1 of the Code and who accepts responsibility for the supervision and training of a person issued a temporary license under Section 2538.28 of the Code or the supervision of a person issued a temporary license under Section 2538.27 of the Code who fails the written or the practical examination.

(d) "Supervision" means adequate direction and inspection by a supervisor.

(e) "Training" means the instruction of a trainee ~~applicant~~ in the practice of fitting or selling of hearing aids.

~~(f) "Trainee applicant" means a temporary licensee authorized to fit or sell hearing aids under Section 2538.28 of the Code under the supervision of a licensed hearing aid dispenser.~~

NOTE: Authority cited: Sections 2531.06 and 2531.95, Business and Professions Code. Reference: Sections 2531.06 and 2538.28, Business and Professions Code.

Amend Sections 1399.115, 1399.116, 1399.117, 1399.118, and 1399.119 of Article 3 of Division 13.3 of Title 16 as follows:

§ 1399.115. Denial, Suspension, or Revocation of Authority to Supervise.

(a) The Board shall~~may~~ refuse to approve, or approve subject to restrictions, ~~terms and conditions a hearing aid dispenser's~~ the authority of a supervising dispenser as defined in section 1399.102 to supervise a trainee~~ applicant~~ or temporary licensee issued a license and meeting the conditions of Section 2538.27(c) of the Code (hereinafter "temporary licensee"), or shall~~may~~ suspend, revoke, or impose ~~probationary conditions~~ restrictions on a supervising ~~hearing aid~~ dispenser's authority to supervise a trainee~~applicant~~ or temporary licensee for any of the following causes:

(1) The failure to comply with ~~section~~ Section 2538.28 of the Code or any of the regulations contained in this ~~article~~ Article which is a prima facie violation, or is confirmed by an internal investigation report signed by the Executive Officer, or by a formal investigation by the Division of Investigation of the ~~d~~Department of Consumer Affairs within the preceding 36 months. "Confirmed by formal investigation" means the investigator assigned the matter has written a final investigation report which has been countersigned by a Supervising Special Investigator.

(2) The violation of any provision of Chapter 5.3 of Division 2 of the Code ~~Hearing Aid Dispensers Licensing Law~~ or the regulations contained in this division which is confirmed by an internal investigation report signed by the Executive Officer, or by a formal investigation by the Division of Investigation of the ~~d~~Department of Consumer Affairs within the preceding 36 months. "Confirmed by formal investigation" means the investigator assigned the matter has written a final investigation report which has been countersigned by a Supervising Special Investigator.

(3) The supervising dispenser's license has been revoked, suspended, or subject to any ~~restrictions~~probationary terms and conditions within the preceding 36 months.

(4) An Accusation has been filed against the supervising dispenser under the Administrative Procedure Act by the Attorney General's office and the charges are pending.

(5) The provision of false or misleading information during the application process.

(6) The conviction of a crime involving fiscal dishonesty for which the supervising dispenser has been on probation or parole within the preceding 36 months.

(7) There is an unresolved complaint against the supervising dispenser that the Board is investigating.

(b) The Board shall refuse to approve a supervising ~~hearing aid~~ dispenser's authority to supervise a trainee~~ applicant~~ or temporary licensee if the supervising ~~hearing aid~~ dispenser has not possessed a ~~valid,~~ current, active, and unrestricted license as a hearing aid dispenser or dispensing audiologist in California for at least three (3) consecutive years immediately preceding the date on which the application for approval was received by the Board.

(c) A supervising ~~hearing aid~~ dispenser may appeal the denial, suspension, revocation, or imposition of ~~probationary conditions~~ restrictions upon ~~his or her~~ their authority to supervise a trainee~~ applicant~~ or temporary licensee by filing such an appeal in writing with the Board's office in Sacramento within 60 days of denial, suspension, revocation, or imposition of ~~probationary conditions~~restrictions. The appeal will be considered by the Board within 45 days of receipt of the appeal in the Board's office. If action under this section results in the termination of supervision~~ and training~~ of a trainee~~ applicant~~ or temporary licensee, then the supervising ~~hearing aid~~ dispenser shall so notify the Board in accordance with section ~~1399.118, subsection (g)~~1399.119(j)(2).

Note: Authority cited: Sections 2531.06 and 2531.95, Business and Professions Code. Reference: Sections 2531.4 and 2538.28, Business and Professions Code.

§ 1399.116.~~ Supervision of Trainee Applicants~~ Requirements of the Supervisor.

(a) A ~~licensed hearing aid~~ supervising dispenser shall not supervise more than one trainee~~ applicant~~ or temporary licensee at any one time unless a ~~specific~~ waiver has been granted by the Board. Criteria for such a waiver shall be:

(1) A written request to the Board that contains the following information:

(A) Supervisor's full legal name, address of record, license number, business telephone number, business name, business address, and the supervisor's email address, if any;

(B) The applicant's full name, business name, business address, business telephone number, applicant's license number, and the applicant's email address, if any;

(C) A written statement, signed by the applicant, certifying that the applicant has discussed the plan for supervision with the supervisor and agreed to its implementation and will not provide professional services until the applicant has been issued a trainee or temporary license, and further certifying under penalty of perjury that all of the statements made in

the application are true and correct, and that any misrepresentation shall be cause for denial of a license.

(D) A written statement, signed by the supervisor, certifying that the supervisor has discussed the plan for supervision with the applicant and accepts responsibility for their performance, understands that professional services cannot be rendered until a trainee or temporary license has been issued, and further certifying that under penalty of perjury that all of the statements made in the application are true and correct.

(b) To supervise trainees or temporary licensees, a supervising dispenser shall meet the following criteria prior to the commencement of supervision:

(1) the supervising dispenser shall have possessed a ~~valid~~ current, active, and unrestricted license as a hearing aid dispenser or dispensing audiologist and engaged in the practice of fitting and selling hearing aids for at least three (3) consecutive years immediately preceding the date on which the application for approval to supervise was received by the Board;

(2) the supervising dispenser shall~~has~~ not have been the subject of successful disciplinary action or of a complaint which has been investigated and verified by an internal investigation report or the ~~department's~~ Division of Investigation of the Department of Consumer Affairs within the preceding three (3) years; and

(3) the supervising dispenser shall not have been found to be in violation of any of the regulations contained in this ~~a~~Article within the preceding three (3) years.

(~~b~~c) A ~~licensed hearing aid~~ supervising dispenser shall not in any circumstance supervise more than three (3) trainees~~ applicants~~ or temporary licensees at any one time.

(d) For any supervision commencing on Month XX, 20XX (next full year after the effective date) or thereafter, the supervising dispenser shall complete a minimum of four (4) hours of continuing professional education in supervision training prior to assuming responsibility as a supervisor, and complete two (2) hours of continuing education in supervision every four (4) years thereafter.

(1) Continuing education obtained from a Board-approved provider as defined in section 1399.141 may be applied towards the continuing education requirement for licensees set forth in section 1399.140.

(2) Any lapse in supervision will require the completion of a minimum of four (4) hours of continuing professional education in supervision training prior to reassuming responsibility as a supervisor.

(3) The supervisor shall maintain records of course completion in supervision training for a period of four (4) years after the renewal period in which it was earned.

(e) If a trainee or temporary licensee has more than one supervisor, each supervisor shall submit a written request for a waiver as stated in subsection (a). Of the multiple supervisors, one shall be designated as the lead supervisor for purposes of assisting the trainee or temporary licensee in their compliance with the requirements set forth in this Article.

Note: Authority cited: Sections 2531.06 and 2531.95, Business and Professions Code. Reference: Sections 2531.4 and 2538.28, Business and Professions Code.

§ 1399.117. Representation of Trainee ~~Applicant~~ or Temporary Licensee.

A trainee ~~applicant~~ or temporary licensee shall, when engaged in the fitting or selling of hearing aids, present ~~himself or herself~~ themselves to the public as a hearing aid dispenser trainee or temporary licensee. Trainees ~~applicants~~ or temporary licensees shall~~may~~ not refer to themselves in any advertising or promotional literature as anything but a hearing aid dispenser trainee or temporary licensee, as appropriate.

Note: Authority cited: Sections 2531.06 and 2531.95, Business and Professions Code. Reference: Sections 335, 2538.30, and 2533, Business and Professions Code.

§ 1399.118. ~~Supervision and~~ Training Required.

The ~~supervision and~~ training of a trainee ~~applicant under Section 2538.28 of the Code engaged in the fitting or selling of hearing aids~~ shall include the following:

(a) Intervention into the fitting and selling process by the supervisor.

(b) Inspection of the fitting and selling process by the supervisor.

(c) Training consisting of at least the following for the duration of the trainee's temporary license:

(1) ~~Review of the results of each fitting and sale of a hearing aid~~ Pure tone air and bone conduction audiometry;

(2) ~~Reevaluation of the fitting and selling techniques of the trainee applicant at least weekly~~ Speech Recognition Threshold;

(3) ~~Being readily available to the trainee applicant to render advice and give instruction and assistance in the fitting and selling of hearing aids~~ Most Comfortable Loudness;

(4) Word Recognition;

(5) Uncomfortable Loudness;

(6) Masking for pure tone air and bone conduction audiometry, Speech Recognition Threshold, and Word Recognition;

(7) Knowledge of electroacoustic analysis equipment and essential American National Standards Institute standards;

(8) Choosing appropriate hearing aid styles relative to hearing loss, client dexterity, and cosmetic concerns;

(9) Hearing aid fitting software;

(10) Knowledge of verification techniques for hearing aid fitting including sound field testing and real ear measurements;

(11) Hearing aid troubleshooting;

(12) Assessment of ear mold impression and creation of ear mold impressions; and

(13) Otoscopic inspection of the ear.

(d) Instruction in the procedures for the fitting and selling of hearing aids required by Chapter 5.3~~7.5~~, Division 2 of the Code.

(e) Training with instruments and equipment generally considered to produce valid hearing measurements necessary to the fitting and selling of hearing aids.

(f) A statement that the supervisor has agreed to accept the responsibility for the ~~supervision and~~ training of the ~~applicant~~ trainee as required by Section 2538.28 of the Code.

~~(g) The supervisor shall be responsible for providing supervision until whichever of the following first occurs:~~

~~(1) The trainee applicant obtains a permanent license.~~

~~(2) The supervisor or trainee applicant gives written notification to the Board that he or she is terminating supervision and training.~~

(g) The supervisor shall maintain a record in the trainee's personnel file that verifies that the trainee has met the requirements set forth in this section.

Note: Authority cited: Sections 2531.06 and 2531.95, Business and Professions Code. Reference: Section 2538.28, Business and Professions Code.

§ 1399.119. ~~Direct~~ Supervision Requirements.

~~A trainee applicant under Section 2538.28 of the Code shall fit or sell hearing aids only under the direct supervision of the supervising licensed hearing aid dispenser. "Direct supervision" as used in this section means all of the following:~~ Supervision shall be provided by the supervising dispenser for the duration of the trainee license or temporary license. Supervision shall not include supervision by telephonic or electronic means.

(a) "Direct supervision" means the supervising dispenser is on-site and in proximity to where the trainee or temporary licensee is engaged in the practice of fitting and selling of hearing aids, and provide observation, guidance, and assistance to the trainee or temporary licensee.

(b) "Immediate supervision" means the supervising dispenser is physically present and immediately available in the same room where the trainee or temporary licensee is engaged in the practice of fitting and selling of hearing aids, and give aid, direction, and instruction to the trainee or temporary licensee.

(c) Pursuant to Section 2538.30(a) of the Code, "manage" means to be in charge of, oversee, or administer the day-to-day operations of a business which engages in the fitting or sale of hearing aids.

(d) The supervising dispenser shall provide immediate supervision any time one of these services are provided: otoscopic inspection of the ear, or ear impressions for hearing aids or ear molds.

(~~a~~e) The supervising dispenser ~~is present within the same work setting a minimum of 20~~ shall provide immediate supervision at all times ~~in which the trainee applicant is providing services~~ during the first ninety (90) calendar days of the supervision.

(~~b~~f) After a minimum of ninety (90) calendar days or until the supervisor determines competency, whichever occurs later, with the exception of those services provided in subsection (d), ~~T~~the supervising dispenser shall ~~approve the selection of hearing aid by a trainee applicant~~ provide direct supervision at all times.

(~~c~~g) The supervising dispenser shall countersign the audiogram and all sales documents prepared and consummated by a trainee ~~applicant~~ or temporary licensee.

(~~d~~h) If a trainee~~ applicant~~ or temporary licensee fails ~~the license examination~~ the written or the practical examination, the supervising dispenser is required to ~~be physically present~~ provide immediate supervision at all fittings and sales made by the trainee~~ applicant~~ or temporary licensee~~regardless of whether these occur in or outside the supervising dispenser's business location~~.

(i) The supervisor shall maintain a record in the trainee's or temporary licensee's personnel file that verifies that the trainee or temporary licensee has met the requirements set forth in this section.

(j) The supervisor shall be responsible for providing supervision until whichever of the following first occurs:

(1) The trainee or temporary licensee obtains a permanent license,

(2) The supervisor, trainee, or temporary licensee gives written notification to the Board that they are terminating the supervision and training.

(A) Written notification for the purposes of this subdivision shall consist of a Termination of Supervision document that shall include the full legal name, license number, and signature of both the trainee or temporary licensee and the supervisor; the supervisor's business address, business telephone number, email address, if any, and the effective date of the termination.

(B) The written notification shall contain a certification under penalty of perjury that all statements made in the Termination of Supervision document are true and correct in every respect and that misstatements or omissions of material facts may be cause for denial of the application to terminate supervision, or for suspension or revocation of a license.

(3) The trainee reaches the maximum number of renewal periods set forth in Section 2538.28(c) of the Code.

Note: Authority cited: Section~~s~~ 2531.06 and 2531.95, Business and Professions Code. Reference: Sections 2538.11, 2538.28~~,~~ and 2538.30, Business and Professions Code.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
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MEMORANDUM

DATE	August 8, 2025
TO	Audiology Practice Committee
FROM	Maria Liranzo, Legislation/Regulation/Budget Analyst
SUBJECT	Agenda Item 3: Discussion and Possible Action to Amend Regulations Regarding General Application Requirements and Speech-Language Pathology and Audiology Aide Requirements and Scope of Activities, Duties and Functions as Stated in Title 16, California Code of Regulations (CCR) Sections 1399.151.2, 1399.151.3, 1399.151.4, 1399.154 through 1399.154.12, and 1399.157

Background

On November 30, 2023, the Audiology Pathology Practice Committee (Committee) directed Board staff to amend the previously drafted proposed regulatory language that will implement statutory changes relating to audiology aides. The Committee met on September 5, 2024, and December 5, 2024, to review and discuss the draft regulatory text. At its December 2024 meeting, the Committee made proposed changes to CCR section 1399.154.11(j), (k), and (m) (see Attachment A) and recommended to the Board that it initiate the rulemaking process and directed Board staff to prepare the regulatory text for Board review and approval.

Summary of Changes

The following are changes Board staff made to prepare the proposed text for the rulemaking process (see Attachment B):

- Section 1399.154.1(a)(8) was amended to require the level of supervision to be provided in the application for each duty performed by the aide.
- Section 1399.154.8(c) was amended to remove “when they are engaged in direct client or patient care or assisting with patients” between “audiology aide” and “in accordance with.”
- Section 1399.154.8(e) was amended to remove and replace “evaluation and/or treatment” with “the practice of audiology,” remove “a supervisor shall establish and complete a training program for the audiology aide” before “in accordance with” and replace “which” with “that.”
- Section 1399.154.8(f) was amended to be consistent with text used for speech-language pathology aide in Section 1399.154.2(f) by removing “in the supervision plan for the

particular aide and setting as required by Section 1399.154.1 and list those tasks that an aide will not conduct pursuant to" before "Section 1399.154.11."

- Section 1399.154.9(a) was amended to be consistent with text used for speech-language pathology aides in Section 1399.154.2(c) by:
    - Replacing "the following supervision terms shall apply" with "the following definitions apply"
    - Replacing "during services provided to the patient or client by the audiology aide" with "while the audiology aide is performing their duties"
    - Replacing "aided is treating a patient or client" with " aide is performing their duties"
    - Removing "direct supervision performed by the supervisor may include the observation of a portion of the testing or treatment procedures performed by the audiology aide, coaching the audiology aide, or modeling for the aide"
    - Removing "indirect supervision activities performed by the supervisor may include demonstration, record review, review and evaluation of recorded sessions, interactive television, or supervisory conferences that may be conducted by telephone or electronic mail"
- Sections 1399.154.9(c) was amended to replace "in direct client care" with "with patients."
- Sections 1399.154.9(d) was amended to add "the supervisor shall provide" after "following initial registration" and remove "of an audiology aide shall be provided" before "at all times"
- Sections 1399.154.9(e) was amended by replacing:
    - "Performing direct client care" with "assisting with patients"
    - "At a minimum, indirect supervision shall be provided" with "the supervisor shall provide indirect supervision"
    - "Performing indirect client care" with "assisting when patients are no present"
- Section 1399.154.10(b) was amended to clarify the "aid may assist in providing to patients."
- Section 1399.154.10(c) was amended to replace "by the evaluation and treatment plan for any patient" with "their role in assisting during the evaluation and treatment of any patient."
- Section 1399.154.12(a)(3) was amended to require the level of supervision to be provided in the application for each duty performed by the aide.

Similar changes will be made to regulations related to speech-language pathology aide which will be presented at the Speech-Language Pathology Practice Committee meeting.

Discussion Question

1. As written, 1399.154.9(d) would mean that both direct and indirect client care services provided by the audiology aide will require the supervisor to be physically present. Is this the level of supervision that should be provided to an audiology aide?

2. After the discussion of the potential creation of an audiology assistant license type, are the levels of supervision appropriate?

3. As written, audiology aides would be allowed some level of indirect supervision when performing clerical or cleaning equipment duties. Is this appropriate?

Action Requested

Staff recommends the Committee review and discuss the materials provided. The Committee may wish to determine whether or not to recommend the regulatory language to the Board to initiate the rulemaking process.

Suggested Motion Language

Move to recommend the regulatory text for Title 16, CCR Sections 1399.151.2, 1399.151.3, 1399.151.4, 1399.154 through 1399.154.12, and 1399.157 to the Board to initiate the rulemaking process, as noticed/amended, and direct Board staff to prepare the regulatory text for Board review and approval.

Attachment A: Proposed Text as amended on December 5, 2024

Attachment B: Proposed Text as of August 8, 2025

General Application Requirements and Speech-Language Pathology and Audiology Aide Requirements
as amended of December 5, 2024

Legend:	Added text is indicated with an underline. Omitted text is indicated by (* * * *) Deleted text is indicated by ~~strikeout~~.

§ 1399.151.2. Expedited Licensure or Registration Process.

The Board shall expedite any application of an applicant who:

(a) Pursuant to Section 115.4 of the Code, identifies themself as an honorably discharged member of the United States Armed Forces, and who provides a Certificate of Release or Discharge from Active Duty (DD-214) or other documentary evidence showing the date and type of discharge, pursuant to Section 115.4 of the Code.

(b) Pursuant to Section 115.6 of the Code, identifies themself as a person who is married to, or in a domestic partnership or other legal union with an active-duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active-duty military orders, and the applicant holds a valid license, or comparable authority, to practice as a hearing aid dispenser or audiologist in another United States state, district, or territory, and who provides documentary evidence as specified in paragraphs (1) through (3). application:

(1) Certificate of marriage or certified declaration or registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces,

(2) A copy of their current license or registration in another state, district, or territory of the United States, and,

(3) A copy of the military orders establishing their spouse or partner's duty station in California.

(c) Pursuant to Section 135.4 of the Code, identifies themself as an applicant who was admitted to the United States as a refugee pursuant to Section 1157 of Title 8 of the United States Code, or was granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to Section 1158 of Title 8 of the United States Code, or has a special immigrant visa (SIV) pursuant to Section 1244 of Public Law 110-181, Public Law 109-163, or Section 602(b) of Title VI of Division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government, and who provides the appropriate documentary evidence specified in paragraphs (1) through (4).

(1) Form I-94, arrival or departure record, with an admission class code such as "RE" (refugee) or "AY" (asylee) or other information designating the person a refugee or asylee;

(2) Special Immigrant Visa that includes the "SI" or "SQ";

(3) Permanent Resident Card (Form I-551), commonly known as a "green card," with a category designation indicating that the person was admitted as a refugee or asylee; or,

(4) An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Bureau that the applicant qualifies for expedited licensure or registration per Section 135.4 of the Code.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 115.4, 115.5, 115.6 and 135.4, Business and Professions Code

§ 1399.151.3. Licensure or Registration, Discipline, and Conviction Disclosure.

(a) An applicant for licensure or registration shall disclose if they have been licensed to practice speech-language pathology or audiology in any other state or country, and if applicable, the state and country where the license or registration was issued.

(b) An applicant for licensure or registration shall disclose if they have been denied a license or registration to practice speech-language pathology or audiology in any other state or country, and if applicable, the state and country where a license or registration was denied. Applicants are not required to disclose any information regarding a denial based upon any of the following:

(1) Convictions dismissed pursuant to Sections 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code, or a comparable dismissal or expungement;

(2) Convictions for which the person has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code;

(3) Convictions for which the person has been granted clemency or a pardon by a state or federal executive;

(4) An arrest that resulted in a disposition other than a conviction including an infraction or citation;

(5) Convictions that were adjudicated in the juvenile court; or,

(6) Convictions under California Health and Safety Code Sections 11357(b), (c), (d), (e), or Section 11360(b) which are two (2) years or older.

(c) An applicant for licensure or registration shall disclose if, within the preceding seven (7) years, they have had a license or registration subjected to formal discipline by a licensing board in or outside of California. Discipline includes suspension, revocation, voluntary surrender, probation, reprimand, or any other restriction on a license or registration held by the applicant. However, an applicant shall not be required to disclose prior disciplinary action if the basis for that disciplinary action was a conviction that has been dismissed pursuant to Sections 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code, or a comparable dismissal or expungement. If the applicant identifies that they meet this criterion, they shall provide the Board the following information:

(1) Name of the disciplinary action taken against the applicant;

(2) Date of the offense;

(3) Name of the licensing entity;

(4) Dates of probation, if applicable;

(5) Description of the circumstances of the incident;

(6) A certified copy of the determination made by the licensing entity that includes the date and location of the incident, specific violation(s), dates of disciplinary action, sanctions or penalties imposed and the completion dates;

(7) A letter from the applicant describing the applicant's rehabilitation efforts or changes;

(8) Any written statement or documentary evidence that the applicant may wish to submit to present regarding rehabilitation and demonstration of the applicant's fitness for licensure or registration.

(9) A written statement, signed by the applicant, certifying that all of the information provided about the formal discipline in the application is true and correct under penalty of perjury under the laws of the state of California.

(d) As a condition of renewal, a licensee or registrant shall certify whether they, since they last renewed their registration, they have been convicted of any violation of the law in this or any other state, district, or territory of the United States, or in another country, omitting traffic infractions under one thousand dollars ($1,000) not involving alcohol, dangerous drugs, or controlled substances.

(e) As a condition of renewal, a licensee or registrant shall certify whether, since they last renewed their registration, they have had a license or registration disciplined by a government agency or other disciplinary body. Discipline includes suspension, revocation, voluntary surrender, probation, reprimand, or any other restriction on a license or registration.

(f) If the licensee or registrant affirmatively states they meet the criterion in subsections (d) and (e), they shall provide the Board the following information:

(1) Name of the disciplinary action taken against the applicant;

(2) Date of the offense;

(3) Name of the licensing entity;

(4) Dates of probation, if applicable;

(5) Description of the circumstances of the incident;

(6) A certified copy of the determination made by the licensing entity that includes the date and location of the incident, specific violation(s), dates of disciplinary action, sanctions or penalties imposed and the completion dates;

(7) A letter from the applicant describing the applicant's rehabilitation efforts or changes;

(8) Any written statement or documentary evidence that the applicant may wish to submit to present regarding rehabilitation and demonstration of the applicant's fitness for licensure or registration.

(9) A written statement, signed by the applicant, certifying that all of the information provided in the application is true and correct under penalty of perjury under the laws of the state of California.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 144.5, 480, and 2533, Business and Professions Code.

§ 1399.151.4. Fingerprinting.

(a) An applicant for licensure or registration is required to furnish to the Department of Justice a full set of fingerprints for the purpose of conducting a criminal history record check and to successfully complete a state and federal level criminal offender record information search conducted through the Department of Justice.

(1) The applicant shall submit a receipt showing the transmission of Live Scan fingerprints to the Department of Justice or two (2) classifiable sets of fingerprints with the current fees charged by the California Department of Justice and the Federal Bureau of Investigation with the licensure or registration form required in Section 1399.154.1 and fee required in Section 1399.157.

(2)The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check.

(3) If an applicant is unable to Live Scan or complete the classifiable sets of fingerprints, the Board will work with the Department of Justice to obtain a criminal history record check on the applicant. The applicant shall comply with any instructions and pay any costs to conduct the criminal history record check for any rejected fingerprints.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 144, 480, and 2533, Business and Professions Code.

§ 1399.154. Definitions.

As used in this article, the following definitions apply:

(a) "Speech-language pathology aide" means a person who

(1) assists or facilitates while the speech-language pathologist is evaluating the speech ~~and/~~or language of individuals or is treating individuals with a speech-language ~~and/~~or language disorder, and

(2) is registered by the supervisor with the Board and the registration is approved by the Board.

(b) "Audiology aide" means a person who

(1) assists or facilitates while an audiologist or dispensing audiologist is evaluating the hearing of individuals ~~and/~~or is treating individuals with hearing disorders, and

(2) is registered by the supervisor with the Board and the registration is approved by the Board.

(c) "Supervisor" means a licensed speech-language pathologist who supervises a speech-language pathology aide or a licensed audiologist or dispensing audiologist who supervises an audiology aide.

(d) "Industrial audiology aide" means a person who is certified by the Council for Accreditation in Occupational Hearing Conservation and whose primary duty is to assist in a hearing conservation program as described in Section 5097 of Article 105 of Group 15 of Subchapter 7 of Chapter 4 of Division 1 of Title 8 of the California Code of Regulations.~~an audiology aide who conducts pure tone air conduction threshold audiograms for the purpose of industrial hearing testing in addition to other acts and services as provided in these regulations.~~

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

§ 1399.154.1. Registration of Aides.

(a) Before allowing an aide to assist in the practice of speech-language pathology or audiology under ~~his or her~~ their supervision, a supervisor shall register each aide with the Board and pay the registration fee required in Section 1399.157. The form submitted to the Board shall include:

(1) Applicant's full legal name, other names used such as maiden name, address of record which will be publicly disclosed, home address, telephone number, social security number or individual tax identification number, and date of birth;

(2) Applicant's email address, if any;

(3) The applicant has the option to disclose whether they are serving or have previously served in the United States military.

(4) The applicant has the option to disclose their eligibility for an expedited registration process and provide evidence in accordance with Section 1399.151.2.

(5) The applicant shall disclose the information required in Section 1399.151.3.

(6) Certification from the applicant that all of the information provided in the application and any attachments is true and correct under penalty of perjury under the laws of the state of California.

(7) Supervisor's full legal name, address of record, license number, business telephone number, business name, business address, and the supervisor's email address, if any;

(8) Duties the aide will perform while assisting the supervisor in the practice of speech-language pathology or audiology,

(A) If the applicant identifies themselves as an industrial audiology aide, as defined in Section 1399.154, they must provide a copy of their Council for Accreditation in Occupational Hearing Conservation certification with their application.

(9) Training program, training methods, the length of the training program, the minimum competency level of the aide, assessment methods the supervisor will utilize to ensure the aide's competency, and a summary of past education, training, and experience the aide may already have acquired, if any;

(A) The training shall be in accordance with Section 1399.154.4 or 1399.154.10, as applicable.

(10) A written statement, signed by the applicant, certifying that they have discussed the plan for supervision with the supervisor and agree to its implementation, and further certifying under penalty of perjury under the laws of the state of California that all of the

statements made in the application are true and correct, and that any misrepresentation shall be cause for denial of a license.

(11) A written statement, signed by the supervisor, certifying that the supervisor has discussed the plan for supervision with the aide and accepts professional and ethical responsibility for their performance, and further certifying that under penalty of perjury under the laws of the state of California that all of the statements made in the application are true and correct.

(12) A signature from the aide and the supervisor under penalty of perjury under the laws of the state of California that they reviewed all the laws and regulation pretraining to their duties and responsibilities as an aide or supervisor.

(b) The applicant in subsection (a) is required to furnish to the Department of Justice a full set of fingerprints in accordance with Section 1399.151.4.

(c) Regardless of their title or job classification, any support person who functions as a speech-language pathology or audiology aide and facilitates or assists a supervisor in evaluations or treatment shall be registered with the Board. ~~In the application for registration, the supervisor shall provide to the Board, his or her proposed plan for supervising and training the speech-language pathology or audiology aide. The proposed plan for training shall be in accordance with Section 1399.154.4 and shall include the supervisor's training methods, the necessary minimum competency level of the aide, the manner in which the aide's competency will be assessed, the persons responsible for training, a summary of any past education, training and experience the aide may have already undertaken, and the length of the training program and assessment of the aide's competency level.~~

(d) The Board shall review the application for compliance with the requirements of this article and notify the supervisor of the disposition of the application for registration and whether further information is required in order to complete its review.

(e) If an aide has more than one supervisor, each supervisor shall register the aide as stated in subsection (a).

NOTE: Authority cited: Section 2531.25, Business and Professions Code. Reference: Sections 30, 31, 114.5, 115.4, 115.5, 144, 144.5, 480, 2530.2, 2530.6 ~~and~~, 2532.4, and 2533, Business and Professions Code.

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

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

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

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

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

(d) Evaluate, treat, and manage all patient care~~and determine the future dispositions of patients~~.

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

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

(g) Possess and maintain a current, active, and unrestricted California license as a speech-language pathologist pursuant to Sections 2532 of the Code, and have at least two years of full-time experience or 3,120 hours of experience providing services as a licensed speech-language pathologist. “Full-time experience” as used in this section means the individual works a minimum of thirty (30) hours per week for at least thirty-six (36) weeks in a calendar year.

(h) Notify the speech-language pathology aide immediately 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.

(i) Complete a minimum of six (6) hours of continuing professional development in supervision prior to assuming responsibility as a supervisor, and three (3) hours of continuing professional development in supervision every four (4) years thereafter. Continuing professional development training obtained from a Board-approved provider may be applied towards the supervisor’s continuing professional development requirement set forth in Section 1399.160.3. The supervisor shall maintain records of course completion in supervision training for a period of four (4) years after the renewal period in which it was earned.

(j) Review with the speech-language pathology aide the laws and regulations pertaining to the supervision and practice of speech-language pathology.

(k) Provide the aide with a plan for how to handle emergencies.

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

§ 1399.154.3. Maximum Number of Aides.

~~A supervisor shall not supervise more than three (3) speech-language pathology or audiology aides. The Board may authorize more than three supervisees if, in its discretion, the supervisor demonstrates that the public health and safety would not be jeopardized and that he or she can adequately supervise more than three aides.~~
(a) The number of speech-language pathology aides a supervisor can supervise shall not exceed the number specified in Section 1399.170.16.

(b) A supervisor of an audiology aide shall not supervise more than three (3) full-time equivalent support personnel and shall not exceed more than six (6) support personnel at any time. Support personnel includes audiology aides, hearing aid dispenser trainee licensees under Section 2538.28 of the Code, and hearing aid dispenser temporary licensees under Section 2538.27 of the Code. "Full-time equivalent" as used in this section means the individual works a minimum of thirty (30) hours per week.

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

§ 1399.154.4. Training of Speech-Language Pathology Aide~~Aide~~s.

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

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

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

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

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

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

§ 1399.154.5. Notice of Termination.

Within 30 days after the termination of the supervision of a speech-language pathology or audiology aide, the supervisor shall notify the Board, in writing, of such termination and the date thereof. Written notification shall include the following:

(a) The aide's full legal name and registration number;

(b) The supervisor's full legal name, license number, business address, telephone number, and email address, if any;

(c) The effective date of the termination; and

(d) A written statement, signed by the supervisor, certifying under penalty of perjury that all statements made in the notification are true in every respect and that misstatements or omissions of material facts shall be cause for denial of the application to terminate supervision, or for suspension or revocation of a license.

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

§ 1399.154.6. Noncompliance with Article.

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

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

§ 1399.154.7. Aide Experience Not Applicable to Qualifications for Licensure.

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

~~code~~ or the required professional experience required in Sections 2532.2~~(d)~~ and 2532.25 of the Code~~code~~, or the field work experience required in Section 1399.170.8.

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

§ 1399.154.8. Responsibilities of Audiology Aide's Supervisor.

A supervisor of an audiology aide shall:

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

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

(c) Provide supervision to the audiology aide when they are engaged in direct client or patient care or assisting with patients in accordance with Section 1399.154.9.

(d) Evaluate, treat, and manage all patient care.

(e) Appropriately train the audiology aide to perform duties to effectively assist in evaluation or treatment. A supervisor shall establish and complete a training program for the audiology aide in accordance with Section 1399.154.10, which is unique to the duties of the aide and the setting in which the aide will be assisting the supervisor.

(f) Define the services that may be provided by the audiology aide in the supervision plan for the particular aide and setting as required by Section 1399.154.1 and list those tasks that an aide will not conduct pursuant to Section 1399.154.11.

(g) Possess and maintain a current, active, and unrestricted California license as an audiologist or dispensing audiologist pursuant to Sections 2532 or 2539.1 of the Code, and have at least two (2) years of full-time experience or 3,120 hours of experience providing services as a licensed audiologist. “Full-time experience” as used in this section means the individual works a minimum of thirty (30) hours per week for at least thirty-six (36) weeks in a calendar year.

(h) Notify the audiology aide immediately 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.

(i) Complete a minimum of six (6) hours of continuing professional development in supervision prior to assuming responsibility as a supervisor, and three (3) hours of continuing professional development in supervision every four (4) years thereafter. Continuing professional development training obtained from a Board-approved provider may be applied towards the supervisor’s continuing professional development requirement set forth in Section 1399.160.3.

The supervisor shall maintain records of course completion in supervision training for a period of four (4) years after the renewal period in which it was earned

(j) Review with the audiology aide the laws and regulations pertaining to the supervision and practice of audiology.

(k) Provide the audiology aide with a plan for how to handle emergencies.

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

§ 1399.154.9. Supervision of Audiology Aide.

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

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

(2) "Medically fragile" means a client who is acutely ill and in an unstable condition.

(3) "Direct supervision" means on-site observation and guidance by the supervisor while the audiology aide is treating a patient or client. Direct supervision performed by the supervisor may include the observation of a portion of the testing or treatment procedures performed by the audiology aide, coaching the audiology aide, or modeling for the aide.

(4) "Indirect supervision" means the supervisor is not at the same facility or in close proximity to the audiology aide but is available to provide supervision by telephonic or other electronic means. Indirect supervision activities performed by the supervisor may include demonstration, record review, review and evaluation of recorded sessions, interactive television, or supervisory conferences that may be conducted by telephone or electronic mail.

(b) Immediate supervision shall be provided when an audiology aide performs any acts or services involving medically fragile patients.

(c) Immediate supervision shall be provided when an audiology aide performs any acts or services that the supervisor has trained the audiology aide to perform but the audiology aide has yet to perform the act or service in direct client care.

(d) Following initial registration, immediate supervision of an audiology aide shall be provided at all times during the first ninety (90) calendar days of work, except as provided in subsection (f). The supervisor shall maintain in the audiology aide's personnel file a record that verifies the aide meets the requirements of this subsection.

(e) After ninety (90) calendar days or until the supervisor determines the audiology aide is competent, whichever occurs later, with the exception of those services provided in subsection (b) and (c), the supervisor shall provide direct supervision at all times when the aide is performing direct client care. At a minimum, indirect supervision shall be provided when the aide is performing indirect client care such as programming a device or cleaning equipment.

(f) At a minimum, indirect supervision shall be provided when an industrial audiology aide, as defined in Section 1399.154, is performing duties for a hearing conservation program as described in Section 5097 of Article 105 of Group 15 of Subchapter 7 of Chapter 4 of Division 1 of Title 8 of the California Code of Regulations.

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

§ 1399.154.10. Training of Audiology Aide.

Before an audiologist or dispensing audiologist allows an aide to assist in the practice of audiology under their supervision, an audiology aide shall complete a training program established by the supervisor. The training program shall, at a minimum, include:

(a) Instruction in the skills necessary to perform any acts or services that are within the practice of audiology as defined in Section 2530.2 of the Code. The supervisor is not required to repeat any training the audiology aide may have already received as the result of any prior education, training, or experience.

(b) A supervisor shall require an audiology aide to demonstrate their competence to perform any acts or provide any services that are within the practice of audiology as defined in Section 2530.2 of the Code, and which may be assigned to the aide or which the aide may provide to patients. A supervisor shall allow an audiology aide only to perform those acts or to provide those services for which they have been provided training and demonstrated competency, and that are within the scope of responsibility of an audiology aide.

(c) A supervisor shall instruct an audiology aide as to the limitations imposed upon their duties, acts, or services by these regulations, by their training and skills, and by the evaluation and treatment plan for any patient.

(d) A supervisor shall provide training to an industrial audiology aide, as defined in Section 1399.154, to perform the duties required for a hearing conservation program as described in Section 5097 of Article 105 of Group 15 of Subchapter 7 of Chapter 4 of Division 1 of Title 8 of the California Code of Regulations.

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

§ 1399.154.11. Activities, Duties, and Functions Outside the Scope of Responsibility of an Audiology Aide.

An audiology aide shall not perform any of the following functions:

(a) Conduct diagnostic evaluations, including impedance test battery, videonystagmography (VNG), electronystagmography (ENG), or auditory brainstem response (ABR);

(b) Interpret diagnostic data;

(c) Alter treatment plans;

(d) Provide counseling or advice to a client or to a client's parent or guardian that is beyond the scope of the client's treatment;

(e) Sign any documents in lieu of a supervisor , including treatment plans, client reimbursement forms, or formal reports;

(f) Discharge clients from services;

(g) Make referrals for additional services outside of the audiology practice;

(h) Unless required by law, disclose confidential information either orally or in writing to anyone not designated by the supervisor;

(i) Represent themself as an audiologist or dispensing audiologist;

(j) Fit, sell, or independently adjust a hearing aid without possessing a valid hearing aid dispensers license or a valid hearing aid trainee license;

(k) Independently adjust cochlear implant settings;

(l) Perform those procedures that require a high level of clinical acumen and technical skill, such as cerumen removal;

(m) Perform any task without the express knowledge and approval of a supervisor; or

(n) Violate laws or regulations pertaining to the Health Insurance Portability and Accountability Act.

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

§ 1399.154.12. Registration Renewal of Aides.

(a) A supervisor shall renew the registration of each aide with the Board and pay the renewal fee required in Section 1399.157. The form submitted to the Board shall include:

(1) The aide's full name, business name, business address, business telephone number, aide's registration number, and the aide's email address, if any;

(2) Supervisor's full legal name, address of record, license number, business telephone number, business name, business address, and the supervisor's email address, if any;

(3) Duties the aide performs while assisting the supervisor in the practice of speech-language pathology or audiology,

(4) Training program, training methods, the length of the training program, the minimum competency level of the aide, assessment methods the supervisor is utilizing to ensure the aide's continued competency, and a summary of past education, training, and experience the aide may already have acquired, if any.

(A) The training shall be in accordance with Section 1399.154.4 or 1399.154.10.

(5) A written statement, signed by the aide, certifying that the aide has discussed the plan for supervision with the supervisor and agrees to its implementation, and further certifying under penalty of perjury under the laws of the state of California that all of the statements made in the application are true and correct, and that any misrepresentation may be cause for denial of a registration.

(6) A written statement, signed by the supervisor, certifying that the supervisor has discussed the plan for supervision with the aide and accepts professional and ethical responsibility for their performance, and further certifying that under penalty of perjury under the laws of the state of California that all of the statements made in the application are true and correct.

(b) Any aide registered with the Board prior to Month XX, 20XX (next full year after the effective date) must renew their registration in accordance with subsection (a).

(c) An aide is exempt from subsection (a) if during the aide's previous registration period they were called to active duty as defined in Section 114.3 of the Code.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 114.3, 144.5, 703, 704, 2530.2, 2530.6, 2533, 2535, and 2535.2 Business and Professions Code.

§ 1399.157. Fees.

(a) The application fee and biennial renewal fee for a speech-language pathologist shall be $150.00. The application fee and biennial renewal fee for ~~a non-dispensing~~ an audiologist shall be $150.00.

(b) The application fee and annual renewal fee for a dispensing audiologist shall be $280.00.

(c) The ~~application~~registration fee for a speech-language pathology assistant shall be $50.00. The biennial renewal fee for a speech-language pathology assistant shall be $100.00.

(d) The delinquency fee to renew an expired license or registration shall be $25.00.

(e) The fee for registration of an aide shall be $30.00. The biennial renewal fee for an aide shall be $30.00.

(f) The application and biennial renewal fee for a continuing professional development provider shall be $200.00.

(g) The fee for each license or registration status and history certification letter shall be $25.00.

(h) The duplicate wall certificate fee shall be $25.00.

(i) The Board shall waive the application or registration fee for an applicant who meets the requirements set forth in Section 115.5 of the Code. Applicant must submit the following with the application:

(1) Certificate of marriage or certified declaration or registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces,

(2) A copy of the military orders establishing their spouse's or partner's duty station in California and,

(3) Written verification from the applicant's issuing licensing entity that the applicant's license or registration in another state, district, or territory of the United States is current in that jurisdiction. The verification shall include all of the following:

(A) the full legal name of the applicant and any other name(s) the applicant has used or has been known by,

(B) the license or registration type and number issued to the applicant by the original licensing entity,

(C) the name and location of the licensing entity, and,

(D) the issuance and expiration date of the license.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 115.5, 163.5, 2532.6(f), 2534.2, 2535, 2535.2, 2538.1 and 2538.53, Business and Professions Code.

General Application Requirements and Speech-Language Pathology and Audiology Aide Requirements
as of August 8, 2025

Legend:	Added text is indicated with an underline. Omitted text is indicated by (* * * *) Deleted text is indicated by ~~strikeout~~.

§ 1399.151.2. Expedited Licensure or Registration Process.

The Board shall expedite any application of an applicant who:

(a) Pursuant to Section 115.4 of the Code, identifies themself as an honorably discharged member of the United States Armed Forces, and who provides a Certificate of Release or Discharge from Active Duty (DD-214) or other documentary evidence showing the date and type of discharge, pursuant to Section 115.4 of the Code.

(b) Pursuant to Section 115.6 of the Code, identifies themself as a person who is married to, or in a domestic partnership or other legal union with an active-duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active-duty military orders, and the applicant holds a valid license, or comparable authority, to practice as a hearing aid dispenser or audiologist in another United States state, district, or territory, and who provides documentary evidence as specified in paragraphs (1) through (3). application:

(1) Certificate of marriage or certified declaration or registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces,

(2) A copy of their current license or registration in another state, district, or territory of the United States, and,

(3) A copy of the military orders establishing their spouse or partner's duty station in California.

(c) Pursuant to Section 135.4 of the Code, identifies themself as an applicant who was admitted to the United States as a refugee pursuant to Section 1157 of Title 8 of the United States Code, or was granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to Section 1158 of Title 8 of the United States Code, or has a special immigrant visa (SIV) pursuant to Section 1244 of Public Law 110-181, Public Law 109-163, or Section 602(b) of Title VI of Division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government, and who provides the appropriate documentary evidence specified in paragraphs (1) through (4).

(1) Form I-94, arrival or departure record, with an admission class code such as "RE" (refugee) or "AY" (asylee) or other information designating the person a refugee or asylee;

(2) Special Immigrant Visa that includes the "SI" or "SQ";

(3) Permanent Resident Card (Form I-551), commonly known as a "green card," with a category designation indicating that the person was admitted as a refugee or asylee; or,

(4) An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Bureau that the applicant qualifies for expedited licensure or registration per Section 135.4 of the Code.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 115.4, 115.5, 115.6 and 135.4, Business and Professions Code

§ 1399.151.3. Licensure or Registration, Discipline, and Conviction Disclosure.

(a) An applicant for licensure or registration shall disclose if they have been licensed to practice speech-language pathology or audiology in any other state or country, and if applicable, the state and country where the license or registration was issued.

(b) An applicant for licensure or registration shall disclose if they have been denied a license or registration to practice speech-language pathology or audiology in any other state or country, and if applicable, the state and country where a license or registration was denied. Applicants are not required to disclose any information regarding a denial based upon any of the following:

(1) Convictions dismissed pursuant to Sections 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code, or a comparable dismissal or expungement;

(2) Convictions for which the person has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code;

(3) Convictions for which the person has been granted clemency or a pardon by a state or federal executive;

(4) An arrest that resulted in a disposition other than a conviction including an infraction or citation;

(5) Convictions that were adjudicated in the juvenile court; or,

(6) Convictions under California Health and Safety Code Sections 11357(b), (c), (d), (e), or Section 11360(b) which are two (2) years or older.

(c) An applicant for licensure or registration shall disclose if, within the preceding seven (7) years, they have had a license or registration subjected to formal discipline by a licensing board in or outside of California. Discipline includes suspension, revocation, voluntary surrender, probation, reprimand, or any other restriction on a license or registration held by the applicant. However, an applicant shall not be required to disclose prior disciplinary action if the basis for that disciplinary action was a conviction that has been dismissed pursuant to Sections 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code, or a comparable dismissal or expungement. If the applicant identifies that they meet this criterion, they shall provide the Board the following information:

(1) Name of the disciplinary action taken against the applicant;

(2) Date of the offense;

(3) Name of the licensing entity;

(4) Dates of probation, if applicable;

(5) Description of the circumstances of the incident;

(6) A certified copy of the determination made by the licensing entity that includes the date and location of the incident, specific violation(s), dates of disciplinary action, sanctions or penalties imposed and the completion dates;

(7) A letter from the applicant describing the applicant's rehabilitation efforts or changes;

(8) Any written statement or documentary evidence that the applicant may wish to submit to present regarding rehabilitation and demonstration of the applicant's fitness for licensure or registration.

(9) A written statement, signed by the applicant, certifying that all of the information provided about the formal discipline in the application is true and correct under penalty of perjury under the laws of the state of California.

(d) As a condition of renewal, a licensee or registrant shall certify whether they, since they last renewed their registration, they have been convicted of any violation of the law in this or any other state, district, or territory of the United States, or in another country, omitting traffic infractions under one thousand dollars ($1,000) not involving alcohol, dangerous drugs, or controlled substances.

(e) As a condition of renewal, a licensee or registrant shall certify whether, since they last renewed their registration, they have had a license or registration disciplined by a government agency or other disciplinary body. Discipline includes suspension, revocation, voluntary surrender, probation, reprimand, or any other restriction on a license or registration.

(f) If the licensee or registrant affirmatively states they meet the criterion in subsections (d) and (e), they shall provide the Board the following information:

(1) Name of the disciplinary action taken against the applicant;

(2) Date of the offense;

(3) Name of the licensing entity;

(4) Dates of probation, if applicable;

(5) Description of the circumstances of the incident;

(6) A certified copy of the determination made by the licensing entity that includes the date and location of the incident, specific violation(s), dates of disciplinary action, sanctions or penalties imposed and the completion dates;

(7) A letter from the applicant describing the applicant's rehabilitation efforts or changes;

(8) Any written statement or documentary evidence that the applicant may wish to submit to present regarding rehabilitation and demonstration of the applicant's fitness for licensure or registration.

(9) A written statement, signed by the applicant, certifying that all of the information provided in the application is true and correct under penalty of perjury under the laws of the state of California.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 144.5, 480, and 2533, Business and Professions Code.

§ 1399.151.4. Fingerprinting.

(a) An applicant for licensure or registration is required to furnish to the Department of Justice a full set of fingerprints for the purpose of conducting a criminal history record check and to successfully complete a state and federal level criminal offender record information search conducted through the Department of Justice.

(1) The applicant shall submit a receipt showing the transmission of Live Scan fingerprints to the Department of Justice or two (2) classifiable sets of fingerprints

with the current fees charged by the California Department of Justice and the Federal Bureau of Investigation with the licensure or registration form required in Section 1399.154.1 and fee required in Section 1399.157.

(2)The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check.

(3) If an applicant is unable to Live Scan or complete the classifiable sets of fingerprints, the Board will work with the Department of Justice to obtain a criminal history record check on the applicant. The applicant shall comply with any instructions and pay any costs to conduct the criminal history record check for any rejected fingerprints.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 144, 480, and 2533, Business and Professions Code.

§ 1399.154. Definitions.

As used in this article, the following definitions apply:

(a) "Speech-language pathology aide" means a person who

(1) assists or facilitates while the speech-language pathologist is evaluating the speech ~~and/~~or language of individuals or is treating individuals with a speech-language ~~and/~~or language disorder, and

(2) is registered by the supervisor with the Board and the registration is approved by the Board.

(b) "Audiology aide" means a person who

(1) assists or facilitates while an audiologist or dispensing audiologist is evaluating the hearing of individuals ~~and/~~or is treating individuals with hearing disorders, and

(2) is registered by the supervisor with the Board and the registration is approved by the Board.

(c) "Supervisor" means a licensed speech-language pathologist who supervises a speech-language pathology aide or a licensed audiologist or dispensing audiologist who supervises an audiology aide.

(d) "Industrial audiology aide" means a person who is certified by the Council for Accreditation in Occupational Hearing Conservation and whose primary duty is to assist in a hearing conservation program as described in Section 5097 of Article 105 of Group 15 of Subchapter 7 of Chapter 4 of Division 1 of Title 8 of the California Code of

Regulations.~~an audiology aide who conducts pure tone air conduction threshold audiograms for the purpose of industrial hearing testing in addition to other acts and services as provided in these regulations.~~

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

§ 1399.154.1. Registration of Aides.

(a) Before allowing an aide to assist in the practice of speech-language pathology or audiology under ~~his or her~~ their supervision, a supervisor shall register each aide with the Board and pay the registration fee required in Section 1399.157. The form submitted to the Board shall include:

(1) Applicant's full legal name, other names used such as maiden name, address of record which will be publicly disclosed, home address, telephone number, social security number or individual tax identification number, and date of birth;

(2) Applicant's email address, if any;

(3) The applicant has the option to disclose whether they are serving or have previously served in the United States military.

(4) The applicant has the option to disclose their eligibility for an expedited registration process and provide evidence in accordance with Section 1399.151.2.

(5) The applicant shall disclose the information required in Section 1399.151.3.

(6) Certification from the applicant that all of the information provided in the application and any attachments is true and correct under penalty of perjury under the laws of the state of California.

(7) Supervisor's full legal name, address of record, license number, business telephone number, business name, business address, and the supervisor's email address, if any;

(8) Duties the aide will perform while assisting the supervisor in the practice of speech-language pathology or audiology and the level of supervision as defined in Sections 1399.154.2 and 1399.154.9 that will be provided for each duty,

(A) If the applicant identifies themselves as an industrial audiology aide, as defined in Section 1399.154, they must provide a copy of their Council for Accreditation in Occupational Hearing Conservation certification with their application.

(9) Training program, training methods, the length of the training program, the minimum competency level of the aide, assessment methods the supervisor will utilize to ensure the aide's competency, and a summary of past education, training, and experience the aide may already have acquired, if any;

(A) The training shall be in accordance with Section 1399.154.4 or 1399.154.10, as applicable.

(10) A written statement, signed by the applicant, certifying that they have discussed the plan for supervision with the supervisor and agree to its implementation, and further certifying under penalty of perjury under the laws of the state of California that all of the statements made in the application are true and correct, and that any misrepresentation shall be cause for denial of a license.

(11) A written statement, signed by the supervisor, certifying that the supervisor has discussed the plan for supervision with the aide and accepts professional and ethical responsibility for their performance, and further certifying that under penalty of perjury under the laws of the state of California that all of the statements made in the application are true and correct.

(12) A signature from the aide and the supervisor under penalty of perjury under the laws of the state of California that they reviewed all the laws and regulation pretraining to their duties and responsibilities as an aide or supervisor.

(b) The applicant in subsection (a) is required to furnish to the Department of Justice a full set of fingerprints in accordance with Section 1399.151.4.

(c) Regardless of their title or job classification, any support person who functions as a speech-language pathology or audiology aide and facilitates or assists a supervisor in evaluations or treatment shall be registered with the Board. ~~In the application for registration, the supervisor shall provide to the Board, his or her proposed plan for supervising and training the speech-language pathology or audiology aide. The proposed plan for training shall be in accordance with Section 1399.154.4 and shall include the supervisor's training methods, the necessary minimum competency level of the aide, the manner in which the aide's competency will be assessed, the persons responsible for training, a summary of any past education, training and experience the aide may have already undertaken, and the length of the training program and assessment of the aide's competency level.~~

(d) The Board shall review the application for compliance with the requirements of this article and notify the supervisor of the disposition of the application for registration and whether further information is required in order to complete its review.

(e) If an aide has more than one supervisor, each supervisor shall register the aide as stated in subsection (a).

NOTE: Authority cited: Section 2531.25, Business and Professions Code. Reference: Sections 30, 31, 114.5, 115.4, 115.5, 144, 144.5, 480, 2530.2, 2530.6 ~~and~~, 2532.4, and 2533, Business and Professions Code.

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

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

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

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

(c) ~~Be physically present~~ Provide immediate supervision while the speech-language pathology ~~or audiology~~ aide is assisting during evaluations or treatment of ~~with~~ patients, and direct supervision while the speech-language pathology aide is assisting when patients are not undergoing evaluations or receiving treatment or when patients are not present. ~~, unless an alternative plan of supervision has been approved by the Board. A supervisor of industrial audiology aides shall include a proposed plan for alternative supervision with the application form. An industrial audiology aide may only be authorized to conduct puretone air conduction threshold audiograms when performing outside the physical presence of a supervisor. The supervisor shall review the patient histories and the audiograms and make necessary referrals for evaluation and treatment.~~

(1) "Immediate supervision" as used in this Section means the supervisor is physically present when the speech-language pathology aide is performing their duties.

(2) "Direct supervision" as used in this Section means on-site observation and guidance by the supervisor while the speech-language pathology aide is performing their duties.

(d) Evaluate, treat, and manage all patient care ~~and determine the future dispositions of patients~~.

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

(f) Define the services ~~which~~ that may be provided by the speech-language pathology ~~or audiology~~ aide. Those services shall not exceed the competency of the aide as

determined by ~~his or her~~their education, training, and experience nor shall they be services that require a separate license under Section 2538.1 of the Code~~, and shall not include any treatment beyond the plan established by the supervisor for the patient~~.

(g) Possess and maintain a current, active, and unrestricted California license as a speech-language pathologist pursuant to Sections 2532 of the Code, and have at least two years of full-time experience or 3,120 hours of experience providing services as a licensed speech-language pathologist. "Full-time experience" as used in this section means the individual works a minimum of thirty (30) hours per week for at least thirty-six (36) weeks in a calendar year.

(h) Notify the speech-language pathology aide immediately 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.

(i) Complete a minimum of six (6) hours of continuing professional development in supervision prior to assuming responsibility as a supervisor, and three (3) hours of continuing professional development in supervision every four (4) years thereafter. Continuing professional development training obtained from a Board-approved provider may be applied towards the supervisor's continuing professional development requirement set forth in Section 1399.160.3. The supervisor shall maintain records of course completion in supervision training for a period of four (4) years after the renewal period in which it was earned.

(j) Review with the speech-language pathology aide the laws and regulations pertaining to the supervision and practice of speech-language pathology.

(k) Provide the aide with a plan for how to handle emergencies.

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

§ 1399.154.3. Maximum Number of Aides.

~~A supervisor shall not supervise more than three (3) speech-language pathology or audiology aides. The Board may authorize more than three supervisees if, in its discretion, the supervisor demonstrates that the public health and safety would not be jeopardized and that he or she can adequately supervise more than three aides.~~
(a) The number of speech-language pathology aides a supervisor can supervise shall not exceed the number specified in Section 1399.170.16.

(b) A supervisor of an audiology aide shall not supervise more than three (3) full-time equivalent support personnel and shall not exceed more than six (6) support personnel at any time. Support personnel include audiology aides, hearing aid dispenser trainee licensees under Section 2538.28 of the Code, and hearing aid dispenser temporary

licensees under Section 2538.27 of the Code. “Full-time equivalent” as used in this section means the individual works a minimum of thirty (30) hours per week.

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

§ 1399.154.4. Training of Speech-Language Pathology Aide~~Aide~~s.

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

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

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

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

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

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

§ 1399.154.5. Notice of Termination.

Within 30 days after the termination of the supervision of a speech-language pathology or audiology aide, the supervisor shall notify the Board, in writing, of such termination and the date thereof. Written notification shall include the following:

(a) The aide's full legal name and registration number;

(b) The supervisor's full legal name, license number, business address, telephone number, and email address, if any;

(c) The effective date of the termination; and

(d) A written statement, signed by the supervisor, certifying under penalty of perjury that all statements made in the notification are true in every respect and that misstatements or omissions of material facts shall be cause for denial of the application to terminate supervision, or for suspension or revocation of a license.

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

§ 1399.154.6. Noncompliance with Article.

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

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

§ 1399.154.7. Aide Experience Not Applicable to Qualifications for Licensure.

Any experience obtained acting as a speech-language pathology aide or audiology aide shall not be creditable toward the supervised clinical experience ~~required in Section 2532.2(c) of the code~~ or the required professional experience required in Sections 2532.2~~(d)~~ and 2532.25 of the Code~~code~~, or the field work experience required in Section 1399.170.8.

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

§ 1399.154.8. Responsibilities of Audiology Aide's Supervisor.

A supervisor of an audiology aide shall:

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

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

(c) Provide supervision to the audiology aide in accordance with Section 1399.154.9.

(d) Evaluate, treat, and manage all patient care.

(e) Appropriately train the audiology aide to perform duties to effectively assist in the practice of audiology in accordance with Section 1399.154.10 that is unique to the duties of the aide and the setting in which the aide will be assisting the supervisor.

(f) Define the services that may be provided by the audiology aide. Those services shall not exceed the competency of the aide as determined by their education, training, and experience nor shall they be services specified in Section 1399.154.11.

(g) Possess and maintain a current, active, and unrestricted California license as an audiologist or dispensing audiologist pursuant to Sections 2532 or 2539.1 of the Code, and have at least two (2) years of full-time experience or 3,120 hours of experience providing services as a licensed audiologist. "Full-time experience" as used in this section means the individual works a minimum of thirty (30) hours per week for at least thirty-six (36) weeks in a calendar year.

(h) Notify the audiology aide immediately 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.

(i) Complete a minimum of six (6) hours of continuing professional development in supervision prior to assuming responsibility as a supervisor, and three (3) hours of continuing professional development in supervision every four (4) years thereafter. Continuing professional development training obtained from a Board-approved provider may be applied towards the supervisor's continuing professional development requirement set forth in Section 1399.160.3. The supervisor shall maintain records of course completion in supervision training for a period of four (4) years after the renewal period in which it was earned

(j) Review with the audiology aide the laws and regulations pertaining to the supervision and practice of audiology.

(k) Provide the audiology aide with a plan for how to handle emergencies.

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

§ 1399.154.9. Supervision of Audiology Aide.

(a) For the purposes of the supervision of an audiology aide, the following definitions apply:

(1) "Immediate supervision" means the supervisor is physically present while the audiology aide is performing their duties.

(2) “Medically fragile” means a client who is acutely ill and in an unstable condition.

(3) “Direct supervision” means on-site observation and guidance by the supervisor while the audiology aide is performing their duties.

(4) “Indirect supervision” means the supervisor is not at the same facility or in close proximity to the audiology aide but is available to provide supervision by telephonic or other electronic means.

(b) Immediate supervision shall be provided when an audiology aide performs any acts or services involving medically fragile patients.

(c) Immediate supervision shall be provided when an audiology aide performs any acts or services that the supervisor has trained the audiology aide to perform but the audiology aide has yet to perform the act or service with patients.

(d) Following initial registration, the supervisor shall provide immediate supervision at all times during the first ninety (90) calendar days of work, except as provided in subsection (f). The supervisor shall maintain in the audiology aide’s personnel file a record that verifies the aide meets the requirements of this subsection.

(e) After ninety (90) calendar days or until the supervisor determines the audiology aide is competent, whichever occurs later, with the exception of those services provided in subsection (b) and (c), the supervisor shall provide direct supervision at all times when the aide is assisting with patients. The supervisor shall provide indirect supervision when the audiology aide is assisting when patients are not present such as programming a device or cleaning equipment.

(f) At a minimum, indirect supervision shall be provided when an industrial audiology aide, as defined in Section 1399.154, is performing duties for a hearing conservation program as described in Section 5097 of Article 105 of Group 15 of Subchapter 7 of Chapter 4 of Division 1 of Title 8 of the California Code of Regulations.

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

§ 1399.154.10. Training of Audiology Aide.

Before an audiologist or dispensing audiologist allows an aide to assist in the practice of audiology under their supervision, an audiology aide shall complete a training program established by the supervisor. The training program shall, at a minimum, include:

(a) Instruction in the skills necessary to perform any acts or services that are within the practice of audiology as defined in Section 2530.2 of the Code. The supervisor is not

required to repeat any training the audiology aide may have already received as the result of any prior education, training, or experience.

(b) A supervisor shall require an audiology aide to demonstrate their competence to perform any acts or provide any services that are within the practice of audiology as defined in Section 2530.2 of the Code, and which may be assigned to the aide or which the aide may assist in providing to patients. A supervisor shall allow an audiology aide only to perform those acts or to provide those services for which they have been provided training and demonstrated competency, and that are within the scope of responsibility of an audiology aide.

(c) A supervisor shall instruct an audiology aide as to the limitations imposed upon their duties, acts, or services by these regulations, by their training and skills, and their role in assisting during the evaluation and treatment of any patient.

(d) A supervisor shall provide training to an industrial audiology aide, as defined in Section 1399.154, to perform the duties required for a hearing conservation program as described in Section 5097 of Article 105 of Group 15 of Subchapter 7 of Chapter 4 of Division 1 of Title 8 of the California Code of Regulations.

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

§ 1399.154.11. Activities, Duties, and Functions Outside the Scope of Responsibility of an Audiology Aide.

An audiology aide shall not perform any of the following functions:

(a) Conduct diagnostic evaluations, including impedance test battery, videonystagmography (VNG), electronystagmography (ENG), or auditory brainstem response (ABR);

(b) Interpret diagnostic data;

(c) Alter treatment plans;

(d) Provide counseling or advice to a client or to a client's parent or guardian that is beyond the scope of the client's treatment;

(e) Sign any documents in lieu of a supervisor , including treatment plans, client reimbursement forms, or formal reports;

(f) Discharge clients from services;

(g) Make referrals for additional services outside of the audiology practice;

(h) Unless required by law, disclose confidential information either orally or in writing to anyone not designated by the supervisor;

(i) Represent themself as an audiologist or dispensing audiologist;

(j) Fit, sell, or independently adjust a hearing aid without possessing a valid hearing aid dispensers license or a valid hearing aid trainee license;

(k) Independently adjust cochlear implant settings;

(l) Perform those procedures that require a high level of clinical acumen and technical skill, such as cerumen removal;

(m) Perform any task without the express knowledge and approval of a supervisor; or

(n) Violate laws or regulations pertaining to the Health Insurance Portability and Accountability Act.

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

§ 1399.154.12. Registration Renewal of Aides.

(a) A supervisor shall renew the registration of each aide with the Board and pay the renewal fee required in Section 1399.157. The form submitted to the Board shall include:

(1) The aide's full name, business name, business address, business telephone number, aide's registration number, and the aide's email address, if any;

(2) Supervisor's full legal name, address of record, license number, business telephone number, business name, business address, and the supervisor's email address, if any;

(3) Duties the aide performs while assisting the supervisor in the practice of speech-language pathology or audiology and the level of supervision as defined in Sections 1399.154.2 and 1399.154.9 that will be provided for each duty,

(4) Training program, training methods, the length of the training program, the minimum competency level of the aide, assessment methods the supervisor is utilizing to ensure the aide's continued competency, and a summary of past education, training, and experience the aide may already have acquired, if any.

(A) The training shall be in accordance with Section 1399.154.4 or 1399.154.10.

(5) A written statement, signed by the aide, certifying that the aide has discussed the plan for supervision with the supervisor and agrees to its implementation, and further certifying under penalty of perjury under the laws of the state of California that all of the statements made in the application are true and correct, and that any misrepresentation may be cause for denial of a registration.

(6) A written statement, signed by the supervisor, certifying that the supervisor has discussed the plan for supervision with the aide and accepts professional and ethical responsibility for their performance, and further certifying that under penalty of perjury under the laws of the state of California that all of the statements made in the application are true and correct.

(b) Any aide registered with the Board prior to Month XX, 20XX (next full year after the effective date) must renew their registration in accordance with subsection (a).

(c) An aide is exempt from subsection (a) if during the aide's previous registration period they were called to active duty as defined in Section 114.3 of the Code.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 114.3, 144.5, 703, 704, 2530.2, 2530.6, 2533, 2535, and 2535.2 Business and Professions Code.

§ 1399.157. Fees.

(a) The application fee and biennial renewal fee for a speech-language pathologist shall be $150.00. The application fee and biennial renewal fee for ~~a non-dispensing~~ an audiologist shall be $150.00.

(b) The application fee and annual renewal fee for a dispensing audiologist shall be $280.00.

(c) The ~~application~~registration fee for a speech-language pathology assistant shall be $50.00. The biennial renewal fee for a speech-language pathology assistant shall be $100.00.

(d) The delinquency fee to renew an expired license or registration shall be $25.00.

(e) The fee for registration of an aide shall be $30.00. The biennial renewal fee for an aide shall be $30.00.

(f) The application and biennial renewal fee for a continuing professional development provider shall be $200.00.

(g) The fee for each license or registration status and history certification letter shall be $25.00.

(h) The duplicate wall certificate fee shall be $25.00.

(i) The Board shall waive the application or registration fee for an applicant who meets the requirements set forth in Section 115.5 of the Code. Applicant must submit the following with the application:

(1) Certificate of marriage or certified declaration or registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces,

(2) A copy of the military orders establishing their spouse's or partner's duty station in California and,

(3) Written verification from the applicant's issuing licensing entity that the applicant's license or registration in another state, district, or territory of the United States is current in that jurisdiction. The verification shall include all of the following:

(A) the full legal name of the applicant and any other name(s) the applicant has used or has been known by,

(B) the license or registration type and number issued to the applicant by the original licensing entity,

(C) the name and location of the licensing entity, and,

(D) the issuance and expiration date of the license.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 115.5, 163.5, 2532.6(f), 2534.2, 2535, 2535.2, 2538.1 and 2538.53, Business and Professions Code.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
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MEMORANDUM

DATE	August 12, 2025
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Maria Liranzo, Legislation/Regulation/Budget Analyst
SUBJECT	Agenda Item 3: Review and Possible Approval of the May 15, 2025 Committees Meeting Minutes

Background

Attached is a draft of the meeting minutes from the May 15, 2025 Committees Meeting Minutes.

Action Requested

Staff recommends the Board review and discuss the provided materials. The Board may wish to determine whether or not to approve the May 15, 2025 Committees Meeting Minutes.

Attachment: May 15, 2025 Committees Meeting Minutes

HEARING AID DISPENSING COMMITTEE – DRAFT
Sacramento, Glendora, and City of Industry, CA
Thursday, May 15, 2025

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

Tod Borges, Committee Chair, called the Hearing Aid Dispensing Committee (Committee) meeting to order on May 15, 2025, at 1:00 p.m. Mr. Borges called roll; four members of the Committee were present and thus a quorum was established.

Committee Members Present
Tod Borges, Hearing Aid Dispenser, Committee Chair
Tamara Chambers, Otolaryngologist, Public Member
Charles Sanders, Dispensing Audiologist
Amy White, Dispensing Audiologist

Staff Present
Cherise Burns, Executive Officer
Maria Liranzo, Legislation/Regulation/Budget Analyst
Tim Yang, Enforcement Analyst
Yuping Lin, DCA Legal Counsel
Grace Arupo Rodriguez, DCA Regulatory Counsel

2. Public Comment for Items Not on the Agenda

Mr. Borges asked for public comment for items not on the agenda. There were no comments from the public, outside agencies, or associations.

3. Discussion and Possible Action Regarding Postfitting Counseling and Foreign Body In The Ear Canal as Stated in Business and Professions Code (BPC) Sections 2538.11, 2538.36, and 2539.6 and Title 16, California Code of Regulations (CCR) Sections 1399.125 and 1399.126

Mr. Borges invited Maria Liranzo to provide an update on discussion and possible action regarding postfitting counseling and foreign body in the ear canal. Ms. Liranzo provided a background and summary of changes to the proposed regulatory text.

Ms. Liranzo asked the committed if it should amend the definition of “foreign body” in CCR section 1399.126(b) which addresses some clarity issue that might arise during the rulemaking process.

Mr. Borges asked if a more detailed definition would be used instead. Ms. Liranzo replied that is the recommendation and said that the current definition states that a complete and intact hearing aid and hearing aid dome are not a foreign body when in fact they are non-organic objects or materials that is not a natural part of the human body. Ms. Liranzo said “foreign body” will be defined to remove this statement; add exceptions so as to not restrict a person properly licensed or registered under the law and operating within their scope of practice or supervising someone within their scope of practice from removing complete and intact hearing aids, ear mold impressions, and hearing aid

domes; and continue to require the removal of hearing aid domes to comply with CCR section 1399.125.

Mr. Borges asked for Committee discussions.

Dr. Amy White asked if the ear bowl should be specified with the ear canal. Mr. Borges replied that it is not necessary because the focus is on the ear canal. Ms. Liranzo stated that the ear canal is further in the ear which implies that the object from the ear bowl can be removed. Dr. Charles Sanders said that the words “ear lobe” can be removed. Dr. White and Mr. Borges expressed agreement with removal of the words.

Dr. Sanders asked if hearing aid filters should be added to an item that could be removed by a hearing aid dispenser. Mr. Borges replied that it should be out of the scope of a hearing aid dispensers because of its size.

Dr. White asked why it would need to be removed. Dr. Sanders replied that it could fall out into the ear canal. Mr. Borges said that he has not seen hearing aid filters in ears, but the text should focus on hearing aid domes.

Dr. White asked if the words “with the exception of” need to be used in CCR section1399.126(b) or does paragraphs (1), (2), and (3) cover any exceptions to the definition. Cherise Burns replied that the text clarifies the “foreign body” hearing aid dispensers can remove and defers to Grace Arupo Rodriguez. Ms. Rodriguez said that the text is saying that a “foreign body” is paragraphs (1), (2), and (3) and anything else is not a foreign body, and asked if there are other items that should be added to the list. Mr. Borges replied that hearing aid filter is not being listed so as to exclude it.

Dr. White asked if dams should be added or is it a part of the ear impression. Mr. Borges replied that he considered it as a part of the ear impression. Dr. White said that it could theoretically be possible for it to fall out. Ms. Rodriguez said that if it can theoretically fall out then it should be added to the text.

Ms. Burns asked if the generic name is “dam” or “otoblock.” Ms. Liranzo asked if the text should say “all the materials used to create an ear mold impression.” Mr. Borges replied that this is the only other item. Dr. White replied that there can be a blow-by and silicon material can get stuck in the ear canal. Mr. Borges said that this is part of the ear mold impression and would probably be beyond the second bend of the ear canal. Dr. White said that otoblock might be the current word and ear dam might be an older word. Ms. Rodriguez asked if both are used. Ms. Burns replied that they are not. Ms. Rodriguez clarified that she meant the use of the words and if both should be used.
Ms. Rodriguez recommended that the generic word should be used. Ms. Burns said that it should be ear dam instead of otoblock.

Ms. Rodriguez said that there are some inconsistencies in the text with the words “patient” and “client” being used interchangeably, and recommended that it be corrected. Ms. Burns said that the word “client” should be used. Mr. Borges said the word “consumer” is also acceptable.

Mr. Borges asked if the word “congenital” needed to be in the text. Dr. Tamara Chambers replied that it should because a person could seek services with a congenital deformity and not traumatic such as anotia or partial ear.

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Mr. Borges asked if it was restrictive to limit the written verification to be signed by an otolaryngologist and said that there are physicians who take out items out of ears like pediatrician or emergency room doctors. Mr. Borges said that it may be a barrier to a dispenser in rural area. Dr. White replied that not many other types of physicians have much experience working in the ears like dispensers and audiologists. Dr. White said that, if it's for the purpose of verifying that this is done safely and competently; then, it should be done by someone who frequently works in the ear and deferred to Dr. Chambers to comment on the question. Dr. Chambers said that medical schools may not be providing training on the removal of objects from an ear canal and said that she doesn't believe this is done by non- otolaryngologist physicians frequently nor is it safe to recommend that it be done by anyone else. Mr. Borges expressed concern that it would be restrictive. Ms. Burns commented on how speech-language pathologists are providing supervision and verification in group settings to comply with the flexible fiber optic transnasal endoscopic procedure requirements. Ms. Rodriguez commented on balancing consumer protection and barriers in the professions. Ms. Rodriguez said that change should be considered if they impact a consumer from receiving proper care. Dr. White said that she believes there are plenty of audiologists or otolaryngologists accessible to not create any barriers.

Ms. Burns said that Board staff will bring a clean copy of the text at a future meeting.

Mr. Borges asked for public comment. There were no comments from the public, outside agencies, or associations.

4. Discussion Regarding Hearing Aid Dispenser Trainee Supervision and Operations at Primary and Branch Locations of their Supervisor as Stated in BPC 2538.27, 2538.28, 2538.30, 2538.33, 2538.34, 2538.35, and 2538.53 and Title 16, CCR Sections 1399.114, 1399.116, 1399.117, 1399.118, and 1399.119.

Mr. Borges invited Ms. Burns to provide a background regarding hearing aid dispenser trainee supervision and operations at primary and branch locations of their supervisor.

Mr. Borges asked who would need a branch license. Ms. Burns replied that it would be the supervisor not the trainee who would need a branch license and the supervisor would need a branch license for every location the trainee provides services. Dr. Sanders said that he had branch licenses for every location for a company he worked for so that he can be available to sell at any location even though he never went to some of the locations during his time with that company.

Dr. White asked what the words "manage," "independently operate,' or "maintain" mean. Ms. Liranzo replied that the words "manage" and "independently operate" are being defined in the proposed regulatory text regarding trainee supervision. Mr. Borges said that many businesses have dispensers sell or supervise trainees at different locations that are not their primary place of business. Ms. Burns said that BPC section 2538.34 allows dispensers to sell without a branch license if it truly is temporary and they are done by notifying the Board in writing.

Dr. Sanders asked what the definition for the word "maintaining" would be. Ms. Burns replied that it would be operating the business such as ensuring the lights are on and consumers are getting the right fees. Mr. Borges said he believes that this is different from showing up to help consumers because the dispenser of that office is on vacation. Ms. Burns clarified that a dispenser showing up to help consumers for a short period of time wouldn't need a branch license and would need to notify the Board in writing that they're at another location temporarily. Mr. Borges said that

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dispensers may want to get a branch license for convenience because they may be at another location temporarily a couple times a year. Ms. Rodriguez said that Legal can help the Board define words like “maintain” and “temporary” to address any concerns raised.

Mr. Borges asked if the word “maintain” can be replaced. Ms. Burns replied that it would have to be done through the Legislature and said that the Board is going through Sunset next year and can clarify any words. Dr. White said that “temporary” should be clarified to mean if it is either temporary on a recurring or non-recurring basis. Ms. Burns said that staff found a website advertising a trainee as the only person at that place of business when it should also include their supervisor. Dr. White said that the proposed regulatory changes regarding trainee supervision should address that issue. Mr. Borges said that trainees can work at a branch location without supervision. Ms. Burns said they are not without supervision but the supervision is “indirect.”

Mr. Borges asked what the geographical limit is for “indirect” supervision. Ms. Burns replied that this is not specified in the definition. Mr. Borges said a trainee under “indirect” supervision at a branch location would not have a supervisor onsite. Dr. White said that this situation raises the question of what the definition of “manage” and “operate” is and if this is what a trainee is doing. Mr. Borges said that licensees are often employees of a business that is owned and operated by a company and not necessarily by the licensee with a branch license.

Ms. Rodriguez asked if the Board would like to define the word “maintain” or address it another way. Mr. Borges replied that he would like to go back to it after a definition has been drafted for the word “maintain.”

Dr. Chambers asked what it means to be a trainee. Ms. Burns replied that it is a six-month license to get the training and experience to pass both the written and practical examination and said that the license can be extended twice for a total of 18 months but the written examination has to be taken within the first 12 months after the license was issued. Ms. Burns further said that a trainee can continue to take the examination after their license expired and reapply for a trainee license after three years.

Mr. Borges asked if there was a limit to how many times a person can take the examination. Ms. Burns replied that there are none and said that a person can continue to take the examination after their trainee license expires but can no longer dispense hearings aids. Ms. Burns further said that some of them will become officer managers until they can pass the examinations or re-apply for a trainee license. Mr. Borges said to Dr. Chambers that most trainees will pass both the written and practical examination within a year.

Mr. Borges asked for public comment. There were no comments from the public, outside agencies, or associations.

5. Adjournment

The meeting adjourned at 1:57 p.m.

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AUDIOLOGY PRACTICE COMMITTEE
Sacramento, Glendora, and City of Industry, CA
Thursday, May 15, 2025

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

Dr. Amy White, Committee Chair, called the Audiology Practice Committee (Committee) meeting to order on May 15, 2025, at 1:58 a.m. Dr. White called roll; four members of the Committee were present and thus a quorum was established.

Committee Members Present
Amy White, Dispensing Audiologist, Committee Chair
Karen Chang, Public Member
Tamara Chambers, Otolaryngologist, Public Member
Charles Sanders, Dispensing Audiologist

Staff Present
Cherise Burns, Executive Officer
Maria Liranzo, Legislation/Regulation/Budget Analyst
Tim Yang, Enforcement Analyst
Yuping Lin, DCA Legal Counsel
Grace Arupo Rodriguez, DCA Regulatory Counsel

2. Public Comment for Items Not on the Agenda

Dr. White asked for public comment for items not on the agenda.

Dr. Jody Winzelberg, Interim Program Director of San Jose State University's Audiology Program, asked if the Committee could revisit the hearing aid dispensing examination requirement for dispensing audiologists and the elimination of the practical examination. Dr. Winzelberg recommended that questions regarding contract laws and laws related to the dispensing of hearing aids be added to the written examination.

3. Overview and Discussion of Consumer Protection and Licensing Issues Related to Potential Creation of an Audiology Assistant License Type

Dr. White invited Cherise Burns to provide a background on the potential creation of an audiology assistant license type in response to a letter received from the California Academy of Audiology (CAA). Ms. Burns provided a background on the Sunrise process to create a new license type and identified consumer protection and licensing issues. Ms. Burns commented on how new license types are created by professional associations such as the creation of the psychological testing technician registration that was sponsored by the California Psychological Association.

Dr. White asked if the recommendation is that a professional association sponsors a bill to create an audiology assistant license type and not the Board. Ms. Burns replied that this is her recommendation based how new license types are created in other boards. Dr. White commented on the creation of the psychological testing technician registration and the questions asked in the Sunrise questionnaire.

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Dr. Charles Sanders asked at what point in the process the Board becomes involved if a professional association sponsors a bill to create an audiology assistant license type. Ms. Burns replied that the Board would provide technical assistance while the professional association is sponsoring the bill. Ms. Burns said that the Board can create regulations, if necessary, once the legislation passes. Ms. Burns further said that the language for psychological testing technicians was very specific and it was self-implementing in that it required no regulations once the legislation passed.

Dr. White asked the Committee if it wishes to recommend a professional association to sponsor a bill to create an audiology assistant license type. Karen Chang expressed agreement with the recommendation. Dr. Tamara Chambers expressed agreement with the recommendation and said that there needs to be specific language to distinguish assistants from aides. Dr. White said that the professional association who will sponsor this bill should look at the speech-language pathology assistant (SLPA) regulations in regard to supervision, education, and experience requirements when considering language for the bill.

Dr. Sanders asked how the Board is going to respond to CAA's request and if the response is going to be formal and recommended CAA seek to create an audiology assistant license type. Ms. Burns replied that CAA asked for the topic to be added to a future agenda and the Committee may wish to make a recommendation to the Board whether or not it should seek to create an audiology assistant license type or if it should be a professional association.

Dr. White asked for public comment.

Dr. Marcia Raggio, Northern California Legislation Liaison for the California Academy of Audiology, thanked the Board and their staff for compiling the documents included in the meeting materials. Dr. Raggio commented on the problems of identifying what an aide can or can't do, and aides providing services with no training or supervision. Dr. Raggio asked if the Board would be able to provide technical assistance with information related to fiscal impact. Dr. Raggio also asked if there were any attempts to sunrise the SLPA license type. Dr. Raggio also asked if there were any consumer complaints with the issue of SLPAs.

Dr. Winzelberg thanked the Board and their staff for preparing this agenda item and commented on past experience working on legislation with the Board. Dr. Winzelberg said that there isn't a defined set of criteria for aides that could be understood. Dr. Winzelberg commented on modeling an audiology assistant license type to SLPA licensure. Dr. Winzelberg said that it should be taken further by looking at the hearing aid dispensers trainee who can be trained to do an otoscopy and perform pure tone testing with a high school diploma and training from a licensed hearing aid dispenser. Dr. Winzelberg asked why a hearing aid dispenser can train a trainee to perform services that an aide cannot perform.

Ms. Burns said that professional associations are welcome to ask the Board for technical assistance on how costs are calculated and can ask for technical assistance from other boards or professional associations who were involved in the creation of a new license type. Ms. Burns also said that the Board has no record of a sunrise process to create the SLPA license and is not aware of any complaints to the creation of this license type.

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Dr. White commented on problems of identifying what an aide can or can't do and asked if there were similar concerns when the SLPA license was created or did aides exist. Ms. Burns replied that there was speech-language pathology aides before the SLPA license type was created and said that a grandfather clause was included when the SLPA license type was created to allow aides to become SLPAs during a specified period of time. Ms. Burns also said that there are proposed regulatory changes regarding aides that will come to the Board at a future meeting which specifies what is outside their scope. Ms. Burns also said that a hearing aid dispensing trainee should be seen as an equivalent to an audiology extern or required professional experience temporary licensee. Ms. Burns also said that a trainee is an 18-month license that allows them to accrue the experience necessary for full licensure as a hearing aid dispenser. Ms. Burns further said that required professional experience is one year for that same purpose despite the differences in education requirement. Dr. White commented on the Board's proposed regulatory changes regarding the supervision of trainees.

Dr. White asked if the Board or its committee will have an opportunity to give input before a bill is introduced. Dr. Sanders asked if that is what Dr. Raggio meant about fiscal impact. Ms. Burns replied that the Board will provide technical assistance before and during the legislative process when requested. Dr. Sanders said that the professional association should also have discussions with other professional associations such as hearing aid dispensers when drafting the language for the bill.

Ms. Burns read a written comment from Debra Clark at Pacific Hearing Service in Los Altos. Dr. Clark commented on the lack of clarity around aides and the negative impact it has to patient care and in the profession. Dr. Clark recommended that the Board clarifies the role of aides in such a way that it can stay current with changing technology and provided examples of tasks and level of supervision that could be considered.

Dr. Sanders commented on the importance of clearly defining each license type. Dr. White commented on how technicians are used at Veterans Affairs and said that they are highly trained, serve patients extraordinary well, and allow for access to care that wouldn't exist otherwise. Dr. White further commented on requirements for different license types and recommended using SLPA as a model for creating an audiology assistant license type. Dr. Sanders commented on a grandfather clause for people with a certain level of experience and said that technicians at Veterans Affairs should be considered when creating this clause. Dr. White said that technicians at Veterans Affairs may be interested in this license type and expressed agreement to see how they can be considered whether it's through a grandfather clause or equivalency.

Dr. Chambers asked if it was possible to elevate the role of an aide. Dr. White replied that aides don't have formal education or training requirements which restricts them from performing the services an audiologist would like them to and formal education or training requirements would provide a more clear level of consumer protection.

Dr. Chambers asked if there is space for both license type. Ms. Burns replied that the Board would still register speech-language pathology aides and commented on where they work and what they do. Dr. Sanders commented on how Veterans Affairs works and the different levels, roles, and responsibilities which a person can move their way up through certification and training. Dr. White said to Dr. Chambers that audiology may see what speech-language pathology did in that there will still be a few aides registering with the Board.

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Dr. White asked if Board staff can bring this item back to the Committee for discussion on the questions included in the meeting materials and asked if professional associations could provide the Committee with their questions. Mr. Burns noted the request.

Charles Sanders moved to recommend that the Board does not seek to create an audiology assistant license type as referenced in the California Academy of Audiology's letter dated January 9, 2025.

Tamara Chambers seconded the motion.

The motion carried 4-0. (Ayes: White, Chang, Chambers, Sanders)

4. Adjournment

The meeting adjourned at 3:11 p.m.

SPEECH-LANGUAGE PATHOLOGY PRACTICE COMMITTEE
Sacramento, Glendora, and City of Industry, CA
Thursday, May 15, 2025

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

Gilda Dominguez, Committee Chair, called the Speech-Language Pathology Practice Committee (Committee) meeting to order on May 15, 2025, at 3:27 p.m. Ms. Dominguez called roll; two members of the Committee were present and thus a quorum was established.

Committee Members Present
Gilda Dominguez, Speech-Language Pathologist, Committee Chair
Tamara Chambers, Otolaryngologist, Public Member

Staff Present
Cherise Burns, Executive Officer
Maria Liranzo, Legislation/Regulation/Budget Analyst
Tim Yang, Enforcement Analyst
Yuping Lin, DCA Legal Counsel
Grace Arupo Rodriguez, DCA Regulatory Counsel

2. Public Comment for Items Not on the Agenda

Ms. Dominguez asked for public comment for items not on the agenda. There were no comments from the public, outside agencies, or associations.

3. Discussion and Possible Action to Amend Regulations Regarding Scope of Responsibility, Duties, and Functions of Speech-Language Pathology Assistants as Stated in Title 16, CCR section 1399.170.3

Ms. Dominguez invited Maria Liranzo to discuss possible action to amend regulations regarding scope of responsibility, duties, and functions of speech-language pathology assistants.

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Ms. Liranzo provided a background and Board staff response to requested information.

Ms. Dominguez asked if speech-language pathology assistant (SLPA) programs are not offering courses on swallowing disorder and feeding but Occupational Therapy Assistant (OTA) programs are. Ms. Liranzo replied that this is correct. Ms. Dominguez commented on the meeting materials provided including what other professions and states are doing, and what professional organizations require.

Ms. Dominguez asked if the profession is limiting itself when there is another profession working with feeding and swallowing disorders. Cherise Burns replied that when the SLPA curriculum began it may have covered speech therapy more than swallowing as that was the need at the time.
Ms. Burns said that SLPA programs may not be currently set up to train and teach SLPAs on feeding and swallowing because it wasn't the need when SLPA licensure was created.
Ms. Dominguez said that it would appear that the Board could do something different from other states if it decides to amend the regulations. Ms. Burns said that it is because it was never integrated in SLPA curriculum thought it is within the practice of speech-language pathology.
Ms. Dominguez said that it is a barrier that it is not included in the SLPA curriculum when it is in the OTA curriculum.

Ms. Dominguez asked how it could be included in the SLPA curriculum. Ms. Burns replied that the Board would want to engage with the SLPA programs to ask why it is not being offered and what it would take for it to be included. Ms. Burns said that statutory or regulatory changes may need to be considered if it should be part of the SLPA curriculum the Board approves.

Ms. Burns asked if this is something that all SLPAs need to know or is this an area of specialty that some SLPAs need know and would need to gain additional training and meet some level of competency and verification. Ms. Liranzo said changes to SLPA curriculum would only apply to SLPA programs in California not out-of-state SLPA programs. Ms. Liranzo also said that there is no SLPA program accreditation and should be something to considered when determining where the requirements should go especially for out-of-state SLPAs. Dr. Tamara Chambers said that it is interesting that it hasn't been part of the SLPA curriculum for all this time and commented on the opportunity to improve the practice if this is something SLPA can perform. Dr. Chambers also said that this would be within their scope provided that they are trained but wasn't sure if this would apply to all SLPAs or SLPAs working in certain settings. Ms. Dominguez commented on SLPAs being able to partner with speech-language pathologists in patient care if trained to have the same verbiage and understanding of documentations, risks, precautions, and safety guidelines.

Ms. Dominguez asked if staff could explain more about occupational therapists working under the supervision of a speech-language pathologist (SLP) needing to be a registered a speech-language pathology aide. Ms. Liranzo replied that the Board of Occupational Therapy provided the information that occupational therapists are being supervised by other occupational therapists or physicians and not by SLPs, and the Board of Occupational Therapy has been informed that registration as an aide is required for occupational therapists working under the supervision of a SLP. Ms. Burns said that this registration as an aide is not an issue as occupational therapists are being supervised by other occupational therapists or physicians.

Ms. Dominguez said, in response to the discussion questions included the meeting materials, that SLPA programs should cover swallowing and feeding, and asked what that would look like.
Ms. Liranzo replied that this can be included in a regulatory proposal to clean up the SLPA

curriculum that was already identified and said that this would only apply to SLPA programs in California and not out-of-state SLPA programs. Ms. Burns said that it also would not apply to bachelor's degree programs.

Dr. Chambers asked if those who are out-of-state would need to get something in this state. Ms. Burns replied that they can get their degree and field work experience out of state to apply for licensure in this state.

Dr. Chambers asked if a licensure requirement could be added. Ms. Burns replied that it would not be typical to specify requirement for a particular skill for an entire license population.

Dr. Chambers asked if a SLPA would need some level of supervised experience to get into this field. Ms. Burns replied that this would be similar to what the Board has for flexible endoscopic evaluation of swallowing where a level of competency must be demonstrated.

Ms. Dominguez asked if this would be similar to the advance level of OTA who are not required to be verified or signed off. Ms. Burns replied that they don't need verification because it is already part of their program curriculum and said that is not the case for SLPA programs. Ms. Burns also said that a majority of SLPAs do not have education or training on it and the Board would want to think what requirements are necessary to safely perform it.

Ms. Dominguez said, in response to the discussion questions included the meeting materials, that SLPAs should have a minimum number of hours of supervised experience that allow them to perform the procedure on patients with various conditions and severity. Ms. Dominguez also said that the supervised experience should be under "immediate" supervision with a documented clearance by a SLP who deems them competent.

Ms. Liranzo asked how long it would take for a SLPA to be able to safely perform this procedure. Dr. Chambers replied that occupational therapists are required to completed 240 hours for advanced practice certification and said that SLPAs should be model the same way. Dr. Chambers further said that 240 hours would be about a month if performed eight hours a day.

Ms. Burns asked if there should be a course or training required. Ms. Dominguez replied there should be and said that it should be provided by SLPA programs like OTA. Ms. Liranzo said that it may not have been a part of SLPA program curriculum when the SLPA license type was created because the focus may have been on speech therapy in schools. Ms. Burns commented on the reason the license type was created and the need for services in schools. Ms. Burns also said that requirement could be similar to FEES where not everyone focuses on this area of practice. Dr. Chamber said that changes in the field have changed roles and opportunities should evolve as well.

Ms. Dominguez commented on the setting this should be performed in, such as outpatient clinic and private clinic. Ms. Burns commented on other settings such as facilities licensed by the Department of Public Health and hospice. Ms. Dominguez said that certain payers don't recognize SLPAs as skilled clinicians for reimbursement and requested for information on where OTAs work.

Ms. Burns asked what level of supervision should be in place for this procedure. Ms. Dominguez replied that it should be immediate when SLPAs accrue their hours.

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Ms. Burns asked what level of supervision it should be after SLPA have been verified. Ms. Dominguez replied that it should be direct for more complicated or fragile patients and indirect if it's routine, mild, or oral phase. Ms. Dominguez said that it would have to be determined based on the severity of the disorder. Dr. Chambers expressed agreement that the supervision should be immediate when SLPAs accrue their hours. Dr. Chambers said that, after the SLPA has completed the hours, they should seek the approval of the SLP to perform the procedure each time. Ms. Dominguez expressed agreement with requiring approval each time to perform the procedure and said that it should be documented. Ms. Dominguez said that SLPA should perform within the treatment plan and notify the SLP if they couldn't proceed.

Ms. Dominguez commented on tasks SLPAs could perform such as queuing the strategies, posturing, and maneuvering. Dr. Chambers asked if they are not doing this already. Ms. Dominguez replied that SLPAs can't do anything that has to do with bolus material or at least they shouldn't be. Dr. Chambers said that this regulation will allow the Board to regulate and make sure that this procedure is being performed in a safe manner if people are already doing it. Ms. Burns said that SLPAs who are doing this right now would be in trouble with the Board if a complaint was received. Dr. Chambers commented on maintaining public safety by having levels of expectations, training, and supervision.

Ms. Burns said that a lot of question 3 was already discussed and noted that the Committee requested Board staff to see where OTAs work. Ms. Dominguez expressed agreement with Ms. Burns.

Ms. Burns asked if this should be performed in a setting with a specified emergency backup procedure. Ms. Dominguez and Dr. Chambers replied that it should.

Ms. Burns asked what contraindications would prohibit SLPAs from providing this procedure such as cases of severe movement disorders, severe agitation, inability to cooperate with the examination, and anatomical deviations (e.g., head/neck, digestive tract). Ms. Dominguez replied that it should be outside of the SLPA's scope of responsibility, especially since there is no education and it is not part of the SLPA program curriculum. Dr. Chambers expressed agreement with the contraindications.

Ms. Liranzo asked if the Committee would like Board staff to draft regulatory text. Ms. Dominguez replied that drafting text would be helpful while having conversations with community colleges. Ms. Liranzo noted the request.

Ms. Dominguez asked if the date in the second paragraph of the memorandum is correct. Ms. Burns replied that it should say 2024 and not 2023.

Ms. Dominguez asked for public comment. There were no comments from the public, outside agencies, or associations.

4. Discussion and Possible Action to Amend Regulations Regarding General Application Requirements and Speech-Language Pathology and Audiology Aide Requirements as Stated in Title 16, CCR Sections 1399.151.2, 1399.151.3, 1399.151.4, 1399.154 through 1399.154.12, and 1399.157

Ms. Dominguez invited Ms. Liranzo to discuss possible action to amend regulations regarding general application requirements and speech-language pathology and audiology aide requirements.

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Ms. Liranzo provided a background and summary of changes to the proposed text.

Ms. Dominguez asked if the request for alternative plans were all approved. Ms. Burns replied that some were approved but many were modified.

Ms. Dominguez asked if the modifications allow SLPs to not be physically present with the aides. Ms. Burns replied that some were direct supervision. Ms. Liranzo said that others were immediate supervision. Ms. Liranzo and Ms. Burns said that indirect supervision was mostly when the aide was cleaning or performing clerical work. Ms. Liranzo said that many different words were used to describe the type of supervision provided which can cause confusion in determining whether the SLP is in the room or not. Ms. Burns said that the application is a free form text box as well as an option to upload documents which makes it difficult to determine the training and supervision for each of the duties listed. Ms. Liranzo said that work setting was provided in the examples provided in the meeting material if it was identifiable and one example was provided as an example of someone who applied at the same time that they applied for a required professional experience temporary license. Ms. Burns said that it is difficult to review applications because of the way it is allowed to be submitted to the Board.

Ms. Dominguez asked if the text regarding alternate plan help staff to identify those working within and out of scope. Mr. Burns replied that most alternative plans had to do with SLPA work.

Ms. Dominguez asked if applications are approved or denied and not modified. Ms. Burns replied that they would be asked to modify and resubmit their supervision plans. Ms. Burns said that aides do not have regulations that specify what they cannot do and that they are provided by staff during the application review. Ms. Burns recommended removing the text regarding alternative plan to make it clear that the SLP is in the room when the aide is assisting with patients. Ms. Dominguez and Dr. Chambers expressed agreement with the recommendation.

Ms. Burns asked if there are any tasks an aide can do without a SLP in the room such as intake or questionnaires. Ms. Dominguez replied that the patient may have follow up questions that an aide would not be able to answer and would need a SLP. Ms. Liranzo said that the Committee could consider defining “immediate” or “direct” supervision that can be used when filling out the application.

Dr. Chambers asked if there is a way to add to the application tasks that will be rejected. Ms. Burns replied that it would make it clearer on what is outside the scope of an aide if a section was created in regulations. Ms. Liranzo sad that it could be added to the application but it would have to be done in regulations. Ms. Burns said that there might not be a lot of information to specify what an aide cannot do. Ms. Dominguez said that having different level of supervision and defining them be helpful and consistent.

Ms. Liranzo said that CCR section 1399.154.2(c) would be amended to say, “provide immediate supervision” and asked if the only alternative of supervision is “direct” supervision or would there be a time in which “indirect” supervision is provided. Ms. Dominguez and Dr. Chambers replied that there isn’t a time “indirect” supervision is provided to an aide. Ms. Dominguez said it should read, “provide immediate supervision while the speech-language pathology aide is assisting with patients” and the rest should be removed. Ms. Liranzo noted the changes. Ms. Liranzo said that “direct” supervision can be defined to say that it can be provided when the speech-language pathology aide is not assisting with patients.

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Ms. Dominguez and Dr. Chambers asked if "direct" supervision would be preparing, setting up, or cleaning up the room and the SLP is onsite. Ms. Liranzo replied that would be the definition and purpose. Ms. Dominguez said that this should make it easy for Board staff to approve or request for modification if everyone is using the same words.

Dr. Chambers asked if this Committee met on December 5, 2024, and not the Audiology Practice Committee. Ms. Liranzo replied that both committees met and said that the Audiology Practice Committee met and approved the text and this Committee reviewed and discussed the text and meeting materials.

Ms. Dominguez asked for public comment. There were no comments from the public, outside agencies, or associations.

5. Discussion and Possible Action to Recommend Amendments to Requirements for Continuing Professional Development for Speech-Language Pathology Assistants as Stated in BPC 2538.1 and Title 16, Sections 1399.170.14 and 1399.170.15

Ms. Dominguez invited Ms. Burns to recommend amendments to requirements for continuing professional development (CPD) for SLPAs. Ms. Burns provided a background on CPDs for SLPAs and questions the Committee should consider if it wishes to propose legislative changes during the Board's Sunset Review.

Ms. Dominguez asked why these other areas were excluded as learning opportunities. Ms. Burns replied that she doesn't know the exact reason and said that online courses were not prevalent when the SLPA license was created. Ms. Burns also said that it may have been to restrict coursework to become a SLP from being used to fulfill CPD requirements but restrictions can be specified in laws and regulations like it is done for SLPs. Ms. Dominguez said that many of the CPD providers require a person to register or pay for access to CPD like the American Speech-Language Hearing Association. Ms. Dominguez also said that it would be good to consider allowing SLPAs to take coursework through an approved CPD provider as long as there is no exclusion statement including allowing SLPAs to take online courses. Dr. Chambers expressed agreement with the Ms. Dominguez's statement.

Ms. Burns asked if there are any CPD providers allowed for SLPs that SLPA should be allowed so long as it relates to their work as a SLPA. Ms. Dominguez replied that it should be appropriate for the work site or population they are serving. Ms. Dominguez said CPD should be for the benefit of the clients they are working with

Ms. Burns asked if there should be restrictions to college coursework toward a master's degree if college coursework is permitted. Dr. Chambers and Ms. Dominguez replied that there should be restrictions.

Ms. Dominguez directed Board staff to draft text for the Committee to review at a future meeting.

Ms. Dominguez asked for public comment. There were no comments from the public, outside agencies, or associations.

6. Adjournment

The meeting adjourned at 4:54 p.m.

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CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
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MEMORANDUM

DATE	June 6, 2025
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Maria Liranzo, Legislation/Regulation/Budget Analyst
SUBJECT	Agenda Item 4: Review and Possible Approval of the May 16, 2025 Board Meeting Minutes

Background

Attached is a draft of the meeting minutes from the May 16, 2025 Board Meeting.

Action Requested

Staff recommends the Board review and discuss the provided materials. The Board may wish to determine whether or not to approve the May 16, 2025 Board Meeting minutes.

Attachment: May 16, 2025 Board Meeting Minutes

BOARD MEETING MINUTES – DRAFT
Sacramento and Glendora, CA
Friday, May 16, 2025

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

Gilda Dominguez, Board Chair, called the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) meeting to order on May 16, 2025, at 9:00 a.m. Ms. Dominguez called roll; five members of the Board were present and thus a quorum was established.

Board Members Present
Gilda Dominguez, Speech-Language Pathologist, Board Chair
Amy White, Dispensing Audiologist, Board Vice Chair
Tod Borges, Hearing Aid Dispenser
Tamara Chambers, Otolaryngologist, Public Member
Charles Sanders, Dispensing Audiologist

Staff Present
Cherise Burns, Executive Officer
Maria Liranzo, Legislation/Regulation/Budget Analyst
Tim Yang, Enforcement Analyst
Yuping Lin, DCA Legal Counsel
Grace Arupo Rodriguez, DCA Regulatory Counsel
Shelly Jones, DCA SOLID
David Bouilly, DCA SOLID(Web Moderator)

2. Public Comment for Items Not on the Agenda

Ms. Dominguez asked for public comment for items not on the agenda. There were no comments from the public, outside agencies, or associations.

3. Review and Possible Approval of the February 21, 2025, Board Meeting Minutes

Ms. Dominguez invited Maria Liranzo to present the minutes. Ms. Liranzo provided a summary of the minutes.

Ms. Dominguez asked for Board discussion. There was no Board discussion.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

Amy White moved to approve the February 21, 2025, Meeting minutes as noticed.

Tamara Chambers seconded the motion.

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The motion carried 5-0. (Ayes: Dominguez, White, Borges, Chamber, Sanders)

4. DCA Update – DCA Board and Bureau Relations

Ms. Dominguez invited staff from DCA Board and Bureau Relations to provide an update. Shelly Jones from DCA SOLID provided an update on the Governor's reorganization plan, hybrid telework transition, DCA's Compliance and Equity officer, and public service recognition week.

Ms. Dominguez asked for Board discussion. There was no Board discussion.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

5. Board Chair's Report

Ms. Dominguez reported on the Board meeting calendar and committee membership.

Ms. Dominguez invited Tod Borges to provide a report on the discussion at the Hearing Aid Dispensing Committee. Mr. Borges provided a report on what the committee discussed.

Ms. Dominguez invited Dr. Amy White to provide a report on the discussion at the Audiology Practice Committee. Dr. White provided a report on what the committee discussed.

Ms. Dominguez provided a report on what the Speech-Language Pathology Practice committee discussed.

Ms. Dominguez asked for Board discussion. There was no Board discussion.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

6. Executive Officer's Report

Ms. Dominguez invited Cherise Burns to provide the Executive Officer's report.

Ms. Burns provided an administration update including the appointment of a new Executive Officer and the vacancy of the Assistant Executive Officer position.

Ms. Burns reported on outreach efforts including conference calls with representatives from the California Speech Language Hearing Association (CSHA) and California Academy of Audiology, and a presentation with the Board Chair at CSHA's Convergence Conference in March 2025. Ms. Burns reported that the Board got two questions during the presentation and commented on the question regarding Required Professional Experience (RPE) supervisors countersigning their RPE temporary license holder's documents and issues that could cause a delay in a professional development provider application.

Ms. Burns reported on the budget including the budget reduction, transitioning renewal notices to postcard reminders, an augmentation for Attorney General (AG) and Office of Administrative Hearing (OAH) costs, and the Board's fund condition.

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Ms. Burns provided a brief report on the Board's regulations and deferred to the regulatory report.

Ms. Burns reported on licensing including processing times and hearing aid dispensing practical examination results.

Ms. Burns reported on enforcement including complaints and subsequent arrest notifications, citations and fines, formal disciplinary cases with the Attorney General's Office, probationers being monitored, disciplinary actions adopted by the Board, and continuing education and continuing professional development audits.

Mr. Borges asked if the fiscal year is the same as a calendar year or if it is from July 1 through June 30. Ms. Burns replied that it is July 1 through June 30. Mr. Borges noted that the Assistant Executive Officer position will be vacant for two more months.

Mr. Borges asked if the amount of money saved when the Board transitions to renewal postcard reminders include man hours. Ms. Burns replied that it is included.

Dr. Tamara Chambers asked if there was an option to opt-out of the postcard reminder for an electronic reminder. Ms. Burns replied that the current system is not configured to send electronic notification and commented on potential future business modernization projects to update the online renewal system.

Mr. Borges asked if a future business modernization project is something that would be part of Sunrise or Sunset or grant funded. Ms. Burns replied that this was the first time the California Department of Technology offered a grant to modernize technology and said that she hopes that it will become available in the future when the budget improves. Ms. Burns said that the Board can join other boards who are looking to update their online licensing and renewal systems in the budget process as well.

Mr. Borges asked if five (5) percent of renewals for each month in 2024 is being audited. Ms. Burns replied that it is and commented on how other boards are auditing continuing education.

Dr. White asked if the plan is to present to state associations the errors being seen in continuing education audits. Ms. Burns replied that is the plan like the presentation at CSHA's conference and noted that California Academy of Audiology has already reached out to the Board to present at their conference.

Dr. Chambers asked if citations carry a fine. Ms. Burns replied that they can and, in mild cases, it can be an educational letter. Ms. Burns said they will both have an order of abatement, which requires that licensees make up those course hours they are missing.

Mr. Borges asked if there is any information on the Board's website on continuing education audits and recommended that it be added if there is none. Ms. Burns replied that the Board does not have information on the Board's website but a webpage can be created. Dr. Chambers expressed agreement to the recommendation.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

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7. Legislative Report: Update, Review, and Possible Action on Proposed Legislation

Ms. Dominguez invited Ms. Liranzo to provide the legislative report. Ms. Liranzo reported on the legislative calendar and deadlines, Board-sponsored legislation, and bills with recommended watch status.

Ms. Liranzo recommended the Board to discuss Assembly Bill (AB) 45 on privacy, health data, and location and said that it may impact hearing aids that collect location data. Ms. Liranzo advised that dispensers should contact their hearing aid manufacturers to determine the impact of this bill.

Ms. Liranzo recommended the Board discuss AB 485 on nonpayment of wages and said that the bill would require the Board to deny renewals for nonpayment of wages to their employees. Ms. Liranzo further said the Board doesn't have a mechanism to deny renewals and Board staff is working with DCA to amend the text to require the Board to place a hold on the renewal like it does for nonpayment of family support and state tax violation.

Ms. Liranzo recommended the Board discuss Senate Bill (SB) 641 regarding Department of Consumer Affairs and states of emergency waivers and exemptions and said that this would allow the Board to delay certain renewal requirements. Ms. Liranzo further said that, if chaptered, it would be something the Board needs to discuss and add to its Board Administrative Procedure Manual as the intent is to not require any regulations.

Mr. Borges asked what the word "geofencing" means. Ms. Liranzo replied that it is the collection of location data. Dr. White and Dr. Charles Sanders commented on hearing aids remembering locations so that the programming can be used in the future. Dr. White, Dr. Sanders, and Mr. Borges commented on data being collected and opt-out features.

Dr. White said that AB 364 regarding personal information maintenance is similar to AB 45 and said that many hearing aids are owned by a foreign country. Dr. White further said that many dispensers may not know what, where, or how hearing aid data is being stored. Ms. Liranzo said that this is good information for Board staff to know as they are not familiar with the industry and advise dispensers to contact their hearing aid manufacturers to determine the impact of these types of bills.

Dr. Sanders asked if licensees will be held liable for any violations under these bills. Ms. Burns and Ms. Liranzo replied that Board staff would have to look into it.

Dr. White said that AB 410 regarding bots and disclosure is of similar nature to AB 45 and AB 364. Dr. White further said that many practice software includes the use of a bot to schedule or reschedule appointments. Dr. White advised licensees to be aware that AB 410 will require notifying the patient that they are talking to a bot. Dr. Sanders said that this is going to get bigger as artificial intelligence becomes more sophisticated and behavioral.

Dr. White said that AB 489 regarding health care professions, deceptive terms or letters, and artificial intelligence is of similar nature to AB 45, AB 364, and AB 410. Dr. White further said that some software can help consumers troubleshoot issues with their hearing aids and advised licensees to be aware that AB 410 will require notifying the patient that they are talking to a bot.

Dr. White asked if the Board has the ability to provide interpreters as required by AB 667. Ms. Burns

replied that it would probably be a contract. Ms. Liranzo said that the Boards rarely get requests for interpreters.

Dr. White asked if there was more information on AB 784 regarding special education and specialized deaf and hard-of-hearing services. Ms. Liranzo replied that there might be confusion in school settings regarding the definition of special education and if it includes deaf and hard-of-hearing related services. Ms. Burns said that the current law may be interpreted as prohibiting deaf and hard-of-hearing related services from individualized education plans and this bill says that it is not prohibited.

Dr. Sanders and Dr. White asked about AB 970 regarding child abuse and neglect reporting. Ms. Liranzo replied that this is a pilot program for mandated reporters in Los Angeles County.

Dr. White asked if the program will be compulsory or opt-in. Ms. Liranzo replied that Board staff would have to look into.

Ms. Burns commented on SB 641 regarding the Department of Consumer Affairs and states of emergency waivers and exemptions and said that it is a delay of renewal s and renewal requirements and it doesn't mean that is waives renewal fees and renewal requirements.

Dr. White asked if the Board took this type of action during COVID. Ms. Burns replied that it did not because the executive order gave DCA the authority to waive requirements and the Board requested waivers from DCA.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

8. Legislative Items for Future Meeting

Ms. Dominguez asked for legislative items for future meeting. Ms. Burns said that Board staff are reviewing and may add the following bills to the Board's watch status:

- AB 1355 reading location privacy;
- SB 82 regarding consumer goods and services, contracts, and dispute resolution provisions;
- SB 294 regarding the Workplace Know Your Rights Act; and
- SB 747 regarding wages and behavioral health and medical-surgical employees.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

9. Update and Discussion on the Audiology & Speech-Language Pathology Interstate Compact (ASLP-IC)

Ms. Dominguez invited Ms. Burns to provide an update on the Audiology & Speech-Language Pathology Interstate Compact (ASLP-IC). Ms. Burns said that the compact is running but it is not issuing privileges. Ms. Burns further said that the system is expected to be up and running by late summer of 2025 and recommended that the Board invites ASLP-IC to do a presentation on how the compact is working. Ms. Burns noted that this item is in the Board's strategic plan and highlighted the issues identified by the Board and Board staff during ASLP-IC's presentation to the Board in

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2022. Dr. White expressed agreement to invite ASLP-IC to do a presentation on how the compact is working.

Ms. Burns said that the thirty-four (34) states in the compact are smaller states. Dr. White said that there are a couple states listed whose rules and regulations for audiologist are robust and who do a lot of enforcement.

Dr. White asked if other professions have compact. Ms. Burns replied that nursing and physical therapy may have one but Board staff would have to look into it.

Dr. Chambers asked about information sharing and if states would be able to exchange information. Ms. Burns replied that ASLP-IC didn't have that level of detail. Ms. Burns said that the Board receives subsequent arrest notices for licensees in the state of California and the Board does not receive subsequent federal rap back after the initial background search from fingerprints.

Dr. White and Dr. Sanders asked if the Board should develop a series of questions and start requesting information. Ms. Burns replied that questions could be developed.

Dr. White asked if the Board should wait to develop question until ASLP-IC return to the Board with a presentation on how the compact is working. Ms. Burns replied that the Board will learn from when the ASLP-IC presents to the Board how the compact is working and what additional questions need to be answered at that time. Mr. Borges expressed agreement to wait until ASLP-IC return to the Board with a presentation. Ms. Dominguez said that issuing privileges are anticipated to begin in late summer of 2025. Ms. Liranzo noted that this is an anticipated timeline and information technology projects can get delayed. Ms. Liranzo said that Board staff will continue to monitor the status of the compact issuing privileges.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

10. Discussion and Possible Action to Review and Revise the Board's Administrative Procedure Manual

Ms. Dominguez invited Ms. Burns to provide an update on revisions to the Board's Administrative Procedure Manual. Ms. Burns said that the revisions include changes to Chapter 7 regarding complaint and disciplinary process and updates to the Board's values.

Dr. White and Ms. Dominguez said that the revisions make it much clearer and easier to understand.

Ms. Dominguez asked if the words "the motion passes" is included in the text regarding the announcement of a vote found on page 9. Ms. Burns replied that it does.

Ms. Dominguez asked if the words most frequently used to announce a vote can be used instead. Ms. Burns replied that it can and noted that changes.

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Ms. Dominguez asked how often the Board updates the strategic plan. Ms. Burns replied that it is updated every four (4) years and said that it is updated in between Sunsets. Ms. Burns further said that a longer timeframe like five (5) year could be needed if the Board has a large campaign or project.

Ms. Dominguez asked if it would be prescriptive to state four (4) years. Mr. Borges and Ms. Burns replied that the Board would be confined to those years. Ms. Burns said the Board may need a shorter timeframe like three (3) years if the Board has found it is running into difficulties.

Dr. White recommended non-substantive changes throughout the document that correct the placement of commas inside quotation marks. Ms. Burns noted the changes.

Ms. Jones said that the Board should contact DCA SOLID if it plans to update their strategic plan for any reason.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

Charles Sanders moved to approve the revised Administrative Procedure Manual as amended.

Tod Borges seconded the motion.

The motion carried 5-0. (Ayes: Dominguez, White, Borges, Chamber, Sanders)

11. Discussion and Possible Action Regarding Potential Options for Obtaining Authority for and Implementing a Retired License Status for Board Licensees

Ms. Dominguez opened the discussion on possible action to obtain authority for and implementing a retired license status for licensees. Ms. Burns provided a background on retired license status for licensees and questions for Board discussion.

Mr. Borges asked if the Board is no longer tracking licensees who are on retired status and if they fall out of the system. Ms. Burns replied that they don't fall off the system.

Mr. Borges asked if the Board could continue to take action against a licensee if they go on retired status. Ms. Burns replied that the Board can continue to take action against a licensee who goes into retired status and said that licensees on probation would be considered tolled if they are not practicing because they are required to have an active license.

Mr. Borges asked if inactive status means expired. Ms. Burns replied that expired status is when a licensee fails to renew their license.

Dr. White asked what the reasons are for people seeking a retired status. Ms. Burns replied that comments from phones call is that licensees don't want to be delinquent or expired, or cancelled.

Mr. Borges asked if inactive means cancelled. Ms. Burns replied that it doesn't and said that there is an active, inactive, or cancelled status.

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Mr. Borges asked why the Board would need to create a retired status when licensee can go inactive. Ms. Burns replied that licenses would have to pay the inactive fee which is the same amount as an active license. Dr. White said the reasons to create the status is reasonable and that, if the status is created, the licensee should be in good standing, allowed to come out of retired status once, and return within a timeframe without needing to re-apply for a licensure such as five (5) years.

Mr. Borges said that three (3) years would be reasonable for hearing aid dispensers because hearing aid technology can change within three (3) years. Mr. Borges commented on the number of hours of continuing education require to return to practice out of retired status.

Mr. Borges asked if licensees on retired status would be excluded from being examiners. Ms. Burns replied that they would be excluded.

Dr. White asked if it would be reasonable to require licensees on retired status for over a decade to re-apply for licensure. Mr. Borges replied that they should. Ms. Burns said that some licensees may keep up with continuing education requirements for professional certification but not everyone is doing that.

Mr. Borges asked if the fee is the reason for a retired status. Ms. Burns and Dr. White replied that is one of the reasons but also the perception. Ms. Burns said that the retired status would also give Board staff better data on who actually has an active, inactive, or expired license status.

Dr. White said it is not unreasonable to require licensees on retired status after period time to re-apply for licensure. Dr. White further stated that the retired status should be used for that purpose and requirements like these would prevent licensees from using it in place of inactive status.

Ms. Dominguez said that licensees should not be allowed to place their license on retired license status if they have a current administrative enforcement or disciplinary action against them at that time, or situations that need to be mitigated first. Ms. Dominguez furthered said that there should be a limit to the number of times a licensee can enter and exit retired status and recommended that this should be one (1) time. Ms. Dominguez also said that there should be requirements if they are on retired status for a certain time period and want to return, and recommended that it should be no more than three (3) years with the completion of continuing education.

Mr. Borges commented on the number of hours of continuing education and course delivery format that should be required for licensees on retired status to return to practice. Mr. Borges said that finding “live” courses can pose a challenge for hearing aid dispensing. Dr. White expressed agreement that it may be difficult to complete so many hours in a short amount of time if the licensee needs to return to practice. Dr. White said that there is less risk to the public if the time period to return to practice from retired status is three (3) years as opposed to five (5) or ten (10) years. Dr. White also said that the number of continuing education hours doesn’t need to be excessive. Dr. Sanders said that licensees may need to return to practice due to an emergency and required to return to practice immediately. Dr. White recommended the number of continuing education hours should be the current year. Ms. Burns and Ms. Liranzo said that there are different renewal requirements for different license types. Ms. Liranzo said that the regulations adopted required that licensees with expired licenses complete the continuing education required for the most recent renewal period.

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Dr. Chambers asked if there is a difference between “live” versus “self-study” courses for those that need to return to practice immediately. Dr. White and Ms. Dominguez replied that there are a lot of “live” courses for audiologists and speech-language pathologists. Mr. Borges replied that “live” courses are limited for hearing aid dispensers and getting half of the total required hours in “live” courses may not be feasible for a person in this situation. Dr. Chambers recommended to change the requirement so that it is hundred (100) percent “self-study” courses. Dr. White said that it should apply to all licensees on retired status and not just hearing aid dispensers. Mr. Borges and Ms. Dominguez expressed agreement with the recommendations.

Dr. Chambers asked if the language would say that all licensees on retired status who want to return to practice can complete all their continuing education hours from “self-study” courses. Ms. Burns replied that Board staff would have to look into it as this is different from other boards retired status.

Ms. Dominguez asked for clarification in the number of hours and years required for continuing education. Mr. Borges replied that it will be one renewal period and said that it is one (1) year or twelve (12) hours for dispensers and two (2) years or twenty-four (24) hours for speech-language pathologists and non-dispensing audiologists.

The Board delegated Board staff to draft text for Board.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

12. Regulatory Report: Update, Review, and Possible Action on Board Regulation Package

Ms. Dominguez invited Ms. Liranzo to provide the regulatory report. Ms. Liranzo reported on Board regulation packages and their status in the rulemaking process.

Ms. Dominguez asked for Board discussion on the report. There was no discussion.

Ms. Dominguez asked for public comments on the report. There were no comments from the public, outside agencies, or associations.

Ms. Dominguez invited Ms. Liranzo to provide an update on possible action to proposed regulations regarding processing times. Ms. Liranzo provided an update on the proposed regulations regarding processing times and noted the number of comments received and a drafted Board response to that comment in the meeting materials.

Dr. White asked why there was processing times in regulations. Ms. Burns replied that there was a law that required the Board to specify their processing times in regulations, but that law has since been repealed. Ms. Burns stated that the Board was unable to go through a Section 100 rulemaking process for these sections due to the authority the Board had cited. Ms. Liranzo said that the authority used was from the Board’s Practice Act instead of the law that required it.

Dr. White asked what happened if the Board didn’t meet the processing times. Ms. Burns replied there was no penalty and said it was a goal. Ms. Burns further said that DCA’s goal is thirty (30) days. Dr. White commented on processing times and factors that impact it such as available staff and workload. Ms. Liranzo said that it was stated in the initial statement of reason that there is a statutory requirement to report processing times on a quarterly basis, but the Board tries to report it

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on a weekly basis.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

Tod Borges moved to accept the proposed Board response(s) to comment(s) on proposed regulatory text 16 CCR sections 1399.113, 1399.141, 1399.151.1, 1399.153.2, 1399.160.6, 1399.170.4, and 1399.170.13 and direct Board staff to provide the response(s) to comment(s) as indicated in the Board memo on pages 1 and 2. Direct Board staff to take all steps necessary to complete the rulemaking process, including the filing of the final rulemaking package with the Office of Administrative Law, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed regulations at 16 CCR sections 1399.113, 1399.141, 1399.151.1, 1399.153.2, 1399.160.6, 1399.170.4. and 1399.170.13 as noticed.

Amy White seconded the motion.

The motion carried 5-0. (Ayes: Dominguez, White, Borges, Chamber, Sanders)

13. Future Agenda Items

Ms. Dominguez asked for future agenda items.

Mr. Borges asked if the list of items regarding hearing aid dispensing will be on a future agenda. Ms. Burns replied that it will be on the August agenda.

Dr. White asked if the items raised during the Audiology Practice Committee will be on a future agenda. Ms. Burns replied that it will be.

Mr. Borges asked if hearing dome removal will be on a future agenda. Ms. Burns replied that it will be in the Hearing Aid Dispensing Committee agenda because a motion wasn't made.

Dr. White asked if the Audiology Practice Committee recommendation to not sunrise the Audiology Assistant will be on a future agenda. Ms. Burns replied that it will be in a future agenda.

Ms. Dominguez asked Ms. Burns if agenda items will be determined when preparing for the next meeting. Ms. Burns replied that is correct and said that the Chair can determine whether it needs to go to a Committee or the Board.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

14. The Board Will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Proposed Decisions, Stipulated Decisions, Defaults, Petitions for Reductions in Penalty, Petitions for Reconsideration, and Remands.

The Board did not meet in closed session.

15. Adjournment

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The meeting adjourned at 11:47 a.m.

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CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

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MEMORANDUM

DATE	August 12, 2025
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Gilda Dominguez, Board Chair
SUBJECT	Agenda Item 6: Board Chair's Report

The Board Chair will provide a verbal update on Board and Committee activities and assignments.

a. Board and Committee Meeting Calendar

Meeting Date	Location	Agenda	Meeting Materials	Minutes	Webcast
2025					
December 4 – 5, 2025	Southern California (TBD)				
August 21 – 22, 2025	Teleconference	Agenda			
May 15 – 16, 2025	Teleconference	May 15 Agenda May 16 Agenda	May 15 Committee Meeting Materials May 16 Meeting Materials Hand Carry – Agenda Item 6 Hand Carry – Agenda Item 11		Board Meeting Webcast Pathology Practice Committee Webcast Audiology Practice Committee Webcast Hearing Aid Dispensing Committee Webcast
February 21, 2025	Sacramento, California and Teleconference	Agenda	Materials	Minutes	Webcast

b. Board Committee Reports

The Speech-Language Pathology Practice Committee, Hearing Aid Dispensing Committee, and Audiology Practice Committee will provide a verbal report regarding their committee meeting.

STANDING COMMITTEES

Standing Committee composition and leadership are determined by the Board President and are fully within the scope of the Open Meetings Act. Standing Committee meetings are often held in conjunction with regularly scheduled Board Meetings.

SLP PRACTICE COMMITTEE
Addresses changes in practice patterns and recommends position statements and/or scope of practice amendments for consideration.

Name	Position	Profession
Gilda Dominguez	Chair	SLP
Francis David	Member	SLP
Tamara Chambers	Member	ORL/Public

AUDIOLOGY PRACTICE COMMITTEE
Addresses changes in practice patterns and recommends position statements and/or scope of practice amendments for consideration.

Name	Position	Profession
Amy White	Chair	DAU
Charles Sanders	Member	DAU
Tamara Chambers	Member	ORL/Public
Karen Chang	Member	Public

HEARING AID DISPENERS PRACTICE COMMITTEE
Addresses changes in practice patterns and recommends position statements and/or scope of practice amendments for consideration.

Name	Position	Profession
Tod Borges	Chair	HAD
VACANT	Member	HAD
Karen Chang	Member	Public

HEARING AID DISPENSING COMMITTEE
Provides policy and regulatory guidance with respect to hearing aid dispensing practices and recommends scope of practice amendments for consideration.

Name	Position	Profession
Tod Borges	Chair	HAD
VACANT	Member	HAD
Charles Sanders	Member	DAU
Amy White	Member	DAU

HEARING AID DISPENSING COMMITTEE *Provides policy and regulatory guidance with respect to hearing aid dispensing practices and recommends scope of practice amendments for consideration.*		
Tamara Chambers	Member	ORL/Public

AD HOC COMMITTEES

Ad Hoc Committees may be established by the Board President as needed. Composition and leadership will be appointed by the Board President. Ad Hoc Committees may include the appointment of non-Board members at the Board President's discretion. Ad Hoc Committees are not fully within the scope of the Open Meetings act, however all recommendations made by Ad Hoc Committees must be reviewed and voted on by the Board in a public Board Meeting.

SUNSET REVIEW AD HOC COMMITTEE *Develop for the Board's review the Board's Sunset Review Report to the California Legislature*		
Name	**Position**	**Profession**
Gilda Dominguez	Chair	SLP
Amy White	Member	DAU

ENFORCEMENT AD HOC COMMITTEE *Review and recommend to the Board proposed revisions to the laws, regulations, and policies related to the Board's enforcement of the Boards Practice Act.*		
Name	**Position**	**Profession**
Gilda Dominguez	Chair	SLP
Tod Borges	Member	HAD

LEGISLATIVE AD HOC COMMITTEE *Review and recommend to the Board proposed positions on legislation impacting the Board, its licensees, and the Board's Practice Act*		
Name	**Position**	**Profession**
Karen Chang	Chair	Public
Gilda Dominguez	Member	SLP

Legend:
DAU - Dispensing Audiologist
ORL/ENT - Otolaryngologist/Ear, Nose & Throat
HAD - Hearing Aid Dispenser
SLP - Speech-Language Pathologist

Hand Carry Item

Agenda Item 7:
Executive Officer's Report

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	August 14, 2025
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Maria Liranzo, Legislation/Regulation/Budget Analyst
SUBJECT	Agenda Item 8: Legislative Report: Update, Review, and Possible Action on Proposed Legislation

a. Legislative Calendar and Deadlines

- August 18 – Legislature reconvenes from Summer Recess.
- August 29 – Last day for fiscal committees to hear and report bills to the Floor.
- September 2-12 – Floor session only. No committees may meet for any purpose, except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees.
- September 5 – Last day to amend on the Floor.
- September 12 – Last day for each house to pass bills. Interim Recess begins upon adjournment.
- October 12 – Last day for Governor to sign or veto bills passed by the Legislature on or before September 12 and in the Governor's possession after September 12.

b. Board-Sponsored Legislation

i. Senate Bill (SB) 861 (Committee on Business, Professions and Economic Development) Consumer affairs.

Status: This bill is in the Assembly on Third Reading.

Summary: This bill will replace gendered pronouns with non-gendered pronouns and replace the Board's former name with its current name.

c. Bills on Watch Status

i. Assembly Bill (AB) 45 (Bauer-Kahan) Privacy: health data: location and research.

Status: This bill is in the Senate Appropriations Committee.

Summary: This bill would, subject to specified exceptions, prohibit geofencing, or selling or sharing personal information with a third party to geofence an entity that provides in-person health care services in California for specified purposes, and would prohibit the use of

personal information obtained in violation of this provision. The bill would also provide that a statement signed under penalty of perjury that the personal information will not be used for selling or sharing personal information in violation of these geofencing provisions is prima facie evidence that the personal information was not sold or shared in violation of these geofencing provisions. The bill would provide that violators are subject to an injunction and liable for a civil penalty assessed and recovered in a civil action brought by the Attorney General, and deposited in the California Reproductive Justice and Freedom Fund. This bill would prohibit the release of research records, in a personally identifying form, developed or acquired by a person in the course of conducting research relating to anyone seeking or obtaining health care services, or relating to personal information, in response to a subpoena or a request or to law enforcement if that subpoena, request, or the purpose of law enforcement for the medical information is based on, or for the purpose of enforcement of, either another state's laws that interfere with a foreign penal civil action.

Current law prohibits a person or business from collecting, using, disclosing, or retaining the personal information of a person who is physically located at, or within a precise geolocation of, a family planning center, except as necessary to perform the services or provide the goods requested and not sold or shared. Current law authorizes an aggrieved person or entity to institute and prosecute a civil action against a person or business for a violation of these provisions and specify damages and costs authorized to be recovered. Current law did not apply to a provider of health care, a health care service plan, or contractor, as those terms are defined in Section 56.05.

ii. AB 322 (Ward) Precise geolocation information.

Status: This bill in the Senate Appropriations Committee.

Summary: This bill would require a business that collects precise geolocation information to prominently display a notice to the consumer whose information is being collected that states certain information related to the collection of the information and its use by the business when information is being collected. This bill would prohibit a business that collects precise geolocation information from retaining the information longer than necessary to provide the goods or services requested by the consumer or longer than one year after the consumer's last intentional interaction with the business, whichever is earlier.

Current law, known as the California Consumer Privacy Act of 2018 (CCPA), grants a consumer various rights with respect to personal information that is collected by a business including the right to direct a business that collects sensitive personal information about the consumer to limit its use. Current law defines "sensitive personal information" to mean personal information that reveals a consumer's precise geolocation, among other things.

iii. AB 346 (Nguyen) In-home supportive services: licensed health care professional certification.

Status: This bill in the Senate Appropriations Committee on Suspense File.

Summary: This bill would define "licensed health care professional" to mean individual licensed in California by the appropriate California regulatory agency, acting within the scope

of their license or certificate, as defined in the Business and Professions Code, including a physician or surgeon, physician assistant, podiatrist, dentist, or nurse practitioner.

Current law defines a licensed health care professional to mean an individual licensed in California by the appropriate California regulatory agency, acting within the scope of their license or certificate as defined in the Business and Professions Code. Current law also defines supportive services to include those necessary paramedical services that are ordered by a licensed health care professional for purposes of the IHSS program Current law requires an applicant for, or recipient of, IHSS services obtain a certification from a licensed health care professional declaring that the applicant or recipient is unable to perform some activities of daily living independently, and that without services to assist the applicant or recipient with activities of daily living, the applicant or recipient is at risk of placement in out-of-home care.

iv. AB 364 (DeMaio) Personal information: maintenance.

Status: This bill is in the Assembly Privacy and Consumer Protection Committee.

Summary: This bill would enact the Stop Foreign Governments from Accessing Californians' Sensitive Personal Information Act as Sections 1798.100 and 1798.122 of the Civil Code and would additionally require a business to disclose to a consumer if the business intends to maintain the consumer's personal information outside of the United States. The bill would prohibit a business from maintaining a consumer's personal information outside of the United States unless, among other things, the consumer explicitly consented to the business maintaining the consumer's personal information outside of the United States. The bill would also prohibit a business from maintaining personal information that is health care information, financial information, or geolocation data in the custody of a foreign government or a third party that is owned or controlled by a foreign government.

Current law, known as the California Consumer Privacy Act of 2018 (CCPA), grants a consumer various rights with respect to personal information that is collected by a business including the right to direct a business that sells or shares personal information about the consumer to third parties not to sell or share the consumer's personal information. The CCPA requires a business that controls the collection of a consumer's personal information to, at or before the point of collection, inform a consumer of, among other things, the categories of personal information to be collected, the purposes for which the categories of personal information are collected or used, and whether that information is sold or shared.

v. AB 410 (Wilson) Bots: disclosure.

Status: This bill is in the Senate Appropriations Committee.

Summary: This bill would require a person who uses a bot to autonomously communicate with another to ensure that the bot discloses to any person with whom the bot communicates when the bot first communicates with the person that the bot is a bot and not a human being, answer truthfully any query from a person regarding its identity as a bot or a human, and refrain from attempting to mislead a person regarding its identity as a bot. The bill would redefine "bot" to mean an automated online account or application that a reasonable person could believe is a human being and with respect to which substantially all of the actions or posts of that account or application are the outputs of generative artificial intelligence. The bill

would define “generative artificial intelligence” to mean artificial intelligence that can generate derived synthetic content, including text, images, video, and audio that emulates the structure and characteristics of the system’s training data. The bill would also define “artificial intelligence” to mean an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments. The bill would exempt a person who uses a bot that is required to comply with a more prescriptive disclosure scheme. The bill would the definition of online platform and exemption for service providers of online platforms. The bill would permit the Attorney General, a district attorney, a county counsel, a city attorney, or a city prosecutor to bring an action against a person who violates this law to obtain either an injunctive relief or a civil penalty of one thousand dollars ($1,000) per violation.

Current law makes it unlawful for any person to use a bot to communicate or interact with another person in this state online with the intent to mislead the other person about its artificial identity for the purposes of knowingly deceiving the person about the content of the communication in order to incentivize a purchase or sale of goods or services in a commercial transaction or to influence a vote in an election, unless the person using the bot discloses that it is a bot. Current law defines a “bot” as an automated online account where all or substantially all of the actions or posts of that account are not the result of a person.

vi. AB 485 (Ortega) Labor Commissioner: unsatisfied judgments: nonpayment of wages.

Status: This bill is in the Senate Appropriations Committee.

Summary: This bill would require any state agency to deny a new license or permit or the renewal of an existing license if the applicant, licensee, or registrant is in violation of Section 238 of the Labor Code regarding unpaid wages. The bill would also require the Labor Commissioner to notify the state agency of any licensees or registrants who are in violation of Section 238 of the Labor Code. This bill would repeal similar provisions applicable to employers in the long-term care industry and instead would permit the State Public Health Officer to exempt a hospital employer from the bill’s requirements upon a determination that a denial, suspension, or revocation of the hospital’s license, permit, or renewal could have imminent or substantial adverse effects upon public health or safety or would violate constitutional law.

Current law generally prohibits an employer with an unsatisfied final judgment for nonpayment of wages from continuing to conduct business in California, unless that employer has obtained a bond from a surety company and filed that bond with the Labor Commissioner. Current law requires the State Department of Public Health or the State Department of Social Services to deny a new license or the renewal of an existing license if an employer who is required to obtain a license from such department has violated this law. Current law requires the Labor Commissioner to notify those departments upon finding that an employer in the long-term care industry is violating this law.

vii. AB 489 (Bonta) Health care professions: deceptive terms or letters: artificial intelligence.

Status: This bill is in the Senate Appropriations Committee.

Summary: This bill would prohibit the use by artificial intelligence (AI) or generative artificial intelligence (GenAI) technology of the use of terms, letters, or phrases that indicate or imply that the care, advice, reports, or assessments being provided through AI or GenAI is being provided by a natural person with the appropriated health care license or certificate. The bill would make it enforceable against an entity who develops or deploys a system or device that uses one or more of those terms, letters, or phrases in the advertising or functionality of AI or GenAI system, program, device, or similar technology. The bill would make this violation subject to the jurisdiction of the appropriate health care profession board, and would make each use of a prohibited term, letter, or phrase punishable as a separate violation.

Current law makes it a crime for a person who is not licensed as a health care professional to use certain words, letters, and phrases or any other terms that imply that they are authorized to practice that profession. Current law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information to ensure that those communications include both (1) a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence and (2) clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person. Current law provides that a violation of these law be subject to the jurisdiction of the appropriate health care profession board

viii. AB 667 (Solache) Professions and vocations: license examinations: interpreters.

Status: This bill is in the Senate Appropriations Committee.

Summary: This bill would require boards under the jurisdiction of the Department of Consumer Affairs, with the exception of boards within Division 2 (commencing with Section 500), to permit an applicant who cannot read, speak, or write in English to use an interpreter to interpret the English written and oral portions of the license examination if the applicant meets all other requirements for licensure beginning July 1, 2026. The bill would also require an interpreter to satisfy specified requirements, including not having the license for which the applicant is taking the examination, and would prohibit the assistance of an interpreter under certain circumstances, including when English language proficiency is required for the license. The bill would also require Board to post on their internet websites that an applicant may use an interpreter if they cannot read, speak, or write in English, the examination is not offered in their preferred language, and they meet all other requirements for licensure.

ix. AB 742 (Elhawary) Department of Consumer Affairs: licensing: applicants who are descendants of slaves.

Status: This bill is in the Senate Appropriations Committee.

Summary: This bill would require boards under the jurisdiction of the Department of Consumer Affairs to expedite, instead of prioritize, applicants seeking licensure who are

descendants of American slaves once a process to certify descendants of American slaves is established. The bill would make this operative when the certification process is established. The bill would make this operative only if SB 518 of the 2025–26 Regular Session is enacted establishing the Bureau for Descendants of American Slavery to establish the certification process for this bill. The bill would make this effective for four (4) years from the date on which this section became operative, or until January 1, 2032, whichever is earlier, and as of that date is repealed. The bill would make operative only if SB 518 of the 2025–26 Regular Session is enacted establishing the Bureau for Descendants of American Slavery.

Current law requires boards under the jurisdiction of the Department of Consumer Affairs to expedited licensure process for honorably discharged members of the United States Armed Forces; military spouse or domestic partner; service members enrolled in Skillbridge; and refugees, asylees, and holders of special immigrant visas (SIVS).

x. AB 784 (Hoover) Special education: specialized deaf and hard-of-hearing services.

Status: This bill was chaptered by Secretary of State on July 14, 2025 (Chapter 44, Statutes of 2025)

Summary: This bill would prohibit those provisions from being construed to prohibit an individualized education program from including specialized deaf and hard-of-hearing related services as the only services.

Current law requires local educational agencies to identify, locate, and assess individuals with exceptional needs and to provide those individuals with a free appropriate public education in the least restrictive environment, with special education and related services, as reflected in an individualized education program. Current law defines “special education” as specially designed instruction, at no cost to the parent, to meet the unique needs of individuals with exceptional needs. Current includes in that definition speech-language pathology services and certain other services if the service is considered special education rather than a designated instruction and service or related service under state standards.

xi. AB 970 (McKinnor) Child abuse and neglect reporting.

Status: This bill is in the Assembly Public Safety Committee.

Summary: This bill would authorize the County of Los Angeles to establish a *2-year* pilot program to test a new model for the mandatory reporting of child abuse or neglect. The bill would require the pilot program to include a comprehensive County of Los Angeles mandated reporter training that may be made available to all mandated reporters in the county. The bill would also require the pilot program to also include the development and deployment of an internet-based decision-support tool, developed through a collaborative process with, among others, the State Department of Social Services for mandated reporters who have completed that training. The bill would also require the decision-support tool to, among other things, make a recommendation on whether or not to report and would prohibit the decision-support tool from using predictive analysis. The bill would, during the time the pilot program is in effect, deem a mandated reporter to have satisfied their reporting duties if the reporter completed the training, used the decision-support tool, and complied with the recommended action. The bill would shield a mandated reporter who satisfied their reporting duties pursuant

to this bill from civil liability or criminal penalty, and from penalties impacting their professional licenses, credentials, and certifications, for failing to report known or suspected child abuse or neglect, as well as the reporter's supervisor, employer, superior, or principal. The bill would repeal its provisions on January 1, 2030.

Current law authorizes a county welfare agency to develop a program for internet-based reporting of child abuse and neglect. Current law also authorizes a mandated reporter in a county where the program is active to use the internet-based reporting tool in lieu of the required initial telephone report.

xii. AB 1015 (Patel) Discrimination and harassment prevention training.

Status: This bill is in the Assembly Labor and Employment Committee.

Summary: This bill would authorize an employer to satisfy the training requirements by demonstrating that the employee possesses a certificate of completion within the past two (2) years.

Current law requires employer with five (5) or more employees to provide at least two (2) hours of classroom or other effective interactive training and education regarding sexual harassment to all supervisory employees and at least one (1) hour of classroom or other effective interactive training and education regarding sexual harassment to all nonsupervisory employees in California. Current law requires each employer provide sexual harassment training and education to each employee in California once every two years. Current law requires that an employee who has received training in compliance with the law within the prior two (2) years either from a current or a prior employer be given, and be required to read and acknowledge receipt of, the employer's antiharassment policy and requires that the employee then be put on a two-year tracking schedule based on the employee's last training. Current law places the burden of establishing that prior training was legally compliant on the employer.

xiii. AB 1110 (Ortega) Safety rules and regulations: notice.

Status: This bill is in the Assembly Appropriations Committee.

Summary: This bill would additionally require the notice containing information regarding safety rules and regulations in the workplace to contain the email address of the nearest division office.

Current law requires the Division of Occupational Safety and Health of the Department of Industrial Relations to prepare a notice, to be posted by employers, containing information regarding safety rules and regulations in the workplace. Current law requires the notice to contain specified items of information, including, among other things, the address and telephone number of the nearest division office.

xiv. AB 1192 (Carrillo) Child abuse or neglect: reporting.

Status: This bill is in the Assembly Appropriations Committee on Suspense File.

Summary: This bill would require an employee of an agency specified in Section 11165.9 of the Penal Code to additionally send a copy of the report to the attorney who represents a parent or legal guardian of the child, except when a parent whose parental rights have been terminated or a parent who is not entitled to reunification services. The bill would require the agency to redact all personal identifying information regarding all persons, other than the child, who are identified in the report. The bill would also require an employee of the agency to send a copy of the report to all attorneys who represent children with an open dependency case in that placement, subject to specified redaction if the suspected abuse or neglect occurred in a placement.

Current law requires certain professionals, including specified health practitioners and social workers, known as "mandated reporters," employed by an agency specified in Section 11165.9 of the Penal Code to report known or suspected child abuse or neglect to a local law enforcement agency or a county welfare or probation department. Current law requires the agency to maintain a copy of the written report and provide all information requested by the attorney for the child or the child's guardian ad litem within 30 days of the request. Current law also requires an employee of those agencies to send or have sent, within 36 hours, a copy of a report made pursuant to these laws to the attorney who represents the child, who is the subject of the report, in dependency court.

xv. AB 1326 (Ahrens) Masks: individual or public health.

Status: This bill is in the Senate Judiciary Committee.

Summary: This bill would give an individual the right to wear a mask on their face in a public place for the purpose of protecting their individual health or the public health, with regard to communicable disease, air quality, or other health factors. The bill would define a mask and a public place for purposes of this bill. The bill would not be construed as limiting or otherwise modifying the application or implementation of certain requirements for the removal of a mask relating to, among other contexts, security protocols to identify an individual, a bona fide occupational qualification, or emergency health care protocols.

xvi. AB 1327 (Aguiar-Curry) Home improvement and home solicitation: right to cancel contracts: notice.

Status: This bill is in the Senate on Third Reading.

Summary: This bill would additionally require that notice of cancellation in home improvement or home solicitation contract or offer to also be delivered by email and require the seller to include in the contract an email address to which the notice of cancellation is to be sent and a telephone number of a support line to aid in completing the notice of cancellation, and would make conforming changes. This bill would authorize a buyer to file a complaint with the Contractors State License Board if a notice of cancellation is not included in or attached to a home improvement contract.

Current law requires a home improvement or home solicitation contract or offer to include a notice of cancellation form with specified statements as to the buyer's right to cancel, including the deliverance of such notice to the seller by mail, delivery, or telegram.

xvii. SB 81 (Arreguín) Health and care facilities: information sharing.

Status: This bill is in the Assembly Appropriations Committee.

Summary: This bill would revise the definition of "medical information" to include immigration status, including current and prior immigration status, and place of birth. This bill would define "immigration enforcement" to mean any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal civil immigration law, and also includes any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal criminal immigration that penalizes a person's presence in, entry or reentry to, or employment in, the United States. The bill would specify that a provider of health care, health care service plan, or contractor may disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber or a health care service plan pursuant to a valid search warrant issued by a judicial officer, including a magistrate, to a governmental law enforcement agency or a court order issued by a court of this state. The bill would prohibit a provider of health care, health care service plan, contractor, or corporation and its subsidiaries and affiliates from disclosing medical information except to the extent expressly authorized by a patient, enrollee, or subscriber, or as otherwise required by law. The bill would also prohibit a provider of health care, health care service plan, contractor, or employer from allowing access to a patient for immigration enforcement to the extent permitted by state and federal law. This bill would require health care provider entities to establish or amend procedures for monitoring and receiving visitors to health care provider entities, and, when circumstances allow, require health care provider entity personnel to immediately notify health care provider entity management, administration, or legal counsel of any request for access to a health care provider entity site or patient for immigration enforcement, and to provide any requests for review of health care provider entity documents, including through a lawfully issued subpoena, warrant, or court order. The bill would prohibit a health care provider entity and its personnel from allowing access to nonpublic areas of the provider's facilities for immigration enforcement without a valid judicial warrant or court order to the extent permitted by state and federal law, and require health care provider entities to inform staff and relevant volunteers on how to respond to requests relating to immigration enforcement that grants access to health care provider entity sites or to patients. This bill would define "health care provider entity" and "immigration enforcement" for the purpose of the Confidentiality of Medical Information Act (CMIA). The bill would require that health care provider entities comply within 45 days from their effective date.

Current law prohibits a provider of health care, a health care service plan, a contractor, or a corporation and its subsidiaries and affiliates from intentionally sharing, selling, using for marketing, or otherwise using any medical information for any purpose not necessary to provide health care services to a patient, except as provided by law. The CMIA authorizes a provider of health care, health care service plan, or contractor to disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan with authorization from the patient or pursuant to a search warrant lawfully issued to a governmental law enforcement agency or court order.

xviii. SB 82 (Umberg) Contracts: consumer goods and services: dispute resolution provisions.

Status: This bill is in the Assembly on Third Reading.

Summary: This bill would limit the dispute resolution terms and conditions to the use, payment, or provision of the good, service, money, or credit provided by the consumer use agreement. The bill would make a waiver of these provisions void and unenforceable, and would require that the provisions be liberally construed for the purpose of protecting consumers. The bill would provide that the duties and obligations it imposes are cumulative with, and do not limit or expand, duties and obligations imposed under any other law, and do not limit any rights or remedies under any other law. The bill would define terms for purposes of these provisions.

Current law regulates the formation and enforcement of contracts, including imposing certain restrictions on the terms of a contract for the sale or lease of consumer goods or services. Current law prohibits a provision waiving the consumer's right to make any statement regarding the seller, lessor, or its employees or agents, or concerning the goods or services; and from limiting a consumer's ability to file a complaint with a licensing board that regulates the consumer service provider or to participate in the board's investigation into the consumer service provider.

xix. SB 294 (Reyes) The Workplace Know Your Rights Act.

Status: This bill is in the Assembly Appropriations Committee.

Summary: This bill would establish the Workplace Know Your Rights Act, which will require an employer to provide a stand-alone written notice to each current employee of specified workers' rights, including paid sick days, workers' compensation, and notice requirements related to inspections conducted by an immigration agency, as well as the constitutional rights of employees an employee when interacting with law enforcement at the workplace. This bill would require said notice to be provided within 30 days after the Labor Commissioner posts a template notice on its internet website, and every year thereafter, upon hire of each new employee and to an employee's authorized representative, if any. This bill would require an employer to notify the designated emergency contact if the employee is arrested or detained on their worksite if the employee has designated an emergency contact for this purpose and, if the arrest or detention occurs during work hours or the performance of the employee's job duties but not on the worksite, to notify the designated emergency contact only if the employer has actual knowledge of the arrest or detention of the employee. This bill would prohibit an employer from discharging, threatening to discharge, demoting, suspending, or in any manner discriminating or retaliating against an employee for exercising or attempting to exercise their rights under the Act. The bill would provide that an employer who violates the bill may be subject to a civil penalty of up to $500 per employee for each violation.

Current law prescribes the duties and rights of employers and employees relating to specified labor laws, including, among other things, paid sick days, workers' compensation, and notice requirements related to inspections conducted by an immigration agency.

xx. SB 402 (Valladares) Health care coverage: autism.

Status: This bill is in the Assembly on Third Reading.

Summary: This bill would define "qualified autism service provider," "qualified autism service professional," and "qualified autism service paraprofessional" in the Business and Professions Code. The bill would also make technical and conforming changes.

Current law defines "qualified autism service provider," "qualified autism service professional," and "qualified autism service paraprofessional" in the Health and Safety Code and the Insurance Code.

xxi. SB 446 (Hurtado) Data breaches: customer notification.

Status: This bill is in the Assembly Appropriations Committee.

Summary: This bill would require that data breach disclosure to be made within 30 calendar days of discovery or notification of the data breach but would authorize an individual or business to delay the disclosure to accommodate the legitimate needs of law enforcement or as necessary to determine the scope of the breach and restore the reasonable integrity of the data system. This bill would also require an individual or business that is required to issue the security breach notification to more than 500 California residents as a result of a single breach of the security system to electronically submit a single sample copy of that security breach notification, excluding any personally identifiable information, to the Attorney General within 15 calendar days of notifying affected consumers of the security breach.

Current law requires an individual or a business that conducts business in California, and that owns or licenses computerized data that includes personal information, to disclose a breach of the security of the system following discovery or notification of the breach in the security of the data to a resident of California whose unencrypted personal information was compromised and requires that disclosure to be made in the most expedient time possible and without unreasonable delay, consistent with the legitimate needs of law enforcement or any measures necessary to determine the scope of the breach and restore the reasonable integrity of the data system. Current law also requires an individual or business that is required to issue the security breach notification described above to more than 500 California residents as a result of a single breach of the security system to electronically submit a single sample copy of that security breach notification, excluding any personally identifiable information, to the Attorney General.

xxii. SB 470 (Laird) Bagley-Keene Open Meeting Act: teleconferencing.

Status: This bill is in the Assembly Appropriations Committee.

Summary: This bill would extend the additional, alternative set of provisions under which a state body may hold a meeting by teleconference through January 1, 2030.

Current law authorizes an additional, alternative set of provisions under which a state body may hold a meeting by teleconference subject to specified requirements, including, among others, that at least one member of the state body is physically present at each

teleconference location, that a majority of the members of the state body are physically present at the same teleconference location, and that members of the state body visibly appear on camera during the open portion of a meeting that is publicly accessible via the internet or other online platform. Current law authorizes, under specified circumstances, a member of the state body to participate pursuant to these provisions from a remote location, which would not be required to be accessible to the public and which the act prohibits the notice and agenda from disclosing. Current law repeals these provisions on January 1, 2026.

Current law authorizes a multimember state advisory body to hold an open meeting by teleconference pursuant to an alternative set of provisions that are in addition to the above-described provisions generally applicable to state bodies. These alternative provisions specify requirements, including, among others, that the multimember state advisory body designates the primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting, observe and hear the meeting, and participate, that at least one staff member of the state body to be present at the primary physical meeting location during the meeting, and that the members of the state body visibly appear on camera during the open portion of a meeting that is publicly accessible via the internet or other online platform. Current law repeals these provisions on January 1, 2026. Current law removes the above-described requirements for the alternative set of teleconferencing provisions for multimember state advisory bodies, and, instead, requires, among other things, that the multimember state advisory body designates the primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting and participate beginning January 1, 2026.

xxiii. SB 497 (Wiener) Legally protected health care activity.

Status: This bill is in the Assembly Appropriations Committee.

Summary: To take effect immediately as an urgency statute, this bill would additionally prohibit a provider of health care, a health care service plan, or a contractor from releasing medical information related to a person seeking or obtaining gender-affirming health care in response to a criminal or civil action, including a foreign subpoena, based on another state's law that interferes with an individual's right to seek or obtain gender-affirming health care. The bill would also prohibit a provider of health care, health care service plan, contractor, or employer from cooperating with or providing medical information to an individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual and that is related to an individual seeking or obtaining gender-affirming health care. This bill would not prohibit compliance with the investigation of activity that is punishable as a crime under the laws of this state. The bill would prohibit the release of medical information related to a person seeking or obtaining gender-affirming health care in response to a foreign subpoena that is based on a violation of another state's laws authorizing a criminal action against a person or entity right to seek or obtain gender-affirming health care. The bill would also generally prohibit the issuance of a subpoena based on a violation of another state's law that interferes with a person's right to seek or obtain gender-affirming health care.

Current law prohibits a provider of health care, a health care service plan, or a contractor from releasing medical information related to a person or entity allowing a child to receive gender-affirming health care in response to a civil action, including a foreign subpoena,

based on another state's law that authorizes a person to bring a civil action against a person or entity that allows a child to receive gender-affirming health care. Current law generally authorizes a California court or attorney to issue a subpoena if a foreign subpoena has been sought in this state, but prohibits the issuance of a subpoena based on another state's law that interferes with a person's right to allow a child to receive gender-affirming health care.

xxiv. SB 641 (Ashby) Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions.

Status: This bill is in the Assembly Appropriations Committee.

Summary: This bill This bill would authorize the Department of Real Estate and boards under the jurisdiction of the Department of Consumer Affairs to waive the application of certain provisions of the licensure requirements that the board or department is charged with enforcing for licensees and applicants impacted by a declared federal, state, or local emergency or whose home or business is located in a declared disaster area, including certain examination, fee, and continuing education requirements. The bill would exempt impacted licensees of boards from, among other requirements, the payment of duplicate license fees. The bill would require all applicants and licensees of the Department of Real Estate or boards under the Department of Consumer Affairs to provide the board or department with an email address.

Current law permit boards under the jurisdiction of the Department of Consumer Affairs to charge a fee for the processing and issuance of a duplicate copy of any certificate of licensure or other form evidencing licensure or renewal of licensure. Current law requires each person holding a license, certificate, registration, permit, or other authority to engage in a profession or occupation issued by a board under the jurisdiction of the Department of Consumer Affairs to notify the issuing board at its principal office of any change in the person's mailing address within 30 days after the change, unless the board has specified by regulations a shorter time period.

Attachments:

1. AB 322 (Ward) Precise geolocation information.
2. AB 346 (Nguyen) In-home supportive services: licensed health care professional certification.
3. AB 485 (Ortega) Labor Commissioner: unsatisfied judgments: nonpayment of wages.
4. AB 742 (Elhawary) Department of Consumer Affairs: licensing: applicants who are descendants of slaves.
5. SB 81 (Arreguín) Health and care facilities: information sharing.
6. SB 82 (Umberg) Contracts: consumer goods and services: dispute resolution provisions
7. SB 294 (Reyes) The Workplace Know Your Rights Act.
8. SB 446 (Hurtado) Data breaches: customer notification.

AB 322 - (A) Amends the Law

SECTION 1.
Section 1798.122 is added to the Civil Code, to read:

(a) A business that collects precise geolocation information shall prominently display, when precise geolocation information is being collected, a notice to the consumer whose precise geolocation information is being collected that states all of the following:

(1) The fact that the consumer's precise geolocation information is being collected.

(2) The name of the business collecting the consumer's precise geolocation information.

(3) A telephone number and an internet website through which the consumer can obtain more information.

(4) The type of precise geolocation information collected, including the precision of the information.

(5) The goods or services requested by the consumer for which the business is collecting, processing, or disclosing the precise geolocation information and a description of how the business will process the precise geolocation information to carry out those purposes.

(6) Any disclosures of the precise geolocation information necessary to provide the goods or services requested by the consumer and the identities of the third parties to whom the precise geolocation information could be disclosed.

(b) A business that collects precise geolocation data shall not do any of the following:

(1) (A) Except as provided in subparagraph (B), collect or process precise geolocation information more than necessary to provide the goods or services requested by the consumer.

(B) (i) A business may collect or process precise geolocation information that is necessary to respond to security incidents, fraud, harassment, malicious or deceptive activities, or any illegal activity targeted at, or involving, the controller or processor or its services or to investigate, report, or prosecute those responsible for any of those actions.

(ii) Precise geolocation information collected and processed under this subparagraph shall not be retained for longer than 30 days.

(2) Retain precise geolocation information longer than necessary to provide the goods or services requested by the consumer or longer than one year after the consumer's last intentional interaction with the business, whichever is earlier.

(3) Sell, trade, or lease precise geolocation information to a third party.

(4) Disclose precise geolocation information to a state or local government agency or official unless the agency or official serves the business or service provider of the business with a valid court order issued by a California court or a court order from another jurisdiction that is consistent with California's laws, including, but not limited to, both of the following:

(A) The Reproductive Privacy Act (Article 2.5 (commencing with Section 123460) of Chapter 2 of Part 2 of Division 106 of the Health and Safety Code).

(B) A foreign penal civil action, as defined in Section 2029.200 of the Code of Civil Procedure.

(5) Disclose precise geolocation information to a federal government agency unless required to do so by federal law.

SEC. 2.

The Legislature finds and declares that this act furthers the purposes and intent of the California Privacy Rights Act of 2020.

AB 346 - (A) Amends the Law

SECTION 1.

Section 12300.1 of the Welfare and Institutions Code is amended to read:

(a) As used in Section 12300 and in this article, "supportive services" include those necessary paramedical services that are ordered by a licensed health care professional who is lawfully authorized to do so, which persons could provide for ~~themselves~~ *themselves,* but for their functional limitations. Paramedical services include the administration of medications, puncturing the skin or inserting a medical device into a body orifice, activities requiring sterile procedures, or other activities requiring judgment based on training given by a licensed health care professional. These necessary services shall be rendered by a provider under the direction of a licensed health care professional, subject to the informed consent of the recipient obtained as a part of the order for service. Any and all references to Section 12300 in any statute heretofore or hereafter enacted shall be deemed to be references to this section. All statutory references to the supportive services specified in Section 12300 shall be deemed to include paramedical services.

(b) For purposes of this section, "licensed health care professional" means an individual licensed in California by the appropriate California regulatory agency, acting within the scope of their license or certificate, as defined in the Business and Professions Code, including a physician or surgeon, physician assistant, podiatrist, dentist, or nurse practitioner.

SEC. 2.

Section 12309.1 of the Welfare and Institutions Code is amended to read:

(a) *(1)* As a condition of receiving services under this article, or Section 14132.95 or 14132.952, an applicant for or recipient of services shall obtain a certification from a licensed health care ~~professional, including, but not limited to, a physician, physician assistant, regional center clinician or clinician supervisor, occupational therapist, physical therapist, psychiatrist, psychologist, optometrist, ophthalmologist, or public health nurse,~~ *professional* declaring that the applicant or recipient is unable to perform some activities of daily living independently, and that without services to assist the applicant or recipient with activities of daily living, the applicant or recipient is at risk of placement in out-of-home care.

~~(1)~~ *(2)* For purposes of this section, ~~a licensed~~ *"licensed* health care ~~professional~~ *professional"* means an individual licensed in California by the appropriate California regulatory agency, acting within the scope of their license or ~~certificate~~ *certificate,* as defined in the Business and Professions ~~Code.~~ *Code, and whose primary responsibilities are to diagnose or provide treatment and care for physical or mental impairments that cause or contribute to an individual's functional limitations.*

~~(2)~~ *(3)* Except as provided in subparagraph (A) or (B), or subdivision (c), the certification shall be received prior to service authorization, and services shall not be authorized in the absence of the certification.
(A) Services may be authorized prior to receipt of the certification when the services have been requested on behalf of an individual being discharged from a hospital or nursing home and services are needed to enable the individual to return safely to their home or into the community.
(B) Services may be authorized temporarily pending receipt of the certification when the county determines that there is a risk of out-of-home placement.

~~(3)~~ *(4)* The county shall consider the certification as one indicator of the need for in-home supportive services, but the certification shall not be the sole determining factor.

~~(4)~~ *(5)* The *licensed* health care professional's certification shall include, at a minimum, both of the following:

(A) A statement by the ~~professional, as defined in subdivision (a),~~ *licensed health care professional* that the individual is unable to independently perform one or more activities of daily living, and that one or more of the services available under the IHSS program is recommended for the applicant or recipient, in order to prevent the need for out-of-home care.

(B) A description of any condition or functional limitation that has resulted in, or contributed to, the applicant's or recipient's need for assistance.

(b) The department, in consultation with the State Department of Health Care Services and with stakeholders, including, but not limited to, representatives of program recipients, providers, and counties, shall develop a standard certification form for use in all counties that includes, but is not limited to, all of the conditions in paragraph ~~(4)~~ *(5)* of subdivision (a). The form shall include a description of the In-Home Supportive Services program and the services the program can provide when authorized after a social worker's assessment of eligibility. The form shall not, however, require *licensed* health care professionals to certify the applicant's or recipient's need for each individual service.

(c) The department, in consultation with the State Department of Health Care Services and stakeholders, as ~~defined~~ *described* in subdivision (b), shall identify alternative documentation that shall be accepted by counties to meet the requirements of this section, including, but not limited to, hospital or nursing facility discharge plans, minimum data set forms, individual program plans, or other documentation that contains the necessary information, consistent with the requirements specified in subdivision (a).

(d) The department shall develop a letter for use by counties to inform recipients of the requirements of subdivision (a). The letter shall be understandable to the recipient, and shall be translated into all languages spoken by a substantial number of the public

served by the In-Home Supportive Services program, in accordance with Section 7295.2 of the Government Code.

(e) This section does not apply to a recipient who is receiving services in accordance with this article or Section 14132.95 or 14132.952 on the operative date of this section until the date of the recipient's first reassessment following the operative date of this section, as provided in subdivision (g).

(1) The recipient shall be notified of the certification requirement before or at the time of the reassessment, and shall submit the certification within 45 days following the reassessment in order to continue to be authorized for receipt of services.

(2) A county may extend the 45-day period for a recipient to submit the medical certification on a case-by-case basis, if the county determines that good cause for the delay exists.

(f) A licensed health care professional shall not charge a fee for the completion of the certification form.

(g) This section shall become operative on the first day of the first month following 90 days after the effective date of Chapter 8 of the Statutes of 2011, or July 1, 2011, whichever is later.

(h) The State Department of Health Care Services shall provide notice to all Medi-Cal managed care plans, directing the plans to assess all Medi-Cal recipients applying for or receiving in-home supportive services, in order to make the certifications required by this section.

(i) If the Director of Health Care Services determines that a Medicaid State Plan amendment is necessary to implement subdivision (b) of Section 14132.95, this section shall not be implemented until federal approval is received.

AB 485 - (A) Amends the Law

SECTION 1.

Section 238.4 of the Labor Code is repealed.

~~(a) If an employer in the long-term care industry that is also required to obtain a license from the State Department of Public Health or the State Department of Social Services pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code, is found to be in violation of Section 238, the State Department of Public Health or the State Department of Social Services may deny a new license or the renewal of an existing license for that employer.~~

~~(b) If the Labor Commissioner finds that an employer in the long-term care industry is conducting business in violation of Section 238, the Labor Commissioner shall notify the State Department of Public Health or the State Department of Social Services.~~

~~(c) For purposes of this section "long-term care" means the operation of a skilled nursing facility, intermediate care facility, congregate living health facility, hospice facility, adult residential facility, residential care facility for persons with chronic life-threatening illness, residential care facility for the elderly, continuing care retirement community, home health agency, or home care organization, as those terms are used in Division 2 (commencing with Section 1200) of the Health and Safety Code.~~

SEC. 2.

Section 238.7 is added to the Labor Code, to read:

(a) Notwithstanding any other law, if an employer that is required to obtain a license or permit from any state agency is found to have violated Section 238, the applicable state agency shall deny a new license or permit, or the renewal of an existing license or permit, for that employer.

(b) If the Labor Commissioner finds that an employer is conducting business in violation of Section 238, the Labor Commissioner shall notify the applicable state agency with jurisdiction over that employer's license or permit.

(c) The State Public Health Officer may exempt a hospital employer from the requirements of this section upon a determination that a denial, suspension, or revocation of the hospital's license, permit, or renewal could have imminent or substantial adverse effects upon public health or safety or would violate constitutional law.

(d) For purposes of this section, "state agency" shall have the meaning prescribed by Section 11000 of the Government Code.

AB 742 - (A) Amends the Law

SECTION 1.

Section 115.7 is added to the Business and Professions Code, to read:

(a) Notwithstanding any other law, once the process to certify descendants of American slaves is implemented by the Bureau for Descendants of American Slavery pursuant to Chapter 4 (commencing with Section 15210) of Part 6 of Division 3 of Title 2 of the Government Code that confirms an individual's status as a descendant of an American slave, each board shall expedite applications for applicants seeking licensure who are descendants of American slaves.

(b) This section shall become operative on the date that the certification process for the descendants of American Slaves is implemented by the Bureau for Descendants of American Slavery pursuant to Chapter 4 (commencing with Section 15210) of Part 6 of Division 3 of Title 2 of the Government Code.

(c) This section shall remain in effect only for four years from the date on which this section became operative, or until January 1, 2032, whichever is earlier, and as of that date is repealed.

(d) This section shall become operative only if Senate Bill 518 of the 2025–26 Regular Session is enacted establishing the Bureau for Descendants of American Slavery.

SB 81 - (A) Amends the Law
SECTION 1.
Section 56.05 of the Civil Code is amended to read:

For purposes of this part:
(a) “Authorization” means permission granted in accordance with Section 56.11 or 56.21 for the disclosure of medical information.
(b) “Authorized recipient” means a person who is authorized to receive medical information pursuant to Section 56.10 or 56.20.
(c) “Confidential communications request” means a request by a subscriber or enrollee that health care service plan communications containing medical information be communicated to them at a specific mail or email address or specific telephone number, as designated by the subscriber or enrollee.
(d) “Contractor” means a person or entity that is a medical group, independent practice association, pharmaceutical benefits manager, or a medical service organization and is not a health care service plan or provider of health care. “Contractor” does not include insurance institutions as defined in subdivision (k) of Section 791.02 of the Insurance Code or pharmaceutical benefits managers licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).
(e) “Enrollee” has the same meaning as that term is defined in Section 1345 of the Health and Safety Code.
(f) “Expiration date or event” means a specified date or an occurrence relating to the individual to whom the medical information pertains or the purpose of the use or disclosure, after which the provider of health care, health care service plan, pharmaceutical company, or contractor is no longer authorized to disclose the medical information.
(g) “Health care service plan” means an entity regulated pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).
(h) “Licensed health care professional” means a person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, the Osteopathic Initiative Act or the Chiropractic Initiative Act, or Division 2.5 (commencing with Section 1797) of the Health and Safety Code.
(i) “Marketing” means to make a communication about a product or service that encourages recipients of the communication to purchase or use the product or service. “Marketing” does not include any of the following:
(1) Communications made orally or in writing for which the communicator does not receive direct or indirect remuneration, including, but not limited to, gifts, fees, payments, subsidies, or other economic benefits, from a third party for making the communication.
(2) Communications made to current enrollees solely for the purpose of describing a provider’s participation in an existing health care provider network or health plan network of a Knox-Keene licensed health plan to which the enrollees already subscribe; communications made to current enrollees solely for the purpose of describing if, and the extent to which, a product or service, or payment for a product or service, is

provided by a provider, contractor, or plan or included in a plan of benefits of a Knox-Keene licensed health plan to which the enrollees already subscribe; or communications made to plan enrollees describing the availability of more cost-effective pharmaceuticals.
(3) Communications that are tailored to the circumstances of a particular individual to educate or advise the individual about treatment options, and otherwise maintain the individual's adherence to a prescribed course of medical treatment, as provided in Section 1399.901 of the Health and Safety Code, for a chronic and seriously debilitating or life-threatening condition as defined in subdivisions (d) and (e) of Section 1367.21 of the Health and Safety Code, if the health care provider, contractor, or health plan receives direct or indirect remuneration, including, but not limited to, gifts, fees, payments, subsidies, or other economic benefits, from a third party for making the communication, if all of the following apply:
(A) The individual receiving the communication is notified in the communication in typeface no smaller than 14-point type of the fact that the provider, contractor, or health plan has been remunerated and the source of the remuneration.
(B) The individual is provided the opportunity to opt out of receiving future remunerated communications.
(C) The communication contains instructions in typeface no smaller than 14-point type describing how the individual can opt out of receiving further communications by calling a toll-free number of the health care provider, contractor, or health plan making the remunerated communications. Further communication shall not be made to an individual who has opted out after 30 calendar days from the date the individual makes the opt-out request.
(j) "Medical information" means any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient's medical history, mental health application information, reproductive or sexual health application information, *immigration status, including current and prior immigration status, place of birth,* mental or physical condition, or treatment. "Individually identifiable" means that the medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the identity of the individual.
(k) "Mental health application information" means information related to a consumer's inferred or diagnosed mental health or substance use disorder, as defined in Section 1374.72 of the Health and Safety Code, collected by a mental health digital service.
(l) "Mental health digital service" means a mobile-based application or internet website that collects mental health application information from a consumer, markets itself as facilitating mental health services to a consumer, and uses the information to facilitate mental health services to a consumer.
(m) "Patient" means a natural person, whether or not still living, who received health care services from a provider of health care and to whom medical information pertains.
(n) "Pharmaceutical company" means a company or business, or an agent or representative thereof, that manufactures, sells, or distributes pharmaceuticals,

medications, or prescription drugs. “Pharmaceutical company” does not include a pharmaceutical benefits manager, as included in subdivision (c), or a provider of health care.
(o) “Protected individual” means any adult covered by the subscriber’s health care service plan or a minor who can consent to a health care service without the consent of a parent or legal guardian, pursuant to state or federal law. “Protected individual” does not include an individual that lacks the capacity to give informed consent for health care pursuant to Section 813 of the Probate Code.
(p) “Provider of health care” means a person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code; a person licensed pursuant to the Osteopathic Initiative Act or the Chiropractic Initiative Act; a person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; or a clinic, health dispensary, or health facility licensed pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code. “Provider of health care” does not include insurance institutions as defined in subdivision (k) of Section 791.02 of the Insurance Code.
(q) “Reproductive or sexual health application information” means information about a consumer’s reproductive health, menstrual cycle, fertility, pregnancy, pregnancy outcome, plans to conceive, or type of sexual activity collected by a reproductive or sexual health digital service, including, but not limited to, information from which one can infer someone’s pregnancy status, menstrual cycle, fertility, hormone levels, birth control use, sexual activity, or gender identity.
(r) “Reproductive or sexual health digital service” means a mobile-based application or internet website that collects reproductive or sexual health application information from a consumer, markets itself as facilitating reproductive or sexual health services to a consumer, and uses the information to facilitate reproductive or sexual health services to a consumer.
(s) “Sensitive services” means all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender-affirming care, and intimate partner violence, and includes services described in Sections 6924, 6925, 6926, 6927, 6928, 6929, and 6930 of the Family Code, and Sections 121020 and 124260 of the Health and Safety Code, obtained by a patient at or above the minimum age specified for consenting to the service specified in the section.
(t) “Subscriber” has the same meaning as that term is defined in Section 1345 of the Health and Safety Code.
(u) “Immigration enforcement” means any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal civil immigration law, and also includes any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal criminal immigration law that penalizes a person’s presence in, entry or reentry to, or employment in, the United States.

SEC. 2.
Section 56.10 of the Civil Code is amended to read:

(a) A provider of health care, health care service plan, or contractor shall not disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan without first obtaining an authorization, except as provided in subdivision (b) or (c).
(b) A provider of health care, a health care service plan, or a contractor shall disclose medical information if the disclosure is compelled by any of the following:
(1) *(A)* A court ~~order.~~ *order issued by a court of this state, including, but not limited to, a court order issued by a court of this state pursuant to Section 2029.300 of the Code of Civil Procedure relating to a foreign subpoena.*
(B) A provider of health care, health care service plan, or contractor shall not comply with a court order that constitutes a foreign subpoena, absent a court order issued pursuant to Section 2029.300 of the Code of Civil Procedure.
(2) A board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority.
(3) A party to a proceeding before a court or administrative agency pursuant to a subpoena, subpoena duces tecum, notice to appear served pursuant to Section 1987 of the Code of Civil Procedure, or any provision authorizing discovery in a proceeding before a court or administrative agency.
(4) A board, commission, or administrative agency pursuant to an investigative subpoena issued under Article 2 (commencing with Section 11180) of Chapter 2 of Part 1 of Division 3 of Title 2 of the Government Code.
(5) An arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tecum issued under Section 1282.6 of the Code of Civil Procedure, or another provision authorizing discovery in a proceeding before an arbitrator or arbitration panel.
(6) A *valid* search warrant ~~lawfully issued~~ *issued by a judicial officer, including a magistrate,* to a governmental law enforcement ~~agency.~~ *agency, including a search warrant from another state that is based on either of the following and execution of the search warrant would not constitute a violation of Section 13778.2 of the Penal Code:*
(A) Another state's law, so long as that state's law does not interfere with California law, including, but not limited to, the Reproductive Privacy Act (Article 2.5 (commencing with Section 123460) of Chapter 2 of Part 2 of Division 106 of the Health and Safety Code).
(B) A foreign penal civil action, as defined in Section 2029.200 of the Code of Civil Procedure.
(7) The patient or the patient's representative pursuant to Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the Health and Safety Code.
(8) A medical examiner, forensic pathologist, or coroner, when requested in the course of an investigation by a medical examiner, forensic pathologist, or coroner's office for the purpose of identifying the decedent or locating next of kin, or when investigating deaths that may involve public health concerns, organ or tissue donation, child abuse, elder abuse, suicides, poisonings, accidents, sudden infant deaths, suspicious deaths, unknown deaths, or criminal deaths, or upon notification of, or investigation of, imminent deaths that may involve organ or tissue donation pursuant to Section 7151.15 of the Health and Safety Code, or when otherwise authorized by the decedent's representative. Medical information requested by a medical examiner, forensic pathologist, or coroner under this paragraph shall be limited to information regarding the

patient who is the decedent and who is the subject of the investigation or who is the prospective donor and shall be disclosed to a medical examiner, forensic pathologist, or coroner without delay upon request. A medical examiner, forensic pathologist, or coroner shall not disclose the information contained in the medical record obtained pursuant to this paragraph to a third party without a court order or authorization pursuant to paragraph (4) of subdivision (c) of Section 56.11.
(9) When otherwise specifically required by law.
(c) A provider of health care or a health care service plan may disclose medical information as follows:
(1) The information may be disclosed to providers of health care, health care service plans, contractors, or other health care professionals or facilities for purposes of diagnosis or treatment of the patient. This includes, in an emergency situation, the communication of patient information by radio transmission or other means between emergency medical personnel at the scene of an emergency, or in an emergency medical transport vehicle, and emergency medical personnel at a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code.
(2) The information may be disclosed to an insurer, employer, health care service plan, hospital service plan, employee benefit plan, governmental authority, contractor, or other person or entity responsible for paying for health care services rendered to the patient, to the extent necessary to allow responsibility for payment to be determined and payment to be made. If (A) the patient is, by reason of a comatose or other disabling medical condition, unable to consent to the disclosure of medical information and (B) no other arrangements have been made to pay for the health care services being rendered to the patient, the information may be disclosed to a governmental authority to the extent necessary to determine the patient's eligibility for, and to obtain, payment under a governmental program for health care services provided to the patient. The information may also be disclosed to another provider of health care or health care service plan as necessary to assist the other provider or health care service plan in obtaining payment for health care services rendered by that provider of health care or health care service plan to the patient.
(3) The information may be disclosed to a person or entity that provides billing, claims management, medical data processing, or other administrative services for providers of health care or health care service plans or for any of the persons or entities specified in paragraph (2). However, that disclosed information shall not be further disclosed by the recipient in a way that would violate this part.
(4) The information may be disclosed to organized committees and agents of professional societies or of medical staffs of licensed hospitals, licensed health care service plans, professional standards review organizations, independent medical review organizations and their selected reviewers, utilization and quality control peer review organizations as established by Congress in Public Law 97-248 in 1982, contractors, or persons or organizations insuring, responsible for, or defending professional liability that a provider may incur, if the committees, agents, health care service plans, organizations, reviewers, contractors, or persons are engaged in reviewing the competence or qualifications of health care professionals or in reviewing health care

services with respect to medical necessity, level of care, quality of care, or justification of charges.
(5) The information in the possession of a provider of health care or a health care service plan may be reviewed by a private or public body responsible for licensing or accrediting the provider of health care or a health care service plan. However, no patient-identifying medical information may be removed from the premises except as expressly permitted or required elsewhere by law, nor shall that information be further disclosed by the recipient in a way that would violate this part.
(6) The information may be disclosed to a medical examiner, forensic pathologist, or county coroner in the course of an investigation by a medical examiner, forensic pathologist, or coroner's office when requested for all purposes not included in paragraph (8) of subdivision (b). A medical examiner, forensic pathologist, or coroner shall not disclose the information contained in the medical record obtained pursuant to this paragraph to a third party without a court order or authorization pursuant to paragraph (4) of subdivision (c) of Section 56.11.
(7) The information may be disclosed to public agencies, clinical investigators, including investigators conducting epidemiologic studies, health care research organizations, and accredited public or private nonprofit educational or health care institutions for bona fide research purposes. However, no information so disclosed shall be further disclosed by the recipient in a way that would disclose the identity of a patient or violate this part.
(8) A provider of health care or health care service plan that has created medical information as a result of employment-related health care services to an employee conducted at the specific prior written request and expense of the employer may disclose to the employee's employer that part of the information that:
(A) Is relevant in a lawsuit, arbitration, grievance, or other claim or challenge to which the employer and the employee are parties and in which the patient has placed in issue the patient's medical history, mental or physical condition, or treatment, provided that information may only be used or disclosed in connection with that proceeding.
(B) Describes functional limitations of the patient that may entitle the patient to leave from work for medical reasons or limit the patient's fitness to perform the patient's present employment, provided that no statement of medical cause is included in the information disclosed.
(9) Unless the provider of health care or a health care service plan is notified in writing of an agreement by the sponsor, insurer, or administrator to the contrary, the information may be disclosed to a sponsor, insurer, or administrator of a group or individual insured or uninsured plan or policy that the patient seeks coverage by or benefits from, if the information was created by the provider of health care or health care service plan as the result of services conducted at the specific prior written request and expense of the sponsor, insurer, or administrator for the purpose of evaluating the application for coverage or benefits.
(10) The information may be disclosed to a health care service plan by providers of health care that contract with the health care service plan and may be transferred between providers of health care that contract with the health care service plan, for the purpose of administering the health care service plan. Medical information shall not otherwise be disclosed by a health care service plan except in accordance with this part.

(11) This part does not prevent the disclosure by a provider of health care or a health care service plan to an insurance institution, agent, or support organization, subject to Article 6.6 (commencing with Section 791) of Chapter 1 of Part 2 of Division 1 of the Insurance Code, of medical information if the insurance institution, agent, or support organization has complied with all of the requirements for obtaining the information pursuant to Article 6.6 (commencing with Section 791) of Chapter 1 of Part 2 of Division 1 of the Insurance Code.
(12) The information relevant to the patient's condition, care, and treatment provided may be disclosed to a probate court investigator in the course of an investigation required or authorized in a conservatorship proceeding under the Guardianship-Conservatorship Law as defined in Section 1400 of the Probate Code, or to a probate court investigator, probation officer, or domestic relations investigator engaged in determining the need for an initial guardianship or continuation of an existing guardianship.
(13) The information may be disclosed to an organ procurement organization or a tissue bank processing the tissue of a decedent for transplantation into the body of another person, but only with respect to the donating decedent, for the purpose of aiding the transplant. For the purpose of this paragraph, "tissue bank" and "tissue" have the same meanings as defined in Section 1635 of the Health and Safety Code.
(14) The information may be disclosed when the disclosure is otherwise specifically authorized by law, including, but not limited to, the voluntary reporting, either directly or indirectly, to the ~~federal~~ *United States* Food and Drug Administration of adverse events related to drug products or medical device problems, or to disclosures made pursuant to subdivisions (b) and (c) of Section 11167 of the Penal Code by a person making a report pursuant to Sections 11165.9 and 11166 of the Penal Code, provided that those disclosures concern a report made by that person.
(15) Basic information, including the patient's name, city of residence, age, sex, and general condition, may be disclosed to a state-recognized or federally recognized disaster relief organization for the purpose of responding to disaster welfare inquiries.
(16) The information may be disclosed to a third party for purposes of encoding, encrypting, or otherwise anonymizing data. However, no information so disclosed shall be further disclosed by the recipient in a way that would violate this part, including the unauthorized manipulation of coded or encrypted medical information that reveals individually identifiable medical information.
(17) For purposes of disease management programs and services as defined in Section 1399.901 of the Health and Safety Code, information may be disclosed as follows: (A) to an entity contracting with a health care service plan or the health care service plan's contractors to monitor or administer care of enrollees for a covered benefit, if the disease management services and care are authorized by a treating physician, or (B) to a disease management organization, as defined in Section 1399.900 of the Health and Safety Code, that complies fully with the physician authorization requirements of Section 1399.902 of the Health and Safety Code, if the health care service plan or its contractor provides or has provided a description of the disease management services to a treating physician or to the health care service plan's or contractor's network of physicians. This paragraph does not require physician authorization for the care or treatment of the adherents of a well-recognized church or religious denomination who

depend solely upon prayer or spiritual means for healing in the practice of the religion of that church or denomination.
(18) The information may be disclosed, as permitted by state and federal law or regulation, to a local health department for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events, including, but not limited to, birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions, as authorized or required by state or federal law or regulation.
(19) The information may be disclosed, consistent with applicable law and standards of ethical conduct, by a psychotherapist, as defined in Section 1010 of the Evidence Code, if the psychotherapist, in good faith, believes the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a reasonably foreseeable victim or victims, and the disclosure is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
(20) The information may be disclosed as described in Section 56.103.
(21) (A) The information may be disclosed to an employee welfare benefit plan, as defined under Section 3(1) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. Sec. 1002(1)), which is formed under Section 302(c)(5) of the Taft-Hartley Act (29 U.S.C. Sec. 186(c)(5)), to the extent that the employee welfare benefit plan provides medical care, and may also be disclosed to an entity contracting with the employee welfare benefit plan for billing, claims management, medical data processing, or other administrative services related to the provision of medical care to persons enrolled in the employee welfare benefit plan for health care coverage, if all of the following conditions are met:
(i) The disclosure is for the purpose of determining eligibility, coordinating benefits, or allowing the employee welfare benefit plan or the contracting entity to advocate on the behalf of a patient or enrollee with a provider, a health care service plan, or a state or federal regulatory agency.
(ii) The request for the information is accompanied by a written authorization for the release of the information submitted in a manner consistent with subdivision (a) and Section 56.11.
(iii) The disclosure is authorized by and made in a manner consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191).
(iv) Any information disclosed is not further used or disclosed by the recipient in any way that would directly or indirectly violate this part or the restrictions imposed by Part 164 of Title 45 of the Code of Federal Regulations, including the manipulation of the information in any way that might reveal individually identifiable medical information.
(B) For purposes of this paragraph, Section 1374.8 of the Health and Safety Code shall not apply.
(22) Information may be disclosed pursuant to subdivision (a) of Section 15633.5 of the Welfare and Institutions Code by a person required to make a report pursuant to Section 15630 of the Welfare and Institutions Code, provided that the disclosure under subdivision (a) of Section 15633.5 concerns a report made by that person. Covered entities, as they are defined in Section 160.103 of Title 45 of the Code of Federal Regulations, shall comply with the requirements of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rule pursuant to subsection

(c) of Section 164.512 of Title 45 of the Code of Federal Regulations if the disclosure is not for the purpose of public health surveillance, investigation, intervention, or reporting an injury or death.
(23) The information may be disclosed to a school-linked services coordinator pursuant to a written authorization between the health provider and the patient or client that complies with the federal Health Insurance Portability and Accountability Act of 1996.
(24) Mental health records, as defined in subdivision (c) of Section 5073 of the Penal Code, may be disclosed by a county correctional facility, county medical facility, state correctional facility, or state hospital, as required by Section 5073 of the Penal Code.
(d) Except to the extent expressly authorized by a patient, enrollee, or subscriber, or as provided by subdivisions (b) and (c), a provider of health care, health care service plan, contractor, or corporation and its subsidiaries and affiliates shall not intentionally share, sell, use for marketing, or otherwise use medical information for a purpose not necessary to provide health care services to the patient.
(e) Except to the extent expressly authorized by a patient or enrollee or subscriber or as provided by subdivisions (b) and (c), a contractor or corporation and its subsidiaries and affiliates shall not further disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan or insurer or self-insured employer received under this section to a person or entity that is not engaged in providing direct health care services to the patient or the patient's provider of health care or health care service plan or insurer or self-insured employer.
(f) Except to the extent expressly authorized by a patient, enrollee, or subscriber, or as required by subdivision (b), or as permitted by subdivision (c), a provider of health care, health care service plan, contractor, or corporation and its subsidiaries and affiliates shall not disclose medical information for immigration enforcement.
~~(f)~~ *(g)* For purposes of this section, the following definitions apply:
(1) "Medical examiner, forensic pathologist, or coroner" means a coroner or deputy coroner, as described in subdivision (c) of Section 830.35 of the Penal Code, or a licensed physician who currently performs official autopsies on behalf of a county coroner's office or a medical examiner's office, whether as a government employee or under contract to that office.
(2) "School-linked services coordinator" means an individual located on a school campus or under contract by a county behavioral health provider agency for the treatment and health care operations and referrals of students and their families that holds any of the following:
(A) A services credential with a specialization in pupil personnel services, as described in Section 44266 of the Education Code.
(B) A services credential with a specialization in health authorizing service as a school nurse, as described in Section 44877 of the Education Code.
(C) A license to engage in the practice of marriage and family therapy issued pursuant to Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code.
(D) A license to engage in the practice of educational psychology issued pursuant to Chapter 13.5 (commencing with Section 4989.10) of Division 2 of the Business and Professions Code.

(E) A license to engage in the practice of professional clinical counseling issued pursuant to Chapter 16 (commencing with Section 4999.10) of Division 2 of the Business and Professions Code.

SEC. 3.

Chapter 1.5 (commencing with Section 1249) is added to Division 2 of the Health and Safety Code, to read:

CHAPTER 1.5. Patient Access and Protection

1249.

(a) A health care provider entity shall, to the extent possible, establish or amend procedures for monitoring and receiving visitors to health care provider entities consistent with this chapter. Health care provider entities are encouraged to post a "notice to authorities" at facility entrances.

(b) Health care provider entity personnel shall immediately notify health care provider entity management, administration, or legal counsel of any request for access to a health care provider entity site or patient for immigration enforcement, and to provide any requests for review of health care provider entity documents, including through a lawfully issued subpoena, warrant, or court order. If a request is made to access a health care provider entity site or patient, including to obtain information about a patient or their family, for immigration enforcement, health care provider entity personnel shall direct such request to the designated health care provider entity management, administrator, or legal counsel.

1249.1.

(a) To enhance privacy available to facility users and promote a safe environment conducive to the facility's mission and patient care, a health care provider entity shall designate areas where patients are receiving treatment or care, or where a patient is discussing protected health information, as nonpublic. The facility is encouraged to designate these areas through mapping, signage, key entry, policy, or a combination of those.

(b) To the extent permitted by state and federal law, a health care provider entity and its personnel shall not allow access to the nonpublic areas of the facility, as described in subdivision (a), for immigration enforcement, unless it is for the purpose of enforcing criminal laws, or a valid judicial warrant or court order specifically grants access to the nonpublic areas of the facility.

(c) A health care provider entity and its personnel shall, to the extent possible, have the denial of permission for access to nonpublic areas of the facility pursuant to subdivision (b) witnessed and documented by at least one health care provider entity personnel.

(d) Health care provider entities shall inform staff and relevant volunteers on how to respond to requests relating to immigration enforcement that grants access to health care provider entity sites or to patients.

1249.2.

For purposes of this chapter, "health care provider entity" includes all of the following:

(a) Health facilities as defined in Section 1250.

(b) Clinics as defined in Section 1200 and 1200.1, a clinic licensed pursuant to Section 1204, and a clinic exempt from licensure pursuant to subdivisions (b) and (h) of Section 1206.
(c) A physician organization as defined in subdivision (p) of Section 127500.2.
(d) Providers as defined in subdivision (q) of Section 127500.2.
(e) Integrated health care delivery systems as defined in Section 1182.14 of the Labor Code.

1249.3.

This chapter shall apply to all health care provider entities that meet any of the following criteria:
(a) Health care provider entities operated by the state or a political subdivision of the state.
(b) Health care provider entities that provide services related to physical or mental health and wellness, education, or access to justice, including the University of California.
(c) Health care provider entities that receive state funding.
(d) All other health care provider entities.

1249.4.

For purposes of this chapter, "immigration enforcement" means any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal civil immigration law, and also includes any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal criminal immigration law that penalizes a person's presence in, entry or reentry to, or employment in, the United States.

1249.5.

Health care provider entities shall have 45 days from the effective date of this chapter to comply with the requirements contained herein.

1249.6.

The provisions of this chapter are severable. If any provision of this chapter or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

SEC. 4.

No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution for certain costs that may be incurred by a local agency or school district because, in that regard, this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.
However, if the Commission on State Mandates determines that this act contains other costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

SEC. 5.

This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the California Constitution and shall go into immediate effect. The facts constituting the necessity are:
To ensure that vulnerable families and their children are able to access their medical and health care services and needs without fear of deportation, harassment, or intimidation, it is necessary that this act take effect immediately.

SB 82 - (A) Amends the Law

SECTION 1.
Section 1670.15 is added to the Civil Code, to read:

(a) As used in this section, the following definitions shall apply:
(1) "Consumer" has the same meaning as defined in subdivision (c) of Section 302 of the Business and Professions Code.
(2) "Consumer use agreement" means a contract between a person and a consumer that the consumer enters into in order to use, receive, or otherwise enjoy a good, service, money, or credit.
(3) "Person" has the same meaning as defined in subdivision (d) of Section 302 of the Business and Professions Code.
(b) Dispute resolution terms and conditions of a consumer use agreement shall be limited to the use, payment, or provision of the good, service, money, or credit provided by that consumer use agreement.
(c) A waiver of the provisions of this section is contrary to public policy and void and unenforceable.
(d) This section shall be liberally construed for the purpose of protecting consumers.
(e) The duties and obligations imposed by this section are cumulative with duties or obligations imposed under any other law, shall not be construed to relieve any party from any duties or obligations imposed under any other law, and do not limit any rights or remedies under any other law.

SB 294 - (A) Amends the Law

SECTION 1.

Part 5.6 (commencing with Section 1550) is added to Division 2 of the Labor Code, to read:

PART 5.6. WORKPLACE KNOW YOUR RIGHTS

1550.

This part shall be known, and may be cited, as the Workplace Know Your Rights Act.

1551.

(a) It is the intent of the Legislature that California workers have a strong understanding of their rights as workers, as well as their constitutional rights.
(b) It is further the intent of the Legislature to equip workers with knowledge of their rights that they can also use to protect their families, neighbors, and communities at a time of potential disruption, dislocation, and fear for many Californians.

1552.

For purposes of this part,
"authorized representative" means an exclusive collective bargaining representative.

1553.

(a) Within 30 days after the Labor Commissioner posts the template notice required by Section 1554 on the Labor Commissioner's internet website, and annually thereafter, an employer shall provide a stand-alone written notice to each current employee pursuant to this section. The written notice shall also be provided to each new employee upon hire. Written notice shall also be annually provided to the employee's authorized representative, if any. The notice shall contain a description of workers' rights in the following areas:
(1) Protection against misclassification of an employee as an independent contractor.
(2) Outdoor heat illness prevention and indoor heat illness prevention.
(3) Workers' compensation.
(4) Paid sick days.
(5) The right to notice of inspection by immigration agencies pursuant to subdivision (a) of Section 90.2.
(6) Protection against unfair immigration-related practices against a person exercising protected rights.
(7) The right to organize a union in the workplace.
(8) Constitutional rights when interacting with law enforcement at the workplace, including an employee's right under the Fourth Amendment to the United States Constitution to be free from unreasonable searches and seizures and rights under the Fifth Amendment to the United States Constitution to due process and against self-incrimination.
(b) The written notice shall be provided to an employee in the language the employer normally uses to communicate employment-related information to the employee if the template notice is available in that language on the Labor Commissioner's internet

website. If the template notice is not available in that language, then the written notice may be provided in English.
(c) An employer may, in addition to the required written notice, choose to provide a link to, or show, the video developed by the Labor Commissioner's office pursuant to subdivision (b) of Section 1554.

1554.
(a) The Labor Commissioner shall develop a template notice that an employer may use to comply with the requirements of Section 1553. The Labor Commissioner shall post the template notice on its internet website so that it is accessible to an employer. The template notice shall be written in plain terminology that is easily understood by a worker. The Labor Commissioner shall make the template notice available in different languages, including English, Spanish, Chinese, Tagalog, Vietnamese, and Korean. The Labor Commissioner may also provide the template notice in additional languages.
(b) On or before July 1, 2026, the Labor Commissioner shall develop a video for employees advising them of their rights under the areas listed in Section 1553.
(c) On or before July 1, 2026, the Labor Commissioner shall develop a video for employers advising them of their requirements under the areas listed in Section 1553.
(d) The Labor Commissioner shall post the videos developed pursuant to subdivisions (b) and (c) on the Labor Commissioner's internet website.

1555.
(a) If an employee has notified their employer that they would like their designated emergency contact to be notified in the event the employee is arrested or detained, the employer shall notify the designated emergency contact if the employee is arrested or detained on their worksite. If the arrest or detention occurs during work hours, or during the performance of the employee's job duties, but not on the worksite, the employer shall notify the employee's designated emergency contact only if the employer has actual knowledge of the arrest or detention of the employee.
(b) An employer shall offer an employee the option to provide written notice to their employer that indicates that the employee would like their designated emergency contact notified in the event the employee is arrested or detained on their worksite, or during work hours or during the performance of the employee's job duties, but not on the worksite, if the employer has actual knowledge of the arrest or detention of the employee.

1556.
Parties subject to this part may provide, by collective bargaining agreement, that the agreement supersedes the requirements of this part, in whole or in part, if the waiver is explicitly set forth in the agreement in clear and unambiguous terms.

1557.
An employer shall not discharge, threaten to discharge, demote, suspend, or in any manner discriminate or retaliate against an employee for exercising or attempting to exercise their rights under this part, filing a complaint with the Labor Commissioner alleging a violation of this part, cooperating in an investigation or prosecution of an

alleged violation of this part, or for any action taken by an employee to invoke, or assist in any manner in, the enforcement of this part.

1558.

(a) The Labor Commissioner shall enforce this part, including investigating an alleged violation, and ordering appropriate temporary relief to mitigate a violation or maintain the status quo pending the completion of a full investigation or hearing through the procedures set forth in Section 98.3, 98.7, 98.74, or 1197.1, including issuing a citation against an employer who violates this section and filing a civil action. If a citation is issued, the procedures for issuing, contesting, and enforcing judgments for citations and civil penalties issued by the Labor Commissioner shall be the same as those set out in Section 98.74 or 1197.1, as applicable.

(b) This part may also alternatively be enforced by a public prosecutor pursuant to Chapter 8 (commencing with Section 180) of Division 1.

(c) In any civil action brought pursuant to subdivision (a) or (b), the petitioner may seek appropriate temporary or preliminary injunctive relief, including punitive damages, and reasonable attorney's fees and costs.

(d) In addition to any other remedy, an employer who violates this part may be subject to a civil penalty of up to five hundred dollars ($500) per employee for each violation.

(e) An action brought pursuant to this section may be brought in the superior court in any county in which the violation in question is alleged to have occurred or in which the employer resides or transacts business.

1559.

This part does not preempt any city, county, or city and county ordinance that provides equal or greater protection to employees who are covered by this part.

SB 446 - (A) Amends the Law

SECTION 1.
Section 1798.82 of the Civil Code is amended to read:

(a) ~~A~~ *(1)* ~~person~~ *An individual* or business that conducts business in California, and that owns or licenses computerized data that includes personal information, shall disclose a breach of the security of the system following discovery or notification of the breach in the security of the data to a resident of California ~~(1)~~ whose unencrypted personal information was, or is reasonably believed to have been, acquired by an unauthorized person, ~~or, (2)~~ *or* whose encrypted personal information was, or is reasonably believed to have been, acquired by an unauthorized person and the encryption key or security credential was, or is reasonably believed to have been, acquired by an unauthorized ~~person~~ *person,* and the person or business that owns or licenses the encrypted information has a reasonable belief that the encryption key or security credential could render that personal information readable or usable. ~~The disclosure shall be made in the most expedient time possible and without unreasonable delay, consistent with the legitimate needs of law enforcement, as provided in subdivision (c), or any measures necessary to determine the scope of the breach and restore the reasonable integrity of the data system.~~
(2) (A) Subject to subparagraph (B), the disclosure required by this subdivision shall be made within 30 calendar days of discovery or notification of the data breach.
(B) An individual or business may delay the disclosure required by this subdivision to accommodate the legitimate needs of law enforcement, pursuant to subdivision (c), or as necessary to determine the scope of the breach and restore the reasonable integrity of the data system.
(b) ~~A person~~ *An individual* or business that maintains computerized data that includes personal information that the ~~person~~ *individual* or business does not own shall notify the owner or licensee of the information of the breach of the security of the data immediately following discovery, if the personal information was, or is reasonably believed to have been, acquired by an unauthorized person.
(c) The notification required by this section may be delayed if a law enforcement agency determines that the notification will impede a criminal investigation. The notification required by this section shall be made promptly after the law enforcement agency determines that it will not compromise the investigation.
(d) ~~A person~~ *An individual* or business that is required to issue a security breach notification pursuant to this section shall meet all of the following requirements:
(1) The security breach notification shall be written in plain language, shall be titled "Notice of Data Breach," and shall present the information described in paragraph (2) under the following headings: "What ~~Happened,"~~ *Happened?"* "What Information Was ~~Involved,"~~ *Involved?"* "What We Are Doing," "What You Can Do," and "For More Information." Additional information may be provided as a supplement to the notice.
(A) The format of the notice shall be designed to call attention to the nature and significance of the information it contains.
(B) The title and headings in the notice shall be clearly and conspicuously displayed.

(C) The text of the notice and any other notice provided pursuant to this section shall be no smaller than 10-point type.
(D) For a written notice described in paragraph (1) of subdivision (j), use of the model security breach notification form prescribed below or use of the headings described in this paragraph with the information described in paragraph (2), written in plain language, shall be deemed to be in compliance with this subdivision.

[NAME OF INSTITUTION / LOGO] _____ _____ Date: [insert date]	
NOTICE OF DATA BREACH	
What Happened?	
What Information Was Involved?	
What We Are Doing.	
What You Can Do.	

Other Important Information. [insert other important information]	
For More Information.	Call [telephone number] or go to [internet website]

(E) For an electronic notice described in paragraph (2) of subdivision (j), use of the headings described in this paragraph with the information described in paragraph (2), written in plain language, shall be deemed to be in compliance with this subdivision.
(2) The security breach notification described in paragraph (1) shall include, at a minimum, the following information:
(A) The name and contact information of the reporting ~~person~~ *individual* or business subject to this section.
(B) A list of the types of personal information that were or are reasonably believed to have been the subject of a breach.
(C) If the information is possible to determine at the time the notice is provided, then any of the following: (i) the date of the breach, (ii) the estimated date of the breach, or (iii) the date range within which the breach occurred. The notification shall also include the date of the notice.
(D) Whether notification was delayed as a result of a law enforcement investigation, if that information is possible to determine at the time the notice is provided.
(E) A general description of the breach incident, if that information is possible to determine at the time the notice is provided.
(F) The toll-free telephone numbers and addresses of the major credit reporting agencies if the breach exposed a social security number or a driver's license or California identification card number.
(G) If the ~~person~~ *individual* or business providing the notification was the source of the breach, an offer to provide appropriate identity theft prevention and mitigation services, if any, shall be provided at no cost to the affected ~~person~~ *individual* for not less than 12 months along with all information necessary to take advantage of the offer to any ~~person~~ *individual* whose information was or may have been breached if the breach

exposed or may have exposed personal information defined in subparagraphs (A) and (B) of paragraph (1) of subdivision (h).
(3) At the discretion of the ~~person~~ *individual* or business, the security breach notification may also include any of the following:
(A) Information about what the ~~person~~ *individual* or business has done to protect individuals whose information has been breached.
(B) Advice on steps that people whose information has been breached may take to protect themselves.
(C) In breaches involving biometric data, instructions on how to notify other entities that used the same type of biometric data as an authenticator to no longer rely on data for authentication purposes.
(e) A covered entity under the federal Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. Sec. 1320d et seq.) will be deemed to have complied with the notice requirements in subdivision (d) if it has complied completely with Section 13402(f) of the federal Health Information Technology for Economic and Clinical Health Act (Public Law 111-5). However, nothing in this subdivision shall be construed to exempt a covered entity from any other provision of this section.
(f) ~~A person~~ *An individual* or business that is required to issue a security breach notification pursuant to this section to more than 500 California residents as a result of a single breach of the security system shall electronically submit a single sample copy of that security breach notification, excluding any personally identifiable information, to the Attorney ~~General.~~ *General within 15 calendar days of notifying affected consumers of the security breach.* A single sample copy of a security breach notification shall not be deemed to be within Article 1 (commencing with Section 7923.600) of Chapter 1 of Part 5 of Division 10 of Title 1 of the Government Code.
(g) For purposes of this section, “breach of the security of the system” means unauthorized acquisition of computerized data that compromises the security, confidentiality, or integrity of personal information maintained by the ~~person~~ *individual* or business. Good faith acquisition of personal information by an employee or agent of the ~~person~~ *individual* or business for the purposes of the ~~person~~ *individual* or business is not a breach of the security of the system, provided that the personal information is not used or subject to further unauthorized disclosure.
(h) For purposes of this section, “personal information” means either of the following:
(1) An individual’s first name or first initial and last name in combination with any one or more of the following data elements, when either the name or the data elements are not encrypted:
(A) Social security number.
(B) Driver’s license number, California identification card number, tax identification number, passport number, military identification number, or other unique identification number issued on a government document commonly used to verify the identity of a specific individual.
(C) Account number or credit or debit card number, in combination with any required security code, access code, or password that would permit access to an individual’s financial account.
(D) Medical information.
(E) Health insurance information.

(F) Unique biometric data generated from measurements or technical analysis of human body characteristics, such as a fingerprint, retina, or iris image, used to authenticate a specific individual. Unique biometric data does not include a physical or digital photograph, unless used or stored for facial recognition purposes.
(G) Information or data collected through the use or operation of an automated license plate recognition system, as defined in Section 1798.90.5.
(H) Genetic data.
(2) A username or email address, in combination with a password or security question and answer that would permit access to an online account.
(i) (1) For purposes of this section, "personal information" does not include publicly available information that is lawfully made available to the general public from federal, state, or local government records.
(2) For purposes of this section, "medical information" means any information regarding an individual's medical history, mental or physical condition, or medical treatment or diagnosis by a health care professional.
(3) For purposes of this section, "health insurance information" means an individual's health insurance policy number or subscriber identification number, any unique identifier used by a health insurer to identify the individual, or any information in an individual's application and claims history, including any appeals records.
(4) For purposes of this section, "encrypted" means rendered unusable, unreadable, or indecipherable to an unauthorized person through a security technology or methodology generally accepted in the field of information security.
(5) "Genetic data" means any data, regardless of its format, that results from the analysis of a biological sample of an individual, or from another source enabling equivalent information to be obtained, and concerns genetic material. Genetic material includes, but is not limited to, deoxyribonucleic acids (DNA), ribonucleic acids (RNA), genes, chromosomes, alleles, genomes, alterations or modifications to DNA or RNA, single nucleotide polymorphisms (SNPs), uninterpreted data that results from analysis of the biological sample or other source, and any information extrapolated, derived, or inferred therefrom.
(j) For purposes of this section, "notice" may be provided by one of the following methods:
(1) Written notice.
(2) Electronic notice, if the notice provided is consistent with the provisions regarding electronic records and signatures set forth in Section 7001 of Title 15 of the United States Code.
(3) Substitute notice, if the ~~person~~ *individual* or business demonstrates that the cost of providing notice would exceed two hundred fifty thousand dollars ($250,000), or that the affected class of subject persons to be notified exceeds 500,000, or the ~~person~~ *individual* or business does not have sufficient contact information. Substitute notice shall consist of all of the following:
(A) Email notice when the ~~person~~ *individual* or business has an email address for the subject persons.
(B) Conspicuous posting, for a minimum of 30 days, of the notice on the internet website page of the ~~person~~ *individual* or business, if the ~~person~~ *individual* or business maintains one. For purposes of this subparagraph, conspicuous posting on

the ~~person's~~ *individual's* or business's internet website means providing a link to the notice on the home page or first significant page after entering the internet website that is in larger type than the surrounding text, or in contrasting type, font, or color to the surrounding text of the same size, or set off from the surrounding text of the same size by symbols or other marks that call attention to the link.
(C) Notification to major statewide media.
(4) In the case of a breach of the security of the system involving personal information defined in paragraph (2) of subdivision (h) for an online account, and no other personal information defined in paragraph (1) of subdivision (h), the ~~person~~ *individual* or business may comply with this section by providing the security breach notification in electronic or other form that directs the ~~person~~ *individual* whose personal information has been breached promptly to change the ~~person's~~ *individual's* password and security question or answer, as applicable, or to take other steps appropriate to protect the online account with the ~~person~~ *individual* or business and all other online accounts for which the ~~person~~ *individual* whose personal information has been breached uses the same username or email address and password or security question or answer.
(5) In the case of a breach of the security of the system involving personal information defined in paragraph (2) of subdivision (h) for login credentials of an email account furnished by the ~~person~~ *individual* or business, the ~~person~~ *individual* or business shall not comply with this section by providing the security breach notification to that email address, but may, instead, comply with this section by providing notice by another method described in this subdivision or by clear and conspicuous notice delivered to the resident online when the resident is connected to the online account from an Internet Protocol address or online location from which the ~~person~~ *individual* or business knows the resident customarily accesses the account.
(k) For purposes of this section, "encryption key" and "security credential" mean the confidential key or process designed to render data usable, readable, and decipherable.
(l) Notwithstanding subdivision (j), ~~a person~~ *an individual* or business that maintains its own notification procedures as part of an information security policy for the treatment of personal information and is otherwise consistent with the timing requirements of this ~~part,~~ *part* shall be deemed to be in compliance with the notification requirements of this section if the ~~person~~ *individual* or business notifies subject ~~persons~~ *individuals* in accordance with its policies in the event of a breach of security of the system.

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MEMORANDUM

DATE	August 12, 2025
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Cherise Burns, Executive Officer
SUBJECT	Agenda Item 10: Discussion and Possible Action to Propose Amendments to Statutorily Approved Continuing Professional Development Providers as Stated in Business and Profession Code (BPC) Section 2532.6

Background

During the course of auditing continuing professional development (CPD) records for Board licensees, Board staff had to educate current licensees regarding acceptable types of CPD and about what entities are approved CPD providers under the Board's Practice Act. During this process, Board staff have raised the question as to whether this issue might merit review for potential statutory amendments as part of the Board's Sunset Review.

BPC section 2532.6 requires that CPD services shall be obtained from the following entities:

- Accredited institutions of higher learning.
- Organization approved as continuing education provider by the
    - American Speech-Language Hearing Association
    - American Academy of Audiology, or
    - California Medical Association's Institute for Medical Quality Continuing Medical Education Program.
- Entities or organizations approved as continuing professional development providers by the Board.

BPC section 2532.6 also exempts the following entities from any application or registration fees that the Board may charge for continuing education providers:

- Accredited institutions of higher learning.
- Organizations approved as continuing education providers by the following entities:

- American Speech-Language Hearing Association
- American Academy of Audiology, or
- California Medical Association's Institute for Medical Quality Continuing Medical Education Program.

As the Board prepares for it Sunset Review, the Board may wish to propose legislative changes if it finds any of the following entities should be listed as acceptable for where CPD services can be obtained from and exempt these from any application or registration fees that the Board may charge for continuing education providers:

- California Academy of Audiology,
- California Speech-Language Hearing Association,
- American Medical Association, or
- Federal, state, or local government entity

Action Requested

Staff recommends the Board review the legislative proposal. The Board may wish to determine whether or not to approve the legislative proposal to be included as part of the Board's Sunset Review.

Suggested Motion Language

Move to adopt the legislative proposal to be included as part of the Board's Sunset Review as noticed/amended.

Attachment: Board's Sunset Review Legislative Proposal Regarding CPD

Board's Sunset Review Legislative Proposal Regarding Continuing Professional Development

Business and Professions Code (BPC) section 2532.6.

(a) The Legislature recognizes that the education and experience requirements of this chapter constitute only minimal requirements to assure the public of professional competence. The Legislature encourages all professionals licensed and registered by the board under this chapter to regularly engage in continuing professional development and learning that is related and relevant to the professions of speech-language pathology and audiology.

(b) The board shall not renew any license or registration pursuant to this article~~chapter~~ unless the applicant certifies to the board that he or she has completed in the preceding two years not less than the minimum number of continuing professional development hours established by the board pursuant to subdivision (c) for the professional practice authorized by his or her license or registration.

(c) (1) The board shall prescribe the forms utilized for and the number of hours of required continuing professional development for persons licensed ~~or registered~~ under this article~~chapter~~ .

(2) The board shall have the right to audit the records of any applicant to verify the completion of the continuing professional development requirements.

(3) Applicants shall maintain records of completion of required continuing professional development coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(d) The board shall establish exceptions from the continuing professional development requirements of this section for good cause as defined by the board.

(e) (1) The continuing professional development services shall be obtained from:

(A) Accredited~~accredited~~ institutions of higher learning,

(B) Organizations~~organizations~~ approved as continuing education providers by either the American Speech-Language Hearing Association or the American Academy of Audiology, the California Medical Association's Institute for Medical Quality Continuing Medical Education Program, California Academy of Audiology, California Speech-Language Hearing Association, or American Medical Association,

(C) A federal, state, or local government entity, or

(D) Other~~other~~ entities or organizations approved as continuing professional development providers by the board, in its discretion.

(2) No hours shall be credited for any course enrolled in by a licensee that has not first been approved and certified by the board, if the board has sufficient funding and staff resources to implement the approval and certification process.

(3) The continuing professional development services offered by these entities may, but are not required to, utilize pretesting and posttesting or other evaluation techniques to measure and demonstrate improved professional learning and competency.

(4) An accredited institution of higher learning, an organization approved as continuing education providers by either the American Speech-Language Hearing Association or the American Academy of Audiology, and the California Medical Association's Institute for Medical Quality Continuing Education Program, California Academy of Audiology, California Speech-Language Hearing Association, or American Medical Association, or a federal, state, or local government entity shall be exempt from any application or registration fees that the board may charge for continuing education providers.

(5) Unless a course offered by entities listed in paragraph (4) meets the requirements established by the board, the course may not be credited towards the continuing professional development requirements for license renewal.

(6) The licensee shall be responsible for obtaining the required course completion documents for courses offered by entities specified in paragraph (1).

(f) The board, by regulation, shall fund the administration of this section through professional development services provider and licensing fees to be deposited in the Speech-Language Pathology and Audiology Board Fund. The fees related to the administration of this section shall be sufficient to meet, but shall not exceed, the costs of administering the corresponding provisions of this section.

(g) The continuing professional development requirements adopted by the board shall comply with any guidelines for mandatory continuing education established by the Department of Consumer Affairs.

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MEMORANDUM

DATE	August 12, 2025
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Cherise Burns, Executive Officer
SUBJECT	Agenda Item 11: Discussion and Possible Action to Propose Amendments to Statutory Requirements for Continuing Professional Development of Speech-Language Pathology Assistants as Stated in BPC section 2538.1(b)(6)

Background

During the course of auditing continuing professional development (CPD) records for Board licensees, specifically speech-language pathology assistants (SLPAs), Board staff had to educate current SLPA licensees regarding the limitations on the acceptable types of CPD. During this process, Board staff have raised the question as to whether this issue might merit review for potential statutory amendments as part of the Board's Sunset Review.

Business and Profession Code (BPC) section 2538.1.(b) (6) states that the Board shall adopt regulations regarding the:

> *Minimum continuing professional development requirements for the speech-language pathology assistant, not to exceed 12 hours in a two-year period. The speech-language pathology assistant's supervisor shall act as a professional development advisor. The speech-language pathology assistant's professional growth may be satisfied with successful completion of state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these concerning communication and related disorders.*

The Board specifies the number of hours in Title 16 California Code of Regulations (CCR) 1399.170.14:

> *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.*

Therefore, a SLPA is only able to complete their CPD hours through:

- State or regional conferences,
- Workshops,
- Formal in-service presentations,
- Independent study programs (which is not defined), or
- Any combination of these

However, the SLPAs supervisor is permitted to fulfil their CPD requirement from an:

- Accredited institutions of higher learning;
- Coursework through an organization approved as continuing education provider by the
    - American Speech-Language Hearing Association
    - American Academy of Audiology,
    - California Medical Association's Institute for Medical Quality Continuing Medical Education Program; or
- Coursework through other entities or organizations approved as continuing professional development providers by the Board.

The Speech-Language Pathology Practice Committee (Committee) met on May 15, 2025 and August 21, 2025, to discuss if SLPAs should be allowed to fulfil their CPD requirement from other providers and determined that this should be allowed and determined what limitations might apply to that extension of additional methods for fulfilling their CPD requirements. The Committee is reporting to the Board its decision to recommend the legislative proposal to be included as part of the Board's Sunset Review during the Board Chair's Report.

Action Requested

Staff recommend the Board review and discuss the materials provided. The Board may wish to determine whether or not to include the legislative proposal as part of the Board's Sunset Review.

Suggested Motion Language

Move to include the legislative proposal as part of the Board's Sunset as noticed/amended.

Attachment: Board's Sunset Review Legislative Proposal Regarding SLPA CPD

Board's Sunset Review Legislative Proposal Regarding
Speech-Language Pathology Assistant Continuing Professional Development

Business and Professions Code section 2538.1

(a) The board shall adopt regulations, in collaboration with the State Department of Education, the Commission on Teacher Credentialing, and the Advisory Commission on Special Education, that set forth standards and requirements for the adequate supervision of speech-language pathology assistants.

(b) The board shall adopt regulations as reasonably necessary to carry out the purposes of this article, that shall include, but need not be limited to, the following:

(1) Procedures and requirements for application, registration, renewal, suspension, and revocation.

(2) Standards for approval of ~~Associate Degree~~ Speech-Language Pathology Assistant associate degree ~~training~~ programs based upon standards and curriculum guidelines established by the National Council on Academic Accreditation in Audiology and Speech-Language Pathology, or the American Speech-Language-Hearing Association, or equivalent formal training programs consisting of two years of technical education, including supervised field placements. The board may impanel site review committees to conduct onsite evaluations, inspections, and investigations of a speech-language pathology assistant training program and to assess the training program's compliance with the board's laws and regulations. The members of the site review committee shall receive no compensation but shall be reimbursed for their actual travel and per diem expenses by the institution that is the subject of the evaluation, inspection, or investigation.

(3) Standards for accreditation of a Speech-Language Pathology Assistant associate degree ~~training~~ program's institution by the Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges or the Senior College Commission of the Western Association of Schools and Colleges, or equivalent accreditation.

(4) The scope of responsibility, duties, and functions of speech-language pathology assistants, that shall include, but not be limited to, all of the following:

(A) Conducting speech-language screening, without interpretation, and using screening protocols developed by the supervising speech-language pathologist.

(B) Providing direct treatment assistance to patients or clients under the supervision of a speech-language pathologist.

(C) Following and implementing documented treatment plans or protocols developed by a supervising speech-language pathologist.

(D) Documenting patient or client progress toward meeting established objectives, and reporting the information to a supervising speech-language pathologist.

(E) Assisting a speech-language pathologist during assessments, including, but not limited to, assisting with formal documentation, preparing materials, and performing clerical duties for a supervising speech-language pathologist.

(F) When competent to do so, as determined by the supervising speech-language pathologist, acting as an interpreter for non-English-speaking patients or clients and their family members.

(G) Scheduling activities and preparing charts, records, graphs, and data.

(H) Performing checks and maintenance of equipment, including, but not limited to, augmentative communication devices.

(I) Assisting with speech-language pathology research projects, in-service training, and family or community education.

The regulations shall provide that speech-language pathology assistants are not authorized to conduct evaluations, interpret data, alter treatment plans, or perform any task without the express knowledge and approval of a supervising speech-language pathologist.

(5) The requirements for the wearing of distinguishing name badges with the title of speech-language pathology assistant.

(6) Minimum continuing professional development requirements for the speech-language pathology assistant, not to exceed 12 hours in a two-year period. The speech-language pathology assistant's supervisor shall act as a professional development advisor. The speech-language pathology assistant's professional growth may be satisfied with successful completion of state or regional conferences, workshops, formal in-service presentations, independent study programs, courses offered by entities listed in paragraph (1) of subdivision (e) of Section 2532.6, or any combination of these concerning communication and related disorders. Independent study programs shall have the same meaning as self-study as defined by the board in regulation. Coursework from a master's degree that would qualify an applicant for licensure as a speech-language pathologist pursuant to Section 2532.2 shall not be used to satisfy this requirement.

(7) Minimum continuing professional development requirements for the supervisor of a speech-language pathology assistant.

(8) The type and amount of direct and indirect supervision required for speech-language pathology assistants.

(9) The maximum number of assistants permitted per supervisor.

(10) A requirement that the supervising speech-language pathologist shall remain responsible and accountable for clinical judgments and decisions and the maintenance of the highest quality and standards of practice when a speech-language pathology assistant is utilized.

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MEMORANDUM

DATE	August 4, 2025
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Cherise Burns, Executive Officer
SUBJECT	Agenda Item 12: Discussion and Possible Action Regarding Proposed Amendments to Obtain Statutory Authority for Implementing a Retired License Status for Board Licensees

Background

At its May 2025 meeting, the Board discussed possible action to create a retired license statutes under the Business and Profession Code (BPC) section 464 or seek statutory authority in its Practice Act. This is because, for a considerable number of years, Board licensees have requested to be placed in a retired status instead of having to renewal their license or having their license expired for a specified time before it can be cancelled.

During the continuing professional development (CPD) audits of Board licensees, this became prevalent when Board staff came across a handful of licensees who failed their CPD audit because they have professionally retired and should have been in an inactive status, but instead kept renewing as active status because they were either unaware of the inactive status and what it meant or made a mistake on their renewal form. Many of these licensees chose to maintain their license as they preferred to have a license that appeared to be in good standing instead of having an expired or cancelled status, which licensees may feel has a negative connotation.

In May 2025, the Board discussed possible action to create a retired license status under the Business and Profession Code (BPC) section 464 and determined that it lacked the following standards that should be required of a retired license status to maintain public safety:

1. Restricting licensees from placing their license on retired status if they are currently on a restricted license (i.e., license subject to a Board imposed disciplinary order such as probation), they have not abated any issued Board citation and fine, or they are currently under investigation for an active complaint or conviction.

2. Restricting licensees from reinstating their license to active status if they have been out of practice for a specified number of years.

3. Restricting the number of times a licensee can reinstate from retired to active status.

To address these concerns, the Board determined that it should seek statutory authority in its Practice Act to create a retired license and directed Board staff to draft proposed legislative language that could be included as part of the Board's Sunset Review.

Discussion Questions

1. Should a licensee on retired status for more than three years who has continuously maintained a current valid active and clear license in the same profession in another state or US territory be allowed to reinstate their license to active status without retaking any examination or reapplying for initial licensure?

2. Should licensees on retired status be able to use the title "retired" or abbreviations denoting retired status? Are there other ways of denoting retirement that would also be permissible?

Action Requested

Staff recommend the Board review the attached legislative language. The Board may wish to determine whether or not to approve the legislative proposal to be included as part of the Board's Sunset Review.

Suggested Motion Language

Move to adopt the legislative proposal to be included as part of the Board's Sunset Review as noticed/amended.

Attachment: Board's Sunset Review Legislative Proposal Regarding Retired License Status

Board's Sunset Review Legislative Proposal
Retired License Status

BPC Article 1, section XXXX.X

(a) The board shall issue, upon an application prescribed by the board and payment of a fee of $75, a retired license to a licensed speech-language pathologist, audiologist, hearing aid dispenser, or dispensing audiologist who holds a license that is current and active or a license that is inactive, and whose license is not suspended, revoked, surrendered, is subject to disciplinary action under this chapter, has an Accusation filed against their license by the Attorney General's office and the charges are pending, or is confirmed by an internal investigation report signed by the Executive Officer to be under investigation by the board .

(b) The holder of a retired license issued pursuant to this section shall not engage in any activity for which an active license is required or represent that they have an active license.

(c) A retired license shall not be subject to renewal.

(d) The holder of a retired license may apply once to restore their license to active status if the holder of a retired license meets all of the following requirements:

(1) Has not committed an act or crime constituting grounds for denial, revocation, or discipline of a license.

(1) Pays the renewal fee required.

(2) Completes the required continuing education as specified in subdivision (e) .

(4) Complies with the fingerprint submission requirements established by the board in regulation.

(3) (i) The retired license was issued less than three years from the date of issuance.
(ii) The retired license was issued more than three years from the date of issuance, but the holder has continuously maintained a current valid active and clear license in the same profession in another state or US territory.

(e) A holder of a retired license requesting to restore their license to active status pursuant to subdivision (d) shall complete continuing education equivalent to that required for a single license renewal period. Continuing education shall be completed in accordance with Section 2532.6 or Section 2538.18 except that all hours may be completed through self-study as defined by the board in regulation.

(f) The board shall issue a retired license for a second time pursuant to subdivision (a). A license shall remain on retired status after it has been placed on retired status for the second time.

(g) The holder of a retired license shall apply for and obtain a new license if they have been on retired status for more than three years from the date of issuance, unless the holder continuously maintains a current valid active and clear license in the same profession in another state or US territory.

(h) The holder of a retired license shall be permitted to use the title “retired.” The designation of retired shall not be abbreviated in any way.

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MEMORANDUM

DATE	August 13, 2025
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Cherise Burns, Executive Officer
SUBJECT	Agenda Item 13: Discussion and Possible Action Regarding Technical Statutory Clean-up

Background

Each year, the Assembly Business and Professions Committee and the Senate Business, Professions, and Economic Development Committee (Joint Sunset Review Committee) hold joint sunset review oversight hearings to review the boards/bureaus under the Department of Consumer Affairs (DCA). This provides an opportunity for the DCA, the Legislature, the boards/bureaus, and interested parties and stakeholders to discuss the performance of the boards/bureaus, and make recommendations for its continued existence or elimination.

The Board must complete its sunset review before January 1, 2027. As part of the sunset review, the Board is required to a complete a report covering the entire period since its last reviewed, including, but not limited to, the following:

- The purpose and necessity of the agency.
- A description of the agency budget, priorities, and job descriptions of employees of the agency.
- Programs and projects under the direction of the agency.
- Measures of the success or failures of the agency and justifications for the metrics used to evaluate successes and failures.
- Recommendations of the agency for changes or reorganization in order to better fulfill its purpose.

The Board may also inform the Joint Sunset Review Committee on:

- Whether the Board should be terminated, or continued, or whether its functions should be revised or consolidated with those of another agency, and
- Any other recommendations necessary to improve the effectiveness and efficiency of the Board, including proposed legislative proposals that would carry out its recommendations, including technical cleanup to its Practice Act.

Board staff identified technical cleanup to the Practice Act that should be considered for inclusion in the Board's next sunset review:

1. Amend BPC section 2530.2(b) to remove limited liability company and add registrant.
2. Amend BPC 2530.2(g) to cross reference the correct subdivision for FEES, subdivision (f)
3. Amend BPC section 2530.2 (k) to replace selling with fitting.
4. Amend BPC section 2530.2(l) to mean an audiology who is licensed to sell hearing aid
5. Amend BPC section 2530.3 to make requirements applicable to business name
6. Amend BPC section 2530.5 (f) to remove RPE proposed responsibilities .
7. Add BPC section 2530.6(f) to prevent aides from advertising or representing themselves as a SLP, audiology, or SLPA.
8. Add BPC section 2530.8 to require all licensee and registrant to display their license or registration.
9. Add BPC section 2530.9 prevents aides, RPE, or SLPA from sole proprietorship, managing, or independently operating a business in the practice of SLP or audiology.
10. Repeal BPC sections 2531.3 and 2531.4 regarding speech-language pathology and audiology licensure examination to move and consolidate under BPC section 2532.4
11. Amend BPC section 2531.5 to add hearing aid dispensing and registrant.
12. Amend BPC section 2532 to replace chapter with article.
13. Amend BPC section 2532.2(a) to add communication disorders, speech, language and hearing sciences; communication sciences and disorders; or communicative disorders as acceptable bachelor's degree program
14. Amend BPC section 2532.2(c) to move from subdivision (d) exemption from the supervised professional experience
15. Amend BPC section 2532.2(d) to move and consolidate speech-language pathology and audiology licensure examination requirements under BPC section 2532.4
16. Amend BPC section 2532.25 to move and consolidate speech-language pathology and audiology licensure examination requirements under BPC section 2532.4
17. Amend BPC section 2532.4(a) to replace may with shall and gendered pronouns with nongendered pronouns.
18. Amend BPC section 2532.4(b) to remove outdated speech-language pathology and audiology licensure examination requirements
19. Amend BPC section 2532.4(c) to remove outdated speech-language pathology and audiology licensure examination requirements and add Board discretion to waive the licensure examination requirements if the Board deemed the applicant demonstrates competency in the areas covered by the examination or examinations.
20. Add BPC section 2532.4(d) to specify the speech-language pathology and audiology licensure examination or examinations may be conducted by the board or another organization in compliance with Section 139.
21. Repeal BPC section 2532.5 regarding display of license and move to BPC section 2530.8.
22. Amend BPC section 2533 to add registrant and hearing aid dispensing, and add rendering services under a limited liability company and foreign corporation as cause for denial, suspension, revocation, and probation [
23. Amend BPC section 2533.1 to add registrant
24. Amend BPC section 2533.4 to add registrant
25. Amend BPC section 2533.6 to include surrender and add registrant.
26. Amend BPC section 2534.2 to add registrant

27. Amend BPC section 2535 to remove outdated grandfather clause, add registrant, and replace chapter with cross references to license type subject to this section.
28. Amend BPC section 2535.2 to add registrant
29. Amend BPC section 2535.4 to add registrant
30. Amend BPC section 2538.3 to add speech, language and hearing sciences; communication sciences and disorders; or communicative disorders as acceptable bachelor's degree program
31. Amend BPC section 2538.5 to say other personnel in schools cannot perform SLPA duties
32. Amend BPC section 2538.7 to add SLP Assistant and SLPA to acceptable title for SLPA
33. Add BPC section 2538.8 to add prevent SLPA from advertising or representing themselves as a SLP.
34. Amend BPC section 2538.10(a) to add social media to HAD advertise
35. Amend BPC section 2538.10(b) to define license to mean a license to engage in the practice of fitting or selling hearing aids to an individual or individuals with impaired hearing.
36. Amend BPC section 2538.10(c) to define licensee to mean a person holding a license under article 8 and includes permanent, temporary, and trainee license.
37. Amend BPC section 2538.11(b) to replace hearing aid dispenser with licensee.
38. Amend BPC section 2538.13 to replace hearing aid dispenser with licensee.
39. Amend BPC section 2538.14 to define hearing aid dispenser to mean a person issued a permanent license under article 8
40. Amend BPC section 2538.18 to replace licensee with hearing aid dispenser.
41. Amend BPC section 2538.20 to specify exception to this section that prohibits hearing aid dispensing businesses from operating as a limited liability company or foreign corporation, and employment by medical corporation licensed under Chapter 5 (commencing with Section 2000) and non-dispensing audiologist and physicians
42. Amend BPC section 2538.23 to add online.
43. Amend BPC section 2538.26 to replace chapter with article.
44. Amend BPC section 2538.28 to replace chapter with article.
45. Amend BPC section 2538.37 to replace chapter with article.
46. Amend BPC section 2538.38 to replace licensee with hearing aid dispenser.
47. Amend BPC section 2538.48 to remove temporary license to conform with changes to the definition of license
48. Amend BPC section 2538.49 to replace hearing aid dispenser with licensee.
49. Amend BPC section 2538.50 to remove temporary license to conform with changes to the definition of license
50. Amend BPC section 2538.51 to replace licensee with hearing aid dispenser and conform with changes to 2538.33 and 2538.34.
51. Amend BPC section 2538.53 to replace licensee with hearing aid dispenser and temporary with trainee, and duplicate with branch office
52. Amend BPC section 2538.57 to replace temporary with trainee
53. Amend BPC section 2539.1 to remove outdated grandfather clause and cross reference statutory requirements for audiology licensure in subdivision (c).
54. Amend BPC section 2539.2 to add online.
55. Amend BPC section 2539.6 to add dispensing before audiologist where applicable.
56. Amend BPC section 2539.8 to replace chapter with article.
57. Amend BPC section 2539.12 to add dispensing before audiologist where applicable.

58. Amend BPC section 2539.14 to clarify that dispensing audiologist are subject to Article 8 when selling hearing aids
59. Add BPC sections 2539.15 – 2539.19 to specify statutory requirements for dispensing audiologist related to CPD and renewal .

This does not include the following proposed legislative proposals or technical cleanup to the Practice Act which are discussed as their own separate agenda item.

1. Amend BPC section 2532.6 to replace chapter with article, removed registrants, and add California Academy of Audiology, California Speech-Language Hearing Association, or American Medical Association, or a federal, state, or local government entity as approved CPD providers.
2. Amend BPC section 2538.1(b)(2) and (b)(3) to make grammatical corrections regarding the use of words "associate degree" and BPC section 2538.1(b)(6) to allow SLPAs to satisfy their CPD through the same providers their supervisors are allowed to fulfil their CPD requirement, define independent study programs to have the same meaning as self-study, and prohibit coursework towards a master's degree that would qualify an applicant for licensure as a speech-language pathologist pursuant to BPC Section 2532.2 towards meeting SLPA CPD requirements
3. Amend BPC section,2538.33 to replace business with address and BPC section 2538.34 to replace licensee with hearing aid dispenser and duplicate with branch office and define temporary basis to mean a limited and short period of time that is not intended to occur repeatedly.
4. Obtain statutory authority to implement a retired license status

The proposed technical statutory clean-up text and any other items identified in today's discussion will be included in the development of the Board's Sunset Review Report that will be drafted by the Sunset Review Ad Hoc Committee (Sunset Review Committee). The report will be presented to the Board for review and approval at a future meeting.

Discussion Questions

1. Is there other technical cleanup to the Practice Act that should be considered and has not been identified?

Action Requested

Staff recommends the Board review and discuss the provided materials. The Board may wish to determine whether or not to include the technical legislative clean-up as part of the Board's Sunset Review.

Suggested Motion Language

Move to include the technical legislative clean-up as part of the Board's Sunset as noticed/amended.

Attachment: Proposed Technical Statutory Clean-up Text

Board's Sunset Review Legislative Proposal
Technical Statutory Clean-up

Business and Professions Code (BPC) Section 2530.2.

As used in this chapter, unless the context otherwise requires:

(a) "Board" means the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.

(b) "Person" means any individual, partnership, corporation, ~~limited liability company~~, or other organization or combination thereof, except that only individuals can be licensed or registered under this chapter.

(c) A "speech-language pathologist" is a person who practices speech-language pathology.

(d) The practice of speech-language pathology means all of the following:

(1) The application of principles, methods, instrumental procedures, and noninstrumental procedures for measurement, testing, screening, evaluation, identification, prediction, and counseling related to the development and disorders of speech, voice, language, or swallowing.

(2) The application of principles and methods for preventing, planning, directing, conducting, and supervising programs for habilitating, rehabilitating, ameliorating, managing, or modifying disorders of speech, voice, language, or swallowing in individuals or groups of individuals.

(3) Conducting hearing screenings.

(4) Performing suctioning in connection with the scope of practice described in paragraphs (1) and (2), after compliance with a medical facility's training protocols on suctioning procedures.

(e) (1) Instrumental procedures referred to in subdivision (d) are the use of rigid and flexible endoscopes to observe the pharyngeal and laryngeal areas of the throat in order to observe, collect data, and measure the parameters of communication and swallowing as well as to guide communication and swallowing assessment and therapy. Passage of these instruments without the presence of a physician and surgeon is subject to paragraph (2).

(2) Nothing in this subdivision shall be construed as a diagnosis. Any observation of an abnormality shall be referred to a physician and surgeon.

(f) (1) A licensed speech-language pathologist shall not perform a flexible fiber optic transnasal endoscopic procedure unless they have received written verification from one otolaryngologist certified by the American Board of Otolaryngology – Head and Neck Surgery that the speech-language pathologist has performed a minimum of 25 supervised flexible fiber optic transnasal endoscopic procedures and they are competent to perform these procedures. Of these 25 procedures, the first 10 procedures shall be supervised by a licensed physician and surgeon who performs nasal endoscopy as part of their practice and the subsequent 15 procedures shall be supervised by either a licensed physician and surgeon who performs nasal endoscopy as part of their practice or by another licensed speech-language pathologist who is verified as competent in performing flexible fiber optic transnasal endoscopic procedures. The speech-language pathologist shall have this written verification on file and readily available for inspection upon request by the board. A speech-language pathologist with a verification on file shall pass a flexible fiber optic transnasal endoscopic instrument only upon the orders of a licensed physician and surgeon. The order by a physician and surgeon is deemed to allow a speech-language pathologist with verification, in accordance with this paragraph, to perform fiber optic transnasal endoscopic procedures at a location based on the patient's medical needs that complies with procedures specified in paragraph (1) of subdivision (g).

(2) A licensed speech-language pathologist who holds a written verification pursuant to this subdivision that was issued before January 1, 2023, shall be deemed to meet the requirements described in paragraph (1).

(g) (1) A licensed speech-language pathologist shall only perform flexible endoscopic procedures described in ~~subdivision (e)~~ subdivision (f) in the following settings that requires the facility to have protocols for emergency medical backup procedures, including a physician and surgeon or other appropriate medical professionals being readily available.

(A) A clinic, as defined in Section 1200 of the Health and Safety Code.

(B) A facility described in Chapter 2.5 (commencing with Section 1440) of Division 2 of the Health and Safety Code.

(C) A health facility, as defined in Section 1250 of the Health and Safety Code.

(D) A hospice facility licensed pursuant to Chapter 8.5 (commencing with Section 1745) of Division 2 of the Health and Safety Code.

(E) A medical group practice, including a professional medical corporation, as defined in Section 2406, another form of corporation controlled by physicians and surgeons, a medical partnership, a medical foundation exempt from licensure, or another lawfully organized group of physicians and surgeons that provides health care services.

(2) A licensed speech-language pathologist performing flexible fiber optic transnasal endoscopic procedures on patients who have contraindications to the procedure shall consult and document clearance with the physician and surgeon that the licensed speech-language pathologist can safely perform the procedure. For purposes of this paragraph, contraindications for these procedures may include, but are not limited to, cases of bilateral obstruction of nasal passages, refractory epistaxis, cardiac disorder with acute risk of vasovagal episode and bradycardia, history of vasovagal episodes, facial trauma, recent trauma to the nasal cavity, or surrounding tissue and structures secondary to surgery or injury, severe bleeding disorders, severe movement disorders, severe agitation, and inability to cooperate with the examination.

(h) "Speech-language pathology aide" means any person meeting the minimum requirements established by the board, who works directly under the supervision of a speech-language pathologist.

(i) (1) "Speech-language pathology assistant" means a person who meets the academic and supervised training requirements set forth by the board and who is approved by the board to assist in the provision of speech-language pathology under the direction and supervision of a speech-language pathologist who shall be responsible for the extent, kind, and quality of the services provided by the speech-language pathology assistant.

(2) The supervising speech-language pathologist employed or contracted for by a public school may hold a valid and current license issued by the board, a valid, current, and professional clear clinical or rehabilitative services credential in language, speech, and hearing issued by the Commission on Teacher Credentialing, or other credential authorizing service in language, speech, and hearing issued by the Commission on Teacher Credentialing that is not issued on the basis of an emergency permit or waiver of requirements. For purposes of this paragraph, a "clear" credential is a credential that is not issued pursuant to a waiver or emergency permit and is as otherwise defined by the Commission on Teacher Credentialing. Nothing in this section referring to credentialed supervising speech-language pathologists expands existing exemptions from licensing pursuant to Section 2530.5.

(j) An "audiologist" is one who practices audiology.

(k) "The practice of audiology" means the application of principles, methods, and procedures of measurement, testing, appraisal, prediction, consultation, counseling, and instruction related to auditory, vestibular, and related functions and the modification of communicative disorders involving speech, language, auditory behavior, or other aberrant behavior resulting from auditory dysfunction; and the planning, directing, conducting, supervising, or participating in programs of identification of auditory disorders, hearing conservation, cerumen removal, aural habilitation, and rehabilitation, including hearing aid recommendation and evaluation procedures, including, but not

limited to, specifying amplification requirements and evaluation of the results thereof, auditory training, and speech reading, and the ~~selling~~ fitting of hearing aids.

(l) A "dispensing audiologist" is ~~a person~~ audiologist who is authorized to sell hearing aids ~~pursuant to their audiology license~~.

(m) "Audiology aide" means any person meeting the minimum requirements established by the board who works directly under the supervision of an audiologist. The board may by regulation exempt certain functions performed by an industrial audiology aide from supervision provided that their employer has established a set of procedures or protocols that the aide shall follow in performing these functions.

(n) "Medical board" means the Medical Board of California.

(o) A "hearing screening" performed by a speech-language pathologist means a binary puretone screening at a preset intensity level for the purpose of determining if the screened individuals are in need of further medical or audiological evaluation.

(p) "Cerumen removal" means the nonroutine removal of cerumen within the cartilaginous ear canal necessary for access in performance of audiological procedures that shall occur under physician and surgeon supervision. Cerumen removal, as provided by this section, shall only be performed by a licensed audiologist. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but shall include all of the following:

(1) Collaboration on the development of written standardized protocols. The protocols shall include a requirement that the supervised audiologist immediately refer to an appropriate physician any trauma, including skin tears, bleeding, or other pathology of the ear discovered in the process of cerumen removal as defined in this subdivision.

(2) Approval by the supervising physician of the written standardized protocol.

(3) The supervising physician shall be within the general vicinity, as provided by the physician-audiologist protocol, of the supervised audiologist and available by telephone contact at the time of cerumen removal.

(4) A licensed physician and surgeon may not simultaneously supervise more than two audiologists for purposes of cerumen removal.

BPC section 2530.3.

(a) A person represents themselves to be a speech-language pathologist when they hold themselves out to the public by any title, business name, or description of services incorporating the words "speech pathologist," "speech pathology," "speech therapy," "speech correction," "speech correctionist," "speech therapist," "speech clinic," "speech

clinician," "language pathologist," "language pathology," "logopedics," "logopedist," "communicology," "communicologist," "aphasiologist," "voice therapy," "voice therapist," "voice pathology," or "voice pathologist," "language therapist," or "phoniatrist," or any similar titles; or when they purport to treat stuttering, stammering, or other disorders of speech.

(b) A person represents themselves to be an audiologist when they hold themselves out to the public by any title, business name, or description of services incorporating the terms "audiology," "audiologist," "audiological," "hearing clinic," "hearing clinician," "hearing therapist," or any similar titles.

BPC section 2530.5.

(a) Nothing in this chapter shall be construed as restricting hearing testing conducted by licensed physicians and surgeons or by persons conducting hearing tests under the direct supervision of a physician and surgeon.

(b) Nothing in this chapter shall be construed to prevent a licensed hearing aid dispenser from engaging in testing of hearing and other practices and procedures used solely for the fitting and selling of hearing aids nor does this chapter restrict persons practicing their licensed profession and operating within the scope of their licensed profession or employed by someone operating within the scope of their licensed professions, including persons fitting and selling hearing aids who are properly licensed or registered under the laws of the State of California.

(c) Nothing in this chapter shall be construed as restricting or preventing the practice of speech-language pathology or audiology by personnel holding the appropriate credential from the Commission on Teacher Credentialing as long as the practice is conducted within the confines of or under the jurisdiction of a public preschool, elementary, or secondary school by which they are employed and those persons do not either offer to render or render speech-language pathology or audiology services to the public for compensation over and above the salary they receive from the public preschool, elementary, or secondary school by which they are employed for the performance of their official duties.

(d) Nothing in this chapter shall be construed as restricting the activities and services of a student or speech-language pathology intern in speech-language pathology pursuing a course of study leading to a degree in speech-language pathology at an accredited or approved college or university or an approved clinical training facility, provided that these activities and services constitute a part of their supervised course of study and that those persons are designated by the title as "speech-language pathology intern," "speech-language pathology trainee," or other title clearly indicating the training status appropriate to their level of training.

(e) Nothing in this chapter shall be construed as restricting the activities and services of a student or audiology intern in audiology pursuing a course of study leading to a

degree in audiology at an accredited or approved college or university or an approved clinical training facility, provided that these activities and services constitute a part of their supervised course of study and that those persons are designated by the title as "audiology intern," "audiology trainee," or other title clearly indicating the training status appropriate to their level of training.

(f) Nothing in this chapter shall be construed as restricting the practice of an applicant who is obtaining the required professional experience specified in subdivision (c) of Section 2532.2 or subdivision (b) of Section 2532.25 and who has been issued a temporary license pursuant to Section 2532.7. The number of applicants who may be supervised by a licensed speech-language pathologist or a speech-language pathologist having qualifications deemed equivalent by the board shall be determined by the board. The supervising speech-language pathologist shall register with the board the name of each applicant working under their supervision~~, and shall submit to the board a description of the proposed professional responsibilities of the applicant working under their supervision~~. The number of applicants who may be supervised by a licensed audiologist or an audiologist having qualifications deemed equivalent by the board shall be determined by the board. The supervising audiologist shall register with the board the name of each applicant working under their supervision, and shall submit to the board a description of the proposed professional responsibilities of the applicant working under their supervision.

(g) Nothing in this chapter shall be construed as restricting hearing screening services in public or private elementary or secondary schools so long as these screening services are provided by persons registered as qualified school audiometrists pursuant to Sections 1685 and 1686 of the Health and Safety Code or hearing screening services supported by the State Department of Health Care Services so long as these screening services are provided by appropriately trained or qualified personnel.

(h) Persons employed as speech-language pathologists or audiologists by a federal agency shall be exempt from this chapter.

(i) Nothing in this chapter shall be construed as restricting consultation or the instructional or supervisory activities of a faculty member of an approved or accredited college or university for the first 60 days following appointment after the effective date of this subdivision.

BPC section 2530.6.

(a) Speech-language pathologists and audiologists supervising speech-language pathology or audiology aides shall register with the board the name of each aide working under their supervision.

(b) The number of aides who may be supervised by a licensee shall be determined by the board.

(c) The supervising audiologist or speech-language pathologist shall be responsible for the extent, kind, and quality of services performed by the aide, consistent with the board's designated standards and requirements.

(d) A speech-language pathology and audiology aide registration shall expire every two years and is subject to the renewal requirements in Article 6 (commencing with Section 2535).

(e) At the time of registration renewal, the speech-language pathologist or audiologist supervising the speech-language pathology or audiology aide shall update the board on the duties the aide performs while assisting the supervisor in the practice of speech-language pathology or audiology, and the training program and assessment methods the supervisor is utilizing to ensure the aide's continued competency.

(f) An aide shall not advertise or otherwise represent that they hold a license as a speech-language pathologist, speech-language pathology assistant, or audiologist.

BPC section 2530.8.

Every person holding a license or registration under this chapter shall display it conspicuously in their primary place of practice or business.

BPC section 2530.9

(a) An aide or a required professional experience license holder shall not be the sole proprietor of, manage, or independently operate a business that engages in the practice of practice of speech-language pathology or audiology.

(b) A speech-language pathology assistant shall not be the sole proprietor of, manage, or independently operate a business that engages in the practice of speech-language pathology.

~~**BPC section 2531.3.**~~

~~The board shall examine every applicant for a speech-language pathology license or an audiology license at the time and place designated by the board in its discretion, but at least once in each year; and for that purpose may appoint qualified persons to give the whole or any portion of the examination, who shall be designated as commissioners on examination. A commissioner on examination need not be a member of the board, but shall be subject to the same rules and regulations and shall be entitled to the same fee as if he or she were a member of the board.~~

~~The board shall perform all examination functions, including but not limited to, participation in uniform examination systems.~~

~~**BPC section 2531.4.**~~

~~The board shall have full authority to investigate and to evaluate each and every applicant applying for a license to practice speech-language pathology or a license to practice audiology and to determine the admission of the applicant to the examination, if administered by the board, or to issue a license, in conformance with the provisions of, and qualifications required by, this chapter.~~

BPC section 2531.5.

The board shall issue, suspend, and revoke licenses or registrations and approvals to practice speech-language pathology ~~and audiology~~, audiology, and hearing aid dispensing as authorized by this chapter.

BPC section 2532.

No person shall engage in the practice of speech-language pathology or audiology or represent themselves as a speech-language pathologist or audiologist unless they are licensed in accordance with this article~~chapter~~.

BPC section 2532.2.

Except as required by Section 2532.25, to be eligible for licensure by the board as a speech-language pathologist or audiologist, the applicant shall possess all of the following qualifications:

(a) Possess at least a master's degree in speech-language pathology, communication disorders, communication sciences and disorders, communicative disorders, speech, language, and hearing sciences or audiology from an educational institution approved by the board or qualifications deemed equivalent by the board.

(b) (1) Submit evidence of the satisfactory completion of supervised clinical practice with individuals representative of a wide spectrum of ages and communication disorders. The board shall establish by regulation the required number of clock hours, not to exceed 375 clock hours, of supervised clinical practice necessary for the applicant.

(2) The clinical practice shall be under the direction of an educational institution approved by the board.

~~(c) Submit~~(c) (1) Submit evidence of no less than 36 weeks of satisfactorily completed supervised professional full-time experience or 72 weeks of professional part-time experience obtained under the supervision of a licensed speech-language pathologist or audiologist or a speech-language pathologist or audiologist having qualifications deemed equivalent by the board. This experience shall be evaluated and approved by the board. The required professional experience shall follow completion of the requirements listed in subdivisions (a) and (b). Full time is defined as at least 36 weeks

in a calendar year and a minimum of 30 hours per week. Part time is defined as a minimum of 72 weeks and a minimum of 15 hours per week.

> (2) A speech-language pathologist or audiologist who holds a license from another state or territory of the United States or who holds equivalent qualifications as determined by the board and who has completed no less than one year of full-time continuous employment as a speech-language pathologist or audiologist within the past three years is exempt from the supervised professional experience in subdivision (c).

(d) ~~(1) Pass~~Pass an examination or examinations approved by the board. ~~The board shall determine the subject matter and scope of the examinations and may waive the examination upon evidence that the applicant has successfully completed an examination approved by the board. Written examinations may be supplemented by oral examinations as the board shall determine. An applicant who fails his or her examination may be reexamined at a subsequent examination upon payment of the reexamination fee required by this chapter.~~

> ~~(2) A speech-language pathologist or audiologist who holds a license from another state or territory of the United States or who holds equivalent qualifications as determined by the board and who has completed no less than one year of full-time continuous employment as a speech-language pathologist or audiologist within the past three years is exempt from the supervised professional experience in subdivision (c).~~

(e) As applied to licensure as an audiologist, this section shall apply to applicants who graduated from an approved educational institution on or before December 31, 2007.

BPC section 2532.25.

(a) An applicant seeking licensure as an audiologist shall possess a doctorate in audiology earned from an educational institution approved by the board. The board may, in its discretion, accept qualifications it deems to be equivalent to a doctoral degree in audiology. The board shall not, however, accept as equivalent qualifications graduation from a master's program that the applicant was enrolled in on or after January 1, 2008.

(b) In addition to meeting the qualifications specified in subdivision (a), an applicant seeking licensure as an audiologist shall do all of the following:

> (1) Submit evidence of the satisfactory completion of supervised clinical practice with individuals representative of a wide spectrum of ages and audiological disorders. The board shall establish by regulation the required number of clock hours of supervised clinical practice necessary for the applicant. The clinical practice shall be under the direction of an audiology doctoral program at an educational institution approved by the board.

(2) Submit evidence of no less than 12 months of satisfactorily completed supervised professional full-time experience or its part-time equivalent obtained under the supervision of a licensed audiologist or an audiologist having qualifications deemed equivalent by the board. This experience shall be completed under the direction of an audiology doctoral program at an educational institution approved by the board.

(3) Pass an examination or examinations approved by the board. ~~The board shall determine the subject matter and scope of the examination or examinations and may waive an examination upon evidence that the applicant has successfully completed an examination approved by the board. Written examinations may be supplemented by oral examinations as the board shall determine. An applicant who fails an examination may be reexamined at a subsequent examination upon payment of the reexamination fee required by this chapter.~~

(c) This section shall apply to applicants who graduate from an approved educational institution on and after January 1, 2008.

BPC section 2532.4.

(a) The board shall~~may~~ direct applicants to be examined for knowledge in whatever theoretical or applied fields in speech-language pathology or audiology it deems appropriate. It shall~~may~~ examine the applicant with regard to thier~~his or her~~ professional skills and their~~his or her~~ judgment in the utilization of speech-language pathology or audiology techniques and methods.

(b) ~~The examination may be written or oral or both. The examination shall be given at least once a year at the time and place and under such supervision as the board may determine.~~ The board shall determine what shall constitute a passing grade.

(c) ~~The board shall keep an accurate recording of any oral examination and keep the recordings as well as any written examination as part of its records for at least two years following the date of examination.~~ The board at its discretion may waive the examination or examinations when in the judgment of the board the applicant has already demonstrated competence in areas covered by the examination or examinations.

(d) The examination or examinations required by the board for a license under this article may be conducted by the board or by a public or private organization specified by the board. The examination or examinations may be conducted under a uniform examination system, and for that purpose, the board may make arrangements with organizations furnishing examination or examinations materials as may, in its discretion, be desirable. All aspects of the examination or examinations shall be in compliance with Section 139.

~~**BPC section 2532.5.**~~

~~Every person holding a license under this chapter shall display it conspicuously in their primary place of practice.~~

BPC section 2533.

The board may refuse to issue, or issue subject to terms and conditions, a license or registration on the grounds specified in Section 480, or may suspend, revoke, or impose terms and conditions upon the license or registration of any licensee or registrant for any of the following:

(a) Conviction of a crime substantially related to the qualifications, functions, and duties of a speech-language pathologist or audiologist or hearing aid dispenser, as the case may be. The record of the conviction shall be conclusive evidence thereof.

(b) Securing a license or registration by fraud or deceit.

(c) (1) The use or administering to themselves of any controlled substance.

(2) The use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent or in a manner as to be dangerous or injurious to the licensee or registrant, to any other person, or to the public, or to the extent that the use impairs the ability of the licensee or registrant to practice speech-language pathology or audiology or hearing aid dispensing safely.

(3) More than one misdemeanor or any felony involving the use, consumption, or self-administration of any of the substances referred to in this section.

(4) Any combination of paragraph (1), (2), or (3).

The record of the conviction shall be conclusive evidence of unprofessional conduct.

(d) Engaging in any act in violation of Section 650.

(e) Advertising in violation of Section 17500. Advertising an academic degree that was not validly awarded or earned under the laws of this state or the applicable jurisdiction in which it was issued is deemed to constitute a violation of Section 17500.

(f) Committing a dishonest or fraudulent act that is substantially related to the qualifications, functions, or duties of a ~~licensee~~license or registration.

(g) Incompetence, gross negligence, or repeated negligent acts.

(h) Other acts that have endangered or are likely to endanger the health, welfare, and safety of the public.

(i) Use by a hearing aid dispenser of the term “doctor” or “physician” or “clinic” or “audiologist,” or any derivation thereof, except as authorized by law.

(j) The use, or causing the use, of any advertising or promotional literature in a manner that has the capacity or tendency to mislead or deceive purchasers or prospective purchasers.

(k) Any cause that would be grounds for denial of an application for a license or registration.

(l) Violation of Section 1689.6 or 1793.02 of the Civil Code.

(m) Violation of a term or condition of a probationary order of a license or registration issued by the board pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(n) Violation of a term or condition of a conditional license or registration issued by the board pursuant to this section.

(o) Disciplinary action taken by any public agency in any state or territory for any act substantially related to the practice of speech-language pathology, audiology, or hearing aid dispensing.

(p) Aiding or abetting any person to engage in the unlicensed practice of speech-language pathology, audiology, or hearing aid dispensing.

(q) Violating or attempting to violate, directly or indirectly, any of the provisions of this chapter.

(n) Rendering professional services in violation of Section 13404.5 and 17701.04 of the Corporation Code.

BPC section 2533.1.

A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge substantially related to the qualifications, functions, and duties of a speech-language pathologist, audiologist, or hearing aid dispenser is deemed to be a conviction within the meaning of this article. The board may order a licensee or registrant be disciplined or denied a license or a registration as provided in Section 2533 when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence irrespective of a subsequent order under Section 1203.4, 1203.4a, or 1203.41 of the Penal Code allowing the person to withdraw their plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

BPC section 2533.4.

Whenever a person other than a person licensed or registered under this chapter~~speech language pathologist, audiologist, or hearing aid dispenser~~ has engaged in an act or practice which constitutes an offense under this chapter, a superior court of any county, on application of the board, may issue an injunction or other appropriate order restraining the conduct. Proceedings under this section shall be governed by Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure. The board may commence action in the superior court under this section on its own motion.

BPC section 2533.6.

(a) A person whose license or registration has been revoked, suspended, or surrendered ~~or suspended~~, or who has been placed on probation, may petition the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board for reinstatement or modification of penalty, including modification or termination of probation, after a period of not less than the following minimum period of time has elapsed from the effective date of the decision ordering that disciplinary action:

(1) At least three years for reinstatement of a license or registration revoked for unprofessional conduct or surrendered, except that the board may, for good cause shown, specify in a revocation order that a petition for reinstatement may be filed after two years.

(2) At least two years for early termination or one year for modification of a condition of probation of three years or more.

(3) At least one year for reinstatement of a license or registration revoked for mental or physical illness, or for modification of a condition, or termination of probation of less than three years.

(b) The petition shall be on a form provided by the board and shall state any facts and information as may be required by the board, including, but not limited to, proof of compliance with the terms and conditions of the underlying disciplinary order. The petition shall be verified by the petitioner who shall file an original and sufficient copies of the petition, together with any supporting documents, for the members of the board, the administrative law judge, and the Attorney General.

(c) The petition may be heard by the board, with the matter presided over by an administrative law judge. After a hearing on the petition, the administrative law judge shall provide a decision as determined by the board which shall be acted upon in accordance with the Administrative Procedure Act.

(d) The board or the administrative law judge hearing the petition may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the license or registration was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. The hearing may be continued, as the board or the administrative law judge finds necessary.

(e) The administrative law judge when hearing a petition for reinstating a license or registration, or modifying a penalty, may recommend the imposition of any terms and conditions deemed necessary.

(f) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. No petition shall be considered while there is an accusation or petition to revoke probation pending against the petitioner. The board may deny, without a hearing or argument, any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section.

(g) The board may deny, without a hearing or argument, any petition for termination or modification of probation filed pursuant to this section for any of the following:

(1) The petitioner has failed to comply with the terms and conditions of the disciplinary order.

(2) The board is conducting an investigation of the petitioner while they are on probation.

(3) The petitioner has a subsequent arrest that is substantially related to the qualifications, functions, or duties of the licensee or registrant and this arrest occurred while on probation.

(4) The petitioner's probation with the board is currently tolled.

(h) Nothing in this section shall be deemed to alter Sections 822 and 823.

BPC section 2534.2.

The amount of the fees prescribed by this chapter is that established by the following schedule:

(a) (1) The application fee and renewal fee for speech-language pathologists and nondispensing audiologists shall be established by the board in an amount that does not exceed one hundred fifty dollars ($150) but is sufficient to support the functions of the board that relate to the functions authorized by this chapter, excluding Article 9 (commencing with Section 2539.1).

(2) The application fee and renewal fee for dispensing audiologists shall be established by the board in an amount that does not exceed two hundred eighty dollars ($280) but is sufficient to support the functions of the board that relate to the functions authorized by this chapter.

(b) The delinquency fee shall be twenty-five dollars ($25).

(c) The reexamination fee shall be established by the board in an amount that does not exceed seventy-five dollars ($75).

(d) The registration fee and renewal fee of an aide shall be established by the board in an amount that does not exceed thirty dollars ($30).

(e) A fee to be set by the board of not more than one hundred dollars ($100) shall be charged for each application for approval as a speech-language pathology assistant.

(f) A fee of one hundred fifty dollars ($150) shall be charged for the issuance of and for the renewal of each approval as a speech-language pathology assistant, unless a lower fee is established by the board.

(g) The duplicate wall certificate fee is twenty-five dollars ($25).

(h) The duplicate renewal receipt fee is twenty-five dollars ($25).

(i) The application fee and renewal fee for a temporary license is thirty dollars ($30).

(j) The fee for issuance of a license or registration status and history certification letter shall be established by the board in an amount not to exceed twenty-five dollars ($25).

BPC section 2535.

~~(a) All licenses issued under Section 2532.2 as of January 1, 1992, shall expire at 12 a.m. of the last date of the birth month of the licensee during the second year of a two-year term if not renewed.~~

~~(b)~~(a) All licenses or registrations issued under Section 2530.6, 2532, and 2538~~this chapter, except those licenses issued pursuant to subdivision (a),~~ shall expire at 12 a.m. of the last date of the birth month of the licensee or registrant during the second year of a two-year term, if not renewed.

(c) To renew an unexpired license or registration, the licensee or registrant shall, on or before the date of expiration of the license or registration, apply for renewal on a form provided by the board, accompanied by the prescribed renewal fee.

BPC section 2535.2.

Except as provided in Section 2535.3, a license or registration that has expired may be renewed at any time within five years after its expiration upon filing of an application for renewal on a form prescribed by the board and payment of all accrued and unpaid renewal fees. If the license or registration is not renewed on or before its expiration, the licensee or registrant, as a condition precedent to renewal, shall also pay the prescribed delinquency fee. Renewal under this section shall be effective on the date on which the application is filed, on the date on which all renewal fees are paid, or on the date on which the delinquency fee is paid, whichever last occurs. If so renewed, the license or registration shall continue in effect through the expiration date provided in Section 2535, after the effective date of the renewal, when it shall expire and become invalid if it is not again renewed.

BPC section 2535.4.

A person who fails to renew their license or registration within the five years after its expiration may not renew it, and it may not be restored, reissued, or reinstated thereafter, but that person may apply for and obtain a new license or registration if they meet all of the following requirements:

(a) Have not committed any acts or crimes constituting grounds for denial of licensure or registration under Division 1.5 (commencing with Section 475).

(b) Take and pass the examination or examinations, if any, that would be required of them if an initial application for licensure or registration was being made, or otherwise establishes to the satisfaction of the board that, with due regard for the public interest, they are qualified to practice as a speech-language pathologist or audiologist, as the case may be.

(c) Pays all of the fees that would be required if an initial application for licensure or registration was being made. In addition, the board may charge the applicant a fee to cover the actual costs of any examination that it may administer.

BPC section 2538.3.

A person applying for approval as a speech-language pathology assistant shall have graduated from a speech-language pathology assistant associate degree program, or equivalent course of study, approved by the board. A person who has successfully graduated from a board-approved bachelor's degree program in speech-language pathology, ~~or~~ communication disorders, speech, language and hearing sciences, communication sciences and disorders, or communicative disorders shall be deemed to have satisfied an equivalent course of study.

BPC section 2538.5.

This article shall not be construed to limit the utilization of a speech aide or other personnel employed by a public school working under the direct supervision of a credentialed speech-language pathologist as set forth in subdivision (c) of Section 3051.1 of Title 5 of the California Code of Regulations so long as the speech or personnel is not performing the scope of responsibility, duties, and functions of speech-language pathology assistants as described in 2538.1(b)(4).

BPC section 2538.7.

(a) No person who is not registered as a speech-language pathology assistant shall utilize the title speech-language pathology assistant, SLP assistant, or the letters "SLPA," or a similar title that includes the words speech or language when combined with the term assistant.

(b) No person who is not registered as a speech-language pathology assistant shall perform the duties or functions of a speech-language pathology assistant, except as provided by this article~~chapter~~.

BPC section 2538.8

A speech-language pathology assistant shall not advertise or otherwise represent that they hold a license as a speech-language pathologist.

BPC section 2538.10

For the purposes of this article, the following definitions shall apply:

(a) "Advertise" and its variants include the use of a newspaper, magazine, social media, or other publication, book, notice, circular, pamphlet, letter, handbill, poster, bill, sign, placard, card, label, tag, window display, store sign, radio, or television announcement, or any other means or methods now or hereafter employed to bring to the attention of the public the practice of fitting or selling of hearing aids.

(b) "License" means a ~~hearing aid dispenser~~ license to engage in the practice of fitting or selling hearing aids to an individual or individuals with impaired hearing ~~issued pursuant to this article and includes a temporary or trainee license.~~

(c) "Licensee" means a person holding a license issued pursuant to this article and includes a permanent, temporary, or trainee license.

(d) "Hearing aid" means any wearable instrument or device designed for, or offered for the purpose of, aiding or compensating for impaired human hearing.

(e) "Fund" means the Speech-Language Pathology and Audiology and Hearing Aid

BPC section 2538.11

(a) “Practice of fitting or selling hearing aids,” as used in this article, means those practices used for the purpose of selection and adaptation of hearing aids, including direct observation of the ear, testing of hearing in connection with the fitting and selling of hearing aids, taking of ear mold impressions, fitting or sale of hearing aids, and any necessary postfitting counseling.

The practice of fitting or selling hearing aids does not include the act of concluding the transaction by a retail clerk.

When any audiometer or other equipment is used in the practice of fitting or selling hearing aids, it shall be kept properly calibrated and in good working condition, and the calibration of the audiometer or other equipment shall be checked at least annually.

(b) A ~~hearing aid dispenser~~ licensee shall not conduct diagnostic hearing tests when conducting tests in connection with the practice of fitting or selling hearing aids.

(c) Hearing tests conducted pursuant to this article shall include those that are in compliance with the Food and Drug Administration Guidelines for Hearing Aid Devices and those that are specifically covered in the licensing examination prepared and administered by the board.

BPC section 2538.13

In fitting hearing aids, a ~~hearing aid dispenser~~ licensee shall not take facial measurements or fit, adjust, or adapt lenses or spectacle frames, except that a hearing aid dispenser may replace the temple or temples of a person’s spectacle frames with a temple or temples incorporating hearing aid components.

BPC section 2538.14

“Hearing aid dispenser,” as used in this article, means a person issued a permanent license pursuant to this article~~engaged in the practice of fitting or selling hearing aids to an individual with impaired hearing~~.

BPC section 2538.18.

All ~~holders of licenses to sell or fit hearing aids~~hearing aid dispensers shall continue their education after receiving ~~the~~thier license. The board shall provide by regulation, as a condition to the renewal of a license, that ~~licensees~~the hearing aid dispenser shall submit documentation satisfactory to the board that they have informed themselves of current practices related to the fitting of hearing aids by having pursued courses of study satisfactory to the board or by other means defined as equivalent by the board.

Continuing education courses shall be subject to monitoring to ensure compliance with the regulations adopted by the board pursuant to this section.

BPC section 2538.20.

Except for what is prohibited by Section 655.2 and Section 13404.5 and 17701.04 of the Corporations Code, it~~I~~ is unlawful for an individual to engage in the practice of fitting or selling hearing aids, or to display a sign or in any other way to advertise or hold themselves out as being so engaged without having first obtained a license from the board under the provisions of this article. Nothing in this article shall prohibit a corporation, partnership, trust, association, or other like organization maintaining an established business address from engaging in the business of fitting or selling, or offering for sale, hearing aids at retail without a license, provided that any and all fitting or selling of hearing aids is conducted by the individuals who are licensed pursuant to the provisions of this article. A person whose license as a hearing aid dispenser has been suspended or revoked shall not be the proprietor of a business that engages in the practice of fitting or selling hearing aids nor shall that person be a partner, shareholder, member, or fiduciary in a partnership, corporation, association, or trust that maintains or operates that business, during the period of the suspension or revocation. This restriction shall not apply to stock ownership in a corporation that is listed on a stock exchange regulated by the Securities and Exchange Commission if the stock is acquired in a transaction conducted through that stock exchange.

BPC section 2538.23.

(a) Hearing aids may be sold online, by catalog, or direct mail provided that:

(1) The seller is licensed as a hearing aid dispenser in this state.

(2) There is no fitting, selection, or adaptation of the instrument and no advice is given with respect to fitting, selection, or adaptation of the instrument and no advice is given with respect to the taking of an ear impression for an earmold by the seller.

(3) The seller has received a statement which is signed by a physician and surgeon, audiologist, or a hearing aid dispenser, licensed by the State of California which verifies that Section 2538.36 and subdivision (b) of Section 2538.49 have been complied with.

(b) A copy of the statement referred to in paragraph (3) of subdivision (a) shall be retained by the seller for the period provided for in Section 2538.38.

(c) A licensed hearing aid dispenser who sells a hearing aid under this section shall not be required to comply with subdivision (b) of Section 2538.49.

BPC section 2538.26.

The board shall issue a license to all applicants who have satisfied this article~~chapter~~, who are at least 18 years of age, who possess a high school diploma or its equivalent, who have not committed acts or crimes constituting grounds for denial of licensure under Section 480, and who have paid the fees provided for in Section 2538.57. No license shall be issued to any person other than an individual.

BPC section 2538.28.

(a) An applicant who has fulfilled the requirements of Section 2538.24, and has made application therefor, and who proves to the satisfaction of the board that they will be supervised and trained by a hearing aid dispenser who is approved by the board may have a trainee license issued to them. The trainee license shall entitle the trainee licensee to fit or sell hearing aids as set forth in regulations of the board. The supervising dispenser shall be responsible for any acts or omissions committed by a trainee licensee under their supervision that may constitute a violation of this article~~chapter~~.

(b) The board shall adopt regulations setting forth criteria for its refusal to approve a hearing aid dispenser to supervise a trainee licensee, including procedures to appeal that decision.

(c) A trainee license issued pursuant to this section is effective and valid for six months from date of issue. The board may renew the trainee license for an additional period of six months. Except as provided in subdivision (d), the board shall not issue more than two renewals of a trainee license to any applicant. Notwithstanding subdivision (d), if a trainee licensee who is entitled to renew a trainee license does not renew the trainee license and applies for a new trainee license at a later time, the new trainee license shall only be issued and renewed subject to the limitations set forth in this subdivision.

(d) A new trainee license may be issued pursuant to this section if a trainee license issued pursuant to subdivision (c) has lapsed for a minimum of three years from the expiration or cancellation date of the previous trainee license. The board may issue only one new trainee license under this subdivision.

BPC section 2538.37.

No hearing aid shall be sold by an individual licensed under this article~~chapter~~, to a person 16 years of age or younger, unless within the preceding six months a recommendation for a hearing aid has been made by both a board-certified, or a board-eligible physician specializing in otolaryngology, and by a state licensed audiologist. A replacement of an identical hearing aid within one year shall be an exception to this requirement.

BPC section 2538.38.

A ~~licensee~~ hearing aid dispenser shall, upon the consummation of a sale of a hearing aid, keep and maintain records in the licensee's office or place of business at all times and each record shall be kept and maintained for a seven-year period. All records related to the sale and fitting of hearing aids shall be open to inspection by the board or its authorized representatives upon reasonable notice. The records kept shall include:

(a) Results of test techniques as they pertain to fitting of the hearing aid.

(b) A copy of the written notice and the written receipt required by Section 2538.35 and the written recommendation and receipt required by Section 2538.36 when applicable.

(c) Records of maintenance or calibration of equipment used in the practice of fitting or selling hearing aids.

2538.48.

It is unlawful to engage in the practice of fitting or selling hearing aids in this state without having at the time of so doing a valid, unrevoked, and unexpired license ~~or temporary license~~.

BPC section 2538.49

It is unlawful for a licensee ~~licensed hearing aid dispenser~~ to fit or sell a hearing aid unless they first do all of the following:

(a) Comply with all provisions of state laws and regulations relating to the fitting or selling of hearing aids.

(b) Conduct a direct observation of the purchaser's ear canals.

(c) Inform the purchaser of the address and office hours at which the licensee shall be available for fitting or postfitting adjustments and servicing of the hearing aid or aids sold.

BPC section 2538.50.

It is unlawful to advertise by displaying a sign or otherwise or hold themselves out to be a person engaged in the practice of fitting or selling hearing aids without having at the time of so doing a valid, unrevoked license ~~or temporary license~~.

BPC section 2538.51

It is unlawful to engage in the practice of fitting or selling hearing aids without the ~~licensee~~hearing aid dispenser having ~~and maintaining~~ an established business address, routinely open for service to their clients.

BPC section 2538.53.

(a) A license issued under this article expires at midnight on its assigned renewal date.

(b) To renew an unexpired permanent license, the ~~licensee~~hearing aid dispenser shall, on or before the date of expiration of the license, apply for renewal on a form provided by the board, accompanied by the prescribed renewal fee.

(c) ~~Temporary~~Trainee license holders shall renew their ~~licenses~~license in accordance with Section 2538.28~~2538.27~~, and apply for that renewal on a form provided by the board, accompanied by the prescribed renewal fee for ~~temporary licensee~~trainee license.

(d) Each ~~duplicate~~ license issued for a branch office shall expire on the same date as the permanent license of the hearing aid dispenser to whom the ~~duplicate~~branch office license was issued. ~~These duplicate~~Branch office license or licenses shall be renewed according to subdivision (b).

BPC section 2538.57

The amount of fees and penalties prescribed by this article shall be those set forth in this section unless a lower fee is fixed by the board:

(a) The fee for applicants applying for the first time for a license is seventy-five dollars ($75), which shall not be refunded, except to applicants who are found to be ineligible to take an examination for a license. Those applicants are entitled to a refund of fifty dollars ($50).

(b) The fees for taking or retaking the written and practical examinations shall be amounts fixed by the board, which shall be equal to the actual cost of preparing, grading, analyzing, and administering the examinations.

(c) The initial temporary or trainee license fee is one hundred dollars ($100). The fee for renewal of a ~~temporary~~trainee license is one hundred dollars ($100) for each renewal.

(d) The initial permanent license fee is two hundred eighty dollars ($280). The fee for renewal of a permanent license is not more than two hundred eighty dollars ($280) for each renewal.

(e) The initial branch office license fee is twenty-five dollars ($25). The fee for renewal of a branch office license is twenty-five dollars ($25) for each renewal.

(f) The delinquency fee is twenty-five dollars ($25).

(g) The fee for issuance of a replacement license is twenty-five dollars ($25).

(h) The continuing education course approval application fee is fifty dollars ($50).

(i) The fee for official certification of licensure is fifteen dollars ($15).

BPC section 2539.1.

(a) (1) ~~On and after January 1, 2010, in~~In addition to satisfying the licensure and examination requirements described in Sections 2532, 2532.2, and 2532.25, no licensed audiologist shall sell hearing aids unless they complete an application for a dispensing audiology license, pay all applicable fees, and pass an examination, approved by the board, relating to selling hearing aids.

(2) The board shall issue a dispensing audiology license to a licensed audiologist who meets the requirements of paragraph (1).

(b) ~~(1) On and after January 1, 2010, a licensed audiologist with an unexpired license to sell hearing aids pursuant to Article 8 (commencing with Section 2538.10) may continue to sell hearing aids pursuant to that license until that license expires pursuant to Section 2538.53, and upon that expiration the licensee shall be deemed to have satisfied the requirements described in subdivision (a) and may continue to sell hearing aids pursuant to their audiology license subject to this chapter. Upon the expiration of the audiologist's license to sell hearing aids, the board shall issue them a dispensing audiology license pursuant to paragraph (2) of subdivision (a).~~ This paragraph shall not prevent an audiologist who also has a hearing aid dispenser license from maintaining dual or separate licenses if they choose to do so.

~~(2) A licensed audiologist whose license to sell hearing aids, issued pursuant to Article 8 (commencing with Section 2538.10), is suspended, surrendered, or revoked shall not be authorized to sell hearing aids pursuant to this subdivision and they shall be subject to the requirements described in subdivision (a) and the other provisions of this chapter.~~

(c) A licensed hearing aid dispenser who meets the qualifications for licensure as an audiologist described in Sections 2532, 2532.2, and 2532.25 shall be deemed to have satisfied the requirements of paragraph (1) of subdivision (a) for the purposes of obtaining a dispensing audiology license.

(d) For purposes of subdivision (a), the board shall provide the hearing aid dispenser examination provided by the former Hearing Aid Dispensers Bureau until the next

examination validation and occupational analysis is completed by the Department of Consumer Affairs pursuant to Section 139 and a determination is made that a different examination is to be administered.

BPC section 2539.2.

(a) Hearing aids may be sold online, by catalog, or direct mail provided that:

(1) The seller is licensed as an audiologist in this state and is authorized to sell hearing aids pursuant to Section 2539.1.

(2) There is no fitting, selection, or adaptation of the instrument and no advice is given with respect to fitting, selection, or adaptation of the instrument and no advice is given with respect to the taking of an ear impression for an earmold by the seller.

(3) The seller has received a statement which is signed by a physician and surgeon, audiologist, or a hearing aid dispenser, licensed by the State of California which verifies that Section 2539.6 has been complied with.

(b) A copy of the statement referred to in paragraph (3) of subdivision (a) shall be retained by the seller for the period provided for in Section 2539.10.

BPC section 2539.6.

(a) Whenever any of the following conditions are found to exist either from observations by the licensed dispensing audiologist or on the basis of information furnished by the prospective hearing aid user, a licensed dispensing audiologist shall, prior to fitting or selling a hearing aid to any individual, suggest to that individual in writing that the individual's best interests would be served if they consult a licensed physician and surgeon specializing in diseases of the ear or, if none are available in the community, a duly licensed physician and surgeon:

(1) Visible congenital or traumatic deformity of the ear.

(2) History of, or active, drainage from the ear within the previous 90 days.

(3) History of sudden or rapidly progressive hearing loss within the previous 90 days.

(4) Acute or chronic dizziness.

(5) Unilateral hearing loss of sudden or recent onset within the previous 90 days.

(6) Significant air-bone gap (when generally acceptable standards have been established).

(7) Visible evidence of significant cerumen accumulation or a foreign body in the ear canal.

(8) Pain or discomfort in the ear.

(b) No referral for medical opinion need be made by any licensed dispensing audiologist in the instance of replacement only of a hearing aid that has been lost or damaged beyond repair within one year of the date of purchase. A copy of the written recommendation shall be retained by the licensed dispensing audiologist for the period provided for in Section 2539.10. A person receiving the written recommendation who elects to purchase a hearing aid shall sign a receipt for the same, and the receipt shall be kept with the other papers retained by the licensed dispensing audiologist for the period provided for in Section 2539.10. Nothing in this section required to be performed by a licensed dispensing audiologist shall mean that the licensed dispensing audiologist is engaged in the diagnosis of illness or the practice of medicine or any other activity prohibited by the provisions of this code.

BPC section 2539.8.

No hearing aid shall be sold by an individual licensed as an audiologist under this article~~chapter~~ to a person 16 years of age or younger, unless within the preceding six months a recommendation for a hearing aid has been made by both a board-certified, or a board-eligible physician specializing in otolaryngology, and by a state licensed audiologist. A replacement of an identical hearing aid within one year shall be an exception to this requirement.

BPC section 2539.12.

A licensed dispensing audiologist who is the owner, manager, or franchisee at a location where hearing aids are fit or sold, shall be responsible for the adequacy of the fitting or selling of any hearing aid fit and sold by any licensee or licensees at that location.

BPC section 2539.14.

(a) A licensed dispensing audiologist who satisfies the requirements of Section 2539.1 is authorized to sell hearing aids pursuant to the requirements in Article 8 (commencing with Section 2538.10).

(b) The~~The~~ provisions of subdivisions (b) and (c) of Section 2538.11 and the provisions of Section 2538.12 do not apply to a licensed audiologist who satisfies the requirements of Section 2539.1.

BPC section 2539.15

All dispensing audiologists shall continue their education after receiving their license. The board shall provide by regulation, as a condition to the renewal of a license, that the dispensing audiologist shall submit documentation satisfactory to the board that they have informed themselves of current practices related to audiology and the fitting of hearing aids by having pursued courses of study satisfactory to the board or by other means defined as equivalent by the board.

Continuing education courses shall be subject to monitoring to ensure compliance with the regulations adopted by the board pursuant to this section.

BPC section 2539.16

(a) A license issued under this article expires at midnight on its assigned renewal date.

(b) To renew an unexpired license, the licensee shall, on or before the date of expiration of the license, apply for renewal on a form provided by the board, accompanied by the prescribed renewal fee.

BPC section 2539.17

Except as otherwise provided in this article, an expired license may be renewed at any time within three years after its expiration on filing of an application for renewal on a form prescribed by the board, and payment of all accrued and unpaid renewal fees. If the license is renewed after its expiration the licensee, as a condition precedent to renewal, shall also pay the delinquency fee prescribed by this article. Renewal under this section shall be effective on the date on which the application is filed, on the date on which the renewal fee is paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs. If so renewed, the license shall continue in effect through the date provided in Section 2539.17 which next occurs after the effective date of the renewal, when it shall expire if it is not again renewed.

BPC section 2539.18

A license which has been suspended is subject to expiration and shall be renewed as provided in this article but such renewal does not entitle the holder of the license, while it remains suspended and until it is reinstated, to engage in the fitting or selling of hearing aids, or in any other activity or conduct in violation of the order or judgment by which the license was suspended. A license which has been revoked is subject to expiration, but it may not be renewed. If it is reinstated after its expiration, the licensee, as a condition precedent to its reinstatement, shall pay a reinstatement fee in an amount equal to the renewal fee in effect on the last regular renewal date before the date on which it is reinstated, plus the delinquency fee, if any, accrued at the time of its revocation.

BPC section 2539.19

A license that is not renewed within three years after its expiration may not be renewed, restored, reissued, or reinstated thereafter, but the holder of the expired license may apply for and obtain a new license if all of the following apply:

(a) They have not committed acts or crimes constituting grounds for denial of licensure under Section 480.

(b) They pay all of the fees that would be required if they were applying for a license for the first time.

(c) They take and pass the examination that would be required if they were applying for a license for the first time or otherwise establish to the satisfaction of the board that, with due regard for the public interest, they are qualified to practice as a dispensing audiologist.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
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P (916) 287-7915 | www.speechandhearing.ca.gov

MEMORANDUM

DATE	July 22, 2025
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Cherise Burns, Executive Officer
SUBJECT	Agenda Item 14: Discussion and Possible Action Regarding Audiology Practice Committee Recommendation Regarding Consumer Protection and Licensing Issues Related to Potential Creation of an Audiology Assistant License Type

Background

The Board received a letter (Attachment A) from the California Academy of Audiology (CAA) to open a discussion with the Board on the possibility of creating a new license type for audiology assistants.

At its October 2022 meeting, the Board discussed and reviewed the Sunrise Process and delegated to the Audiology Practice Committee (Committee) the task to provide to the Board a recommendation as to whether pursuing the Sunrise Process to create an audiology assistant license type was an appropriate action for the Board to take.

At its May 2025 meeting, the Committee discussed and reviewed the Sunrise Process to determine whether this was an appropriate action for the Board to take to create an audiology assistant license type. The Committee also looked at an alternative action to create this license type such as a professional association seeking a State Assembly or Senate Member to author a bill to create the license type.

The Committee determined that the Board should not pursue the Sunrise Process to create an audiology assistant license type. This is because it would be difficult for the Board to prove that the creation of the audiology assistant license category is necessary to protect the public health, safety, or welfare.

The Committee instead recommended that a professional association seek a State Assembly or Senate Member to author a bill that would create an audiology assistant license type similar to the creation of the speech-language pathology assistant (SLPA) license type (Attachment B). Note that the bill to create the SLPA license type was sponsored by the California Speech-Language-Hearing Association and the California School Employees Association, and not the Board.

The Committee further recommended that the Board provide technical assistance to the professional association that would seek to sponsor a bill to create an audiology assistant license type such as concerns to consumer protection and fiscal impacts to the Board.

Action Requested

This item is for informational purposes only, no action is required.

Attachment A: Letter from CAA dated January 9, 2025
Attachment B: Assembly Bill 205 Bill Analyses Summary

CAA
CALIFORNIA ACADEMY OF AUDIOLOGY
• Advocating for Audiology

January 9, 2025

Speech Language Pathology and Audiology and
Hearing Aid Dispensers Board
1601 Response Road, Suite 260
Sacramento, CA. 95815

Dear SLPAHADB Members:

The licensed audiology community in California has been concerned about the legal and appropriate utilization of Audiology Aides for many years, often expressing confusion regarding how to define an aide, which clinical tasks are appropriate and allowable, and the most appropriate structure for their supervision.

It appears that the board has worked for several years on how best to define the scope of practice for Audiology Aides, as well as to define appropriate levels of supervision. The original concept of an aide was someone who could be trained to perform tasks in an audiology clinic or practice that ultimately could be performed without direct, over-the-shoulder supervision. However, ambiguity arose when complaints were heard that, 1) without appropriate training, aides were being allowed to perform nearly any task that an audiologist would perform or 2) that supervision requirements were so strict that there was little point in having an aide, i.e. every task required immediate supervision.

In California, Audiology Aides are not, at this time, required to complete educational requirements or attain annual CEUs, as is required by national professional organizations for certification as an Audiology Assistant. Thus, their scope of practice is more limited and the need for supervision is greater than for an Audiology Assistant. Current regulations (CCR 1399.154 (b1) state

“Audiology Aide means a person who “assists or facilitates while an audiologist is evaluating the hearing of individuals and /or is treating individuals with a hearing disorder.” Thus, it can be appreciated that the original concern of having to provide immediate supervision becomes potentially problematic.

Since the board, currently, does not support allowing Audiology Aides to perform tasks that are above their education, training and experience or with inappropriate supervision, the California Academy of Audiology would like to open a discussion with the board on the possibility of creating a new license type for Audiology Assistants. The structure of this license type may require that Audiology Assistants receive formal, appropriate training and clinical experience rotations that would allow them some independence in clinical decision making, with the concurrence of a licensed Audiologist. Further requirements may include a continuing education component. The model for this license model may be found in that for Speech-Language Pathology Assistants.

At this time, the California Academy of Audiology would like to request that this topic be added to a near-future board meeting agenda for further discussion of the issue. In the meantime, we welcome any questions or concerns the board may have ahead of a board meeting.

Sincerely,

Board of Directors
California Academy of Audiology

California Academy of Audiology
PO Box 102, Arden NC 28704
(888) 664-1135
info@caaud.org

Assembly Bill 205 (Machado, Chapter 1058, Statutes of 1998)
Bill Analyses Summary

PURPOSE OF THIS BILL

This bill is sponsored by the California Speech-Language-Hearing Association (CSLHA) and the California School Employees Association (CSEA) and is supported by numerous proponents (see listing below). Proponents state that there is a severe shortage of speech-language pathologists and that the 11 university programs in California are unable to produce an adequate supply of speech-language pathologists to meet the demands of schools, rehabilitative health facilities, long-term care facilities, and private practice settings. They argue that creation of a new mid-level practitioner category will relieve this shortage and take pressure off licensed speech-language pathologists.

CSLHA also argues that the proposed new license category will create career ladder opportunities for persons studying speech-language pathology and increase the opportunities for multi-lingual students of diversity to enter the field. CLSHA further argues that the proposed licensing standards and enforcement are needed to prevent inappropriate and abusive utilization of assistants in the provision of professional services in underfunded schools and cost-conscious managed health care providers. Proponents state that the bill is needed to address the critical shortage of trained professionals and that school districts are under federal mandates to provide speech-language services to their pupils as part of their special educational programs. The State Department of Education also supports this bill and states that the creation of the new license category would provide trained personnel who could provide some of the more routine services and relieve the fully credentialed speech-language pathologists to focus on more difficult cases.

CSLHA indicates that there are currently two community colleges that are initiating assistant AA degree programs, another that is studying the possibility, and several others that have expressed interest in an AA degree program. CSLHA estimates that there would be approximately 20-50 assistants registered in the first year, 200-400 more registered in the second year, and 400-800 more registered in the third year.

ARGUMENTS IN SUPPORT

The Department of Education (DOE) states that currently there is a severe shortage of credentialed speech-language specialists available to work in public school programs in this state. While DOE notes that this bill would not directly alleviate the shortage, DOE states that the new assistant category could provide some of the routine services and relieve the fully credentialed specialist to focus on more difficult cases.

ARGUMENTS IN OPPOSITION

The Department of Consumer Affairs opposes this bill stating that the information provided in proponent's response to the "Sunrise Questionnaire" for proposed new licensing categories required by the Government Code failed to provide documentation or evidence that describes the level of harm consumers may or are experiencing without the proposed new license category. Further, the department notes that pursuant to existing law, the Speech-Language Pathology and Audiology Committee is scheduled to become inoperative July 1, 1999 and will be undergoing a "sunset review" of the continued need for and effectiveness of its licensing this year by the Joint Legislative Sunset Review Committee. The department believes that proposals to expand or adding a new licensing agency at this time may not be appropriate prior to this sunset review and the Administration's objective to reduce government regulation where it is unnecessary.

SUPPORT

1. California School Employees Association (co-sponsor)
2. California Speech-Language-Hearing Association (co-sponsor)
3. Advisory Commission on Special Education
4. Bakersfield City School District Special Education Department
5. California Advisory Commission on Special Education
6. California Association of Bilingual Speech-Language Services
7. California Association on Postsecondary Education & Disabilities
8. California Association of School Psychologists
9. California Commission on Teacher Credentialing
10. California Council Administrators of Special Education
11. California Department of Education
12. California Kids Healthcare Foundation
13. California Rehabilitation Association
14. California Speech Pathologists and Audiologists in Private Practice
15. Casa Colina Centers for Rehabilitation
16. Clinical Speech Pathology - Bakersfield
17. Community Speech & Hearing Center, Van Nuys & Tarzana
18. Davis Unified School District
19. Eloise R. Johnston & Associates
20. Evergreen Valley College Applied Arts & Sciences
21. Foothill Nursing & Rehabilitation Center, Glendora
22. Gateway Rehabilitation Agency Speech Services of Marin-Sonoma
23. Imperial County Office of Education
24. Imperial County Schools Advocacy Association
25. International Society Augmentative Communication, California Chapter
26. Johnny Welton, EdD, SELPA Director
27. Katie Peters, CCC-SLP, Pasadena City College

28. Lamont School District
29. Nova Care Rehabilitation
30. Palmdale Elementary School District
31. Riverside County Advocacy Association
32. Special Education Local Plan Area Administrators
33. Speech Pathology & Audiology Examining Committee
34. The Council for Exceptional Children
35. Yolo County Office of Education
36. Numerous individual concerned citizens

OPPOSITION

1. Department of Consumer Affairs
2. Department of Finance

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

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MEMORANDUM

DATE	August 1, 2025
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Cherise Burns, Executive Officer
SUBJECT	Agenda Item 15: Update on Centers for Medicare & Medicaid Services Changes to the Interpretation of the Medicare Benefit Policy Manual Related to Required Professional Experience Temporary License Holders' Treatment of Medicare Patients and Billing for Services

Background

On June 10, 2025, the Board was made aware of changes to the Centers for Medicare & Medicaid Services' (CMS's) interpretation of outpatient speech-language pathology services requirements in Chapter 15 of the Medicare Benefit Policy Manual (see attachment). Changes made were to the definition of a qualified speech-language pathologist, which CMS interpreted to no longer include individuals who "meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification." For this reason, there could have been new billing and supervision requirements for required professional experience (RPE) temporary license holders in the practice of speech-language pathology in outpatient settings billing Medicare.

On June 20, 2025, I and executive officers from many other state licensing boards participated in a virtual Town Hall organized by the American Speech-Language-Hearing Association to discuss the change in CMS's interpretation of a qualified speech-language pathologist for Medicare Part B providers and its potential implications on our licensees.

However, on July 31, 2025 the Board received notification that CMS reversed its previous interpretation of the term "licensed," which would have excluded provisional licensees like RPEs from being recognized as qualified Medicare providers. The updated interpretation aligns with state licensing requirements and allows individuals holding a RPE temporary license to provide services to Medicare beneficiaries if they meet our state's licensure requirements.

The Board wants to take this opportunity to remind licensees that despite any potential future change to CMS interpretations of the Medicare Benefit Policy Manual, the Board's RPE supervision requirements remain the same. The Board requires a minimum of eight hours (8) per month for full-time RPE or four hours (4) per month for part-time RPE in "direct" supervision. The supervision requirement for "direct" supervision is in-person onsite. Tele-supervision can be utilized in lieu of in-person hours under certain conditions for no more than

half of the required hours. All this information can be found in the California Code of Regulations (CCR) sections 1399.153 and 1399.153.3.

If a higher level of supervision is required by another entity like Medicare, a professional organization, or another managed care or health insurance provider, supervisors should provide a higher level of supervision if participating in these entities' programs. They should contact those entities for more information as this is not within the Board's jurisdiction.

Action Requested

This item is for informational purposes only, no action is required.

Attachment: Qualifications for Speech-Language Pathologists Furnishing Outpatient Speech-Language Pathology Services (Pub. 100-02, Rev. 13051)

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-02 Medicare Benefit Policy	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13051	**Date: January 16, 2025**
	Change Request 13922

SUBJECT: Qualifications for Speech-Language Pathologists Furnishing Outpatient Speech-Language Pathology Services

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the qualifications of a Speech-Language Pathologist (SLP) furnishing outpatient speech-language pathology services in the Internet Only Manual (IOM) Publication (Pub.) 100-02, chapter 15, section 230.3 to be consistent with the SLP qualifications in the regulatory provision at 42 Code of Federal Regulations (CFR) 410.62(a) that has, since 2005, required the SLP providing outpatient speech-language pathology services to meet the SLP personnel qualifications applicable to Home Health Agencies (HHAs) at 42 CFR part 484, as required via the Calendar Year (CY) 2005 Physician Fee Schedule (PFS) final rule.

EFFECTIVE DATE: April 18, 2025
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 18, 2025

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	15/230.3/Practice of Speech-Language Pathology

III. FUNDING:

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

Attachment - Business Requirements

Pub. 100-02	Transmittal: 13051	Date: January 16, 2025	Change Request: 13922

SUBJECT: Qualifications for Speech-Language Pathologists Furnishing Outpatient Speech-Language Pathology Services

EFFECTIVE DATE: April 18, 2025
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 18, 2025

I. SUMMARY OF CHANGES:

The purpose of this Change Request (CR) is to update the qualifications of a Speech-Language Pathologist (SLP) furnishing outpatient speech-language pathology services in the Internet Only Manual (IOM) Publication (Pub.) 100-02, chapter 15, section 230.3 to be consistent with the SLP qualifications in the regulatory provision at 42 Code of Federal Regulations (CFR) 410.62(a) that has, since 2005, required the SLP providing outpatient speech-language pathology services to meet the SLP personnel qualifications applicable to Home Health Agencies (HHAs) at 42 CFR part 484, as required via the Calendar Year (CY) 2005 Physician Fee Schedule (PFS) final rule.

II. GENERAL INFORMATION

A. Background: In the CY 2005 PFS final rule, in order to create consistent requirements, CMS recognized the personnel qualifications applicable to HHAs at 42 CFR part 484 as applicable to all outpatient physical therapy, occupational therapy, and speech-language pathology services. For SLPs, specifically, CMS revised the basic rule at 42 CFR 410.62(a) to require that the SLP must meet the requirements at 42 CFR § 484.4 as a condition of payment/coverage of outpatient speech-language pathology services. Since 2005, our outpatient therapy regulations for all therapists — Physical and Occupational Therapists (PTs and OTs), including their supervised assistants, and SLPs — furnishing outpatient therapy services have matched the personnel requirements for therapists working in HHAs as required at 42 CFR Part 484.

CMS revised the SLP personnel requirements at 42 CFR part 484 in the CY 2015 Home Health Prospective Payment System final rule to parallel those for an SLP at section 1861(ll)(a)(4)(A) of the Social Security Act, effective January 1, 2015, subsequent to receiving information from the public that the regulatory SLP qualifications enforced at that time impeded the ability of SLPs to practice. Later in 2017, as part of the January 2017 HHA Conditions of Participation (CoPs) final rule, § 484.4 was redesignated as § 484.115 and 42 CFR 410.62(a) was revised to reflect that an SLP furnishing outpatient speech-language pathology services must meet the requirements at § 484.115.

The revised SLP requirements that became effective January 1, 2015, are being updated in the IOM, Pub. 100-02, chapter 15, section 230.3. There is no new policy since the outpatient regulation at 42 CFR 410.62(a) has continued to match those at 42 CFR part 484 since CY 2005.

B. Policy:

This CR does not add new policy or change existing policy. Contractors shall note the updates in the manual section.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

13922.1	Contractors shall be aware of the updates to the IOM, Pub. 100-02, chapter 15, section 230.3	X	X	X						

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part A, A/B MAC Part B, A/B MAC Part HHH

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

Medicare Benefit Policy Manual

Chapter 15 – Covered Medical and Other Health Services

(Rev. 13051; Issued: 01-16-25)

230.3 - Practice of Speech-Language Pathology

(Rev. 13051; Issued: 01-16-25; Effective: 04-18-25; Implementation: 04-18-25)

A. General

Speech-language pathology services are those services provided within the scope of practice of speech-language pathologists and necessary for the diagnosis and treatment of speech and language disorders, which result in communication disabilities and for the diagnosis and treatment of swallowing disorders (dysphagia), regardless of the presence of a communication disability. (See Pub. 100-03, chapter 1, §170.3) See section 230.4 of this chapter for benefit policies on speech-language pathologists in private practice *(SLPPP)*. See Pub. 100-08, Medicare Program Integrity Manual, chapter 10, section *10.2.3.15 for policy on enrollment as an SLPPP.*

B. Qualified Speech-Language Pathologist Defined

Reference: 42 CFR 484.115, 42 CFR 410.62(a) and 42 CFR 410.62(a)(3)(iii)

In order to create consistent requirements, in the calendar year (CY) 2005 PFS final rule, CMS recognized the personnel qualifications applicable to home health agencies (HHAs) in 42 CFR part 484 as applicable to all outpatient physical therapy, occupational therapy, and speech-language pathology services. For speech-language pathologists, CMS revised the basic rule at 42 CFR 410.62(a) to require that the speech-language pathologist must meet the requirements at 42 CFR § 484.4 as a condition of payment/coverage of outpatient speech-language pathology services.

The personnel requirements for a speech-language pathologist at 42 CFR 484.4 were revised in the CY 2015 Home Health Prospective Payment System final rule to parallel those at section 1861(ll)(a)(4)(A) of the Social Security Act for a speech-language pathologist, effective January 1, 2015. Later in 2017, as part of the January 2017 HHA Conditions of Participation (CoPs) final rule, § 484.4 was redesignated as § 484.115 and 42 CFR 410.62(a) was revised to reflect that a speech-language pathologist must meet the requirements at § 484.115.

Therefore, effective January 1, 2015, a qualified speech-language pathologist is an individual who has a master's or doctoral degree in speech-language pathology, and who meets either of the following requirements:

1. *Is licensed as a speech-language pathologist by the state in which the individual furnishes such services; or*

2. *In the case of an individual who furnishes services in a state which does not license speech-language pathologists:*

    a. *Has successfully completed 350 clock hours of supervised clinical practicum (or is in the process of accumulating supervised clinical experience);*

    b. *Performed not less than 9 months of supervised full-time speech-language pathology services after obtaining a master's or doctoral degree in speech-language pathology or a related field; and*

    c. *Successfully completed a national examination in speech-language pathology approved by the Secretary.*

For outpatient speech-language pathology services that are provided incident to the services of physicians/NPPs, the requirement for speech-language pathology licensure does not apply; all other personnel qualifications do apply. Therefore, qualified personnel providing speech-language pathology services incident to the services of a physician/NPP must *be a graduate in speech-language pathology with a master's or doctoral degree. In a state that does not offer licensure for speech-language pathologists, the*

qualified personnel — in addition to a master's or doctoral degree in speech-language pathology — must additionally meet the three above qualifications of 2(a), 2(b), and 2(c).

C. Services of Speech-Language Pathology Support Personnel

Services of speech-language pathology assistants are not recognized for Medicare coverage. Services provided by speech-language pathology assistants, even if they are licensed to provide services in their states, will be considered unskilled services and denied as not reasonable and necessary if they are billed as therapy services.

Services provided by aides, even if under the supervision of a therapist, are not therapy services and are not covered by Medicare. Although an aide may help the therapist by providing unskilled services, those services are not covered by Medicare and shall be denied as not reasonable and necessary if they are billed as therapy services.

D. Application of Medicare Guidelines to Speech-Language Pathology Services

1. Evaluation Services

Speech-language pathology evaluation services are covered if they are reasonable and necessary and not excluded as routine screening by §1862(a)(7) of the Act. The speech-language pathologist employs a variety of formal and informal speech, language, and dysphagia assessment tests to ascertain the type, causal factor(s), and severity of the speech and language or swallowing disorders. Reevaluation of patients for whom speech, language and swallowing were previously contraindicated is covered only if the patient exhibits a change in medical condition. However, monthly reevaluations; e.g., a Western Aphasia Battery, for a patient undergoing a rehabilitative speech-language pathology program, are considered a part of the treatment session and shall not be covered as a separate evaluation for billing purposes. Although hearing screening by the speech-language pathologist may be part of an evaluation, it is not billable as a separate service.

2. Therapeutic Services

The following are examples of common medical disorders and resulting communication deficits, which may necessitate active rehabilitative therapy. <u>This list is not all-inclusive</u>:

Cerebrovascular disease such as cerebral vascular accidents presenting with dysphagia, aphasia/dysphasia, apraxia, and dysarthria;

Neurological disease such as Parkinsonism or Multiple Sclerosis with dysarthria, dysphagia, inadequate respiratory volume/control, or voice disorder; or

Laryngeal carcinoma requiring laryngectomy resulting in aphonia.

3. Impairments of the Auditory System

The terms, aural rehabilitation, auditory rehabilitation, auditory processing, lipreading and speech reading are among the terms used to describe covered services related to perception and comprehension of sound through the auditory system. See Pub. 100-04, chapter 12, section 30.3 for billing instructions. For example:

- Auditory processing evaluation and treatment may be covered and medically necessary. Examples include but are not limited to services for certain neurological impairments or the absence of natural auditory stimulation that results in impaired ability to process sound. Certain auditory processing disorders require diagnostic audiological tests in addition to speech-language pathology evaluation and treatment.

- Evaluation and treatment for disorders of the auditory system may be covered and medically necessary, for example, when it has been determined by a speech-language pathologist in collaboration with an audiologist that the hearing impaired beneficiary's current amplification options (hearing aid, other amplification device or cochlear implant) will not sufficiently meet the patient's functional communication needs. Audiologists and speech-language pathologists both evaluate beneficiaries for disorders of the auditory system using different skills and techniques, but only speech-language pathologists may provide treatment.

Assessment for the need for rehabilitation of the auditory system (but not the vestibular system) may be done by a speech language pathologist. Examples include but are not limited to: evaluation of comprehension and production of language in oral, signed or written modalities, speech and voice production, listening skills, speech reading, communications strategies, and the impact of the hearing loss on the patient/client and family.

Examples of rehabilitation include but are not limited to treatment that focuses on comprehension, and production of language in oral, signed or written modalities; speech and voice production, auditory training, speech reading, multimodal (e.g., visual, auditory-visual, and tactile) training, communication strategies, education and counseling. In determining the necessity for treatment, the beneficiary's performance in both clinical and natural environment should be considered.

4. Dysphagia

Dysphagia, or difficulty in swallowing, can cause food to enter the airway, resulting in coughing, choking, pulmonary problems, aspiration or inadequate nutrition and hydration with resultant weight loss, failure to thrive, pneumonia and death. It is most often due to complex neurological and/or structural impairments including head and neck trauma, cerebrovascular accident, neuromuscular degenerative diseases, head and neck cancer, dementias, and encephalopathies. For these reasons, it is important that only qualified professionals with specific training and experience in this disorder provide evaluation and treatment.

The speech-language pathologist performs clinical and instrumental assessments and analyzes and integrates the diagnostic information to determine candidacy for intervention as well as appropriate compensations and rehabilitative therapy techniques. The equipment that is used in the examination may be fixed, mobile or portable. Professional guidelines recommend that the service be provided in a team setting with a physician/NPP who provides supervision of the radiological examination and interpretation of medical conditions revealed in it.

Swallowing assessment and rehabilitation are highly specialized services. The professional rendering care must have education, experience and demonstrated competencies. Competencies include but are not limited to: identifying abnormal upper aerodigestive tract structure and function; conducting an oral, pharyngeal, laryngeal and respiratory function examination as it relates to the functional assessment of swallowing; recommending methods of oral intake and risk precautions; and developing a treatment plan employing appropriate compensations and therapy techniques.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

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MEMORANDUM

DATE	July 22, 2025
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Cherise Burns, Executive Officer
SUBJECT	Agenda Item 16: Discussion of the Feburary 2025 Occupational Analysis of the Speech-Language Pathologist Profession

Background

Business and Professions Code (BPC) Section 139 and Department of Consumer Affairs (DCA) policy requires that California state licensing boards conduct regular occupational analysis (OA) of the professions as a fundamental part of each licensure program. In addition, BPC Section 139 and DCA policy also requires a review of any national examination program used by a California licensing board as part of its licensure program.

In 2024, the Board requested assistance from DCA's Office of Professional Examination Services (OPES) to conduct the OA for the practice of speech-language pathology (SLP). OPES gathered information from literature and telephone interviews and conducted workshops and a statewide questionnaire to identify tasks and knowledge required to practice SLP in California. The result of the OA was prepared and written in a report that covers:

- The process used to develop the OA;
- Questionnaire response rate and demographics of questionnaire participants;
- The rating scales employed to analyze the responses from the questionnaire;
- List of tasks and knowledge statements for the practice of SLP and their ratings; and
- A copy of the questionnaire.

Following the completion of the OA, the list of tasks and knowledge statements can be used to review the national examination program the Board uses for SLP, which is the Praxis SLP test developed and administered by the Educational Testing Service. This review of the Praxis SLP test is currently being conducted by OPES.

Action Requested

This item is for informational purposes only, no action is required.

Attachment: Feburary 2025 Occupational Analysis of the Speech-Language Pathology Profession



SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

OCCUPATIONAL ANALYSIS OF THE SPEECH-LANGUAGE PATHOLOGIST PROFESSION



SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

OCCUPATIONAL ANALYSIS OF THE SPEECH-LANGUAGE PATHOLOGIST PROFESSION

February 2025

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

OFFICE OF PROFESSIONAL EXAMINATION SERVICES

OFFICE OF PROFESSIONAL EXAMINATION SERVICES

Maria Avalos, MA, Research Data Specialist I
Heidi Lincer, PhD, Chief

This occupational analysis report is mandated by California Business and Professions Code § 139 and by DCA *OPES 22-01 Licensure Examination Validation Policy*.

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 the speech-language pathologist profession in California. The purpose of the OA is to define the profession in terms of critical tasks that speech-language pathologists must be able to perform competently at the time of licensure. The results of this OA provide a description of practice for the speech-language pathologist profession that can be used to review the Praxis Speech-Language Pathology Test.

OPES test specialists began by researching the profession and conducting telephone interviews with licensed speech-language pathologists working throughout California. The purpose of these interviews was to identify the tasks performed by speech-language pathologists and to determine the knowledge required to perform those tasks safely and competently. Using the information gathered from the research and the interviews, OPES test specialists developed a preliminary list of tasks performed by speech-language pathologists in their profession, along with statements representing the knowledge needed to perform those tasks.

In April 2024, OPES test specialists convened a workshop to review and refine the preliminary lists of tasks and knowledge statements describing speech-language pathologist practice in California. Speech-language pathologists participated in the workshops as subject matter experts (SMEs). The SMEs were from diverse backgrounds in the profession (e.g., work setting, geographic location of practice, years licensed). The SMEs identified changes and trends in speech-language pathologist practice, determined demographic questions for the OA questionnaire, and performed a preliminary linkage of the tasks and knowledge statements to ensure that all tasks had a related knowledge statement, and all knowledge statements had a related task. Additional tasks and knowledge statements were created as needed to complete the scope of the content areas of the description of practice.

After the workshop, OPES test specialists developed a three-part OA questionnaire to be completed by speech-language pathologists statewide. Development of the OA questionnaire included a pilot study that was conducted with a group of speech-language pathologists who participated in the telephone interviews and the April 2024 workshop. The pilot study participants' feedback was incorporated into the final questionnaire, which was administered August 15, 2024–September 13, 2024.

In the first part of the OA questionnaire, speech-language pathologists were asked to provide demographic information related to their practice and work setting. In the second part, speech-language pathologists were asked to rate how often they perform each task in their current practice (Frequency) and how important the task is to effective performance in their current practice (Importance). In the third part, speech-language pathologists were asked to rate how important each knowledge statement is to effective performance in their current practice (Importance).

In August 2024, OPES sent an online OA questionnaire invitation email to 13,169 licensed speech-language pathologists. The list of licensees was provided by the Board. As of the writing of this report, there are a total of 15,658 licensed speech-language pathologists in California.

A total of 2,520 speech-language pathologists responded to the OA questionnaire email invitation. The final number of respondents included in the data analysis was 916 (19% of those who initially responded). This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and working as a speech-language pathologist in California. Second, OPES excluded questionnaires containing responses that were less than 75% complete.

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

Once the data were analyzed, OPES test specialists conducted an additional workshop with speech-language pathologists in September 2024. The SMEs evaluated the criticality indices and determined whether any tasks or knowledge statements should be eliminated. The SMEs in this group also established the final linkage between tasks and knowledge statements, reviewed the task and knowledge statement content areas, and defined those content areas. The SMEs then evaluated the preliminary content area weights and determined the final weights for the description of practice.

The California Speech-Language Pathology Description of Practice is structured into five content areas that are weighted relative to the other content areas. It identifies the tasks and knowledge critical to competent speech-language pathologist practice in California at the time of licensure.

OVERVIEW OF THE CALIFORNIA SPEECH-LANGUAGE PATHOLOGY DESCRIPTION OF PRACTICE

CONTENT AREAS	CONTENT AREA DESCRIPTIONS	PERCENT WEIGHT
1. General Competencies	This area assesses a candidate's knowledge of linguistic and cultural awareness, applicable regulations, and professional and ethical standards related to core areas of practice across clients, disorders, and treatment settings.	15
2. Assessment	This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.	25
3. Diagnosis, Goal Setting, and Treatment Planning	This area assesses a candidate's knowledge of interpreting and analyzing assessment information for accurate diagnosis and developing treatment plans and interventions.	25
4. Treatment Intervention and Procedures	This area assesses a candidate's knowledge of delivering culturally relevant treatment interventions and procedures based on assessment and diagnostic information that are measurable, objective, and consistent with the client's readiness and ability to engage in treatment.	25
5. Treatment Outcomes and Effectiveness	This area assesses a candidate's knowledge of interpreting data to determine client progress and treatment efficacy in relation to goals and of modifying treatment plans as appropriate.	10
Total		100

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CHAPTER 1 | INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

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) as part of the Board's comprehensive review of the speech-language pathologist profession in California. The purpose of the OA is to identify critical activities performed by speech-language pathologists in California. The results of this OA provide a description of practice for the speech-language pathologist profession that can then be used to review the Praxis Speech-Language Pathology Test developed by the Educational Testing Service (ETS).

To become a fully licensed speech-language pathologist in California, a candidate must:

1. Submit to fingerprinting.
2. Hold a Master's degree or equivalent in speech-language pathology from an accredited educational institution.
3. Have completed 300 hours of supervised clinical practicum in three different clinical settings.
4. Have completed 36 weeks of full-time or 72 weeks of part-time supervised Required Professional Experience (RPE) while holding an RPE temporary license. If experience was completed in California, applicants must have held an RPE temporary license during that time.
5. Effective September 1, 2014, pass the Praxis Speech-Language Pathology Test administered by the Educational Testing Service (ETS) Praxis Series with a minimum score of 162. The exam must not be more than five years old. Applicants must authorize ETS to report their test score to the Board using Report Code R8544.

To become a licensed speech-language pathologist in California, applicants must complete one of the following five pathways to licensure:

Option #1

Required Professional Experience (RPE). Upon completion of 36 full-time weeks (or 72 part-time weeks) of required professional experience under an RPE Temporary License, applicants must submit the Permanent License Application, including the RPE Verification Form.

Option #2

Equivalent qualifications. For those with a current Certificate Competence issued by ASHA.

Option #3

Licensed in another state. Must possess an active and current license from another state. If applicants also hold a current ASHA certification, the applicant must use Option #2.

Option #4

Previously licensed in California. Held a license in California that expired more than 5 years ago.

Option #5

Foreign educated graduates. Completed graduate education outside the United States. Upon completion of all required weeks of required professional experience under an RPE Temporary License, applicants must submit the Permanent License Application, including the RPE Verification Form.

PARTICIPATION OF SUBJECT MATTER EXPERTS

California speech-language pathologists participated as subject matter experts (SMEs) during the OA to ensure that the description of practice directly reflects current speech-language pathologist practice in California. These SMEs represented the profession in terms of work setting, geographic location of practice, and years licensed. The SMEs provided technical expertise and

information regarding different aspects of practice through workshops. During workshops, the SMEs developed and reviewed the tasks and knowledge statements describing speech-language pathologist practice, organized the tasks and knowledge statements into content areas, evaluated the results of the OA, and developed the description of practice.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensure, certification, and registration programs in the State of California adhere strictly to federal and state laws and regulations, as well as to professional guidelines and technical standards. For the purposes of OAs, the following laws and guidelines are authoritative:

- California Business and Professions Code (BPC) § 139.
- 29 Code of Federal Regulations Part 1607 – Uniform Guidelines on Employee Selection Procedures (1978).
- California Fair Employment and Housing Act, Government Code § 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2018), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure program to meet these standards, it must be solidly based upon the job activities required for practice.

DESCRIPTION OF OCCUPATION

The speech-language pathologist occupation is described as follows in BPC § 2530.2:

> (c) A "speech-language pathologist" is a person who practices speech-language pathology.
>
> (d) The practice of speech-language pathology means all of the following:

(1) The application of principles, methods, instrumental procedures, and noninstrumental procedures for measurement, testing, screening, evaluation, identification, prediction, and counseling related to the development and disorders of speech, voice, language, or swallowing.

(2) The application of principles and methods for preventing, planning, directing, conducting, and supervising programs for habilitating, rehabilitating, ameliorating, managing, or modifying disorders of speech, voice, language, or swallowing in individuals or groups of individuals.

(3) Conducting hearing screenings.

(4) Performing suctioning in connection with the scope of practice described in paragraphs (1) and (2), after compliance with a medical facility's training protocols on suctioning procedures.

CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONNAIRE

TASKS AND KNOWLEDGE STATEMENTS

To develop preliminary lists of tasks and knowledge statements, OPES test specialists gathered information from literature reviews of profession-related sources (e.g., previous OA reports, articles, industry publications, laws and regulations) and conducted telephone interviews with licensed speech-language pathologists working throughout California.

In April 2024, OPES test specialists facilitated a workshop to review and refine the tasks and knowledge statements. Five SMEs from diverse backgrounds (e.g., work setting, geographic location of practice, years licensed) participated in the workshop. During the workshop, the SMEs evaluated the tasks and knowledge statements for technical accuracy, level of specificity, and comprehensiveness. In addition, the SMEs evaluated the organization of tasks within content areas to ensure that the content areas were independent and non-overlapping.

During this workshop, the SMEs also reviewed proposed demographic questions and evaluated the scales that would be used for rating tasks and knowledge statements in an online OA questionnaire to be sent to speech-language pathologists statewide.

OPES used the final lists of tasks and knowledge statements, demographic questions, and rating scales to develop the online OA questionnaire.

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed the online OA questionnaire designed to solicit ratings by speech-language pathologists of the tasks and knowledge statements. Those surveyed were instructed to rate how often they perform each task in their current practice (Frequency) and how important each task is to the effective performance in their current practice (Importance). In addition, they were instructed to rate how important each item of knowledge is to effective performance in their current practice (Importance). The OA questionnaire also included a demographic section to obtain relevant

professional background information about responding speech-language pathologists. The OA questionnaire is Appendix A.

PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire. The draft questionnaire was reviewed by the Board and then sent to 14 SMEs who had participated in the telephone interviews and the workshop. OPES received feedback on the pilot study from 10 respondents. The SMEs reviewed the tasks and knowledge statements in the questionnaire for technical accuracy and for whether they reflected speech-language pathologist practice. The SMEs also provided the estimated time for completion of the questionnaire, as well as information about online navigation and ease of use. OPES test specialists used this feedback to refine the final questionnaire, which was administered August 15, 2024–September 13, 2024.

CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

In August 2024, OPES sent an online OA questionnaire invitation email to 13,169 licensed speech-language pathologists who had an email address on file with the Board. As of the writing of this report, there are a total of 15,658 licensed speech-language pathologists in California. The email invitation is Appendix B.

A total of 2,520 speech-language pathologists responded to the OA questionnaire email invitation. The final number of respondents included in the data analysis was 916 (19% of those who initially responded). This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and working as a speech-language pathologist in California. Second, OPES excluded questionnaires containing responses that were less than 75% complete. The final respondent sample appears to represent the California speech-language pathologist profession based on the sample's demographic composition.

DEMOGRAPHIC SUMMARY

As shown in Table 1 and Figure 1, the responding speech-language pathologists reported a range of years of experience. Of the respondents, 50.7% reported that they had worked as a speech-language pathologist for less than 5 years, 36.2% reported that they had worked as a speech-language pathologist for 6–10 years, 7.8% reported working as a speech-language pathologist for 11–20 years, 2.7% reported working as a speech-language pathologist for 21–29 years, and 2.6% reported having worked as a speech-language pathologist for 30 or more years.

Table 2 and Figure 2 show that 63.0% of respondents reported that they work 31–40 hours per week as a speech-language pathologist, while 20.1% reported that they work 41 or more hours per week, 7.5% reported that they work 21–30 hours per week, 5.7% reported that they work 11–20 hours per week, and 3.7% reported that they work 10 or fewer hours per week.

When asked about their highest level of education, 97.2% of respondents reported a master's degree and 1.9% reported a doctorate degree (Table 3 and Figure 3).

Table 4 and Figure 4 show that 55.2% of the respondents reported that the majority of their responsibilities are as a school-based service provider, while 35.8% are as a clinical services provider, 2.7% as a supervisor of clinicians, 1.2% as a director/supervisor of a clinical program, and 0.8% as a college/university professor/instructor.

Respondents were asked to identify the service that was their primary activity. Table 5 and Figure 5 show that 79.5% reported their primary activity to be direct client care, 4.6% reported treatment planning/preparation, 3.7% reported client IEP, 3.1% reported client documentation/reports, 3.1% reported supervision, 2.6% reported case management, and 1.4% reported teaching/training.

When respondents were asked to identify the service that was their secondary activity, 42.7% reported client documentation/reports, 19.8% reported client IEP, 7.4% reported case management, 6.0% reported direct client care, 5.9% reported treatment planning/preparation, 5.5% reported family and caregiver contact/counseling, 4.4% reported collaboration/consultation, 4.3% reported supervision, 2.1% reported administrative, and 1.3% reported teaching/training (Table 6 and Figure 6).

Respondents were asked to identify their primary work setting. Table 7 and Figure 7 show that the majority of respondents, 61.9%, reported that they work in a public school setting, while 14.4% reported a private practice setting, 12.3% reported a speech and language clinic, 12% reported a hospital setting, 12% reported a web-based treatment/telemedicine setting, 8.5% reported a preschool/day care setting, 7.2% reported a Regional Center setting, 6.6% reported a skilled nursing/acute rehab/long-term care/subacute care setting, 5.3% reported a home health/assisted living setting, 3.4% reported a nonpublic school setting, and 1.9% reported a university/university clinic setting.

Table 8 and Figure 8 show the age groups that speech-language pathologists serve. Respondents reported 66.4% for both children 6–8 years of age and for preschool, 63.8% reported children 9–11 years of age, 44.9% reported young adolescents, 30.1% reported adolescents, 24.3% reported young adults, 23.9%

reported toddlers, 22.8% reported adults, 19.5% reported older adults, and 10% reported infants.

As shown in Table 9 and Figure 9, 66.2% of speech-language pathologists reported speech sound disorders as their area of specialization, 57.8% reported developmental language disorder, 54.6% reported autism and related disorders, 43.9% reported phonological disorders, 36.5% reported early intervention, 34.6% reported augmentative and alternative communication, 33% reported developmental disabilities, 28.9% reported cognitive linguistic disorders, 25.3% reported fluency and fluency disorders, 21% reported feeding and swallowing disorder, 14.1% reported voice and voice disorders, 13% reported neurophysiological/neurogenic disorders, 4.5% reported orofacial disorders, 4.4% reported hearing and hearing disorders, 4.1% reported gerontology, 1.9% reported aural rehabilitation, and 1.5% reported alaryngeal speech.

Table 10 shows that 90.7% of respondents do not hold other state-issued licenses. Table 11 and Figure 10 show that 60.7% do not hold other certificates/credentials, 10.4% reported that they hold a teaching certification, 3.6% reported that they hold a special education certification, 3.5% reported that they have an assistive technology certification, and 2.2% reported that they have a Bilingual, Crosscultural, Language and Academic Development (BCLAD) certification.

Table 12 and Figure 11 show the location of respondents' primary work setting, with 83.1% responding that they work in an urban setting, and 16.0% work in a rural setting.

Table 13 shows the location of respondents' primary practice by geographical region, with the highest percentage (30.0%) of respondents practicing in Los Angeles County and its vicinity, and 17.5% practicing in the San Francisco Bay Area. A breakdown of regional data organized by county is Appendix C.

TABLE 1 – YEARS LICENSED

YEARS	NUMBER (N)	PERCENT
0–5	464	50.7
6–10	332	36.2
11–20	71	7.8
21–29	25	2.7
30 or more	24	2.6
Total	916	100

FIGURE 1 – YEARS LICENSED

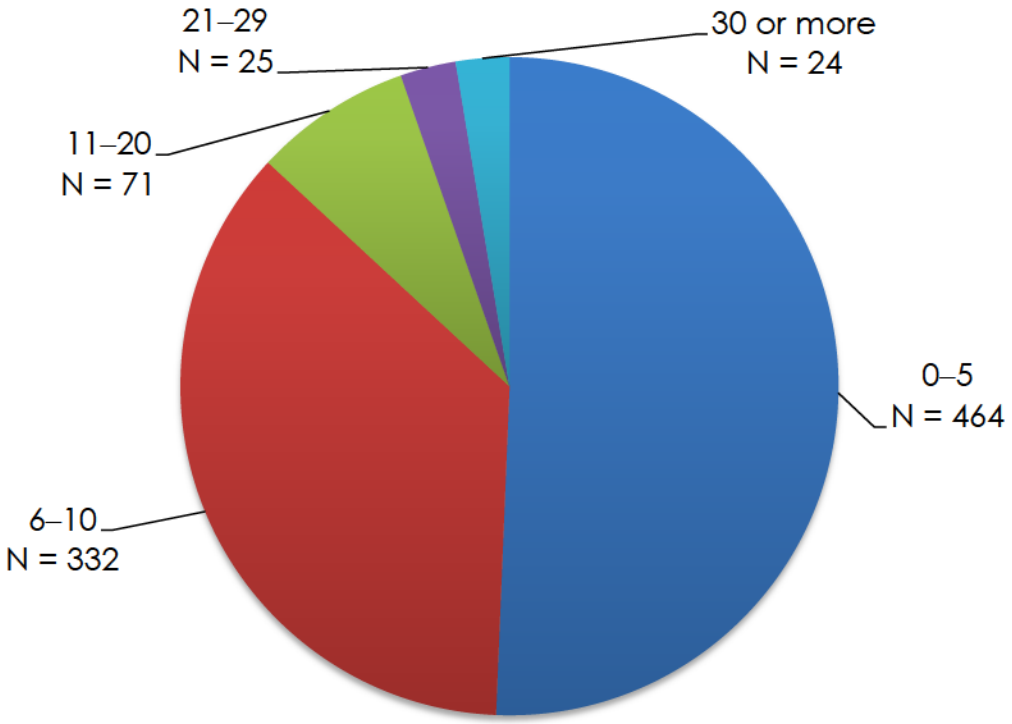


TABLE 2 – HOURS WORKED PER WEEK

HOURS	NUMBER (N)	PERCENT
10 or fewer	34	3.7
11–20	52	5.7
21–30	69	7.5
31–40	577	63.0
41 or more	184	20.1
Total	916	100

FIGURE 2 – HOURS WORKED PER WEEK

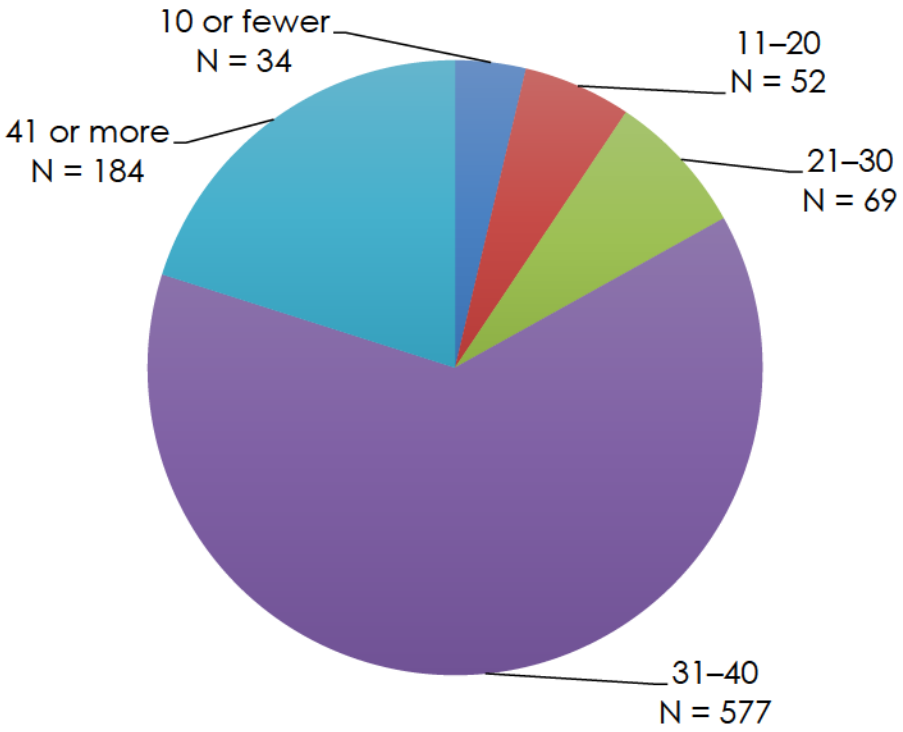


TABLE 3 – HIGHEST LEVEL OF EDUCATION ACHIEVED

TYPE	NUMBER (N)	PERCENT
Master's in speech-language pathology or communications	890	97.2
Doctorate in speech-language pathology or communications	17	1.9
Other	9	1.0
Total	916	*100.1

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 3 – HIGHEST LEVEL OF EDUCATION ACHIEVED

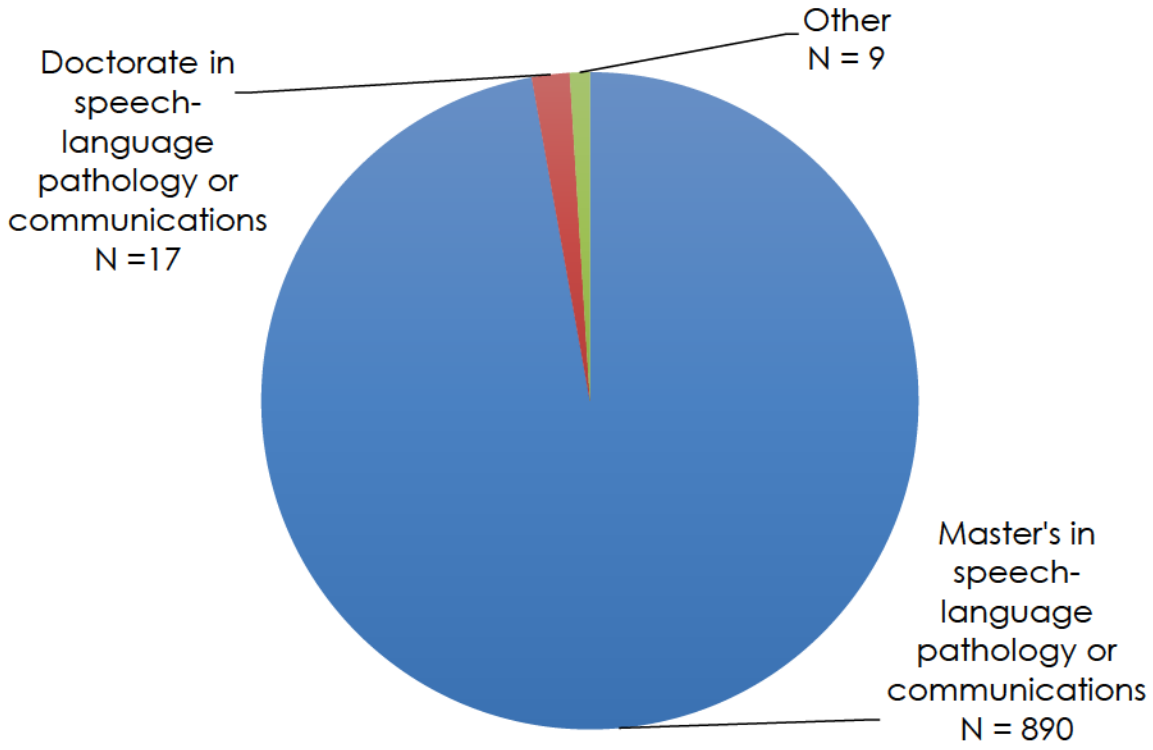


TABLE 4 – MAJORITY OF RESPONSIBILITIES

CLASSIFICATION	NUMBER (N)	PERCENT
Clinical services provider	328	35.8
College / university professor / instructor	7	.8
Consultant	1	.1
Director / Chair of education program	1	.1
Director / Supervisor of a clinical program	11	1.2
School-based service provider	506	55.2
Supervisor of clinicians	25	2.7
CEU provider	1	.1
Other	35	3.8
Missing	1	.1
Total	916	*99.9

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 4 – MAJORITY OF RESPONSIBILITIES

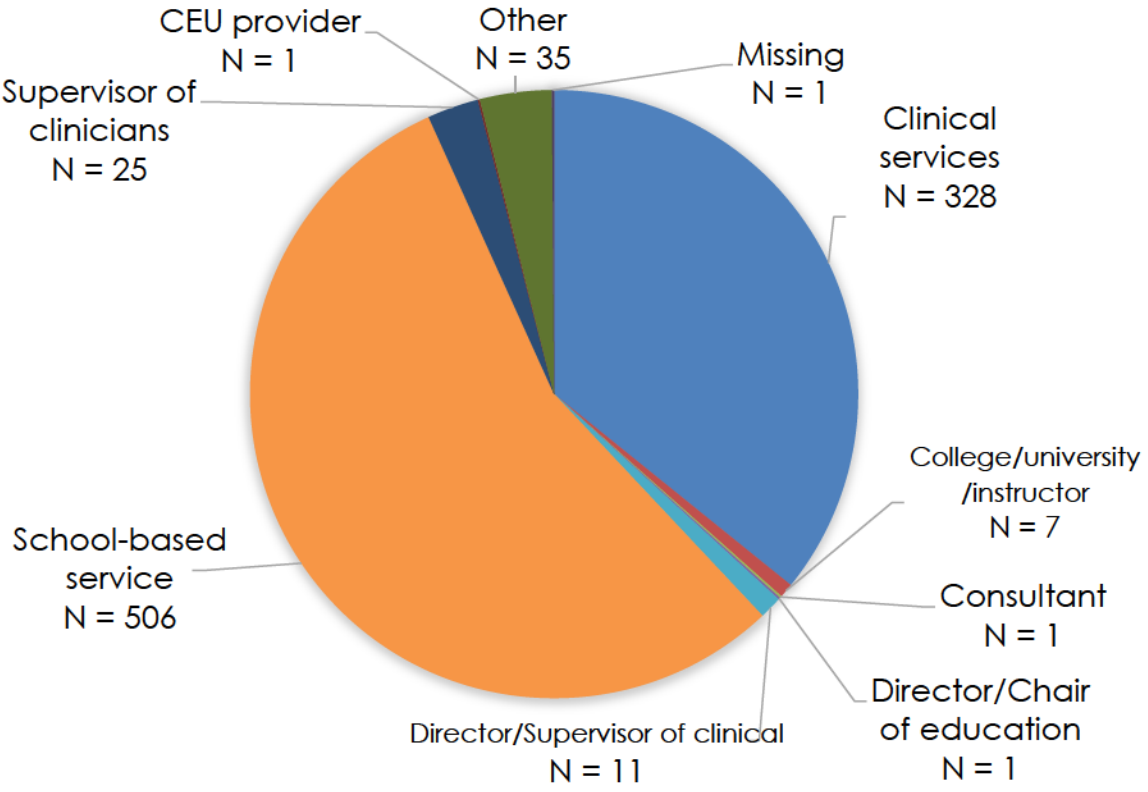


TABLE 5 – PRIMARY SERVICE ACTIVITY PROVIDED

SERVICES	NUMBER (N)	PERCENT
Client IEP (IDT meetings)	34	3.7
Client documentation / reports	28	3.1
Family and caregiver contact / counseling	4	.4
Direct client care (screening, assessment, treatment)	728	79.5
Treatment planning / preparation	42	4.6
Collaboration / consultation (professional staff, teachers)	5	.5
Supervision (SLP-associated medical staff, support staff)	28	3.1
Research / grant writing	2	.2
Teaching / training (staff, students, parents)	13	1.4
Case management (intake, referrals, follow-up)	24	2.6
Administrative (scheduling, staffing, HR, meetings)	8	.9
Professional development	0	0
Total	916	100

FIGURE 5 – PRIMARY SERVICE ACTIVITY PROVIDED

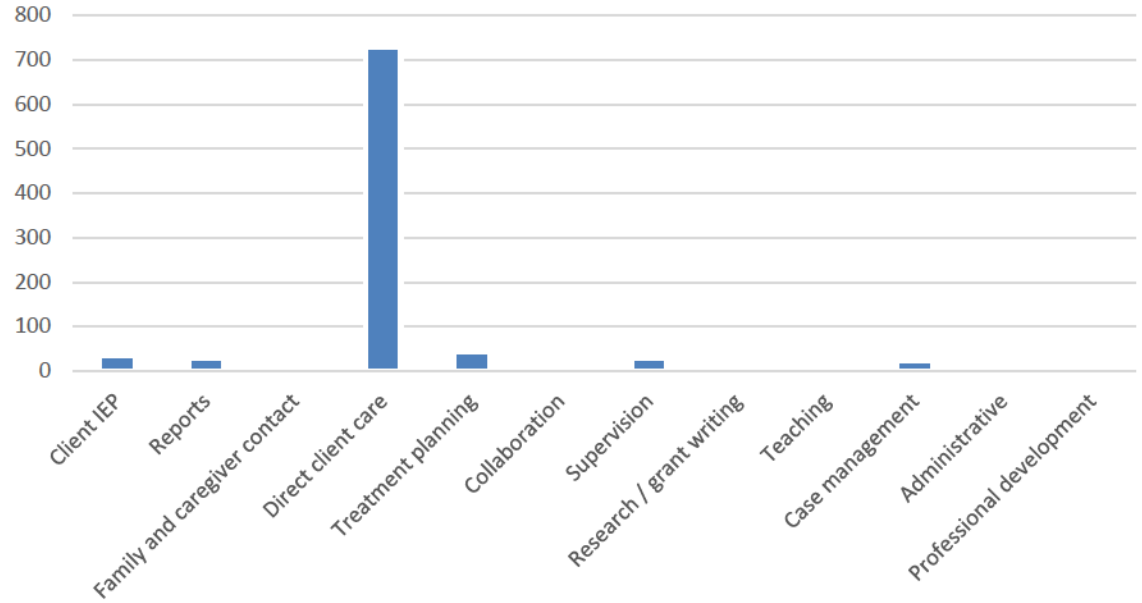


TABLE 6 – SECONDARY SERVICE ACTIVITY PROVIDED

SECONDARY ACTIVITY	NUMBER (N)	PERCENT
Client IEP (IDT meetings)	181	19.8
Client documentation / reports	391	42.7
Family and caregiver contact / counseling	50	5.5
Direct client care (screening, assessment, treatment)	55	6.0
Treatment planning / preparation	54	5.9
Collaboration / consultation (professional staff, teachers)	40	4.4
Supervision (SLP-associated medical staff, support staff)	39	4.3
Research / grant writing	1	.1
Teaching / training (staff, students, parents)	12	1.3
Case management (intake, referrals, follow-up)	68	7.4
Administrative (scheduling, staffing, HR, meetings)	19	2.1
Professional development	3	.3
Missing	3	.3
Total	916	*100.1

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 6 – SECONDARY SERVICE ACTIVITY PROVIDED

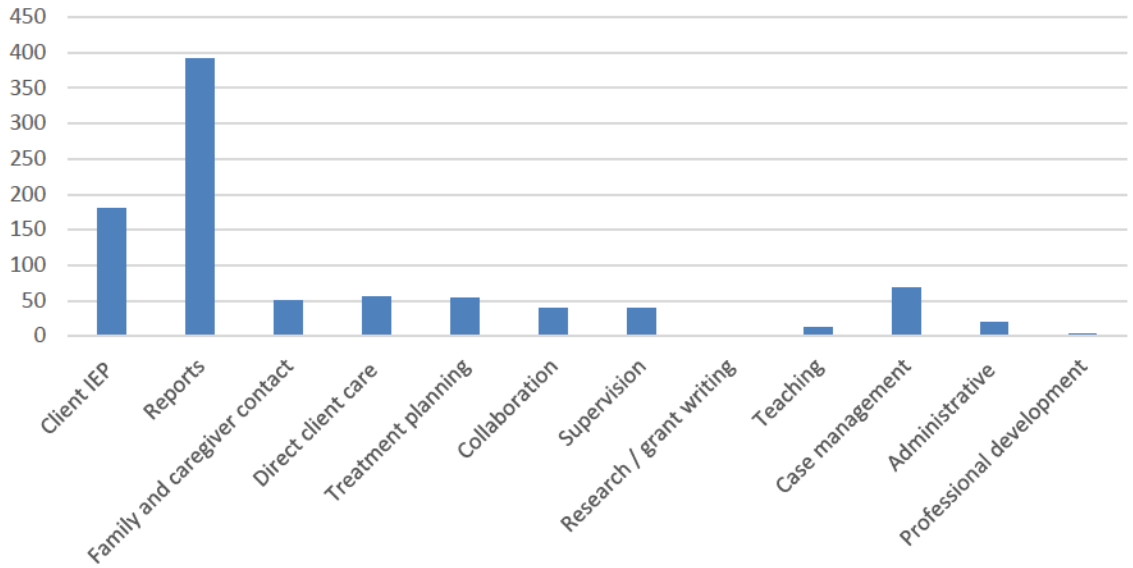


TABLE 7 – PRIMARY WORK SETTING WHERE SERVICES ARE PROVIDED

SETTING	NUMBER (N)	PERCENT
Correctional facility	2	0.2
Public school	566	61.9
Group home / sheltered workshop	2	0.2
Regional Center	66	7.2
Home health / assisted living	49	5.3
Skilled nursing / acute rehab / long-term care / subacute care	60	6.6
Hospital	111	12.0
Speech and language clinic	114	12.3
Nonpublic school (NPS)	31	3.4
University / university clinic	17	1.9
Preschool / day care	78	8.5
Web-based treatment / telemedicine	110	12.0
Private practice	133	14.4
Other (please specify)	35	3.8

Note: Respondents were asked to select all that apply.

FIGURE 7 – PRIMARY WORK SETTING WHERE SERVICES ARE PROVIDED

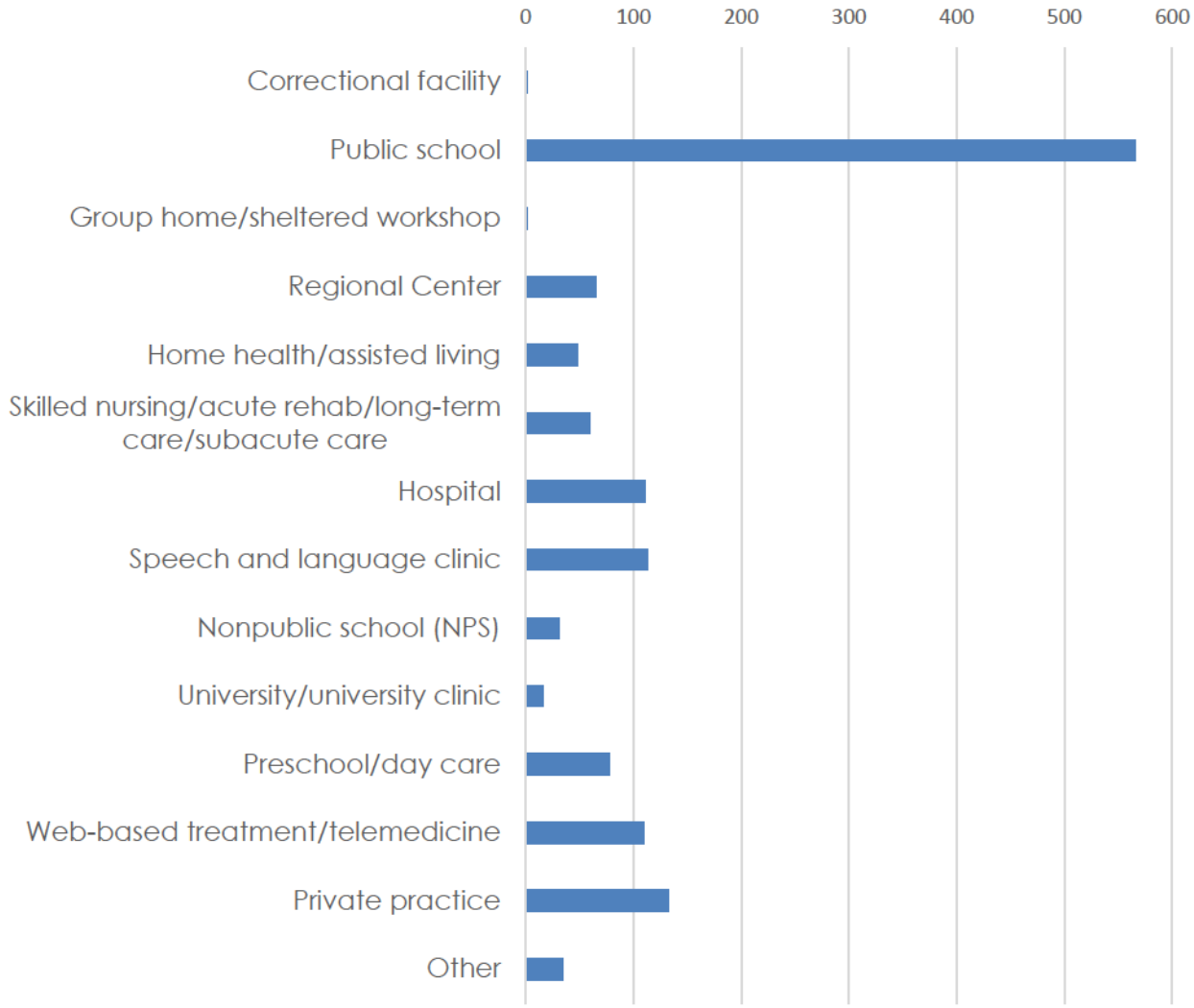


TABLE 8 – AGE GROUPS RECEIVING SERVICES

AGE GROUP	NUMBER (N)	PERCENT
Older adults (71+ years of age)	179	19.5
Adults (23–70 years of age)	209	22.8
Young adults (18–22 years of age)	224	24.3
Adolescents (15–17 years of age)	277	30.1
Young adolescents (12–14 years of age)	411	44.9
Children (9–11 years of age)	584	63.8
Children (6–8 years of age)	608	66.4
Preschool (3–5 years of age)	608	66.4
Toddlers (1–2 years of age)	218	23.9
Infants (0–12 months of age)	92	10.0
Other	7	0.8

Note: Respondents were asked to select all that apply.

FIGURE 8 – AGE GROUPS RECEIVING SERVICES

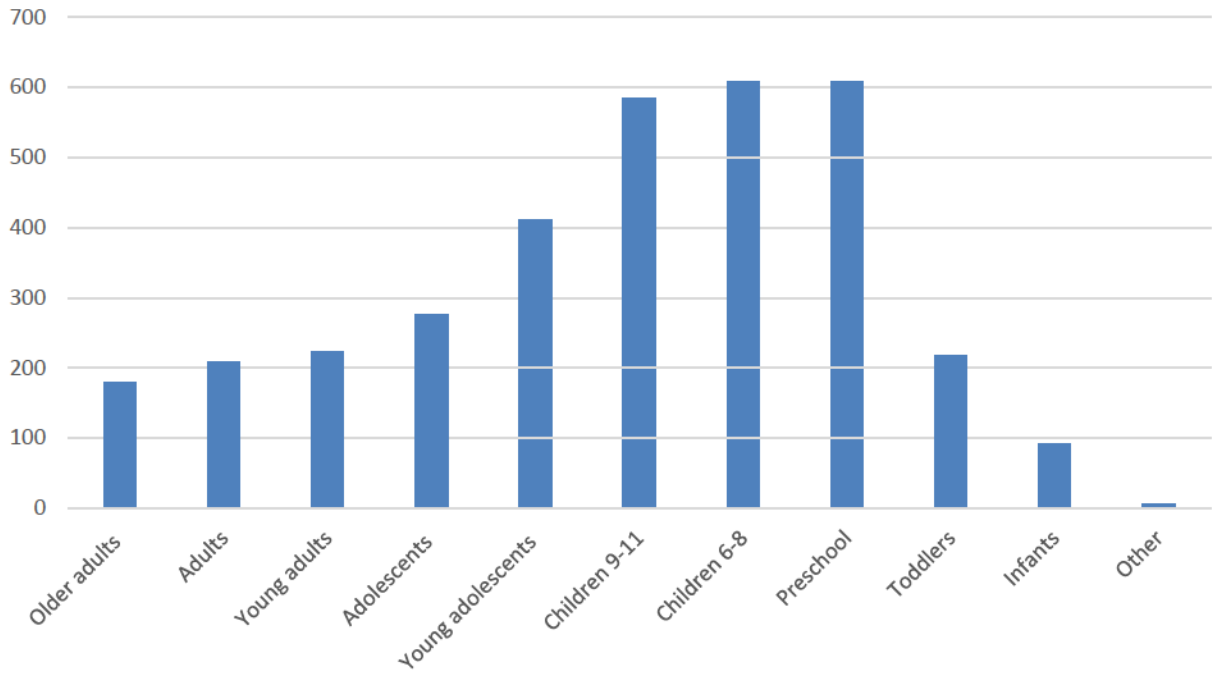


TABLE 9 – AREA OF SPECIALIZATION

AREA OF SPECIALIZATION	NUMBER (N)	PERCENT
Alaryngeal speech	14	1.5
Augmentative and alternative communication	316	34.6
Aural rehabilitation	17	1.9
Autism and related disorders	499	54.6
Cognitive linguistic disorders	264	28.9
Developmental disabilities	302	33.0
Developmental language disorder	529	57.8
Early intervention	334	36.5
Feeding and swallowing disorder	192	21.0
Fluency and fluency disorders	233	25.3
Gerontology	38	4.1
Hearing and hearing disorders	40	4.4
Neurophysiological/neurogenic disorders	119	13.0
Orofacial disorders	41	4.5
Phonological disorders	402	43.9
Speech sound disorders (articulation/phonology)	606	66.2
Voice and voice disorders	129	14.1
Other (Please specify)	52	5.7

Note: Respondents were asked to select all that apply.

FIGURE 9 – AREA OF SPECIALIZATION

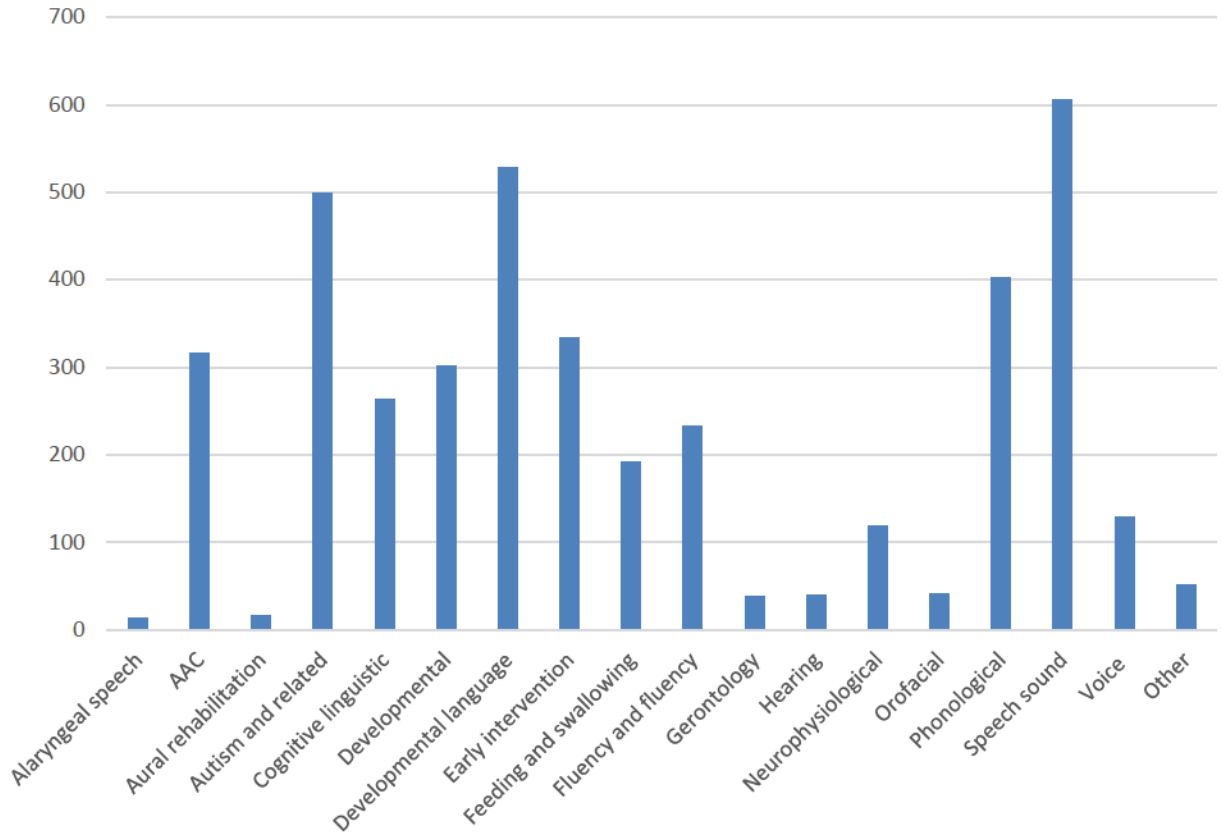


TABLE 10 – OTHER STATE-ISSUED LICENSES

STATE-ISSUED LICENSES	NUMBER (N)	PERCENT
None	831	90.7
Audiologist	1	0.1
Hearing Aid Dispenser	0	0
Occupational Therapist	0	0
Physical Therapist	0	0
Other (please specify)	22	2.4

Note: Respondents were asked to select all that apply.

TABLE 11 – OTHER CERTIFICATES/CREDENTIALS

CERTIFICATES/CREDENTIALS	NUMBER (N)	PERCENT
None	556	60.7
Administrative Services	6	0.7
Applied Behavior Analysis	8	0.9
Assistive Technology	32	3.5
Bilingual, Crosscultural, Language and Academic Development (BCLAD)	20	2.2
Crosscultural, Language and Academic Development (CLAD)	8	0.9
Resource Specialist	5	0.5
Special Education	33	3.6
Teaching	95	10.4
Other (please specify)	86	9.3

Note: Respondents were asked to select all that apply.

FIGURE 10 – OTHER CERTIFICATES/CREDENTIALS

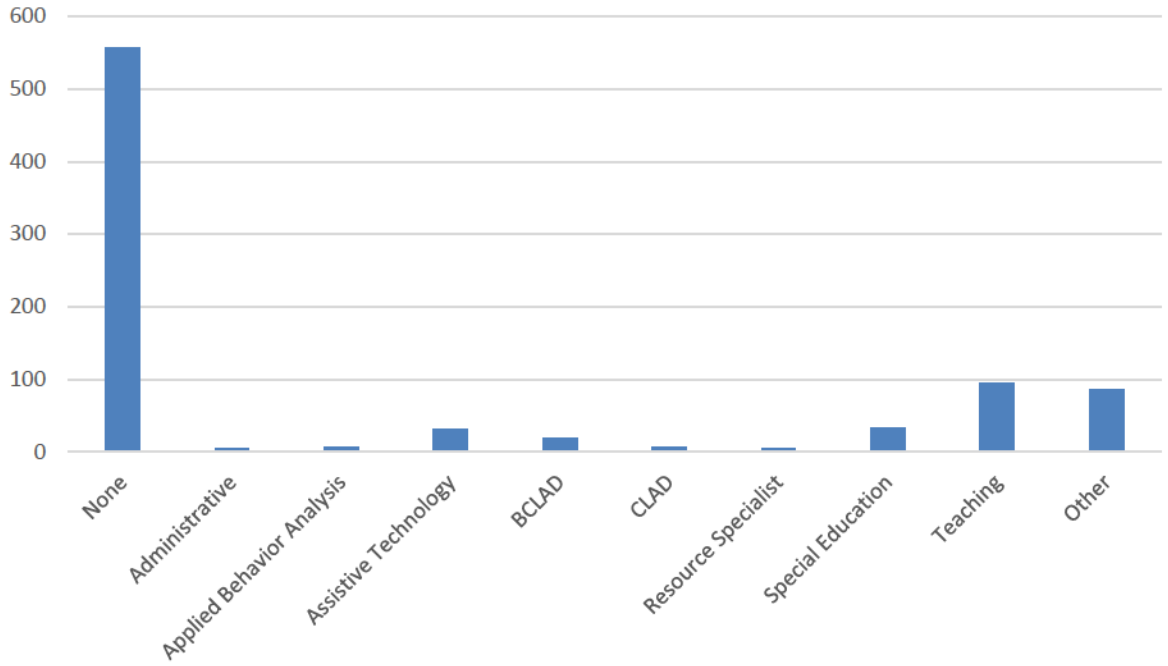


TABLE 12 – LOCATION OF PRIMARY WORK SETTING

LOCATION	NUMBER (N)	PERCENT
Urban (more than 50,000 people)	761	83.1
Rural (fewer than 50,000 people)	147	16.0
Missing	8	0.9
Total	916	100.0

FIGURE 11 – LOCATION OF PRIMARY WORK SETTING

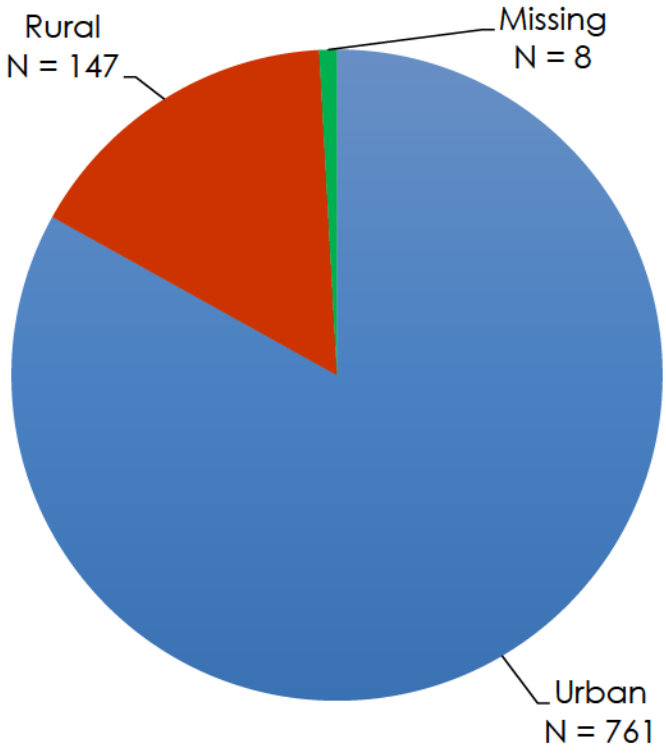


TABLE 13 – RESPONDENTS BY REGION

REGION NAME	NUMBER (N)	PERCENT
Los Angeles County and Vicinity	275	30.0
San Francisco Bay Area	160	17.5
San Diego County and Vicinity	97	10.6
San Joaquin Valley	94	10.3
Riverside and Vicinity	92	10.0
South/Central Coast	72	7.9
Sacramento Valley	58	6.3
Sierra Mountain Valley	29	3.2
North Coast	23	2.5
Shasta-Cascade	5	.5
Missing	11	1.2
Total	916	100.0

CHAPTER 4 | DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

OPES evaluated the task and knowledge ratings obtained from the questionnaire respondents with a standard index of reliability, coefficient alpha (α), which ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the tasks and knowledge statements. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 14 displays the reliability coefficients for the task rating scale in each content area. The overall ratings of task frequency and task importance within each content area showed moderate reliability. Table 15 displays the reliability coefficients for the knowledge statement rating scale in each content area. The overall ratings of knowledge importance across each content area were highly reliable. These results indicate that the responding speech-language pathologists rated the tasks and knowledge statements consistently throughout the questionnaire.

TABLE 14 – TASK SCALE RELIABILITY

CONTENT AREA	NUMBER OF TASKS	α FREQUENCY	α IMPORTANCE
1. General Competencies	15	.790	.783
2. Assessment	21	.848	.852
3. Diagnosis, Goal Setting, and Treatment Planning	6	.687	.664
4. Treatment Intervention and Procedures	13	.751	.804
5. Treatment Outcomes and Effectiveness	5	.869	.887
Total	60		

TABLE 15 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA	NUMBER OF KNOWLEDGE STATEMENTS	α IMPORTANCE
1. General Competencies	15	.908
2. Assessment	41	.935
3. Diagnosis, Goal Setting, and Treatment Planning	20	.919
4. Treatment Intervention and Procedures	23	.906
5. Treatment Outcomes and Effectiveness	5	.911
Total	104	

TASK CRITICALITY INDICES

To calculate the criticality indices of the task statements, OPES test specialists used the following formula. For each respondent, OPES first multiplied the frequency rating (Fi) and the importance rating (Ii) for each task. Next, OPES averaged the multiplication products across respondents as shown below:

Task criticality index = mean [(Fi) X (Ii)]

The tasks included in the survey are Appendix D, which includes their mean frequency and importance ratings and their associated criticality indices.

OPES test specialists convened a workshop of eight SMEs in September 2024. The purpose of this workshop was to identify the essential tasks and knowledge required for safe and competent speech-language pathologist practice at the time of licensure. The SMEs reviewed the mean frequency and importance ratings for each task and its criticality index to determine whether to establish a cutoff value below which tasks should be eliminated. Based on their review of the relative importance of tasks to speech-language pathologist practice, the SMEs determined that no cutoff value should be set and that all the tasks should be retained except for task 7 from Content Area 1 – General Competencies.

SMEs agreed to eliminate task 7 because ASHA requires 2 years of experience before allowing SLPs to supervise others. The eliminated task is highlighted in Appendix D.

KNOWLEDGE IMPORTANCE RATINGS

To determine the importance of each knowledge statement, the mean importance (K Imp) rating for each knowledge statement was calculated. The knowledge statements included in the survey are presented in Appendix E, along with their mean importance ratings, sorted in descending order by content area.

The SMEs participating in the September 2024 workshop also reviewed the knowledge statement mean importance ratings. After reviewing the mean importance ratings and considering their relative importance to speech-language pathologist practice, the SMEs determined that no cutoff value should be set, and all the knowledge statements should be retained except for knowledge statements 10 and 11 from Content Area 1 – General Competencies. Knowledge statements 10 and 11 were eliminated because they were linked to the eliminated Task 7. The eliminated knowledge statements are highlighted in Appendix E.

TASK-KNOWLEDGE LINKAGE

The SMEs who participated in the September 2024 workshop reviewed the preliminary assignments of the tasks and knowledge statements to content areas from the April 2024 workshop. They then confirmed the final linkage between tasks and knowledge statements.

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CHAPTER 5 | DESCRIPTION OF PRACTICE

CONTENT AREAS AND WEIGHTS

The SMEs in the September 2024 workshop were also asked to finalize the weights of the content areas that would form the California Speech-Language Pathologist Description of Practice. OPES test specialists presented the SMEs with preliminary weights of the content areas, which were calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks, as shown below.

$$\frac{\text{Sum of Criticality Indices for Tasks in Content Area}}{\text{Sum of Criticality Indices for All Tasks}} = \text{Percent Weight of Content Area}$$

The SMEs evaluated the preliminary content area weights in terms of how well they reflected the relative importance of each content area to entry-level speech-language pathologist practice in California. Through discussion, the SMEs determined that adjustments to the preliminary weights were necessary to reflect the relative importance of each area to speech-language pathologist practice more accurately. A summary of the preliminary and final content area weights is presented in Table 16.

TABLE 16 – CONTENT AREA WEIGHTS

CONTENT AREA	PERCENT PRELIMINARY WEIGHT	PERCENT FINAL WEIGHT
1. General Competencies	27	15
2. Assessment	32	25
3. Diagnosis, Goal Setting, and Treatment Planning	13	25
4. Treatment Intervention and Procedures	18	25
5. Treatment Outcomes and Effectiveness	10	10
Total	100	100

The SMEs reviewed the content areas and wrote descriptions for each content area. The content areas and associated weights were then finalized and provide the basis of the California Speech-Language Pathology Description of Practice. The final description of practice is presented in Table 17.

TABLE 17 – CALIFORNIA SPEECH-LANGUAGE PATHOLOGY DESCRIPTION OF PRACTICE

Content Area 1: General Competencies (15%)

This area assesses a candidate's knowledge of linguistic and cultural awareness, applicable regulations, and professional and ethical standards related to core areas of practice across clients, disorders, and treatment settings.

Tasks		Associated Knowledge Statements	
T1.	Provide treatment plan to client that is consistent with professional and ethical standards.	K1.	Knowledge of professional guidelines, standards, and ethics related to Speech-Language Pathologist practice.
T2.	Maintain client confidentiality and security of documentation in compliance with federal and state regulations.	K4.	Knowledge of state and federal laws and regulations related to client rights and legal protections.
T3.	Maintain health and safety protocols for preventing disease transmission in compliance with state regulations.	K3.	Knowledge of laws and regulations related to client and worker health and safety, including universal precautions.
T4.	Provide culturally and linguistically relevant services in assessment and treatment decisions.	K7.	Knowledge of cultural and linguistic differences that affect assessment and treatment of diverse client populations, families, and caregivers.
T5.	Collaborate with other professionals to provide a treatment plan that is culturally and linguistically relevant.	K6. K7.	Knowledge of collaboration models used to develop relationships with clients, client families, caregivers, and other professionals. Knowledge of cultural and linguistic differences that affect assessment and treatment of diverse client populations, families, and caregivers.

Content Area 1: General Competencies (15%), continued

This area assesses a candidate's knowledge of linguistic and cultural awareness, applicable regulations, and professional and ethical standards related to core areas of practice across clients, disorders, and treatment settings.

Tasks		Associated Knowledge Statements	
T6.	Refer client to other professionals or agencies based on the Speech-Language Pathologist competency level and client needs.	K5.	Knowledge of procedures to use to advocate for specialized programs that support quality client care.
		K8.	Knowledge of different approaches to communicate information about client condition, care, and treatment to clients, the client families, caregivers, and other professionals.
		K15.	Knowledge of available resources for clients, client families, and caregivers to support quality client care.
T8.	Communicate clinical information to the client, the client's family, and other professionals in compliance with regulatory guidelines.	K1.	Knowledge of professional guidelines, standards, and ethics related to Speech-Language Pathologist practice.
		K2.	Knowledge of state and federal regulations that impact Speech-Language Pathologist practice.
		K12.	Knowledge of professional standards of written communication for different clinical and educational purposes.
T9.	Educate and train the client, the client's family, and other care providers in techniques and strategies that will support the client's treatment.	K6.	Knowledge of collaboration models used to develop relationships with clients, client families, caregivers, and other professionals.
		K9.	Knowledge of procedures for counseling and educating the clients, client families, caregivers, and other professionals about client care and treatment.
		K15.	Knowledge of available resources for clients, client families, and caregivers to support quality client care.

Content Area 1: General Competencies (15%), continued

This area assesses a candidate's knowledge of linguistic and cultural awareness, applicable regulations, and professional and ethical standards related to core areas of practice across clients, disorders, and treatment settings.

Tasks		Associated Knowledge Statements	
T10.	Review diagnostic and treatment reports, treatment plans, and professional correspondence when developing client's treatment plan.	K1. K14.	Knowledge of professional guidelines, standards, and ethics related to Speech-Language Pathologist practice. Knowledge of methods for integrating research outcomes into evidence-based clinical and educational practice.
T11.	Document diagnostic and treatment reports, treatment plans, treatment activities, session logs, and professional correspondence consistent with professional standards.	K12.	Knowledge of professional standards of written communication for different clinical and educational purposes.
T12.	Implement research and evidence-based practices to provide quality care to clients.	K13. K14.	Knowledge of procedures for applying research methodology and the scientific method to clinical and educational practice. Knowledge of methods for integrating research outcomes into evidence-based clinical and educational practice.
T13.	Provide in-service training to increase awareness of communication and swallowing disorders.	K8.	Knowledge of different approaches to communicate information about client condition, care, and treatment to clients, the client families, caregivers, and other professionals.

Content Area 1: General Competencies (15%), continued

This area assesses a candidate's knowledge of linguistic and cultural awareness, applicable regulations, and professional and ethical standards related to core areas of practice across clients, disorders, and treatment settings.

Tasks		Associated Knowledge Statements	
T14.	Participate in community education to increase awareness of communication and swallowing disorders.	K4.	Knowledge of state and federal laws and regulations related to client rights and legal protections.
		K5.	Knowledge of procedures to use to advocate for specialized programs that support quality client care.
		K8.	Knowledge of different approaches to communicate information about client condition, care, and treatment to clients, the client families, caregivers, and other professionals.
		K15.	Knowledge of available resources for clients, client families, and caregivers to support quality client care.
T15.	Follow guidelines for use of interpreters and translators for non-English speaking clients.	K1.	Knowledge of professional guidelines, standards, and ethics related to Speech-Language Pathologist practice.
		K7.	Knowledge of cultural and linguistic differences that affect assessment and treatment of diverse client populations, families, and caregivers.

Content Area 2: Assessment (25%)

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks	Associated Knowledge Statements
T16. Identify individuals and groups at risk for communication and swallowing disorders based on work setting protocols.	K16. Knowledge of effects of cognitive, behavioral, and cultural and linguistic factors on communication, feeding, and swallowing behaviors. K25. Knowledge of the phonologic, morphologic, syntactic, semantic, and social-pragmatic aspects of typical human communication and their development. K26. Knowledge of neurodiversity and its impact on social-pragmatic communication development. K47. Knowledge of typical progression and development in the acquisition of English for learners who are non-native English speakers. K48. Knowledge of social, familial, cultural, and linguistic influences on communication.

Content Area 2: Assessment (25%), continued

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks		Associated Knowledge Statements	
T17.	Screen for presence of communication and swallowing disorders based on federal and state regulations and work setting protocols.	K17.	Knowledge of screening procedures for social-pragmatic communication disorders.
		K18.	Knowledge of screening procedures for feeding and swallowing disorders.
		K19.	Knowledge of screening procedures for hearing impairments.
		K20.	Knowledge of screening procedures for speech and language disorders involving voice, resonance, and fluency.
		K21.	Knowledge of screening procedures for cognitive-linguistic impairments.
		K22.	Knowledge of screening procedures for language disorders.
		K23.	Knowledge of screening procedures for articulation, phonology, and motor-speech disorders.
		K55.	Knowledge of procedures for performing and interpreting client screenings and assessments using augmentative and alternative communication (AAC) and prosthetic communication devices.
T18.	Identify indicators that prompt further assessment or referral.	K27.	Knowledge of effects of communication and feeding and swallowing impairments on client behavior, emotional adjustment, health status, and client academic, vocational, and social success.
		K30.	Knowledge of psychosocial impact of communication and feeding and swallowing disorders across the lifespan.
		K31.	Knowledge of epidemiology of communication and feeding and swallowing disorders.

Content Area 2: Assessment (25%), continued

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks		Associated Knowledge Statements	
T19.	Assess client history to identify potential causal factors and correlates related to client communication and swallowing status.	K28. K32. K49.	Knowledge of methods and procedures for obtaining client case history and performing client assessment. Knowledge of effects of neurotoxins and drugs on communication, feeding, and swallowing. Knowledge of procedures for basic interpretation of audiograms.
T20.	Document observed client behaviors and emotions that impact assessment.	K17. K45. K46. K48.	Knowledge of screening procedures for social-pragmatic communication disorders. Knowledge of strategies for managing challenging client behaviors during assessment. Knowledge of strategies for engaging clients and client families in the assessment process. Knowledge of social, familial, cultural, and linguistic influences on communication.
T21.	Select assessment instruments, procedures, settings, and materials based on client needs including cultural and linguistic factors.	K33.	Knowledge of standardized methods and procedures for conducting objective assessments.

Content Area 2: Assessment (25%), continued

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks		Associated Knowledge Statements	
T22.	Assess client in all areas of suspected disorder or impairment including voice, resonance, swallowing, fluency, articulation, phonology, morphology, syntax, semantics, pragmatics, cognitive-communication, and communication modalities.	K33.	Knowledge of standardized methods and procedures for conducting objective assessments.
T23.	Assess client's communication in the area of fluency.	K54.	Knowledge of procedures for assessing fluency including types of dysfluency, concomitant behaviors, and cognitive-affective and social-emotional factors.
T24.	Assess client's communication in the areas of articulation and intelligibility.	K34.	Knowledge of procedures for assessing speech sound production including perceptual characteristics, oral and physiological structure, motor planning, and execution.
T25.	Assess client's language including phonology, morphology, syntax, semantics, and social-pragmatics.	K25.	Knowledge of the phonologic, morphologic, syntactic, semantic, and social-pragmatic aspects of typical human communication and their development.
		K26.	Knowledge of neurodiversity and its impact on social-pragmatic communication development.
		K38.	Knowledge of procedures for assessing language and communication including phonology, morphology, syntax, semantics, social-pragmatics, and oral language aspects of literacy and prelinguistic communication.

Content Area 2: Assessment (25%), continued

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks		Associated Knowledge Statements	
T26.	Assess client's cognitive-linguistic functioning.	K39.	Knowledge of procedures for assessing cognition including attention, memory retention, memory retrieval, sequencing, problem solving, thought organization, and executive functioning.
T27.	Assess client's feeding and swallowing.	K27.	Knowledge of effects of communication and feeding and swallowing impairments on client behavior, emotional adjustment, health status, and client academic, vocational, and social success.
		K29.	Knowledge of effects of medical conditions, procedures, and treatments on communication, feeding and swallowing.
		K32.	Knowledge of effects of neurotoxins and drugs on communication, feeding, and swallowing.
		K40.	Knowledge of procedures for identifying structural, physiological, sensory, or behavior-based oropharyngeal and esophageal deficits and their effects on client feeding and swallowing.
		K43.	Knowledge of procedures for assessing orofacial myofunctional disorders.
		K50.	Knowledge of principles of assessing adequacy of anatomical and physiological structures using imaging.
		K51.	Knowledge of principles of assessing adequacy of anatomical and physiological structures using aerodynamic analysis.
		K52.	Knowledge of principles of assessing adequacy of anatomical and physiological structures by applying acoustic measures, tactile cues, and electromyography (EMG).
		K53.	Knowledge of principles of calibration and operation of instrumentation.

Content Area 2: Assessment (25%), continued

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks		Associated Knowledge Statements	
T28.	Assess client's communication in the areas of motor speech and intelligibility.	K24. K34.	Knowledge of the characteristics of speech, including acoustics, aerodynamics, and articulatory movements. Knowledge of procedures for assessing speech sound production including perceptual characteristics, oral and physiological structure, motor planning, and execution.
T29.	Assess client's communication skills as they relate to aural rehabilitation.	K41. K49. K53.	Knowledge of procedures for assessing language processing. Knowledge of procedures for basic interpretation of audiograms. Knowledge of principles of calibration and operation of instrumentation.
T30.	Assess client's options for alaryngeal communication.	K37.	Knowledge of procedures for assessing alaryngeal speech.
T31.	Assess impact of client communication impairment on academic, social, and vocational functioning based on federal and state eligibility criteria.	K27. K44.	Knowledge of effects of communication and feeding and swallowing impairments on client behavior, emotional adjustment, health status, and client academic, vocational, and social success. Knowledge of procedures for performing school assessments in compliance with California Education Code.

Content Area 2: Assessment (25%), continued

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks		Associated Knowledge Statements	
T32.	Assess client readiness for prosthetic management as related to functional communication.	K24.	Knowledge of the characteristics of speech, including acoustics, aerodynamics, and articulatory movements.
		K35.	Knowledge of procedures for assessing resonance including oral, nasal, and velopharyngeal structures and functions.
		K36.	Knowledge of procedures for assessing voice including respiratory, supralaryngeal, laryngeal, and pharyngeal structure and functions.
		K55.	Knowledge of procedures for performing and interpreting client screenings and assessments using augmentative and alternative communication (AAC) and prosthetic communication devices.
T33.	Assess client readiness for augmentative and alternative communication (AAC) for functional communication.	K42.	Knowledge of procedures for assessing client ability to use and benefit from augmentative and alternative communication (AAC).
		K55.	Knowledge of procedures for performing and interpreting client screenings and assessments using augmentative and alternative communication (AAC) and prosthetic communication devices.
T34.	Perform instrumental assessment of supralaryngeal, laryngeal, and pharyngeal subsystems to further assess swallowing function and severity of dysphagia.	K36.	Knowledge of procedures for assessing voice including respiratory, supralaryngeal, laryngeal, and pharyngeal structure and functions.
		K40.	Knowledge of procedures for identifying structural, physiological, sensory, or behavior-based oropharyngeal and esophageal deficits and their effects on client feeding and swallowing.
		K50.	Knowledge of principles of assessing adequacy of anatomical and physiological structures using imaging.

Content Area 2: Assessment (25%), continued

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks		Associated Knowledge Statements	
T35.	Consider client English language proficiency level when determining the need for bilingual assessment of English language learners.	K47.	Knowledge of typical progression and development in the acquisition of English for learners who are non-native English speakers.
T36.	Provide assessment results to the client, the client's family, other professionals, and referral sources to facilitate service transition.	K48.	Knowledge of social, familial, cultural, and linguistic influences on communication.
		K56.	Knowledge of potential impacts of client communication impairment on client-family or -caregiver relationships.

Content Area 3: Diagnosis, Goal Setting, and Treatment Planning (25%)

This area assesses a candidate's knowledge of interpreting and analyzing assessment information for accurate diagnosis and of developing treatment plans and interventions.

Tasks		Associated Knowledge Statements	
T37.	Analyze assessment results to identify and prioritize treatment of communication or swallowing disorders.	K64.	Knowledge of effects of oral, pharyngeal, and laryngeal anomalies on communication, feeding, and swallowing.
		K66.	Knowledge of effects of neurological disorder and dysfunction on communication, feeding, and swallowing.
		K71.	Knowledge of components of diagnostic assessment reports that provide comprehensive description of client communication, feeding, and swallowing.
		K72.	Knowledge of procedures for determining eligibility, initiating treatment, and prioritizing treatment targets.
		K74.	Knowledge of procedures for differential diagnosis.

Content Area 3: Diagnosis, Goal Setting, and Treatment Planning (25%), continued

This area assesses a candidate's knowledge of interpreting and analyzing assessment information for accurate diagnosis and of developing treatment plans and interventions.

Tasks		Associated Knowledge Statements	
T38.	Analyze assessment results to identify accommodations or modifications that may be required in client environment.	K57.	Knowledge of effects of genetic disorders on communication, feeding, and swallowing.
		K58.	Knowledge of effects of neonatal risk factors on communication, feeding, and swallowing.
		K61.	Knowledge of procedures for identifying and adapting to the demands of client linguistic abilities, cognitive abilities, and social environments to improve communication.
		K62.	Knowledge of effects of developmental disabilities on communication, feeding, and swallowing.
		K63.	Knowledge of effects of auditory deficits on client communication and on client academic, social, and vocational skills.
		K64.	Knowledge of effects of oral, pharyngeal, and laryngeal anomalies on communication, feeding, and swallowing.
		K65.	Knowledge of effects of respiratory compromise on communication, feeding, and swallowing.
		K66.	Knowledge of effects of neurological disorder and dysfunction on communication, feeding, and swallowing.
		K67.	Knowledge of effects of psychiatric disorders on communication, feeding, and swallowing.
		K68.	Knowledge of effects of gastrointestinal disorders on communication, feeding, and swallowing.
		K75.	Knowledge of effects of sensory processing and behavioral disorders on communication, feeding, and swallowing.

Content Area 3: Diagnosis, Goal Setting, and Treatment Planning (25%), continued

This area assesses a candidate's knowledge of interpreting and analyzing assessment information for accurate diagnosis and of developing treatment plans and interventions.

Tasks		Associated Knowledge Statements	
T39.	Document assessment results to develop comprehensive description of client communication strengths and weaknesses.	K60. K71.	Knowledge of professional standards for documenting assessment results and treatment recommendations. Knowledge of components of diagnostic assessment reports that provide comprehensive description of client communication, feeding, and swallowing.
T40.	Develop evidence-based treatment plans that includes goals, objectives, and interventions based on client needs.	K60. K61. K69. K73.	Knowledge of professional standards for documenting assessment results and treatment recommendations. Knowledge of procedures for identifying and adapting to the demands of client linguistic abilities, cognitive abilities, and social environments to improve communication. Knowledge of procedures for developing and defining treatment goals, service delivery options, treatment supports, and resources. Knowledge of procedures for determining optimal treatment settings based on assessment results.
T41.	Determine specific augmentative and alternative communication systems and treatment plans.	K59. K72.	Knowledge of interventions and procedures for using aided and unaided augmentative and alternative communication (AAC) applications in diagnosis and treatment. Knowledge of procedures for determining eligibility, initiating treatment, and prioritizing treatment targets.

Content Area 3: Diagnosis, Goal Setting, and Treatment Planning (25%), continued

This area assesses a candidate's knowledge of interpreting and analyzing assessment information for accurate diagnosis and of developing treatment plans and interventions.

Tasks		Associated Knowledge Statements	
T42.	Collaborate with clients, client families, caregivers, other professionals, and referral sources to gain consensus on the treatment plan based on assessment results and treatment plan.	K70. K76.	Knowledge of procedures for gaining consensus and support with clients and client families regarding options for the treatment plans. Knowledge of procedures for addressing family and caregiver factors that impact client care and treatment.

Content Area 4: Treatment Intervention and Procedures (25%)

This area assesses a candidate's knowledge of delivering culturally relevant treatment interventions and procedures based on assessment and diagnostic information that are measurable, objective, and consistent with the client's readiness and ability to engage in treatment.

Tasks		Associated Knowledge Statements	
T43.	Provide treatment interventions to improve client articulation and phonological skills.	K77.	Knowledge of interventions for treating speech sound disorders including perceptual characteristics, physiological structure, and function.
		K88.	Knowledge of the phonemic repertoire of the English language and its grammatical structure and other aspects of speech and language sufficient to discriminate and produce acoustically correct models for client.
T44.	Provide treatment interventions to improve client voice and resonance given medical clearance.	K79.	Knowledge of interventions for treating resonance disorders including those related to oral, nasal, and velopharyngeal structures and functions.
		K80.	Knowledge of interventions for treating voice disorders including those related to respiratory, supralaryngeal, and laryngeal structures and functions.
T45.	Provide treatment interventions to improve client fluency.	K97.	Knowledge of interventions for treating fluency disorders, including types of dysfluency, concomitant behaviors, and cognitive-affective and social-emotional factors.
T46.	Provide treatment interventions to improve client language morphology, syntax, semantics, pragmatics, and communication modalities.	K82.	Knowledge of interventions for treating language and communication disorders in the areas of phonology, morphology, syntax, semantics, social-pragmatics, and oral language as they apply to literacy and prelinguistic communication.

Content Area 4: Treatment Intervention and Procedures (25%), continued

This area assesses a candidate's knowledge of delivering culturally relevant treatment interventions and procedures based on assessment and diagnostic information that are measurable, objective, and consistent with the client's readiness and ability to engage in treatment.

Tasks		Associated Knowledge Statements	
T47.	Provide treatment interventions to improve client cognitive-communication skills.	K78.	Knowledge of interventions for treating neurogenic speech disorders.
		K83.	Knowledge of interventions for treating cognition in the areas of attention, memory retention, memory retrieval, sequencing, problem solving, thought organization, and executive functioning.
T48.	Provide treatment interventions to improve client feeding and swallowing.	K84.	Knowledge of interventions for treating feeding and swallowing disorders including those related to oral, pharyngeal, laryngeal, and esophageal structures and functions.
		K85.	Knowledge of interventions for treating feeding and swallowing disorders including those related to nutritional and hydration status, sensory issues, and behavior.
		K87.	Knowledge of interventions for treating orofacial myofunctional disorders.
T49.	Provide treatment interventions to improve client communication skills related to aural rehabilitation.	K98.	Knowledge of interventions and procedures for treating communication impairments in the area of language processing.
		K99.	Knowledge of interventions, procedures, and equipment for aural rehabilitation related to hearing loss.

Content Area 4: Treatment Intervention and Procedures (25%), continued

This area assesses a candidate's knowledge of delivering culturally relevant treatment interventions and procedures based on assessment and diagnostic information that are measurable, objective, and consistent with the client's readiness and ability to engage in treatment.

Tasks		Associated Knowledge Statements
T50.	Provide treatment interventions that consider client age, primary language background, cognitive and physical abilities, emotional and behavioral status, and culture.	K92. Knowledge of interventions for adapting to the demands of client linguistic, cognitive, and social environments to improve client communication. K93. Knowledge of instructional accommodations and modifications for improving client learning environment. K94. Knowledge of strategies for maintaining client engagement in treatment programs. K95. Knowledge of strategies for managing challenging client behavior.
T51.	Provide treatment interventions and strategies that support communication between clients and communication partners.	K86. Knowledge of interventions for treating neurodiverse clients diagnosed with communication disorders. K94. Knowledge of strategies for maintaining client engagement in treatment programs. K95. Knowledge of strategies for managing challenging client behavior. K96. Knowledge of strategies for facilitating and managing group therapy sessions.
T52.	Provide training to family and caregivers to support client treatment.	K91. Knowledge of procedures for training family, caregivers, and support personnel in the programming and use of clients augmentative and alternative communication (AAC) device. K94. Knowledge of strategies for maintaining client engagement in treatment programs.

Content Area 4: Treatment Intervention and Procedures (25%), continued

This area assesses a candidate's knowledge of delivering culturally relevant treatment interventions and procedures based on assessment and diagnostic information that are measurable, objective, and consistent with the client's readiness and ability to engage in treatment.

Tasks		Associated Knowledge Statements	
T53.	Produce acoustically correct models for targeted phonemes, grammatical features, and other aspects of speech and language as identified in treatment plans.	K77. K88.	Knowledge of interventions for treating speech sound disorders including perceptual characteristics, physiological structure, and function. Knowledge of the phonemic repertoire of the English language and its grammatical structure and other aspects of speech and language sufficient to discriminate and produce acoustically correct models for client.
T54.	Provide treatment for alaryngeal speech using instrumental and non-instrumental interventions.	K81.	Knowledge of interventions for treating communication disorders involving alaryngeal speech.
T55.	Implement augmentative and alternative communication (AAC) interventions that meet client immediate and ongoing treatment needs.	K89. K90. K91.	Knowledge of interventions using aided and unaided augmentative and alternative communication (AAC) applications in treatment. Knowledge of procedures for selecting augmentative and alternative communication (AAC) applications that meet client treatment needs. Knowledge of procedures for training family, caregivers, and support personnel in the programming and use of clients augmentative and alternative communication (AAC) device.

Content Area 5: Treatment Outcomes and Effectiveness (10%)

This area assesses a candidate's knowledge of interpreting data to determine client progress and treatment efficacy in relation to goals and of modifying treatment plans as appropriate.

Tasks		Associated Knowledge Statements	
T56.	Establish methods for monitoring treatment progress and outcomes to evaluate treatment plan efficacy.	K100. K102.	Knowledge of data collection and analysis methodologies for assessing status, evaluating progress, and modifying treatment plans. Knowledge of procedures for evaluating the effectiveness of specific treatment strategies.
T57.	Collect treatment outcome data to measure client functional gains and efficacy of targeted environmental modifications.	K100. K102.	Knowledge of data collection and analysis methodologies for assessing status, evaluating progress, and modifying treatment plans. Knowledge of procedures for evaluating the effectiveness of specific treatment strategies.
T58.	Use data to modify client treatment plans and to determine client readiness for dismissal or discharge from treatment.	K103.	Knowledge of components of progress reports and discharge summaries to provide post-treatment status and recommendations for follow-up.
T59.	Write progress reports or discharge summaries to document client progress and level of functioning related to focus of treatment.	K100. K104.	Knowledge of data collection and analysis methodologies for assessing status, evaluating progress, and modifying treatment plans. Knowledge of professional standards for written communication regarding client progress reports and discharge summaries.

Content Area 5: Treatment Outcomes and Effectiveness (10%), continued

This area assesses a candidate's knowledge of interpreting data to determine client progress and treatment efficacy in relation to goals and of modifying treatment plans as appropriate.

Tasks	Associated Knowledge Statements
T60. Provide recommendations to client at completion of treatment.	K101. Knowledge of the defined guidelines for discharge from treatment. K103. Knowledge of components of progress reports and discharge summaries to provide post-treatment status and recommendations for follow-up. K104. Knowledge of professional standards for written communication regarding client progress reports and discharge summaries.

CHAPTER 6 | CONCLUSION

The OA of the speech-language pathologist profession described in this report provides a comprehensive description of current speech-language pathologist practice in California. The procedures employed to perform the OA were based on a content validation strategy to ensure that the results accurately represent speech-language pathologist practice. Results of this OA provide information regarding current practice that can be used to review the Praxis Speech-Language Pathology Test developed by ETS.

Use of the California Speech-Language Pathology Description of Practice contained in this report ensures that the Board is compliant with BPC § 139.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

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APPENDIX A | QUESTIONNAIRE

Message from the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
1601 Response Road, Suite 260, Sacramento, CA 95815
P (916) 287-7915 | www.speechandhearing.ca.gov

06/20/2024

Dear Licensed Speech-Language Pathologist:

Thank you for opening this online survey. You have been selected to participate in an occupational analysis of the speech-language pathologist profession by the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers (Board).

The Board is collecting information about the tasks currently performed by speech-language pathologists in California, the importance of the tasks, and the knowledge needed to perform the tasks safely and effectively. We will use this information to ensure that the national speech-language pathologist examinations reflect current practice in California. We worked with different groups of speech-language pathologists to develop a survey to capture this information.

The survey should take about one hour to complete. For your convenience, you do not have to complete the survey in a single session. You can resume where you stopped as long as you reopen the survey from the same computer and use the same web browser. Before you exit, complete the page that you are on. The program will save responses only on completed pages.

Your responses will be kept confidential. They will not be tied to your license or personal information. Individual responses will be combined with responses from other speech-language pathologists, and only group data will be analyzed.

The weblink is available 24 hours a day, 7 days a week. Please submit your completed survey by September 13, 2024. If you have questions or need assistance with the survey, please contact Maria Avalos with the Office of Professional Examination Services at Maria.Avalos@dca.ca.gov.

We value your contributions and appreciate your dedication to the speech-language pathologist profession in California. You will be credited two hours of continuing education upon completion of the survey.

Sincerely,

Paul Sanchez
Executive Officer



Part I - Personal Data

Complete this survey only if you are currently licensed and have worked as a speech-language pathologist in California within the last 12 months.

The Board recognizes that every licensed speech-language pathologist may not perform all of the tasks or use all of the knowledge contained in this survey. However, your participation is essential to the success of this study.

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code section 1798 et seq.) and will be used only for the purpose of analyzing the data from this survey.

* 1. Do you currently work as a licensed speech-language pathologist in California?

- ◯ Yes
- ◯ No



Part I - Personal Data

2. How many years have you been licensed as a speech-language pathologist in California?

- ◯ 0–5
- ◯ 6–10
- ◯ 11–20
- ◯ 21–29
- ◯ 30 or more

3. How many hours a week do you work as a speech-language pathologist?

- ◯ 10 or fewer
- ◯ 11–20
- ◯ 21–30
- ◯ 31–40
- ◯ 41 or more

4. What is your highest level of education?

- ◯ Master's in speech-language pathology or communication
- ◯ Doctorate in speech-language pathology or communication
- ◯ Other formal education (please specify)

5. How would you classify the majority of your responsibilities as a licensed speech-language pathologist?

- ◯ Clinical services provider
- ◯ College / university professor / instructor
- ◯ Consultant
- ◯ Director / Chair of an education program
- ◯ Director / Supervisor of a clinical program
- ◯ School-based service provider
- ◯ Supervisor of clinicians
- ◯ CEU provider
- ◯ Other (Please specify)

6. Which of the following services is your primary activity?

- ◯ Client IEP (IDT meetings)
- ◯ Client documentation / reports
- ◯ Family and caregiver contact / counseling
- ◯ Direct client care (screening, assessment, treatment)
- ◯ Treatment planning / preparation
- ◯ Collaboration / consultation (professional staff, teachers)
- ◯ Supervision (SLP-associated medical staff, support staff)
- ◯ Research / grant writing
- ◯ Teaching / training (staff, students, parents)
- ◯ Case management (intake, referrals, follow-up)
- ◯ Pre-referral interventions
- ◯ Administrative (scheduling, staffing, HR, meetings)
- ◯ Professional development

7. Which of the following services is your secondary activity?

- ◯ Client IEP (IDT meetings)
- ◯ Client documentation / reports
- ◯ Family and caregiver contact / counseling
- ◯ Direct client care (screening, assessment, treatment)
- ◯ Treatment planning / preparation
- ◯ Collaboration / consultation (professional staff, teachers)
- ◯ Supervision (SLP-associated medical staff, support staff)
- ◯ Research / grant writing
- ◯ Teaching / training (staff, students, parents)
- ◯ Case management (intake, referrals, follow-up)
- ◯ Prereferral interventions
- ◯ Administrative (scheduling, staffing, HR, meetings)
- ◯ Professional development

8. In which of the following settings do you currently provide services? (Check all that apply.)

- ☐ Correctional facility
- ☐ Public school
- ☐ Group home / sheltered workshop
- ☐ Regional Center
- ☐ Home health / assisted living
- ☐ Skilled nursing / acute rehab / long-term care / subacute care
- ☐ Hospital
- ☐ Speech and language clinic
- ☐ Nonpublic school (NPS)
- ☐ University / university clinic
- ☐ Preschool / day care
- ☐ Web-based treatment / telemedicine
- ☐ Private practice
- ☐ Other (please specify)

9. What age groups do you currently serve? (Check all that apply.)

- [ ] Older adults (71+ years of age)
- [ ] Adults (23–70 years of age)
- [ ] Young adults (18–22 years of age)
- [ ] Adolescents (15–17 years of age)
- [ ] Young adolescents (12–14 years of age)
- [ ] Children (9–11years of age)
- [ ] Children (6–8 years of age)
- [ ] Preschool (3–5 years of age)
- [ ] Toddlers (1–2 years of age)
- [ ] Infants (0–12 months of age)
- [ ] Other (please specify)

10. What are your area(s) of specialization? (Check all that apply.)

- [ ] Alaryngeal speech
- [ ] Alternative and augmentative communication
- [ ] Aural rehabilitation
- [ ] Autism and related disorders
- [ ] Cognitive linguistic disorders
- [ ] Developmental disabilities
- [ ] Developmental language disorder
- [ ] Early intervention
- [ ] Feeding and swallowing disorders
- [ ] Fluency and fluency disorders
- [ ] Gerontology
- [ ] Hearing and hearing disorders
- [ ] Neurophysiological / neurogenic disorders
- [ ] Orofacial disorders
- [ ] Phonological disorders
- [ ] Speech sound disorders (articulation / phonology)
- [ ] Voice and voice disorders
- [ ] Other (please specify)

11. What other state-issued licenses do you hold? (Check all that apply.)

- [ ] None
- [ ] Audiologist
- [ ] Hearing Aid Dispenser
- [ ] Occupational Therapist
- [ ] Physical Therapist
- [ ] Other (please specify)

12. What other certificates / credentials do you hold? (Check all that apply.)

- [ ] None
- [ ] Administrative Services
- [ ] Applied Behavior Analysis
- [ ] Assistive Technology
- [ ] Bilingual, Crosscultural, Language and Academic Development (BCLAD)
- [ ] Crosscultural, Language and Academic Development (CLAD)
- [ ] Resource Specialist
- [ ] Special Education
- [ ] Teaching
- [ ] Other (please specify)

13. What is the location of your primary work setting?

- ( ) Urban (more than 50,000 people)
- ( ) Rural (fewer than 50,000 people)



Part I - Personal Data

14. In what California county do you perform the majority of your work as a speech-language pathologist?

- Alameda
- Alpine
- Amador
- Butte
- Calaveras
- Colusa
- Contra Costa
- Del Norte
- El Dorado
- Fresno
- Glenn
- Humboldt
- Imperial
- Inyo
- Kern
- Kings
- Lake
- Lassen
- Los Angeles
- Madera
- Marin
- Mariposa
- Mendocino
- Merced
- Modoc
- Mono
- Monterey
- Napa
- Nevada
- Orange
- Placer
- Plumas
- Riverside
- Sacramento
- San Benito
- San Bernardino
- San Diego
- San Francisco
- San Joaquin
- San Luis Obispo
- San Mateo
- Santa Barbara
- Santa Clara
- Santa Cruz
- Shasta
- Sierra
- Siskiyou
- Solano
- Sonoma
- Stanislaus
- Sutter
- Tehama
- Trinity
- Tulare
- Tuolumne
- Ventura
- Yolo
- Yuba



Part II - Task Ratings

INSTRUCTIONS FOR RATING TASKS

This part of the survey lists 60 tasks. Please rate each task as it relates to your current job as a speech-language pathologist.
Rate the tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).
The boxes for rating the Frequency and Importance of each task have drop-down lists. Click on the "down" arrow in each box to see the rating options, and then select the value that applies to your current job. Your Frequency and Importance ratings should be separate and independent. The ratings that you assign using one rating scale should not influence the ratings that you assign using the other rating scale.
If the task is NOT part of your current job, rate the task "0" (zero) Frequency and "0" (zero) Importance. Use the following Frequency and Importance rating scales to rate each task statement.
FREQUENCY SCALE
HOW OFTEN do you perform these tasks in your current job? Make your ratings relative to all other tasks you have performed over the past year.
0 - DOES NOT APPLY TO MY CURRENT JOB. I do not perform this task in my current job.
1 - RARELY. I perform this task least often in my current job relative to other tasks I perform in my current job.
2 - SELDOM. I perform this task less often than most other tasks I perform in my current job.
3 - REGULARLY. I perform this task as often as other tasks I perform in my current job.
4 - OFTEN. I perform this task more often than most other tasks I perform in my current job.
5 - VERY OFTEN. I perform this task most often in my current job relative to other tasks I perform.
IMPORTANCE RATING SCALE
HOW IMPORTANT are these tasks in the effective performance of your current job?
0 - NOT IMPORTANT; DOES NOT APPLY TO MY CURRENT JOB. I do not perform this task in my current job.
1 - OF MINOR IMPORTANCE. This task is of minor importance for effective performance in my current job.
2 - FAIRLY IMPORTANT. This task is fairly important for effective performance in my current job.
3 - MODERATELY IMPORTANT. This task is moderately important for effective

performance in my current job.
4 - VERY IMPORTANT. This task is very important for effective performance in my current job.
5 - CRITICALLY IMPORTANT. This task is extremely



Part II - Task Ratings

Content Area 1: General Competencies

15. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
1 Provide treatment plan to client that is consistent with professional and ethical standards.		
2 Maintain client confidentiality and security of documentation in compliance with federal and state regulations.		
3 Maintain health and safety protocols for preventing disease transmission in compliance with state regulations.		
4 Provide culturally and linguistically relevant services into assessment and treatment decisions.		
5 Collaborate with other professionals to provide a treatment plan that is culturally and linguistically relevant.		
6 Refer client to other		

professionals or agencies based on the Speech-Language Pathologist competency level and client needs.		
7 Supervise Clinical Fellows, Required Professional Experience temporary license holders, Speech-Language Pathology Assistants, or interns who are acquiring a speech-language pathology services credentials according to professional and ethical standards.		
8 Communicate clinical information to the client, the client's family, and other professionals in compliance with regulatory guidelines.		
9 Educate and train the client, the client's family, and other care providers in techniques and strategies that will support the client's treatment.		
10 Review diagnostic and treatment reports, treatment plans, and professional correspondence when developing client's		

treatment plan.		
11 Document diagnostic and treatment reports, treatment plans, treatment activities, session logs, and professional correspondence consistent with professional standards.		
12 Implement research and evidence-based practices to provide quality care to clients.		
13 Provide in-service training to increase awareness of communication and swallowing disorders.		
14 Participate in community education to increase awareness of communication and swallowing disorders.		
15 Follow guidelines for use of interpreters and translators for non-English speaking clients.		



Part II - Task Ratings

Content Area 2: Assessment

16. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
16 Identify individuals and groups at risk for communication and swallowing disorders based on work setting protocols.		
17 Screen for presence of communication and swallowing disorders based on federal and state regulations and work setting protocols.		
18 Identify indicators that prompt further assessment or referral.		
19 Assess client history to identify potential causal factors and correlates related to client communication and swallowing status.		
20 Document observed client behaviors and emotions that impact assessment.		
21 Select assessment instruments, procedures,		

settings, and materials based on client needs including cultural and linguistic factors.		
22 Assess client in all areas of suspected disorder or impairment including voice, resonance, swallowing, fluency, articulation, phonology, morphology, syntax, semantics, pragmatics, cognitive-communication, and communication modalities.		
23 Assess client's communication in the area of fluency.		
24 Assess client's communication in the areas of articulation and intelligibility.		
25 Assess client's language including phonology, morphology, syntax, semantics, and social-pragmatics.		
26 Assess client's cognitive-linguistic functioning.		
27 Assess client's feeding and swallowing.		
28 Assess client's communication in the areas of		

motor speech and intelligibility.		
29 Assess client's communication skills as they relate to aural rehabilitation.		
30 Assess client's options for alaryngeal communication.		
31 Assess impact of client communication impairment on academic, social, and vocational functioning based on federal and state eligibility criteria.		
32 Assess client readiness for prosthetic management as related to functional communication.		
33 Assess client readiness for alternative and augmentative communication (AAC) for functional communication.		
34 Perform instrumental assessment of supralaryngeal, laryngeal, and pharyngeal subsystems to further assess swallowing function and severity of dysphagia.		
35 Consider client English language proficiency level when determining the need for		

bilingual assessment of English language learners.		
36 Provide assessment results to the client, the client's family, other professionals, and referral sources to facilitate service transition.		



Part II - Task Ratings

Content Area 3: Diagnosis, Goal Setting, and Treatment Planning

17. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
37 Analyze assessment results to identify and prioritize treatment of communication or swallowing disorders.		
38 Analyze assessment results to identify accommodations or modifications that may be required in client environment.		
39 Document assessment results to develop comprehensive description of client communication strengths and weaknesses.		
40 Develop evidence-based treatment plans that includes goals, objectives, and interventions based on client needs.		
41 Determine specific alternative and augmentative communication systems and		

treatment plans.		
42 Collaborate with clients, client families, caregivers, other professionals, and referral sources to gain consensus on the treatment plan based on assessment results and treatment plan.		



Part II - Task Ratings

Content Area 4: Treatment Interventions and Procedures

18. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
43 Provide treatment interventions to improve client articulation and phonological skills.		
44 Provide treatment interventions to improve client voice and resonance given medical clearance.		
45 Provide treatment interventions to improve client fluency.		
46 Provide treatment interventions to improve client language morphology, syntax, semantics, pragmatics, and communication modalities.		
47 Provide treatment interventions to improve client cognitive-communication skills.		
48 Provide treatment		

interventions to improve client feeding and swallowing.		
49 Provide treatment interventions to improve client communication skills related to aural rehabilitation.		
50 Provide treatment interventions that consider client age, primary language background, cognitive and physical abilities, emotional and behavioral status, and culture.		
51 Provide treatment interventions and strategies that support communication between clients and communication partners.		
52 Provide training to family and caregivers to support client treatment.		
53 Produce acoustically correct models for targeted phonemes, grammatical features, and other aspects of speech and language as identified in treatment plans.		
54 Provide treatment for alaryngeal speech using		

instrumental and non-instrumental interventions.		
55 Implement alternative and augmentative communication (AAC) interventions that meet client immediate and ongoing treatment needs.		



Part II - Task Ratings

Content Area 5: Treatment Outcomes and Effectiveness

19. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
56 Establish methods for monitoring treatment progress and outcomes to evaluate treatment plan efficacy.		
57 Collect treatment outcome data to measure client functional gains and efficacy of targeted environmental modifications.		
58 Use data to modify client treatment plans and to determine client readiness for dismissal or discharge from treatment.		
59 Write progress reports or discharge summaries to document client progress and level of functioning related to focus of treatment.		
60 Provide recommendations to client at completion of treatment.		



Part III - Knowledge Ratings

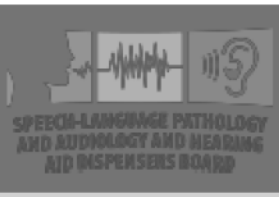
INSTRUCTIONS FOR RATING KNOWLEDGE STATEMENTS

This part of the survey contains 104 knowledge statements. Please rate each knowledge statement based on how important the knowledge is to the effective performance of the tasks in your current job as a speech-language pathologist. If a knowledge statement is NOT part of your current job, rate the statement "Does not apply to my current job; not required" for importance.

IMPORTANCE RATING SCALE

HOW IMPORTANT is this knowledge in the effective performance of your current job? Use the following scale to make your ratings.

0 - DOES NOT APPLY TO MY CURRENT JOB; NOT REQUIRED. This knowledge is not required to perform my current job.
1 - OF MINOR IMPORTANCE. This knowledge is of minor importance for effective performance of my current job.
2 - FAIRLY IMPORTANT. This knowledge is fairly important for effective performance of my current job.
3 - MODERATELY IMPORTANT. This knowledge is moderately important for effective performance of my current job.
4 - VERY IMPORTANT. This knowledge is very important for effective performance of my current job.
5 - CRITICALLY IMPORTANT. This knowledge is essential for effective performance of my current job.



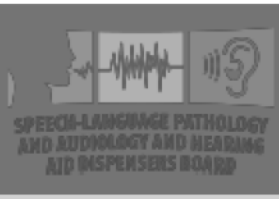
Part III - Knowledge Ratings

Content Area 1: General Competencies

20.
How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
1 Knowledge of professional guidelines, standards, and ethics related to Speech-Language Pathologist practice.	○	○	○	○	○	○
2 Knowledge of state and federal regulations that impact Speech-Language Pathologist practice.	○	○	○	○	○	○
3 Knowledge of laws and regulations related to client and worker health and safety, including universal precautions.	○	○	○	○	○	○
4 Knowledge of state and federal laws and regulations related to client rights and legal protections.	○	○	○	○	○	○
5 Knowledge of procedures to use to advocate for specialized programs that support quality client care.	○	○	○	○	○	○
6 Knowledge of collaboration models used to develop relationships with clients, client families, caregivers, and other professionals.	○	○	○	○	○	○
7 Knowledge of cultural and linguistic differences that affect assessment and treatment of diverse client populations, families, and caregivers.	○	○	○	○	○	○
8 Knowledge of different approaches to communicate information about client condition, care, and treatment to clients, the client families, caregivers, and other professionals.	○	○	○	○	○	○
9 Knowledge of procedures for counseling and educating the clients, client families, caregivers, and other professionals about client care and treatment.	○	○	○	○	○	○
10 Knowledge of California regulations regarding supervision of Clinical						

Fellows, Required Professional Experience temporary license holders, Speech-Language Pathology Assistants, and interns acquiring speech-language pathology services credentials.	○	○	○	○	○	○
11 Knowledge of procedures for mentoring and training Clinical Fellows, Required Professional Experience temporary license holders, Speech-Language Pathology Assistants, and interns acquiring speech-language pathology services credentials.	○	○	○	○	○	○
12 Knowledge of professional standards of written communication for different clinical and educational purposes.	○	○	○	○	○	○
13 Knowledge of procedures for applying research methodology and the scientific method to clinical and educational practice.	○	○	○	○	○	○
14 Knowledge of methods for integrating research outcomes into evidence-based clinical and educational practice.	○	○	○	○	○	○
15 Knowledge of available resources for clients, client families, and caregivers to support quality client care.	○	○	○	○	○	○



Part III - Knowledge Ratings

Content Area 2: Assessment

21.
How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
16 Knowledge of effects of cognitive, behavioral, and cultural and linguistic factors on communication, feeding, and swallowing behaviors.	○	○	○	○	○	○
17 Knowledge of screening procedures for social-pragmatic communication disorders.	○	○	○	○	○	○
18 Knowledge of screening procedures for feeding and swallowing disorders.	○	○	○	○	○	○
19 Knowledge of screening procedures for hearing impairments.	○	○	○	○	○	○
20 Knowledge of screening procedures for speech and language disorders involving voice, resonance, and fluency.	○	○	○	○	○	○
21 Knowledge of screening procedures for cognitive-linguistic impairments.	○	○	○	○	○	○
22 Knowledge of screening procedures for language disorders.	○	○	○	○	○	○
23 Knowledge of screening procedures for articulation, phonology, and motor-speech disorders.	○	○	○	○	○	○
24 Knowledge of the characteristics of speech, including acoustics, aerodynamics, and articulatory movements.	○	○	○	○	○	○
25 Knowledge of the phonologic, morphologic, syntactic, semantic, and social-pragmatic aspects of typical human communication and their development.	○	○	○	○	○	○
26 Knowledge of neurodiversity and its impact on social-pragmatic communication development.	○	○	○	○	○	○

27 Knowledge of effects of communication and feeding and swallowing impairments on client behavior, emotional adjustment, health status, and client academic, vocational, and social success.	○	○	○	○	○	○
28 Knowledge of methods and procedures for obtaining client case history and performing client assessment.	○	○	○	○	○	○
29 Knowledge of effects of medical conditions, procedures, and treatments on communication, feeding and swallowing.	○	○	○	○	○	○
30 Knowledge of psychosocial impact of communication and feeding and swallowing disorders across the lifespan.	○	○	○	○	○	○
31 Knowledge of epidemiology of communication and feeding and swallowing disorders.	○	○	○	○	○	○
32 Knowledge of effects of neurotoxins and drugs on communication, feeding, and swallowing.	○	○	○	○	○	○
33 Knowledge of standardized methods and procedures for conducting objective assessments.	○	○	○	○	○	○
34 Knowledge of procedures for assessing speech sound production including perceptual characteristics, oral and physiological structure, motor planning, and execution.	○	○	○	○	○	○
35 Knowledge of procedures for assessing resonance including oral, nasal, and velopharyngeal structures and functions.	○	○	○	○	○	○
36 Knowledge of procedures for assessing voice including respiratory, supralaryngeal, laryngeal, and pharyngeal structure and functions.	○	○	○	○	○	○
37 Knowledge of procedures for assessing alaryngeal speech.	○	○	○	○	○	○
38 Knowledge of procedures for assessing language and communication including phonology, morphology, syntax, semantics, social-pragmatics, and oral language aspects of literacy and prelinguistic communication.	○	○	○	○	○	○
39 Knowledge of procedures for assessing cognition including attention, memory retention, memory retrieval, sequencing, problem solving, thought organization, and executive functioning.	○	○	○	○	○	○
40 Knowledge of procedures for identifying structural, physiological, sensory, or behavior-based oropharyngeal and esophageal deficits	○	○	○	○	○	○

and their effects on client feeding and swallowing.						
41 Knowledge of procedures for assessing language processing.	○	○	○	○	○	○
42 Knowledge of procedures for assessing client ability to use and benefit from alternative and augmentative communication (AAC).	○	○	○	○	○	○
43 Knowledge of procedures for assessing orofacial myofunctional disorders.	○	○	○	○	○	○
44 Knowledge of procedures for performing school assessments in compliance with California Education Code.	○	○	○	○	○	○
45 Knowledge of strategies for managing challenging client behaviors during assessment.	○	○	○	○	○	○
46 Knowledge of strategies for engaging clients and client families in the assessment process.	○	○	○	○	○	○
47 Knowledge of typical progression and development in the acquisition of English for learners who are non-native English speakers.	○	○	○	○	○	○
48 Knowledge of social, familial, cultural, and linguistic influences on communication.	○	○	○	○	○	○
49 Knowledge of procedures for basic interpretation of audiograms.	○	○	○	○	○	○
50 Knowledge of principles of assessing adequacy of anatomical and physiological structures using imaging.	○	○	○	○	○	○
51 Knowledge of principles of assessing adequacy of anatomical and physiological structures using aerodynamic analysis.	○	○	○	○	○	○
52 Knowledge of principles of assessing adequacy of anatomical and physiological structures by applying acoustic measures, tactile cues, and electromyography (EMG).	○	○	○	○	○	○
53 Knowledge of principles of calibration and operation of instrumentation.	○	○	○	○	○	○
54 Knowledge of procedures for assessing fluency including types of dysfluency, concomitant behaviors, and cognitive-affective and social-emotional factors.	○	○	○	○	○	○
55 Knowledge of procedures for performing and interpreting client screenings and assessments using alternative and augmentative communication (AAC) and prosthetic communication devices.	○	○	○	○	○	○

56 Knowledge of potential impacts of client communication impairment on client-family or -caregiver relationships.	○	○	○	○	○	○



Part III - Knowledge Ratings

Content Area 3: Diagnosis, Goal Setting, and Treatment Planning

22.
How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
57 Knowledge of effects of genetic disorders on communication, feeding, and swallowing.	○	○	○	○	○	○
58 Knowledge of effects of neonatal risk factors on communication, feeding, and swallowing.	○	○	○	○	○	○
59 Knowledge of interventions and procedures for using aided and unaided alternative and augmentative communication (AAC) applications in diagnosis and treatment.	○	○	○	○	○	○
60 Knowledge of professional standards for documenting assessment results and treatment recommendations.	○	○	○	○	○	○
61 Knowledge of procedures for identifying and adapting to the demands of client linguistic abilities, cognitive abilities, and social environments to improve communication.	○	○	○	○	○	○
62 Knowledge of effects of developmental disabilities on communication, feeding, and swallowing.	○	○	○	○	○	○
63 Knowledge of effects of auditory deficits on client communication and on client academic, social, and vocational skills.	○	○	○	○	○	○
64 Knowledge of effects of oral, pharyngeal, and laryngeal anomalies on communication, feeding, and swallowing.	○	○	○	○	○	○
65 Knowledge of effects of respiratory compromise on communication, feeding, and swallowing.	○	○	○	○	○	○
66 Knowledge of effects of neurological						

disorder and dysfunction on communication, feeding, and swallowing.	○	○	○	○	○	○
67 Knowledge of effects of psychiatric disorders on communication, feeding, and swallowing.	○	○	○	○	○	○
68 Knowledge of effects of gastrointestinal disorders on communication, feeding, and swallowing.	○	○	○	○	○	○
69 Knowledge of procedures for developing and defining treatment goals, service delivery options, treatment supports, and resources.	○	○	○	○	○	○
70 Knowledge of procedures for gaining consensus and support with clients and client families regarding options for the treatment plans.	○	○	○	○	○	○
71 Knowledge of components of diagnostic assessment reports that provide comprehensive description of client communication, feeding, and swallowing.	○	○	○	○	○	○
72 Knowledge of procedures for determining eligibility, initiating treatment, and prioritizing treatment targets.	○	○	○	○	○	○
73 Knowledge of procedures for determining optimal treatment settings based on assessment results.	○	○	○	○	○	○
74 Knowledge of procedures for differential diagnosis.	○	○	○	○	○	○
75 Knowledge of effects of sensory processing and behavioral disorders on communication, feeding, and swallowing.	○	○	○	○	○	○
76 Knowledge of procedures for addressing family and caregiver factors that impact client care and treatment.	○	○	○	○	○	○



Part III - Knowledge Ratings

Content Area 4: Treatment Interventions and Procedures

23.
How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
77 Knowledge of interventions for treating speech sound disorders including perceptual characteristics, physiological structure, and function.	○	○	○	○	○	○
78 Knowledge of interventions for treating neurogenic speech disorders.	○	○	○	○	○	○
79 Knowledge of interventions for treating resonance disorders including those related to oral, nasal, and velopharyngeal structures and functions.	○	○	○	○	○	○
80 Knowledge of interventions for treating voice disorders including those related to respiratory, supralaryngeal, and laryngeal structures and functions.	○	○	○	○	○	○
81 Knowledge of interventions for treating communication disorders involving alaryngeal speech.	○	○	○	○	○	○
82 Knowledge of interventions for treating language and communication disorders in the areas of phonology, morphology, syntax, semantics, social-pragmatics, and oral language as they apply to literacy and prelinguistic communication.	○	○	○	○	○	○
83 Knowledge of interventions for treating cognition in the areas of attention, memory retention, memory retrieval, sequencing, problem solving, thought organization, and executive functioning.	○	○	○	○	○	○
84 Knowledge of interventions for treating feeding and swallowing disorders including those related to oral, pharyngeal, laryngeal, and esophageal structures and functions.	○	○	○	○	○	○

85 Knowledge of interventions for treating feeding and swallowing disorders including those related to nutritional and hydration status, sensory issues, and behavior.	○	○	○	○	○	○
86 Knowledge of interventions for treating neurodiverse clients diagnosed with communication disorders.	○	○	○	○	○	○
87 Knowledge of interventions for treating orofacial myofunctional disorders.	○	○	○	○	○	○
88 Knowledge of the phonemic repertoire of the English language and its grammatical structure and other aspects of speech and language sufficient to discriminate and produce acoustically correct models for client.	○	○	○	○	○	○
89 Knowledge of interventions using aided and unaided alternative and augmentative communication (AAC) applications in treatment.	○	○	○	○	○	○
90 Knowledge of procedures for selecting alternative and augmentative communication (AAC) applications that meet client treatment needs.	○	○	○	○	○	○
91 Knowledge of procedures for training family, caregivers, and support personnel in the programming and use of clients alternative and augmentative communication (AAC) device.	○	○	○	○	○	○
92 Knowledge of interventions for adapting to the demands of client linguistic, cognitive, and social environments to improve client communication.	○	○	○	○	○	○
93 Knowledge of instructional accommodations and modifications for improving client learning environment.	○	○	○	○	○	○
94 Knowledge of strategies for maintaining client engagement in treatment programs.	○	○	○	○	○	○
95 Knowledge of strategies for managing challenging client behavior.	○	○	○	○	○	○
96 Knowledge of strategies for facilitating and managing group therapy sessions.	○	○	○	○	○	○
97 Knowledge of interventions for treating fluency disorders, including types of dysfluency, concomitant behaviors, and cognitive-affective and social-emotional factors.	○	○	○	○	○	○
98 Knowledge of interventions and procedures for treating communication impairments in the area of language processing.	○	○	○	○	○	○

99 Knowledge of interventions, procedures, and equipment for aural rehabilitation related to hearing loss.	○	○	○	○	○	○



Part III - Knowledge Ratings

Content Area 5: Treatment Outcomes and Effectiveness

24. How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
100 Knowledge of data collection and analysis methodologies for assessing status, evaluating progress, and modifying treatment plans.	○	○	○	○	○	○
101 Knowledge of the defined guidelines for discharge from treatment.	○	○	○	○	○	○
102 Knowledge of procedures for evaluating the effectiveness of specific treatment strategies.	○	○	○	○	○	○
103 Knowledge of components of progress reports and discharge summaries to provide post-treatment status and recommendations for follow-up.	○	○	○	○	○	○
104 Knowledge of professional standards for written communication regarding client progress reports and discharge summaries.	○	○	○	○	○	○



Thank you!

Thank you for taking the time to complete this survey! The California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board values your contribution to this study.

APPENDIX B | QUESTIONNAIRE EMAIL INVITATION

Message from the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
1601 Response Road, Suite 260, Sacramento, CA 95815
P (916) 287-7915 | www.speechandhearing.ca.gov

06/20/2024

Dear Licensed Speech-Language Pathologist:

Thank you for opening this online survey. You have been selected to participate in an occupational analysis of the speech-language pathologist profession by the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers (Board).

The Board is collecting information about the tasks currently performed by speech-language pathologists in California, the importance of the tasks, and the knowledge needed to perform the tasks safely and effectively. We will use this information to ensure that the national speech-language pathologist examinations reflect current practice in California. We worked with different groups of speech-language pathologists to develop a survey to capture this information.

The survey should take about one hour to complete. For your convenience, you do not have to complete the survey in a single session. You can resume where you stopped as long as you reopen the survey from the same computer and use the same web browser. Before you exit, complete the page that you are on. The program will save responses only on completed pages.

Your responses will be kept confidential. They will not be tied to your license or personal information. Individual responses will be combined with responses from other speech-language pathologists, and only group data will be analyzed.

The weblink is available 24 hours a day, 7 days a week. Please submit your completed survey by September 13, 2024. If you have questions or need assistance with the survey, please contact Maria Avalos with the Office of Professional Examination Services at Maria.Avalos@dca.ca.gov.

We value your contributions and appreciate your dedication to the speech-language pathologist profession in California. You will be credited two hours of continuing education upon completion of the survey.

Sincerely,

Paul Sanchez
Executive Officer

APPENDIX C | RESPONDENTS BY REGION

LOS ANGELES COUNTY AND VICINITY	
County of Practice	Frequency
Los Angeles	211
Orange	64
Total	275

RIVERSIDE AND VICINITY	
County of Practice	Frequency
Riverside	50
San Bernardino	43
Total	93

NORTH COAST	
County of Practice	Frequency
Humboldt	5
Mendocino	3
Sonoma	15
Total	23

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	6
Colusa	1
Glenn	1
Lake	1
Sacramento	40
Sutter	5
Yolo	2
Yuba	2
Total	58

SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
Imperial	5
Inyo	1
San Diego	92
Total	98

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	43
Contra Costa	18
Marin	4
Napa	4
San Francisco	19
San Mateo	15
Santa Clara	42
Santa Cruz	3
Solano	11
Total	159

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	32
Kern	17
Kings	3
Mariposa	1
Madera	4
Merced	4
San Joaquin	16
Stanislaus	12
Tulare	6
Total	95

SHASTA-CASCADE

County of Practice	Frequency
Lassen	1
Shasta	3
Tehama	1
Total	5

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Amador	1
Calaveras	2
El Dorado	7
Nevada	3
Placer	13
Tuolumne	1
Total	27

SOUTH COAST AND CENTRAL COAST

County of Practice	Frequency
Monterey	17
San Benito	3
San Luis Obispo	10
Santa Barbara	14
Ventura	28
Total	72

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APPENDIX D | CRITICALITY INDICES IN DESCENDING ORDER FOR ALL TASKS BY CONTENT AREA

Content Area 1: General Competencies

	Tasks	Frequency	Importance	Criticality
T2.	Maintain client confidentiality and security of documentation in compliance with federal and state regulations.	4.78	4.79	22.90
T1.	Provide treatment plan to client that is consistent with professional and ethical standards.	4.51	4.58	21.34
T11.	Document diagnostic and treatment reports, treatment plans, treatment activities, session logs, and professional correspondence consistent with professional standards.	4.63	4.41	20.71
T4.	Provide culturally and linguistically relevant services in assessment and treatment decisions.	4.49	4.56	20.70
T12.	Implement research and evidence-based practices to provide quality care to clients.	4.38	4.45	19.80
T10.	Review diagnostic and treatment reports, treatment plans, and professional correspondence when developing client's treatment plan.	4.28	4.33	19.05
T8.	Communicate clinical information to the client, the client's family, and other professionals in compliance with regulatory guidelines.	4.24	4.36	18.89
T9.	Educate and train the client, the client's family, and other care providers in techniques and strategies that will support the client's treatment.	3.92	4.24	17.16
T5.	Collaborate with other professionals to provide a treatment plan that is culturally and linguistically relevant.	3.97	4.20	17.09

	Tasks	Frequency	Importance	Criticality
T3.	Maintain health and safety protocols for preventing disease transmission in compliance with state regulations.	3.63	3.71	15.25
T15.	Follow guidelines for use of interpreters and translators for non-English speaking clients.	3.43	4.04	15.18
T6.	Refer client to other professionals or agencies based on the Speech-Language Pathologist competency level and client needs.	2.80	3.41	10.83
T7.	Supervise Clinical Fellows, Required Professional Experience temporary license holders, Speech-Language Pathology Assistants, or interns who are acquiring a speech-language pathology services credentials according to professional and ethical standards.	1.89	2.45	6.97
T13.	Provide in-service training to increase awareness of communication and swallowing disorders.	1.60	2.31	5.19
T14.	Participate in community education to increase awareness of communication and swallowing disorders.	1.30	1.99	4.03

Content Area 2: Assessment

Tasks	Frequency	Importance	Criticality
T21. Select assessment instruments, procedures, settings, and materials based on client needs including cultural and linguistic factors.	4.39	4.48	20.14
T22. Assess client in all areas of suspected disorder or impairment including voice, resonance, swallowing, fluency, articulation, phonology, morphology, syntax, semantics, pragmatics, cognitive-communication, and communication modalities.	4.28	4.41	19.74
T36. Provide assessment results to the client, the client's family, other professionals, and referral sources to facilitate service transition.	4.20	4.34	19.15
T25. Assess client's language including phonology, morphology, syntax, semantics, and social-pragmatics.	4.22	4.22	18.70
T24. Assess client's communication in the areas of articulation and intelligibility.	4.18	4.15	18.07
T20. Document observed client behaviors and emotions that impact assessment.	4.15	4.09	17.61
T31. Assess impact of client communication impairment on academic, social, and vocational functioning based on federal and state eligibility criteria.	3.83	3.91	17.00

Tasks	Frequency	Importance	Criticality
T35. Consider client English language proficiency level when determining the need for bilingual assessment of English language learners.	3.71	4.14	16.79
T19. Assess client history to identify potential causal factors and correlates related to client communication and swallowing status.	3.73	3.79	15.57
T28. Assess client's communication in the areas of motor speech and intelligibility.	3.64	3.97	15.44
T18. Identify indicators that prompt further assessment or referral.	3.61	3.86	14.91
T26. Assess client's cognitive-linguistic functioning.	3.10	3.41	12.82
T16. Identify individuals and groups at risk for communication and swallowing disorders based on work setting protocols.	2.96	3.19	11.92
T33. Assess client readiness for augmentative and alternative communication (AAC) for functional communication.	2.73	3.66	11.54
T23. Assess client's communication in the area of fluency.	2.71	3.55	10.60
T17. Screen for presence of communication and swallowing disorders based on federal and state regulations and work setting protocols.	2.59	2.89	10.14
T27. Assess client's feeding and swallowing.	1.40	1.70	5.42
T29. Assess client's communication skills as they relate to aural rehabilitation.	1.14	1.80	3.78
T34. Perform instrumental assessment of supralaryngeal, laryngeal, and pharyngeal subsystems to further assess swallowing function and severity of dysphagia.	0.69	0.96	2.64

Tasks	Frequency	Importance	Criticality
T32. Assess client readiness for prosthetic management as related to functional communication.	0.59	0.91	1.85
T30. Assess client's options for alaryngeal communication.	0.53	0.97	1.63

Content Area 3: Diagnosis, Goal Setting, and Treatment Planning

Tasks	Frequency	Importance	Criticality
T40. Develop evidence-based treatment plans that includes goals, objectives, and interventions based on client needs.	4.55	4.56	21.23
T39. Document assessment results to develop comprehensive description of client communication strengths and weaknesses.	4.43	4.42	20.04
T42. Collaborate with clients, client families, caregivers, other professionals, and referral sources to gain consensus on the treatment plan based on assessment results and treatment plan.	4.20	4.37	18.79
T37. Analyze assessment results to identify and prioritize treatment of communication or swallowing disorders.	3.98	4.12	18.25
T38. Analyze assessment results to identify accommodations or modifications that may be required in client environment.	4.09	4.16	17.85
T41. Determine specific augmentative and alternative communication systems and treatment plans.	2.69	3.57	11.17

Content Area 4: Treatment Intervention and Procedures

Tasks	Frequency	Importance	Criticality
T50. Provide treatment interventions that consider client age, primary language background, cognitive and physical abilities, emotional and behavioral status, and culture.	4.35	4.38	19.86
T51. Provide treatment interventions and strategies that support communication between clients and communication partners.	4.13	4.25	18.48
T46. Provide treatment interventions to improve client language morphology, syntax, semantics, pragmatics, and communication modalities.	4.12	4.07	18.19
T43. Provide treatment interventions to improve client articulation and phonological skills.	3.92	3.95	17.18
T53. Produce acoustically correct models for targeted phonemes, grammatical features, and other aspects of speech and language as identified in treatment plans.	3.75	3.72	16.07
T52. Provide training to family and caregivers to support client treatment.	3.50	4.02	15.07
T55. Implement augmentative and alternative communication (AAC) interventions that meet client immediate and ongoing treatment needs.	2.92	3.72	12.54
T47. Provide treatment interventions to improve client cognitive-communication skills.	3.00	3.34	12.42
T45. Provide treatment interventions to improve client fluency.	2.31	3.26	8.88
T48. Provide treatment interventions to improve client feeding and swallowing.	1.21	1.51	4.73

Tasks	Frequency	Importance	Criticality
T44. Provide treatment interventions to improve client voice and resonance given medical clearance.	1.30	2.01	4.24
T49. Provide treatment interventions to improve client communication skills related to aural rehabilitation.	0.85	1.49	2.75
T54. Provide treatment for alaryngeal speech using instrumental and non-instrumental interventions.	0.41	0.67	1.17

Content Area 5: Treatment Outcomes and Effectiveness

Tasks	Frequency	Importance	Criticality
T58. Use data to modify client treatment plans and to determine client readiness for dismissal or discharge from treatment.	4.15	4.22	18.28
T56. Establish methods for monitoring treatment progress and outcomes to evaluate treatment plan efficacy.	4.11	4.15	17.82
T57. Collect treatment outcome data to measure client functional gains and efficacy of targeted environmental modifications.	4.04	4.05	17.24
T59. Write progress reports or discharge summaries to document client progress and level of functioning related to focus of treatment.	3.99	4.01	16.74
T60. Provide recommendations to client at completion of treatment.	3.71	3.75	14.90

APPENDIX E | KNOWLEDGE IMPORTANCE RATINGS IN DESCENDING ORDER BY CONTENT AREA

Content Area 1: General Competencies

Knowledge Statements	Importance
K7. Knowledge of cultural and linguistic differences that affect assessment and treatment of diverse client populations, families, and caregivers.	4.59
K1. Knowledge of professional guidelines, standards, and ethics related to Speech-Language Pathologist practice.	4.54
K2. Knowledge of state and federal regulations that impact Speech-Language Pathologist practice.	4.48
K4. Knowledge of state and federal laws and regulations related to client rights and legal protections.	4.44
K8. Knowledge of different approaches to communicate information about client condition, care, and treatment to clients, the client families, caregivers, and other professionals.	4.23
K9. Knowledge of procedures for counseling and educating the clients, client families, caregivers, and other professionals about client care and treatment.	4.19
K15. Knowledge of available resources for clients, client families, and caregivers to support quality client care.	4.15
K6. Knowledge of collaboration models used to develop relationships with clients, client families, caregivers, and other professionals.	4.11
K3. Knowledge of laws and regulations related to client and worker health and safety, including universal precautions.	4.10
K12. Knowledge of professional standards of written communication for different clinical and educational purposes.	4.02
K5. Knowledge of procedures to use to advocate for specialized programs that support quality client care.	4.00
K14. Knowledge of methods for integrating research outcomes into evidence-based clinical and educational practice.	3.98
K13. Knowledge of procedures for applying research methodology and the scientific method to clinical and educational practice.	3.80

	Knowledge Statements	Importance
K10.	Knowledge of California regulations regarding supervision of Clinical Fellows, Required Professional Experience temporary license holders, Speech-Language Pathology Assistants, and interns acquiring speech-language pathology services credentials.	
K11.	Knowledge of procedures for mentoring and training Clinical Fellows, Required Professional Experience temporary license holders, Speech-Language Pathology Assistants, and interns acquiring speech-language pathology services credentials.	3.58

Content Area 2: Assessment

Knowledge Statements	Importance
K33. Knowledge of standardized methods and procedures for conducting objective assessments.	4.44
K26. Knowledge of neurodiversity and its impact on social-pragmatic communication development.	4.40
K48. Knowledge of social, familial, cultural, and linguistic influences on communication.	4.38
K38. Knowledge of procedures for assessing language and communication including phonology, morphology, syntax, semantics, social-pragmatics, and oral language aspects of literacy and prelinguistic communication.	4.37
K28. Knowledge of methods and procedures for obtaining client case history and performing client assessment.	4.36
K25. Knowledge of the phonologic, morphologic, syntactic, semantic, and social-pragmatic aspects of typical human communication and their development.	4.33
K45. Knowledge of strategies for managing challenging client behaviors during assessment.	4.31
K22. Knowledge of screening procedures for language disorders.	4.30
K46. Knowledge of strategies for engaging clients and client families in the assessment process.	4.27
K34. Knowledge of procedures for assessing speech sound production including perceptual characteristics, oral and physiological structure, motor planning, and execution.	4.26
K23. Knowledge of screening procedures for articulation, phonology, and motor-speech disorders.	4.25
K56. Knowledge of potential impacts of client communication impairment on client-family or -caregiver relationships.	4.19
K16. Knowledge of effects of cognitive, behavioral, and cultural and linguistic factors on communication, feeding, and swallowing behaviors.	4.18
K41. Knowledge of procedures for assessing language processing.	4.09
K47. Knowledge of typical progression and development in the acquisition of English for learners who are non-native English speakers.	4.08
K42. Knowledge of procedures for assessing client ability to use and benefit from augmentative and alternative communication (AAC).	3.96

Knowledge Statements	Importance
K17. Knowledge of screening procedures for social-pragmatic communication disorders.	3.93
K29. Knowledge of effects of medical conditions, procedures, and treatments on communication, feeding and swallowing.	3.84
K24. Knowledge of the characteristics of speech, including acoustics, aerodynamics, and articulatory movements.	3.84
K44. Knowledge of procedures for performing school assessments in compliance with California Education Code.	3.83
K20. Knowledge of screening procedures for speech and language disorders involving voice, resonance, and fluency.	3.76
K55. Knowledge of procedures for performing and interpreting client screenings and assessments using augmentative and alternative communication (AAC) and prosthetic communication devices.	3.72
K39. Knowledge of procedures for assessing cognition including attention, memory retention, memory retrieval, sequencing, problem solving, thought organization, and executive functioning.	3.66
K54. Knowledge of procedures for assessing fluency including types of dysfluency, concomitant behaviors, and cognitive-affective and social-emotional factors.	3.65
K27. Knowledge of effects of communication and feeding and swallowing impairments on client behavior, emotional adjustment, health status, and client academic, vocational, and social success.	3.64
K21. Knowledge of screening procedures for cognitive-linguistic impairments.	3.55
K30. Knowledge of psychosocial impact of communication and feeding and swallowing disorders across the lifespan.	3.52
K35. Knowledge of procedures for assessing resonance including oral, nasal, and velopharyngeal structures and functions.	3.40
K31. Knowledge of epidemiology of communication and feeding and swallowing disorders.	3.31
K32. Knowledge of effects of neurotoxins and drugs on communication, feeding, and swallowing.	3.30

Knowledge Statements	Importance
K36. Knowledge of procedures for assessing voice including respiratory, supralaryngeal, laryngeal, and pharyngeal structure and functions.	2.97
K19. Knowledge of screening procedures for hearing impairments.	2.87
K43. Knowledge of procedures for assessing orofacial myofunctional disorders.	2.76
K49. Knowledge of procedures for basic interpretation of audiograms.	2.75
K18. Knowledge of screening procedures for feeding and swallowing disorders.	2.53
K40. Knowledge of procedures for identifying structural, physiological, sensory, or behavior-based oropharyngeal and esophageal deficits and their effects on client feeding and swallowing.	2.52
K50. Knowledge of principles of assessing adequacy of anatomical and physiological structures using imaging.	2.32
K37. Knowledge of procedures for assessing alaryngeal speech.	2.02
K51. Knowledge of principles of assessing adequacy of anatomical and physiological structures using aerodynamic analysis.	1.96
K53. Knowledge of principles of calibration and operation of instrumentation.	1.87
K52. Knowledge of principles of assessing adequacy of anatomical and physiological structures by applying acoustic measures, tactile cues, and electromyography (EMG).	1.78

Content Area 3: Diagnosis, Goal Setting, and Treatment Planning

Knowledge Statements	Importance
K72. Knowledge of procedures for determining eligibility, initiating treatment, and prioritizing treatment targets.	4.51
K60. Knowledge of professional standards for documenting assessment results and treatment recommendations.	4.50
K69. Knowledge of procedures for developing and defining treatment goals, service delivery options, treatment supports, and resources.	4.49
K61. Knowledge of procedures for identifying and adapting to the demands of client linguistic abilities, cognitive abilities, and social environments to improve communication.	4.31
K74. Knowledge of procedures for differential diagnosis.	4.27
K73. Knowledge of procedures for determining optimal treatment settings based on assessment results.	4.26
K70. Knowledge of procedures for gaining consensus and support with clients and client families regarding options for the treatment plans.	4.20
K71. Knowledge of components of diagnostic assessment reports that provide comprehensive description of client communication, feeding, and swallowing.	4.15
K76. Knowledge of procedures for addressing family and caregiver factors that impact client care and treatment.	4.13
K62. Knowledge of effects of developmental disabilities on communication, feeding, and swallowing.	3.91
K59. Knowledge of interventions and procedures for using aided and unaided augmentative and alternative communication (AAC) applications in diagnosis and treatment.	3.86
K75. Knowledge of effects of sensory processing and behavioral disorders on communication, feeding, and swallowing.	3.85
K63. Knowledge of effects of auditory deficits on client communication and on client academic, social, and vocational skills.	3.75
K66. Knowledge of effects of neurological disorder and dysfunction on communication, feeding, and swallowing.	3.57
K57. Knowledge of effects of genetic disorders on communication, feeding, and swallowing.	3.43

Knowledge Statements	Importance
K67. Knowledge of effects of psychiatric disorders on communication, feeding, and swallowing.	3.24
K64. Knowledge of effects of oral, pharyngeal, and laryngeal anomalies on communication, feeding, and swallowing.	3.24
K65. Knowledge of effects of respiratory compromise on communication, feeding, and swallowing.	3.21
K58. Knowledge of effects of neonatal risk factors on communication, feeding, and swallowing.	2.95
K68. Knowledge of effects of gastrointestinal disorders on communication, feeding, and swallowing.	2.76

Content Area 4: Treatment Intervention and Procedures

Knowledge Statements	Importance
K94. Knowledge of strategies for maintaining client engagement in treatment programs.	4.34
K95. Knowledge of strategies for managing challenging client behavior.	4.31
K86. Knowledge of interventions for treating neurodiverse clients diagnosed with communication disorders.	4.29
K82. Knowledge of interventions for treating language and communication disorders in the areas of phonology, morphology, syntax, semantics, social-pragmatics, and oral language as they apply to literacy and prelinguistic communication.	4.23
K92. Knowledge of interventions for adapting to the demands of client linguistic, cognitive, and social environments to improve client communication.	4.16
K88. Knowledge of the phonemic repertoire of the English language and its grammatical structure and other aspects of speech and language sufficient to discriminate and produce acoustically correct models for client.	4.12
K77. Knowledge of interventions for treating speech sound disorders including perceptual characteristics, physiological structure, and function.	4.05
K93. Knowledge of instructional accommodations and modifications for improving client learning environment.	4.04
K98. Knowledge of interventions and procedures for treating communication impairments in the area of language processing.	4.01
K89. Knowledge of interventions using aided and unaided augmentative and alternative communication (AAC) applications in treatment.	3.95
K91. Knowledge of procedures for training family, caregivers, and support personnel in the programming and use of clients augmentative and alternative communication (AAC) device.	3.85
K90. Knowledge of procedures for selecting augmentative and alternative communication (AAC) applications that meet client treatment needs.	3.81

Knowledge Statements	Importance
K96. Knowledge of strategies for facilitating and managing group therapy sessions.	3.74
K83. Knowledge of interventions for treating cognition in the areas of attention, memory retention, memory retrieval, sequencing, problem solving, thought organization, and executive functioning.	3.68
K97. Knowledge of interventions for treating fluency disorders, including types of dysfluency, concomitant behaviors, and cognitive-affective and social-emotional factors.	3.62
K78. Knowledge of interventions for treating neurogenic speech disorders.	3.36
K79. Knowledge of interventions for treating resonance disorders including those related to oral, nasal, and velopharyngeal structures and functions.	2.90
K80. Knowledge of interventions for treating voice disorders including those related to respiratory, supralaryngeal, and laryngeal structures and functions.	2.70
K87. Knowledge of interventions for treating orofacial myofunctional disorders.	2.59
K99. Knowledge of interventions, procedures, and equipment for aural rehabilitation related to hearing loss.	2.52
K84. Knowledge of interventions for treating feeding and swallowing disorders including those related to oral, pharyngeal, laryngeal, and esophageal structures and functions.	2.44
K85. Knowledge of interventions for treating feeding and swallowing disorders including those related to nutritional and hydration status, sensory issues, and behavior.	2.39
K81. Knowledge of interventions for treating communication disorders involving alaryngeal speech.	1.98

Content Area 5: Treatment Outcomes and Effectiveness

Knowledge Statements	Importance
K100. Knowledge of data collection and analysis methodologies for assessing status, evaluating progress, and modifying treatment plans.	4.31
K102. Knowledge of procedures for evaluating the effectiveness of specific treatment strategies.	4.24
K101. Knowledge of the defined guidelines for discharge from treatment.	4.22
K104. Knowledge of professional standards for written communication regarding client progress reports and discharge summaries.	4.20
K103. Knowledge of components of progress reports and discharge summaries to provide post-treatment status and recommendations for follow-up.	4.10

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CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
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MEMORANDUM

DATE	August 14, 2025
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Cherise Burns, Executive Officer
SUBJECT	Agenda Item #17: Discussion on Hearing Healthcare Provider Letter Regarding Workforce Shortages and Recommendations to Address those Shortages through Licensure Reciprocity and Changes to Regulations regarding Hearing Aid Trainee as stated in Title 16, CCR Sections 1399.114, 1399.116, 1399.117, 1399.118, and 1399.119

Background

At the Board's September 2024 Board meeting, Board Member John Dandurand provided the Board with a letter endorsed by the Hearing Healthcare Providers/California Association titled "Recommended Regulatory Changes to Support Hearing Healthcare Patients and Provider Workforce"(Attachment A) as an item for a future agenda. The recommendations provided include:

1. Adoption of the International Hearing Society's ("IHS") International Licensing Examination ("ILE") and Practical Examination for Hearing Health Professionals.
2. Maintain Current "Direct Supervision" Rule and Modify Supervision Requirements for Trainees that Fail Written Portion of License Examination.
3. Allow Supervising Hearing Aid Dispensers to Supervise Up to Three Trainee-Applicants Without Need to Obtain a Waiver from the Board.
4. Allow Licensure by Reciprocity for Audiologists, Hearing Aid Dispensers, and SLPs.

Board staff reviewed the letter and determined that the last three recommendations should be discussed as a separate agenda item (See Agenda Item 18).

The following is information related to the first recommendation regarding national examination usage for licensure purposes:

1. Adoption of the International Hearing Society's ("IHS") International Licensing Examination ("ILE") and Practical Examination for Hearing Health Professionals.

Legal Requirements Related to Examinations Used for Licensure Purposes

The Board is required to "prepare, approve, grade, and conduct examinations of applicants for a hearing aid dispenser license" pursuant to BPC section 2538.25(a). The Board may delegate the preparation and grading of the examination to an organization other than the Board so long as they comply with the established examination guidelines and the examination is approved by the Board. The Board is also required to comply with BPC section 139 (Attachment B) and Department of Consumer Affairs (DCA) policy (Attachment C) to develop and validate state and national examinations administered by the Board or administered by contract with the Board, as well as any reciprocity agreements related to waivers of California examination requirements or allowance of alternative examination requirements.

Current Board Administered Examinations Used for Hearing Aid Dispensing Licensure

Currently, the Board utilizes Subject Matter Experts (SMEs) that are practicing dispensing audiologists and hearing aid dispensers to develop the questions for the written examination and utilizes OPES services to ensure content-related validity, a criterion-referenced passing score is set, and that the examination is psychometrically sound. The Board then contracts with PSI, a computer-based testing agency, to administer the written examination (knowledge and jurisprudence examination). This is much different than the handwritten examination that used to be administered by the state prior to the implementation of a computer-based testing in 2000.

The Board also utilizes SMEs that are practicing dispensing audiologists and hearing aid dispensers to develop the questions for the practical examination and utilizes OPES services to ensure content-related validity, a criterion-referenced passing score is set, and that the examination is psychometrically sound. The practical examination (practical skills examination) is administered by the Board at its office in Sacramento with the help of SMEs and OPES for scoring purposes. The practical examination has continuously been redesigned to enhance consistency and objectivity in the examination process. In 2017, the Board redesigned the practical examination to streamline the examination process and eliminate information already tested in the written examination. Most recently, in 2020, the Board through OPES completed the June 2020 Occupational Analysis of the Hearing Aid Dispenser Profession (Attachment D) including validation of examination content and redesign of the written and practical examination outlines (Attachments E and F) and examination materials. Since then, the Board continues to discuss redesigning the practical examination, and approved revisions to the proposed regulatory text on December 1, 2023 (Attachment G). These proposed regulatory changes will update outdated information and remove restrictive timelines and the requirement for dispensing audiologist to complete the practical examination.

Both Board examinations undergo continuous rigorous analysis and review to ensure they are psychometrically sound, job-related, and legally defensible, including upholding Standards for Educational and Psychological Testing.

Considerations Related to Adopting a National Examination for Hearing Aid Dispensing for Licensure in California

The Board may choose to explore changing the organization that conducts either the written or practical examination and delegate an organization to conduct the practical examination, but it requires that examination to be validated pursuant to BPC section 139 and OPES policies. This validation process includes a review of the examination's development, administration, and security procedures, as well as a review of the examination's content to assess its applicability to California practice (Attachments H and I). Note that the examination provider has to be willing to participate in this validation process and linkage study.

The following minimum factors must be considered when validating an examination:

- Method used to establish content-related validity.
- Occupational analysis (OA) methodology, including sampling and the percentage of California participants.
- OA frequency.
- Method used to construct the examination outline.
- Method used to ensure that standards are set for entry level practice.
- Item development process (SMEs used, editing methods, etc.).
- Size of item banks.
- Method used to set passing score.
- Examination security methods.
- Examination administration procedures.
- Examination reliability.
- Examination passing rates.
- Statistical performance of examinations.

DCA's Office of Professional Examination Services (OPES) provides consulting services and technical assistance throughout the process to ensure that the validation is conducted in compliance with BPC section 139. OPES can perform such a validation study and such a study would be estimated to be $31,036 (Attachment J).

Lastly, note that the linkage study of the national examination must show California specific content is adequately covered in the national examination. Specifically, "When an OA is conducted on a national level, California practice must be appropriately represented in the analysis for the results to be valid for use in California. The linkage study also determines whether a state-specific examination is recommended. If there is sufficient state-specific content, OPES will work with SMEs to develop an examination outline based on the California specific content (e.g., state laws and regulations)."

For comparison purposes, Board staff has compiled a list of examinations required for licensure by healing arts boards in California (Attachment K). Note that multiple healing arts boards in California use a national examination but also have to have a California-specific laws or laws/ethics (jurisprudence) examination in addition to the national examination.

Action Requested

This item is for informational purposes only, no action is required.

Attachment A:	Recommended Regulatory Changes to Support Hearing Healthcare Patients and Provider Workforce Letter
Attachment B:	Business and Professions Code Section 139
Attachment C:	OPES 22-01 Licensure Examination Validation Policy
Attachment D:	June 2020 Occupational Analysis of the Hearing Aid Dispenser Profession
Attachment E:	2020 Hearing Aid Dispenser Written Examination Outline
Attachment F:	Hearing Aid Dispenser Practical Examination Outline 2020
Attachment G:	General Application Requirements and Hearing Aid Dispensers and Dispensing Audiologists Examination Requirements Proposed Text as Adopted December 1, 2023
Attachment H:	OPES Informational Series No. 10: Review of National Licensure Examinations
Attachment I:	OPES List of Materials for Required for Review
Attachment J:	ILE National Review IAC Draft
Attachment K:	Healing Arts Board Examination Providers

California Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board (Board)

Recommended Regulatory Changes to Support Hearing Healthcare Patients and Provider Workforce:

1. **Adoption of the International Hearing Society's ("IHS") International Licensing Examination ("ILE") and Practical Examination for Hearing Health Professionals.** The ILE is the written competency test portion of the licensing examination developed by IHS. The ILE is practice-based, requiring candidates to understand and apply, analyze, and evaluate experiences in everyday professional hearing care practice. The ILE is used in the licensing process of 44 US States and 5 Canadian provinces. It is the only commercially available multiple-choice licensing examination for hearing aid specialists. The IHS Practical Examination is designed to be used by licensing agencies throughout the United States and Canada as one part of a licensing process to determine who is qualified to hold a license as a hearing aid specialist. The Practical Examination is created and maintained by the International Hearing Society and administered by state/provincial licensing agencies. The IHS Practical Examination is used in the licensing process of 15 US States.

    a. Current Rule. California does not currently utilize a national standardized, competency-based written examination for trainee applicants as part of the licensing process.

    b. Recommended Change. California should replace its current written portion of the licensing examination and replace it with the ILE. The Board should further adopt IHS' recommended passing score metrics for the examination. California should also adopt the IHS Practical Examination as part of its licensing examination.

    c. Rationale for Proposed Changes.
        - The ILE is a competency-based test developed by the International Hearing Society (HIS) utilizing subject-matter experts and practicing hearing care professionals. The ILE is developed, updated, reviewed, and tested in accordance with psychometric best practices. IHS continuously invests in the examination to ensure it remains relevant to the entry-level practice of hearing aid specialists. A committee of subject matter experts, representative of the hearing aid specialist profession, writes and reviews every single test question in partnership with IHS' contracted psychometrics and exam development partner, and with oversight provided by the IHS Board of Governors.
        - IHS promotes and maintains the highest possible standards for its members in the best interests of the hearing-impaired population they serve by conducting programs in competency accreditation, testing, education, and training, and encourages continued growth and education for its members through advanced certification programs. IHS owns and operates the International Licensing Examination (ILE) and owns and distributes the Practical examination. The ILE and

Practical are entry-level exams designed to aid licensing agencies in making licensing decisions for hearing aid dispensing professionals.

- California is one of only 6 states that have not yet adopted the ILE. The use of the ILE ensures trainee-applicants have the knowledge and skill required in all aspects of patient/client care. The ILE has also been adopted by provincial governments in Canada.
- Adoption of IHS' licensing examinations provides trainee-applicants the opportunity to prepare for the examination utilizing enhanced educational tools and preparation materials developed by practicing professionals and IHS currently available in all states where the ILE has been adopted.
- Reduce administrative costs on the part of the state.

2. **Maintain Current "Direct Supervision" Rule and Modify Supervision Requirements for Trainees that Fail Written Portion of License Examination**. The current direct supervision rule, codified at Cal. Admin. Code tit. 16, § 1399.119, requires trainees to fit and sell hearing aids only under direct supervision of a supervising licensed hearing aid dispenser. The rule requires the supervising dispensers to be present in the same work setting 20 percent of the time. If a trainee fails the licensing exam, the supervision requirements increase, requiring the supervising dispenser to be physically present at all fittings and sales. Beginning in 2022, the Board began developing a regulatory package containing revisions to the direct supervision rule, including, among other things, increasing the supervision requirements to mandate supervisors always be on-site near trainees. The proposed changes require supervisors to be physically present with trainees when trainees perform otoscopic inspections or take ear impressions, regardless of trainee experience and competence.

    a. Current Rule. *See* 16 CA ADC § 1399.119.

    b. Recommended Change. We encourage the Board to withdraw the proposed changes to the direct supervision rule, preserving current requirements in § 1399.119 but recommend revising §1399.119(d) to require supervising dispensers be present within the same work setting as trainees a minimum of 50 percent if the trainee fails the written portion of the licensing examination. If the trainee fails the practical exam or the written exam more than once, the supervising dispenser should be required to be physically present at all fittings and sales of the trainee until licensure is obtained.

    c. Rationale for Proposed Changes.
        - The proposed changes included in the Board's pending regulatory package unnecessarily increase the supervision requirements in a manner that does not appropriately consider the experience and competence level of trainees, increased demand for hearing care services, including in rural communities, or the labor challenges facing the hearing care sector. Given the rule has been in place since 1986 without significant problems, the proposed changes are unnecessary in light of these considerations.

- Moreover, the increased supervision requirements of trainees who fail the written portion of the licensing exam for the first time are unduly restrictive and negatively impact the delivery of hearing care across the state. We believe a better approach would be to increase the percentage of time a supervising dispenser must be present with the trainee to 50 percent (vs. 20 percent before the exam is taken). If, however, the trainee fails the examination for the second time, we believe the current requirement in §1399.119(d) should apply.

3. **Allow Supervising Hearing Aid Dispensers to Supervise Up to Three Trainee-Applicants Without Need to Obtain a Waiver from the Board.** Current regulations allow audiologists and SLPAs to supervise up to three temporary license holders without special approval from the Board. 16 CA ADC § 1399.153.4. However, supervising hearing aid dispensers are not provided similar authority.

    a. Current Rule. A licensed hearing aid dispenser shall not supervise more than one applicant at a time unless the Board grants a waiver. 16 CA ADC § 1399.116.

    b. Recommended Change. Allow supervising hearing aid dispensers to supervise up to three applicants without needing a waiver from the Board.

    c. Rationale for Proposed Changes.
        - California faces varying levels of healthcare professional shortages, including hearing healthcare, with increasing demand for hearing healthcare services and devices. The inability to supervise more than one trainee constrains the California labor market for hearing aid dispensers.
        - California allows audiologists and SLPAs to supervise up to 3 temporary license holders without obtaining any special approval from the Board. This authority does not currently exist for hearing aid dispensers. Parity among the professions should be provided to improve access to care.

4. **Allow Licensure by Reciprocity for Audiologists, Hearing Aid Dispensers, and SLPAs.**
    a. Current Rule. No authority currently exists.

    b. Recommended Change. Allow licensure by reciprocity for audiologists, hearing aid dispensers, and SLPAs based on licensure and/or experience in another U.S. state. For hearing aid dispensers, reciprocity based on licensure in another state that requires passage of the ILE and a practical examination.

    c. Rationale for Proposed Changes.
        - California faces varying levels of healthcare professional shortages, including hearing healthcare. Reciprocity allows for the movement of professionals to California, improving access to care.

- Many other states nationwide allow for licensure by reciprocity or endorsement.
- Hearing healthcare professionals often move for personal or professional reasons. Reciprocity reduces the barriers and delays associated with obtaining new licenses, allowing practitioners to continue practicing without significant interruptions. Reciprocity would allow for the movement of professionals to the state, improving access to care.
- Military spouses often need to move due to reassignments or personal reasons. Reciprocity allows them to transition smoothly without the delay and expense of obtaining a new license in every state they move to.
- For patients who move or travel frequently, having healthcare professionals who can practice in multiple states ensures continuity of care and better patient outcomes.
- Reciprocity is not just about addressing immediate workforce shortages, but also about promoting the long-term professional development of healthcare professionals. Reciprocity can enhance their skills and knowledge by allowing them to gain experience in different healthcare locations in other states, ultimately benefiting patient care.
- Streamlining the licensing process through reciprocity reduces administrative costs for professionals and state boards, making the system more efficient and cost-effective.
- By allowing healthcare professionals to practice in multiple states, reciprocity promotes the exchange of best practices and diverse clinical experiences, ultimately enhancing the quality of care provided.
- The licensing process can be time-consuming and costly, involving exams, fees, and extensive paperwork. Reciprocity simplifies this process, reducing the administrative burden on healthcare professionals and state licensing boards.
- Reciprocity addresses practical and logistical challenges in the healthcare system, improving access to care, enhancing professional mobility, and ensuring a more flexible and responsive healthcare workforce.

Business and Professions Code - BPC
DIVISION 1. DEPARTMENT OF CONSUMER AFFAIRS [100 - 472.5]
(Heading of Division 1 amended by Stats. 1973, Ch. 77.)

CHAPTER 1. The Department [100 - 144.6]
(Chapter 1 enacted by Stats. 1937, Ch. 399.)

139.
(a) The Legislature finds and declares that occupational analyses and examination validation studies are fundamental components of licensure programs. It is the intent of the Legislature that the policy developed by the department pursuant to subdivision (b) be used by the fiscal, policy, and sunset review committees of the Legislature in their annual reviews of these boards, programs, and bureaus.

(b) Notwithstanding any other provision of law, the department shall develop, in consultation with the boards, programs, bureaus, and divisions under its jurisdiction, and the Osteopathic Medical Board of California and the State Board of Chiropractic Examiners, a policy regarding examination development and validation, and occupational analysis. The department shall finalize and distribute this policy by September 30, 1999, to each of the boards, programs, bureaus, and divisions under its jurisdiction and to the Osteopathic Medical Board of California and the State Board of Chiropractic Examiners. This policy shall be submitted in draft form at least 30 days prior to that date to the appropriate fiscal, policy, and sunset review committees of the Legislature for review. This policy shall address, but shall not be limited to, the following issues:

(1) An appropriate schedule for examination validation and occupational analyses, and circumstances under which more frequent reviews are appropriate.
(2) Minimum requirements for psychometrically sound examination validation, examination development, and occupational analyses, including standards for sufficient number of test items.
(3) Standards for review of state and national examinations.
(4) Setting of passing standards.
(5) Appropriate funding sources for examination validations and occupational analyses.
(6) Conditions under which boards, programs, and bureaus should use internal and external entities to conduct these reviews.
(7) Standards for determining appropriate costs of reviews of different types of examinations, measured in terms of hours required.
(8) Conditions under which it is appropriate to fund permanent and limited term positions within a board, program, or bureau to manage these reviews.

(c) Every regulatory board and bureau, as defined in Section 22, and every program and bureau administered by the department, the Osteopathic Medical Board of California, and the State Board of Chiropractic Examiners, shall submit to the director on or before December 1, 1999, and on or before December 1 of each subsequent year, its method for ensuring that every licensing examination administered by or pursuant to contract with the board is subject to periodic evaluation. The evaluation shall include (1) a description of the occupational analysis serving as the basis for the examination; (2) sufficient item analysis data to permit a psychometric evaluation of the items; (3) an assessment of the appropriateness of prerequisites for admittance to the examination; and (4) an estimate of the costs and personnel required to perform these functions. The evaluation shall be revised and a new evaluation submitted to the director whenever, in the

judgment of the board, program, or bureau, there is a substantial change in the examination or the prerequisites for admittance to the examination.

(d) The evaluation may be conducted by the board, program, or bureau, the Office of Professional Examination Services of the department, the Osteopathic Medical Board of California, or the State Board of Chiropractic Examiners or pursuant to a contract with a qualified private testing firm. A board, program, or bureau that provides for development or administration of a licensing examination pursuant to contract with a public or private entity may rely on an occupational analysis or item analysis conducted by that entity. The department shall compile this information, along with a schedule specifying when examination validations and occupational analyses shall be performed, and submit it to the appropriate fiscal, policy, and sunset review committees of the Legislature by September 30 of each year. It is the intent of the Legislature that the method specified in this report be consistent with the policy developed by the department pursuant to subdivision (b).

(Amended by Stats. 2009, Ch. 307, Sec. 1. (SB 821) Effective January 1, 2010.)

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

DEPARTMENTAL POLICY

TITLE	**LICENSURE EXAMINATION VALIDATION POLICY**		
POLICY OWNER	OFFICE OF PROFESSIONAL EXAMINATION SERVICES		
POLICY NUMBER	OPES 22-01	**SUPERSEDES**	OPES 18-02
ISSUE DATE	November 23, 2022	**EFFECTIVE**	IMMEDIATELY
DISTRIBUTE TO	ALL EMPLOYEES		
ORIGINAL APPROVED BY	*Original Signature on File Kimberly Kirchmeyer Director		
NUMBER OF PAGES	1 of 11	**ATTACHMENTS**	NONE

POLICY

It is the policy of the Department of Consumer Affairs (DCA) that occupational analyses and examination development studies are fundamental components of licensure programs. Licensure examinations with substantial validity evidence are essential in preventing unqualified individuals from obtaining professional licenses. To that end, licensure examinations must be:

- Developed according to an examination outline that is based on a current occupational analysis.
- Regularly evaluated.
- Updated when tasks performed or prerequisite knowledge in a profession change, or to prevent overexposure of test questions.
- Reported annually, in terms of validation activities, to the Legislature.

APPLICABILITY

This policy applies to all employees, governmental officials, contractors, consultants, and temporary staff of DCA; and any of its divisions, bureaus, boards, and other constituent agencies. Within this policy, the generic acronym “DCA” applies to all of these entities. For purposes of this policy, “board” shall refer to all boards, bureaus, or committees.

PURPOSE

The purpose of this policy is to meet the mandate of Business and Professions (B&P) Code section 139 (a) and (b) directing DCA to develop a policy regarding examination development and validation, and occupational analyses; and B&P Code section 139 (c)

and (d) directing DCA to evaluate and report annually to the Legislature the methods used by each regulatory entity for ensuring that their licensing examinations are subject to periodic evaluations.

On September 30, 1999, the Office of Professional Examination Services (OPES) completed and distributed to its clients an internal publication "Examination Validation Policy" in compliance with B&P Code section 139 (a) and (b). In 2000, DCA policy "*Licensing Examinations – Reporting Requirements*" (OER-00-01) was established to meet the mandate of B&P Code section 139 (c) and (d). OER-00-01 has since been abolished. This new policy addresses the provisions of all four subsections of B&P Code section 139: (a), (b), (c), and (d).

AUTHORITY

- Business and Professions Code section 139 (a), (b), (c), and (d).
- Business and Professions Code section 101.6.
- Government Code section 12944 (a) of the Fair Employment and Housing Act.
- *Uniform Guidelines on Employee Selection Procedures (1978)*, adopted by the Equal Employment Opportunity Commission, Civil Service Commission (EEOC), Department of Labor, and Department of Justice.
- Civil Rights Act of 1964, as amended.

DEFINITIONS

Content domain is the realm of behaviors, knowledge, skills, abilities, or other characteristics that a particular test is intended to measure, as reflected by its examination outline, and about which the scores are generally intended to be generalized.

Content-related evidence of validity is the evidence that shows the extent to which the content of a selection procedure is a representative sample of work-related personal characteristics, work performance, or other work activities or outcomes.

Criterion-referenced passing score is a specified point in a distribution of scores at or above which candidates are considered successful in the selection process. By definition, the criterion-referenced passing score is related to a minimally acceptable competence criterion and is the same for all applicant groups.

Entry level in licensure testing refers to newly licensed individuals. In relation to examination development workshops, licensees 0-5 years post-licensure are generally considered sufficiently close to "entry level" to provide substantive information about this area.

Examination development specialists are individuals who are trained, experienced, and skilled in licensure-related occupational analysis; licensure-related examination planning, development, validation, administration, scoring, and analysis; and the professional and technical standards, laws, and regulations related to these tasks.

Examination outline is organized around the content domains drawn directly from the results of an occupational analysis. The content domains are comprised of the knowledge, skills, and abilities that have been determined to be the essential elements of competency for the occupation being assessed. In addition to the listing of content domains, the examination outline specifies the number or proportion of items that are planned to be included on each test form for each content domain. These proportions reflect the relative importance of each content domain to competency in the occupation. They are sometimes also referred to as test specifications, test plans, or test blueprints.

Minimum acceptable competence is the minimum level of knowledge, skill, and ability required of newly licensed individuals that, when the profession is performed at this level, would not cause harm to the public health, safety, or welfare.

Occupational analysis is a method used to gain an understanding of the work behaviors and activities required, or the worker requirements (i.e., knowledge, skills, abilities, and other personal characteristics), and the context or environment in which an organization and individual may operate. For occupational licensing, the term occupational analysis is preferred over job analysis or practice analysis because the scope of analysis is across a profession, not an individual job.

Reciprocity review of a licensure examination is an analysis of an occupational licensure examination accepted by another state. The purposes of the review are (1) to evaluate whether professional testing standards are being met and (2) to determine whether the examination is comparable (i.e., substantially similar) to the examination(s) used in California to meet initial licensure requirements. If an examination meets technical standards and professional guidelines, and if the examination is comparable to California examination(s), licensees who pass that examination may be deemed competent to practice in California.

Reliable measurement/reliability is the degree to which scores for a group of candidates are consistent over one or more potential sources of error (e.g., time, raters, items, conditions of measurement, etc.) in the application of a measurement procedure.

Review (Audit) of a national licensure examination is an analysis of a nationally developed and administered licensure examination for a profession. The goals of the review are (1) an assessment of whether professional testing standards are being met and (2) the identification of any critical aspects of the profession that are practiced in California and should be (but is not) tested nationally.

Subject matter experts (SMEs) are licensees who have a thorough knowledge of the work behaviors, activities, and responsibilities of job incumbents and the knowledge, skills, abilities and other characteristics needed for effective performance on the job. To participate in examination development workshops, SMEs should be practitioners currently possessing an active license in good standing and who are active in their profession. When contracting for their services, DCA refers to SMEs as Expert Consultants.

Validation is the process by which evidence of content accuracy is gathered, analyzed, and summarized.

Validity is the "degree to which accumulated evidence and theory support specific interpretations of test scores entailed by proposed uses of a test." Validity is not a property inherent in a test; it is the degree to which the decisions based on that test are accurate. For licensing examinations, validity is interpreted as correctly differentiating between persons who are qualified to competently and safely practice a profession from those who are not.

PROVISIONS

A. VALIDATION TOPICS

B&P Code section 139 (b) requires OPES to address eight specific topics, plus any other topics necessary to ensure that licensing examinations conducted on behalf of DCA are validated according to accepted technical and professional standards.

1. AN APPROPRIATE SCHEDULE FOR EXAMINATION VALIDATION AND OCCUPATIONAL ANALYSIS AND CIRCUMSTANCES UNDER WHICH MORE FREQUENT REVIEWS ARE APPROPRIATE

Occupational Analysis Schedule
Generally, an occupational analysis and examination outline should be updated every 5 years to be considered current; however, many factors are taken into consideration when determining the need for a different interval. For instance, an occupational analysis and examination outline must be updated whenever there are significant changes in a profession's job tasks and/or demands, scope of practice, equipment, technology, required knowledge, skills and abilities, or laws and regulations governing the profession. The board is responsible for promptly notifying the examination development specialist of any significant changes to the profession. This is true both for California-specific and national licensure examination-related occupational analyses.

Examination Validation Schedule
New forms of a licensure examination assist in the legal defensibility of the examination, prevent overexposure of test items, and keep the examination current. The decision to create an examination, or new forms of an examination, is made by the board responsible for the license in consultation with the examination development specialist. The creation of new examination forms depends on the needs of the testing program and the number of people taking the examination.

2. MINIMUM REQUIREMENTS FOR PSYCHOMETRICALLY SOUND EXAMINATION VALIDATION, EXAMINATION DEVELOPMENT, AND OCCUPATIONAL ANALYSES, INCLUDING STANDARDS FOR SUFFICIENT NUMBER OF TEST ITEMS

Boards have the ultimate responsibility to ensure that a licensure examination meets technical, professional, and legal standards and protects the health, safety, and welfare of the public by assessing a candidate's ability to practice at or above the level of minimum acceptable competence.

The inferences made from the resulting scores on a licensing examination are continuously validated. Gathering evidence in support of an examination and the resulting scores is an ongoing process. Each examination is created from an examination outline that is based upon the results of a current occupational analysis that identifies the job-related critical tasks, and related knowledge, skills, and abilities necessary for safe and competent practice. Examinations are designed to assess those knowledge, skills, and abilities. To ensure that examinations are job-related, SMEs must participate in all phases of examination development.

All aspects of test development and test use, including occupational analysis, examination development, and validation, should adhere to accepted technical and professional standards to ensure that all items on the examination are psychometrically sound, job-related, and legally defensible. These standards include those found in *Standards for Educational and Psychological Testing*, referred to in this policy as the *Standards*; and the *Principles for Validation and Use of Personnel Selection Procedures*, referred to in this policy as the *Principles*.

The *Standards* and *Principles* are used as the basis of all aspects of the policies contained in this document. The EEOC *Uniform Guidelines on Employee Selection Procedures* (1978) provide direction on the legal defensibility of selection-related examinations.
Other professional literature that defines and describes testing standards and influences professionals is produced by the following organizations:

- *American Educational Research Association (AERA)*
- *American Psychological Association (APA)*
- *Council on Licensure, Enforcement, and Regulation (CLEAR)*
- *Equal Employment Opportunity Commission (EEOC)*
- *Institute for Credentialing Excellence (ICE)*
- *National Council of Measurement in Education (NCME)*
- *Society for Industrial and Organizational Psychology (SIOP)*

Minimum Requirements for Psychometrically Sound Occupational Analysis

The minimum requirements for a psychometrically sound occupational analysis are as follows:

- Adhere to a content validation strategy or other psychometrically sound examination development method as referenced in a recognized professional source.
- Develop an examination outline from the occupational analysis.

- Gather data from a sample of current licensees in the State of California that represents the geographic, professional, and other relevant categories of the profession.

Minimum Requirements for Psychometrically Sound Examination Development and Validation

The minimum requirements for psychometrically sound examination development and validation are as follows:

- Adhere to the *Standards* and *Principles*.
- Document the process following recommendations in the *Standards* and *Principles*.
- Conduct with a trained examination development specialist in consultation with SMEs.
- Use an examination outline and psychometrically sound item-writing guidelines.
- Follow established security procedures.

Standards for Sufficient Number of Test Items

The number of items in an examination should be sufficient to ensure content coverage and provide reliable measurement. Both empirical data and the judgment and evaluation by SMEs should be used to establish the number of items within an examination. The empirical data should include results from an occupational analysis, item analysis, and test analysis.

The item bank for a licensure examination should contain a sufficient number of items such that: 1) at least one new form of the examination could be generated if a security breach occurred; and 2) items are not exposed too frequently to repeating examinees. Boards should develop an examination retake policy that minimizes the overexposure of test items.

3. SETTING PASSING STANDARDS

Passing score standards for licensure examinations must:

- Follow a process that adheres to accepted technical and professional standards.
- Adhere to a criterion-referenced passing score methodology that uses minimum competence at an entry level to the profession.

An arbitrary fixed passing score or percentage, such as 70%, does not represent minimally acceptable competence. Arbitrary passing scores are not legally defensible.

If a board has an appeals process for candidates who are not successful in their examination, once a criterion-referenced passing score has been determined for a multiple-choice examination, the board shall not change a candidate's score without consultation with the examination development specialist.

4. STANDARDS FOR REVIEW OF STATE AND NATIONAL EXAMINATIONS

All licensure examinations appropriated for use in California professions regulated by DCA should be validated according to accepted technical and professional standards, as described elsewhere in these provisions. At a minimum, the following factors must be considered in a review of state and national examination programs:

- Right to access information from all studies and reports from test vendors (local or national).
- Right of state agency to review recent examination.
- Description of methodology used to establish content-related validity.
- Occupational analysis report and frequency of updates.
- Method to ensure standards are set for entry level practice.
- Examination outline and method to link to the occupational analysis.
- Information about the sample of practitioners surveyed.
- Item development process (experts used, editing methods, etc.).
- Sufficient size of item banks.
- Pass-point setting methodology.
- Examination security methods; examination administration processes.
- Examination reliability.
- Pass–fail ratio.
- Statistical performance of examinations.

The suitability of an occupational analysis conducted on a national level to validate a national exam that is/could be used in California and for use in examination development in California for a California-only examination must be determined by: (1) a review of the methodology of the occupational analysis, including the demographics of the practitioners upon which it is based to ensure California practice is appropriately represented; and (2) a comparison study between a current California occupational analysis of the profession and the national occupational analysis to assess the validity of the national examination content for California practice.

Reciprocity

Reciprocity refers to the mutual recognition, endorsement, and acceptance by the State of California of licenses granted by other jurisdictions. Reciprocity agreements often include a waiver of certain California licensing requirements, such as a practice-based examination. Licensure examinations accepted in California as part of reciprocity agreements are not used for licensure in California, but individuals passing them may be qualified to practice in California without fulfilling all California licensure requirements. These examinations should be validated according to technical and professional standards to ensure that they are legally defensible. Before a licensure examination is accepted under a reciprocity

agreement, a comparison study must be performed to verify that the examination meets professional standards for validity, that the scope of practice measured by the examination is substantially similar to the California scope of practice, and that the examination is a sufficient measure of the critical competencies required for practice in California. The study should carefully evaluate differences in the scope of practice or competencies measured by the examination, and the study should determine whether waiving the California licensure examination would endanger the public. The board should consult with OPES to conduct this study.

Additional Considerations for Reciprocity

In addition to conducting a comparison study of the licensure examination, the board should evaluate the equivalency of education and experience requirements set by the jurisdiction for initial licensure within the license category requesting reciprocity. The board should set other relevant criteria, such as requiring a minimum number of years licensed and that the license must be in good standing. The board should also determine whether licensees seeking reciprocity should be required to pass a California-specific examination, e.g., a jurisprudence examination.

5. APPROPRIATE FUNDING SOURCES FOR EXAMINATION VALIDATIONS AND OCCUPATIONAL ANALYSES

Budget line items should be designated exclusively for examination development and occupational analyses projects. To assure validity, maintain consistency, preserve security, and ensure the integrity of the examination program, the budget line items need to be continuous appropriations.

Boards should budget for costs associated with examination and occupational analysis development; contracting with a computer-based testing vendor for electronic examination administration; and projecting for expenses associated with travel and per diem for SMEs who participate in examination development and occupational analysis workshops. Boards that administer examinations by paper and pencil should also consider the expense of examination proctors, including their travel and per diem expenses; examination site rental; additional security resources; and printing costs for the preparation guides and examination booklets.

Boards must have the budgetary flexibility to adapt to unexpected or additional program needs. For example, the potential for catastrophic incidents such as a security breach and the cost to replace the compromised examination should be considered in determining overall examination-related costs.

Boards contract via intra-agency contracts (IACs) with OPES for examination-related services. Currently, boards request OPES' services and submit a Budget Change Proposal (BCP) to obtain expenditure authority if they do not already have a budget line item for these expenditures. Boards are then charged, and OPES is reimbursed through the IACs for occupational

analyses, national examination reviews, and ongoing examination development, evaluation, construction, and publication services. Consulting and psychometric expertise and test scoring and item analysis (TSIA) services, among others, continue to be funded by distributed administrative costs (pro rata).

6. CONDITIONS UNDER WHICH BOARDS SHOULD USE INTERNAL AND EXTERNAL ENTITIES TO CONDUCT THESE REVIEWS

A board may choose to use external and/or internal resources for licensure examination development and/or review of state and national licensure examinations, and must determine the most logical application of those resources.

OPES is the internal resource for examination review and California-specific examination development services for DCA. OPES also conducts reviews of national examination programs to ensure compliance with California requirements.

If OPES is unable to provide the requested service, external development and review may occur. External examination development or review of a national licensure examination occurs when the board contracts with a qualified private testing firm.

7. STANDARDS FOR DETERMINING APPROPRIATE COSTS OF REVIEWS OF DIFFERENT TYPES OF EXAMINATIONS, MEASURED IN TERMS OF HOURS REQUIRED

The *Standards* provide "a basis for evaluating the quality of testing practices." These criteria can be used to identify tasks that must be performed in the development and validation of a licensure examination. Costs are applied to the performance of each task, based on its difficulty, available technology, and the complexity of the profession.

OPES has a defined fee schedule that is based on the number of hours to complete each phase of the project. An occupational analysis and an examination development project will require different tasks to be performed; therefore, the number of hours varies from one phase to another. The time and tasks required depends on the profession, type of exam, number of forms, frequency of administration, technology resources, and other factors.

8. CONDITIONS UNDER WHICH IT IS APPROPRIATE TO FUND PERMANENT AND LIMITED-TERM POSITIONS WITHIN A BOARD TO MANAGE THESE REVIEWS

Because examinations are critical to the mandate for consumer protection, it is necessary that if a board provides an examination, it should maintain examination support staff. The number of support staff needed is determined by each board's examination requirements and secured through the budget process.

Factors that may affect change in the number of needed staff support include, but are not limited to the following:

- An increase in the number of times an examination is offered.
- A change of method by which an examination is administered, for example:
  - From paper to computer-based testing administration.
  - From oral panel to written examination format.
  - From written-only to the addition of a practical examination.
- A change of examination administration, for example:
  - From a national to a California-based examination, or vice versa.
  - A change in examination administration vendors.
- A unique circumstance such as a breach of examination security.
- A change in legislative mandates.

B. YEARLY REPORTING REQUIREMENTS

B&P Code section 139 (c) specifies that every regulatory board shall submit to DCA on or before December 1 of each year its method for ensuring that every licensing examination is subject to periodic evaluation. These evaluations must include four components:

1. A description of the occupational analysis serving as the basis for the examination.
2. Sufficient item analysis data to permit a psychometric evaluation of the items.
3. An assessment of the appropriateness of prerequisites for admittance to the examination.
4. An estimate of the costs and personnel required to perform these functions.

B&P Code section 139 (d) states that the evaluation specified in section 139 (c) may be conducted either by the Board, Bureau, Committee, OPES, or a qualified private testing firm.
OPES compiles this information annually into a report for the appropriate fiscal, policy, and review committees of the Legislature. This report is consolidated into DCA's Annual Report.

VIOLATIONS

Validation ensures that licensing examinations are psychometrically sound, job-related, and legally defensible. Failure to follow the provisions of this policy may result in licensing persons who do not meet the minimum level of competency required for independent and safe practice, exposing California consumers and DCA's regulatory entities to considerable risk of harm by unqualified licensees.

REVISIONS

OPES is responsible for determining whether this policy needs revision; questions regarding revision should be directed to OPES at (916) 575-7240. Specific questions regarding the status or maintenance of this policy should be directed to the Division of Programs & Policy Review at DPPR@dca.ca.gov.

RELATED DOCUMENTS

Departmental Policy Memorandum "Examination Security": OPES 22-01
Departmental Policy "Participation in Examination Workshops": OPES 20-01

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

OCCUPATIONAL ANALYSIS OF THE HEARING AID DISPENSER PROFESSION

STATE OF CALIFORNIA

DEPARTMENT OF CONSUMER AFFAIRS

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

OCCUPATIONAL ANALYSIS OF THE HEARING AID DISPENSER PROFESSION

June 2020

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STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
OFFICE OF PROFESSIONAL EXAMINATION SERVICES

This occupational analysis report is mandated by California Business and Professions Code (B&P) § 139 and by DCA Licensure Examination Validation Policy OPES 18-02.

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 hearing aid dispenser practice in California. The purpose of the OA is to define practice for hearing aid dispensers in terms of the actual tasks that newly licensed hearing aid dispensers 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 hearing aid dispenser profession that can be used to develop the written examination and the practical examination. For the purposes of this report, hearing aid dispenser refers to all professionals licensed to dispense hearing aids; this includes hearing aid dispensers and dispensing audiologists.

OPES test specialists began by researching the profession and by conducting telephone interviews with hearing aid dispensers in locations throughout California. The purpose of these interviews was to identify the tasks performed by hearing aid dispensers and to specify the knowledge and abilities required to perform those tasks in a safe and competent manner. Using the information gathered from the research and the interviews, OPES test specialists developed a preliminary list of tasks performed in hearing aid dispenser practice along with statements representing the knowledge and abilities needed to perform those tasks.

In October 2019, OPES convened two workshops to review and refine the preliminary lists of task, knowledge, and ability statements derived from the telephone interviews. The workshops were comprised of hearing aid dispensers, or subject matter experts (SMEs), with diverse backgrounds in the profession (i.e., location of practice, years licensed, specialty). These SMEs identified changes and trends in hearing aid dispenser practice, determined demographic questions for the OA questionnaire, and performed a preliminary linkage of each task with a knowledge or ability statement. Additional tasks, knowledge, and ability statements were created as needed to complete the scope of the content areas of the description of practice.

After the second workshop, OPES test specialists developed a three-part OA questionnaire to be completed by hearing aid dispensers statewide. Development of the OA questionnaire included a pilot study that was conducted using a group of hearing aid dispensers. The pilot study participants' feedback was incorporated into the final questionnaire.

In the first part of the OA questionnaire, the hearing aid dispensers were asked to provide demographic information relating to their work settings and practice. In the second part, they were asked to rate specific tasks in terms of frequency (i.e., how often the hearing aid dispenser performs the task in the hearing aid dispenser's current practice) and importance (i.e., how important the task is to effective performance of the hearing aid dispenser's current practice). In the third part, they were asked to rate each knowledge and ability statement in terms of how important each is to the effective performance of the hearing aid dispenser's current practice.

In November 2019, the Board sent a letter to 1,157 hearing aid dispensers and 1,172 dispensing audiologists inviting them to complete the OA questionnaire online. A combined total

of 594 hearing aid dispensers and dispensing audiologists, or approximately 26% of the sample, responded by accessing the online OA questionnaire. The final sample size included in the data analysis was 285, or 12% of the licensed population. This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and practicing as hearing aid dispensers in California. Second, questionnaires containing a large volume of incomplete or unresponsive data were excluded. The demographic composition of the final respondent sample appeared to be representative of the licensed hearing aid dispenser population in California.

OPES test specialists then performed data analyses of the task, knowledge, and ability ratings obtained from the OA 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 and ability statement.

Once the data was analyzed, OPES conducted two additional workshops with SMEs in January 2020. The SMEs evaluated the criticality indices and determined whether any task, knowledge, or ability statement should be eliminated. The SMEs in this group also established the final linkage between task and knowledge or ability statements, identified the tasks and knowledge statements for the written examination outline and identified the task and knowledge or ability statements for the practical examination outline. The SMEs also organized the tasks and knowledge or ability statements into content areas for the written and practical examination outlines. The SMEs then evaluated and confirmed the content area and subarea weights of the written examination outline.

The written examination outline is structured into nine content areas weighted by criticality relative to the other content areas. The practical examination outline is structured into six non-weighted content areas These outlines provide a description of the scope of practice for hearing aid dispensers, and identify the tasks, knowledge, and abilities critical to safe and effective hearing aid dispenser practice in California at the time of licensure. Additionally, these examination outlines provide a basis for evaluating the degree to which the content of any examination under consideration measures content critical to hearing aid dispenser practice in California.

OVERVIEW OF THE HEARING AID DISPENSER WRITTEN EXAMINATION OUTLINE

Content Area		Content Area Description	Weight
1.	Equipment/Pre-Visit	This content area assesses the candidate's knowledge of preparing testing equipment and environment to obtain valid and reliable test results.	4%
2.	Case History	This content area assesses the candidate's knowledge of pertinent client information to gather prior to assessment and the management of protected information.	8%
3.	Assessment	This content area assesses the candidate's knowledge of audiometric assessment techniques that determine degree, type, and configuration of hearing loss, and need for medical referral.	24%
4.	Selection and Sales	This content area assesses the candidate's knowledge of patient candidacy and selection of hearing aids.	13%
5.	Ear Impression	This content area assesses the candidate's knowledge of how to take and evaluate an ear impression.	8%
6.	Pre-Fitting	This content area assesses the candidate's knowledge of procedures to establish hearing aid settings and physical characteristics before fitting.	5%
7.	Fitting	This content area assesses the candidate's knowledge of how to fit a hearing aid and associated accessories and apps.	17%
8.	Follow-up Care	This content area assesses the candidate's knowledge of procedures to resolve client issues including physical fit and acoustic targets.	11%
9.	Counseling	This content area assesses the candidate's knowledge of methods to establish realistic expectations and educate the client on optimizing communication while using hearing aids and accessories.	10%
		Total	**100%**

OVERVIEW OF THE HEARING AID DISPENSER PRACTICAL EXAMINATION OUTLINE

Content Area	Content Area Description
1. Equipment/Pre-Visit	This content area assesses the candidate's ability to prepare testing equipment and environment to obtain valid and reliable test results.
2. Assessment	This content area assesses the candidate's ability to perform an audiometric assessment to determine degree, type, and configuration of hearing loss, and need for medical referral.
3. Ear Impression	This content area assesses the candidate's ability to take and evaluate an ear impression.
4. Fitting and Delivery	This content area assesses the candidate's ability to fit a hearing aid and explain associated accessories and apps.
5. Follow-Up/Postfitting Care	This content area assesses the candidate's ability to resolve client issues including physical fit and acoustic targets.
6. Counseling	This content area assesses the candidate's ability to establish realistic expectations and educate the client on optimizing communication while using hearing aids and accessories.

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CHAPTER 1 | INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

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) as part of the Board's comprehensive review of hearing aid dispenser practice in California. The purpose of the OA is to identify critical activities performed by hearing aid dispensers in California. The results of this OA provide a description of practice for the hearing aid dispenser profession that can be used to develop the written examination and the practical examination. For the purposes of this report, hearing aid dispenser refers to all professionals licensed to dispense hearing aids; this includes hearing aid dispensers and audiologists.

At this time, California licensure as a hearing aid dispenser is granted by meeting the educational and experience requirements and passing the Hearing Aid Dispenser Written Examination and the Hearing Aid Dispenser Practical Examination.

CONTENT VALIDATION STRATEGY

OPES used a content validation strategy to ensure that the OA reflected the actual tasks performed by practicing hearing aid dispensers. OPES incorporated the technical expertise of California hearing aid dispensers throughout the OA process to ensure that the identified task, knowledge, and ability statements directly reflect requirements for performance in current practice.

PARTICIPATION OF SUBJECT MATTER EXPERTS

The Board selected California hearing aid dispensers to participate as subject matter experts (SMEs) during the phases of the OA. These SMEs were selected from a broad range of practice settings, geographic locations, and experience backgrounds. During the development phase of the OA, the SMEs provided information regarding the different aspects of current hearing aid dispenser practice. The SMEs also provided technical expertise during the three workshops that were convened to evaluate and refine the content of task, knowledge, and ability statements before administration of the OA questionnaire. After the administration of the OA questionnaire, OPES convened an additional group of SMEs to review the results and finalize the written and practical examination outlines, which ultimately provides the basis of the description of practice.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensing, certification, and registration programs in the State of California adhere strictly to federal and state laws and regulations, as well as to professional guidelines and technical standards. For the purpose of OAs, the following laws and guidelines are authoritative:

- California Business and Professions (B&P) Code § 139.

- Uniform Guidelines on Employee Selection Procedures (1978), Code of Federal Regulations, Title 29 § 1607.
- California Fair Employment and Housing Act, Government Code § 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2018), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure program to meet these standards, it must be solidly based upon the job activities required for practice.

DESCRIPTION OF OCCUPATION

California B&P Code § 2538.11 describes the hearing aid dispenser occupation as follows:

(a) "Practice of fitting or selling hearing aids," as used in this article, means those practices used for the purpose of selection and adaptation of hearing aids, including direct observation of the ear, testing of hearing in connection with the fitting and selling of hearing aids, taking of ear mold impressions, fitting or sale of hearing aids, and any necessary postfitting counseling.

The practice of fitting or selling hearing aids does not include the act of concluding the transaction by a retail clerk.

When any audiometer or other equipment is used in the practice of fitting or selling hearing aids, it shall be kept properly calibrated and in good working condition, and the calibration of the audiometer or other equipment shall be checked at least annually.

(b) A hearing aid dispenser shall not conduct diagnostic hearing tests when conducting tests in connection with the practice of fitting or selling hearing aids.

(c) Hearing tests conducted pursuant to this article shall include those that are in compliance with the Food and Drug Administration Guidelines for Hearing Aid Devices and those that are specifically covered in the licensing examination prepared and administered by the board.

CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONNAIRE

SUBJECT MATTER EXPERT INTERVIEWS

The Board provided OPES with a list of hearing aid dispensers to contact for telephone interviews. During the semi-structured interviews, eight SMEs were asked to identify all of the activities they perform that are specific to the hearing aid dispenser profession. The SMEs outlined major content areas of their practice and confirmed the tasks performed in each content area. The SMEs were also asked to identify the knowledge and ability necessary to perform each task safely and competently.

TASK, KNOWLEDGE, AND ABILITY STATEMENTS

To develop task, knowledge, and ability statements, OPES test specialists integrated the information gathered from literature reviews of profession-related sources (e.g., previous OA reports, articles, industry publications, and laws and regulations) and from the interviews with SMEs.

In early October 2019, OPES test specialists facilitated a workshop with five SMEs from diverse backgrounds (i.e., years licensed, specialty, and practice location) to evaluate the task statements for technical accuracy and comprehensiveness.

In late October 2019, OPES test specialists facilitated a second workshop with four additional SMEs. OPES presented the SMEs with the task, knowledge, and ability statements, and the SMEs assigned each statement to a content area and verified that the content areas were independent and nonoverlapping. In addition, the SMEs performed a preliminary linkage of the tasks with knowledge or ability statements to ensure that every task had a related knowledge or ability statement and every knowledge or ability statement had a related task. The SMEs also verified proposed demographic questions for the OA questionnaire, including questions regarding scope of practice and practice setting.

Once the lists of task, knowledge, and ability statements and the demographic questions were verified, OPES used this information to develop an online questionnaire that was sent to California hearing aid dispensers for completion and evaluation.

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed an online OA questionnaire designed to solicit hearing aid dispensers' ratings of the task, knowledge, and ability statements. The surveyed hearing aid dispensers were instructed to rate how often each task is performed in their practice (Frequency) and how important the task is to effective performance of their current practice (Importance). In addition, they were instructed to rate how important each knowledge or ability statement is to effective performance of their current practice (Importance). The OA questionnaire also included a demographic section for purposes of developing an accurate profile of the respondents. The OA questionnaire can be found in Appendix E.

PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire. The draft questionnaire was reviewed by the Board and then sent to six SMEs who had participated in the task, knowledge, and ability statement development workshops. The respondents provided information about the technical accuracy of the task, knowledge, and ability statements, the estimated time for completion, ease of online navigation, and ease of use of the questionnaire. OPES used this feedback to develop the final questionnaire.

CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

In November 2019, the Board sent a letter to all hearing aid dispensers and dispensing audiologists inviting them to complete the OA questionnaire online. A combined total of 594 hearing aid dispensers and dispensing audiologists accessed the online questionnaire. The invitation can be found in Appendix D.

Of the 1,157 hearing aid dispensers and 1,172 dispensing audiologists invited to complete the questionnaire, 594 (26%) responded by accessing the online questionnaire. The final sample size included in the data analysis was 285, or 12% of the population that was invited to complete the questionnaire. This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and practicing as hearing aid dispensers in California. Second, questionnaires containing a large volume of missing or unresponsive data were also excluded. The final respondent sample appears to be representative of the population of California hearing aid dispensers based on the sample's demographic composition.

DEMOGRAPHIC SUMMARY

As shown in Table 1 and Figure 1, 46.7% of the respondents included in the analysis reported having been licensed for 5 years or fewer, 17.9% for 6–10 years, 19.3% for 11–20 years, and 15.8% for more than 20 years. Table 2 and Figure 2 show that 32.6% of the respondents reported high school as their highest level of education and 31.2% reported a bachelor's degree as their highest level of education.

As shown in Table 3 and Figure 3, 53.7% of the respondents reported working 40 or more hours per week, 25.6% reported working 30–39 hours per week, 7.7% reported working 20–29 hours per week, 6.0% reported working 10–19 hours per week, and 7.0% reported working 9 hours or fewer. Table 4 and Figure 4 show that 24.6% of respondents reported seeing 0–20 clients per week, 39.6% reported seeing 21–40 clients, 28.4% reported seeing 41–60 clients, and 6.7% reported seeing more than 60 clients per week.

When asked to indicate how they were trained in the hearing aid profession before obtaining a California license, 52.6% reported using a Hearing Aid Trainee license, 30.2% reported on-the-job training, 5.6% reported training in school, and 4.9% reported being licensed in another U.S. state (see Table 5 and Figure 5).

When asked to indicate the number of work locations in California where they provide hearing aid dispenser services, 70.5% reported providing services in one location, 16.1% reported providing services in two locations, and 13.0% reported providing services in three or more locations (see Table 6 and Figure 6).

When asked their primary practice setting, 28.8% of the respondents reported big box or other retail, 26.3% reported private practice, 18.9% reported corporation, 8.4% reported audiology clinic, and 6.0% reported franchise (see Table 7 and Figure 7).

Table 8 and Figure 8 show the variety of tasks performed by respondents. The top five tasks reported were: routine service of hearing aids (97.9%), hearing tests (97.2%), documentation of client's records (97.2%), in-office minor repairs (96.8%), and custom ear impressions (96.5%).

When asked to indicate what percent of hearing aids dispensed annually were a given style of hearing aid, respondents reported that 72.6% of hearings aids dispensed were receiver in the canal (RIC) (see Table 9 and Figure 9).

TABLE 1 – NUMBER OF YEARS LICENSED AS A HEARING AID DISPENSER

YEARS	NUMBER (N)	PERCENT
0–5 years	133	46.7
6–10 years	51	17.9
11–20 years	55	19.3
More than 20 years	45	15.8
Missing	1	0.4
Total	285	100*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 1 – NUMBER OF YEARS LICENSED AS A HEARING AID DISPENSER

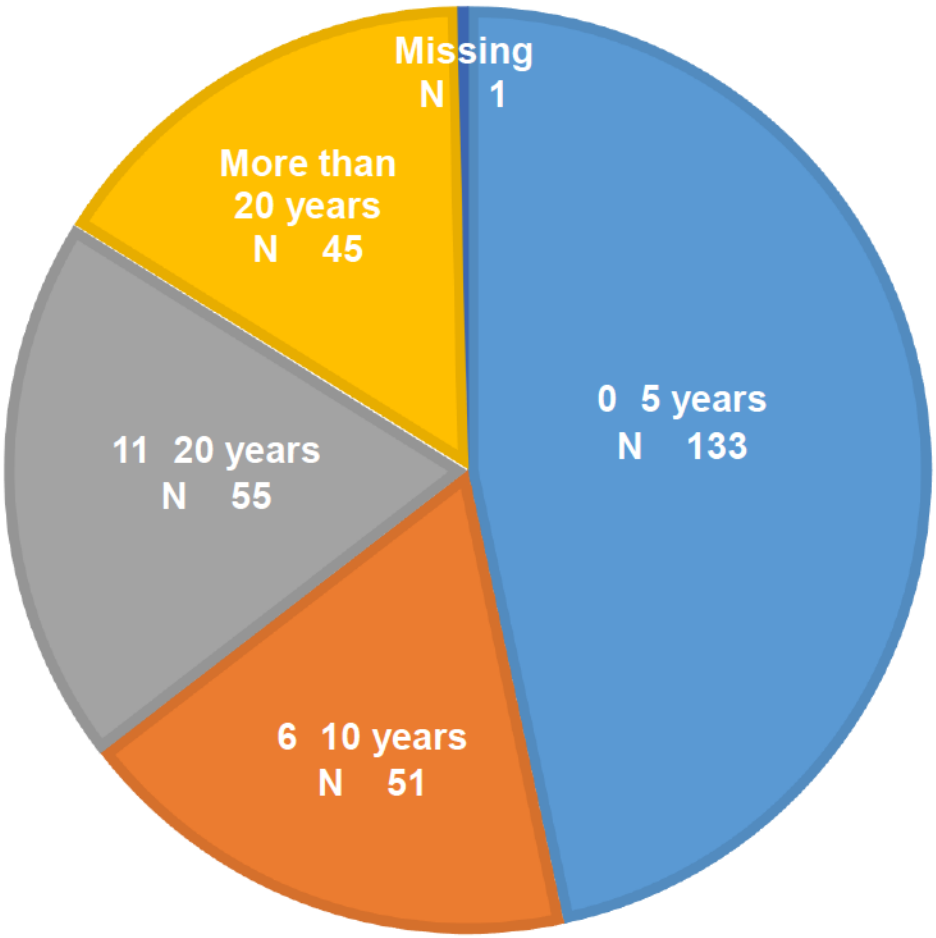


TABLE 2 – EDUCATION LEVEL

DEGREE	NUMBER (N)	PERCENT
High school diploma	93	32.6
Associates degree	47	16.5
Bachelor's degree	89	31.2
Master's degree	21	7.4
Doctorate	19	6.7
Other	15	5.3
Missing	1	0.4
Total	285	100*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 2 – EDUCATION LEVEL

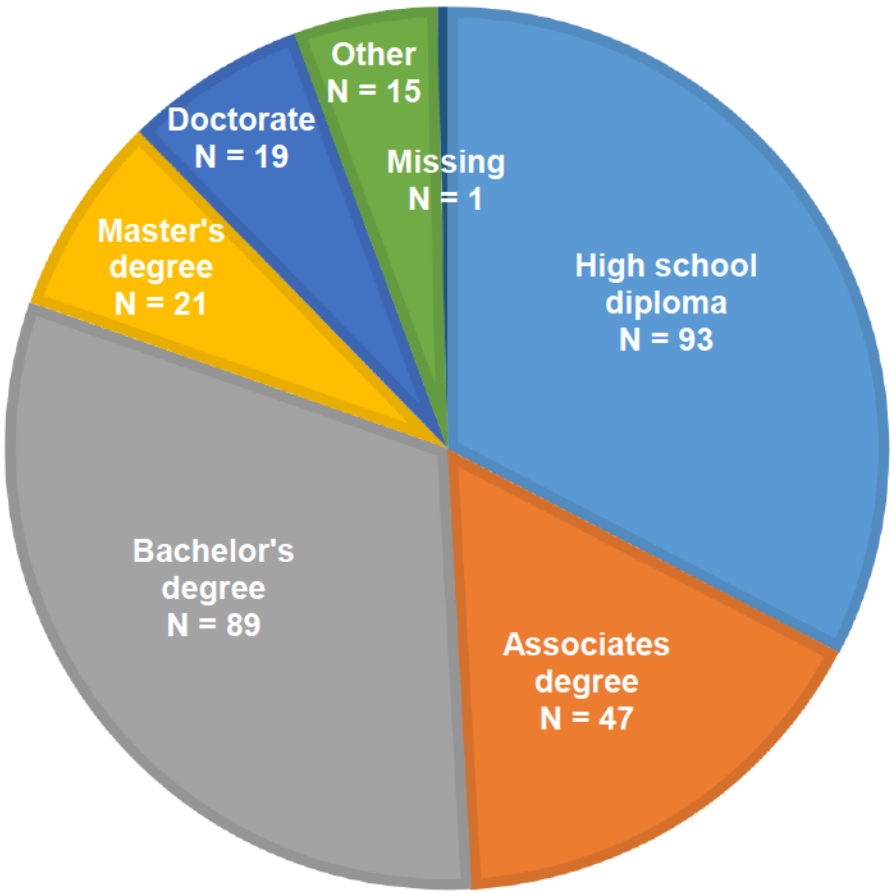


TABLE 3 – HOURS WORKED PER WEEK

HOURS	NUMBER (N)	PERCENT
9 hours or fewer	20	7.0
10–19 hours	17	6.0
20–29 hours	22	7.7
30–39 hours	73	25.6
40 or more hours	153	53.7
Total	285	100.0

FIGURE 3 – HOURS WORKED PER WEEK

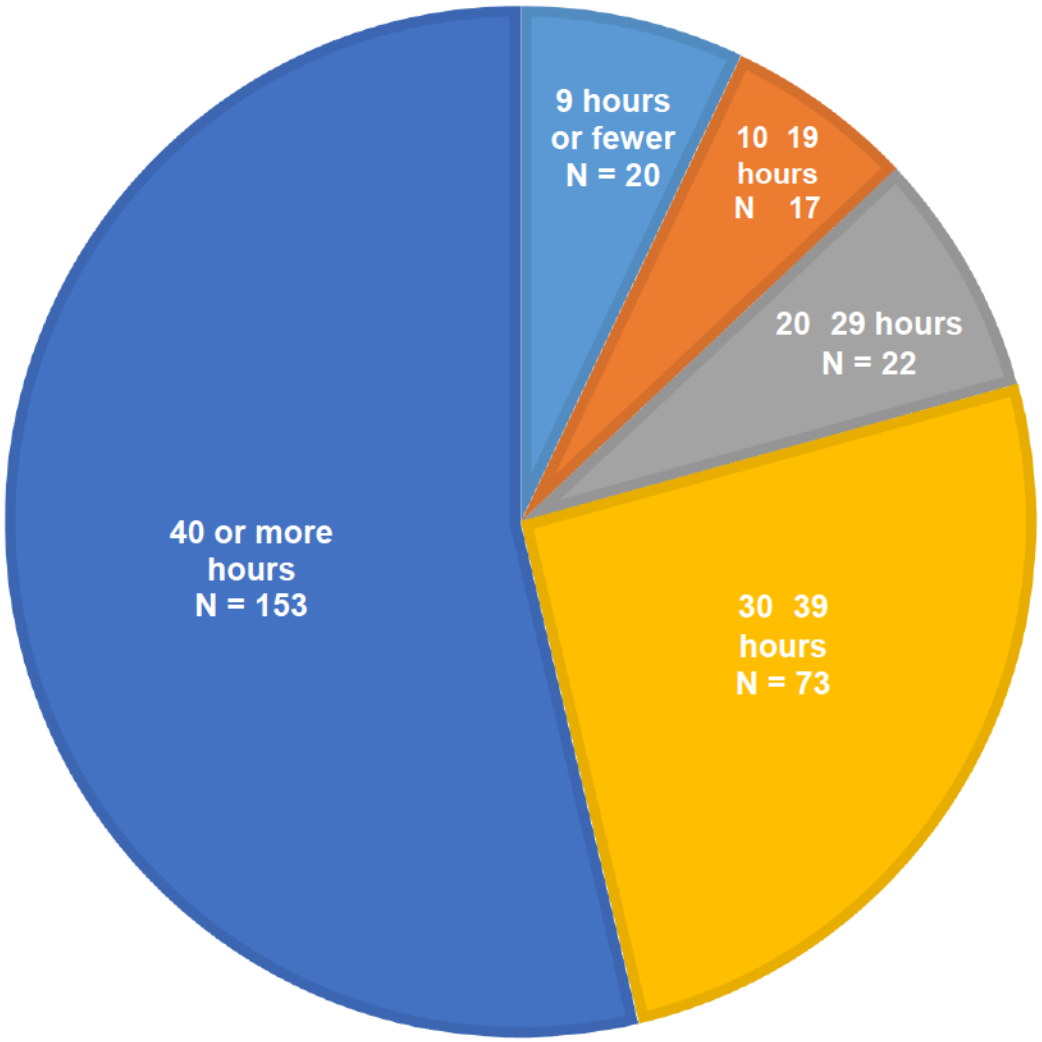


TABLE 4 – CLIENTS SEEN PER WEEK

CLIENTS	NUMBER (N)	PERCENT
0–20 clients	70	24.6
21–40 clients	113	39.6
41–60 clients	81	28.4
More than 60 clients	19	6.7
Missing	2	0.7
Total	285	100.0

FIGURE 4 – CLIENTS SEEN PER WEEK

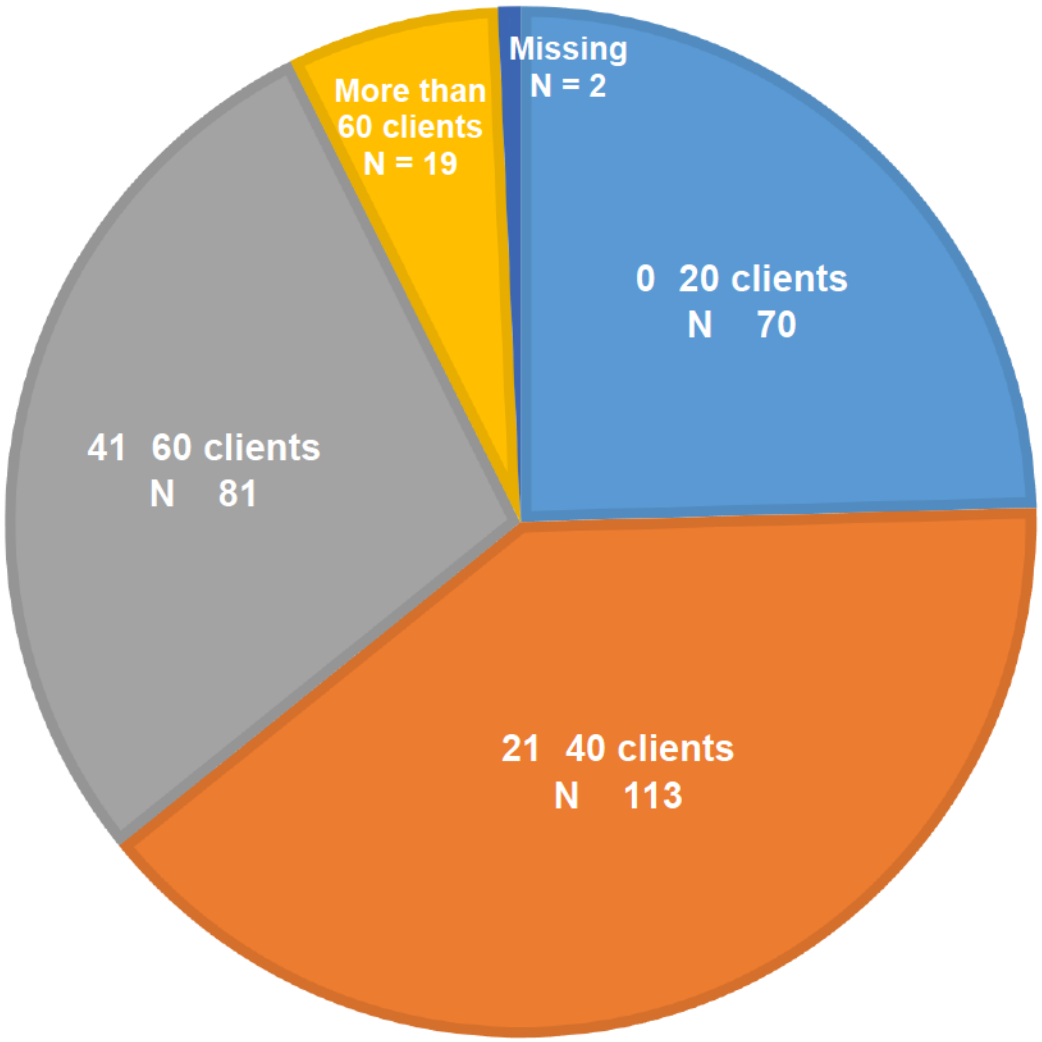


TABLE 5 – TRAINING

TYPE	NUMBER (N)	PERCENT
On-the-job training	86	30.2
Hearing Aid Trainee license	150	52.6
Licensed in another U.S. state	14	4.9
In school	16	5.6
Other	17	6.0
Missing	2	0.7
Total	285	100.0

FIGURE 5 – TRAINING

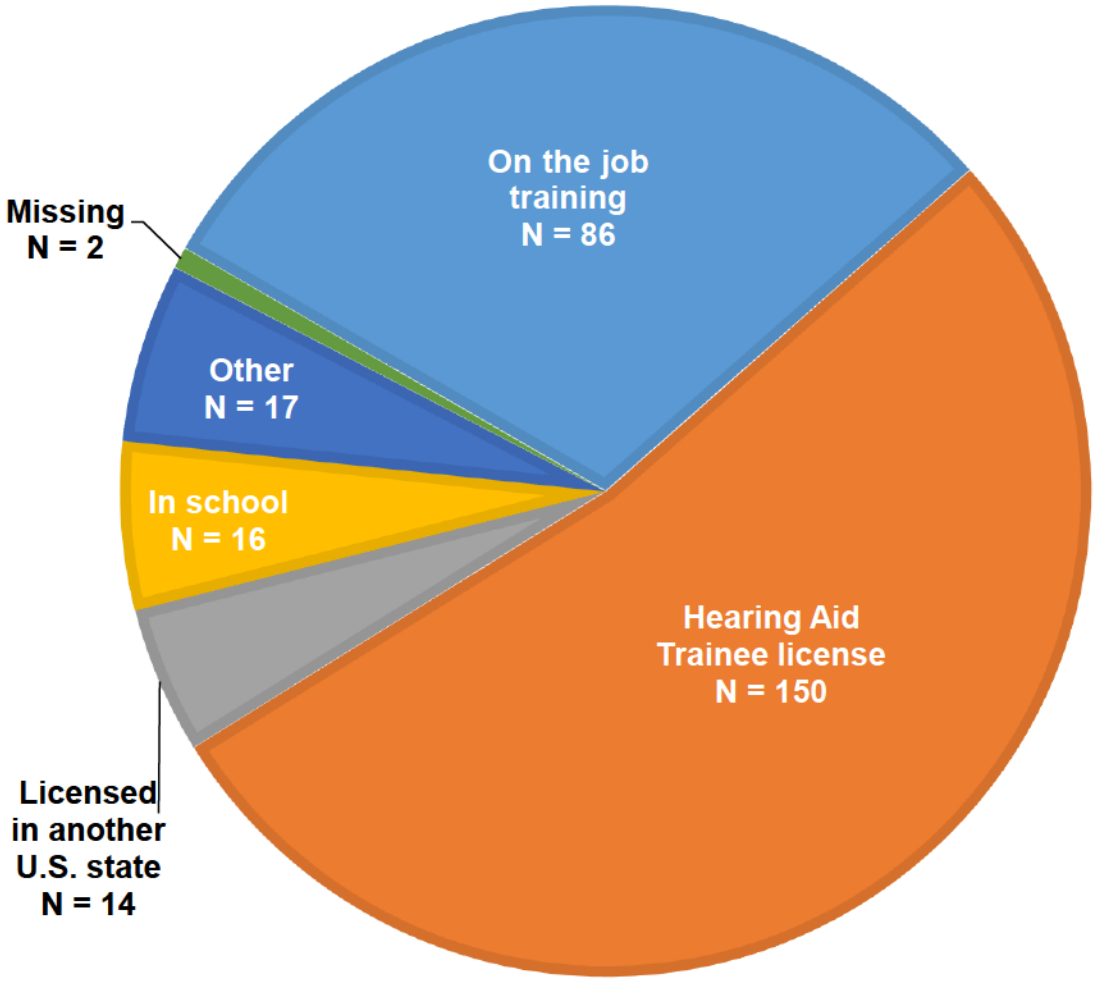


TABLE 6 – NUMBER OF WORK LOCATIONS

LOCATIONS	NUMBER (N)	PERCENT
One location	201	70.5
Two locations	46	16.1
Three or more locations	37	13.0
Missing	1	0.4
Total	285	100.0

FIGURE 6 – NUMBER OF WORK LOCATIONS

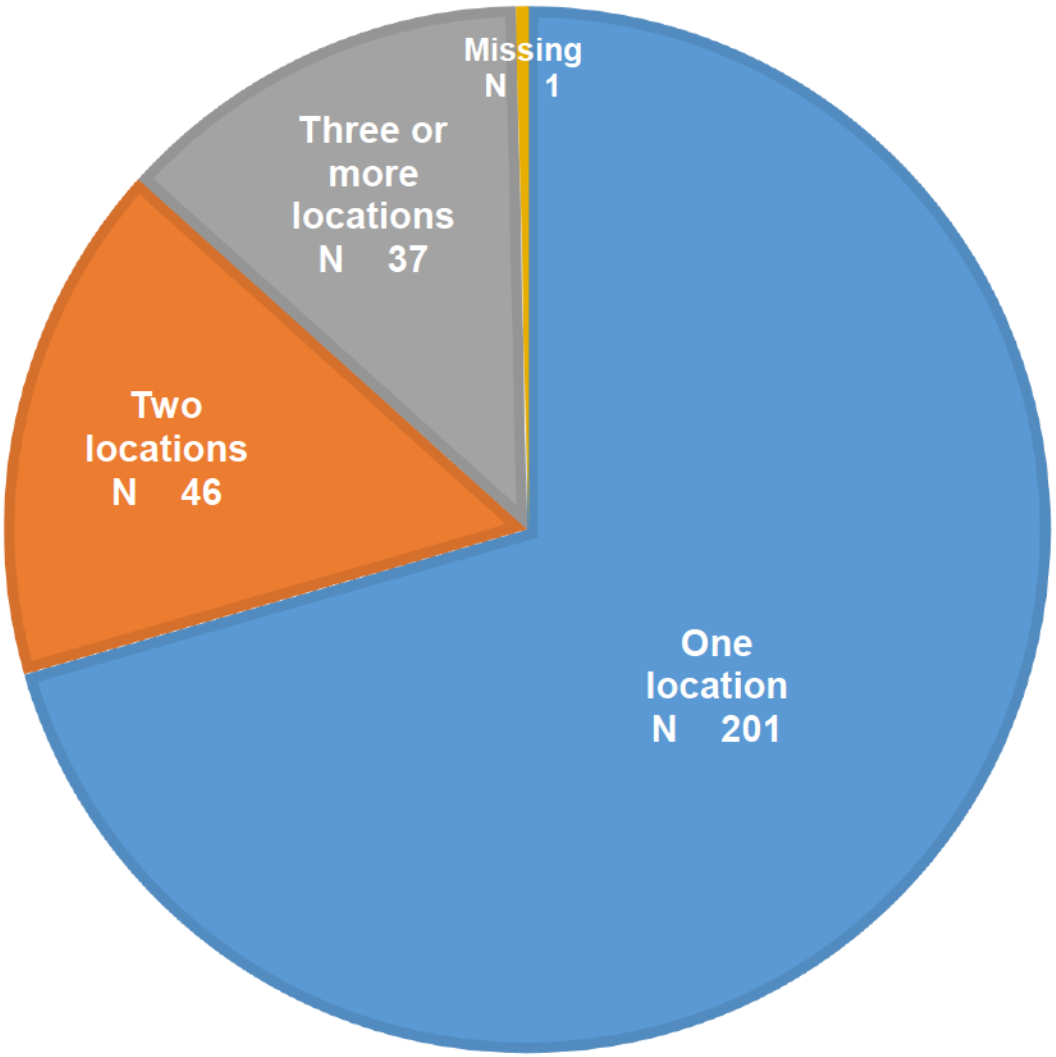


TABLE 7 – PRIMARY PRACTICE SETTING

SETTING	NUMBER (N)	PERCENT
Audiology clinic	24	8.4
Hospital/medical clinic	8	2.8
Big box or other retail	82	28.8
Corporation	54	18.9
Franchise	17	6.0
Manufacturer-owned distribution	11	3.9
Private doctor's office	10	3.5
Private practice	75	26.3
Missing	4	1.4
Total	285	100.0

FIGURE 7 – PRIMARY PRACTICE SETTING

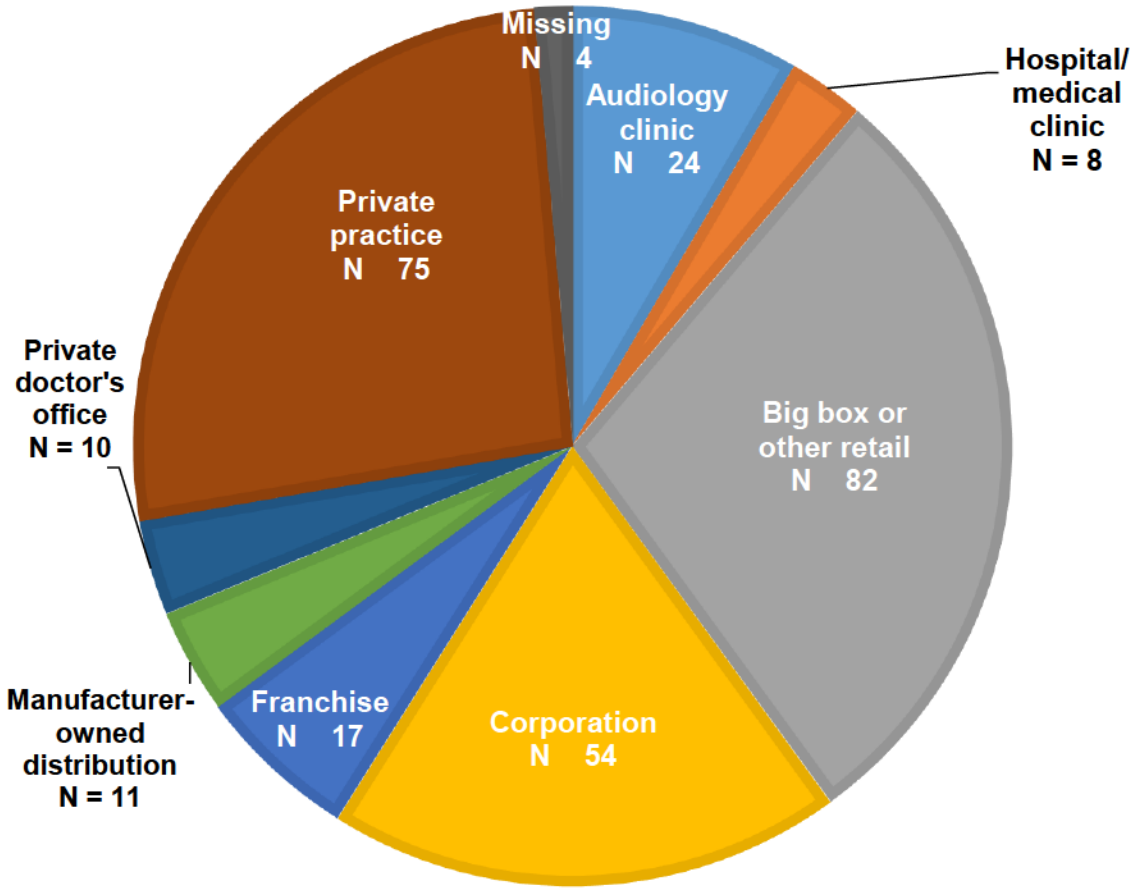


TABLE 8 – TASKS PERFORMED AS A HEARING AID DISPENSER*

TASKS	NUMBER (N)	PERCENT
Documentation of client's records	277	97.2
Client satisfaction survey	163	57.2
Routine service of hearing aids	279	97.9
In-office minor repairs	276	96.8
Custom ear impressions	275	96.5
Real ear measurements	223	78.2
Speech discrimination (WRS/SDS)	270	94.7
Speech mapping	148	51.9
Hearing tests (audiometric evaluations)	277	97.2

*NOTE: Respondents were asked to select all that apply. Percentages indicate the proportion in the sample of respondents.

FIGURE 8 – TASKS PERFORMED AS A HEARING AID DISPENSER

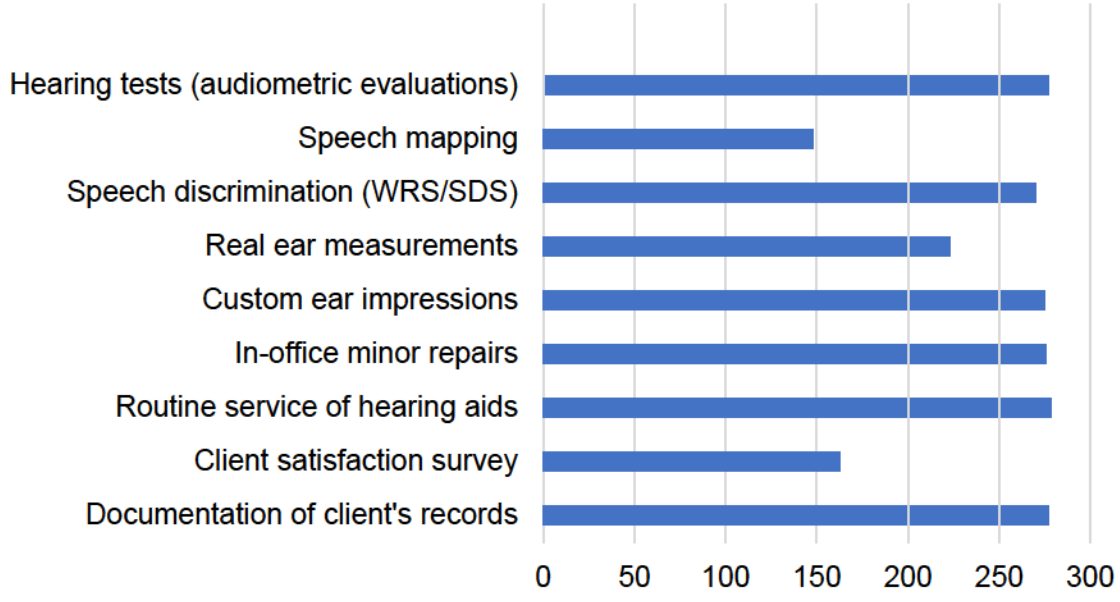


TABLE 9 – HEARING AID PLACEMENT STYLE*

PLACEMENT	MEAN PERCENT
Behind the ear (BTE) standard	9.6
Behind the ear (BTE) open	6.2
Receiver in the canal (RIC)	72.6
Completely in the canal (CIC)	6.6
In the canal (ITC)	6.3
In the ear (ITE)	4.8
Deep insertion	2.4

*NOTE: Respondents were to select the percentage of hearing aid styles dispensed annually totaling 100. Percentages indicate the mean respondent rating for each hearing aid style.

FIGURE 9 – HEARING AID PLACEMENT STYLE

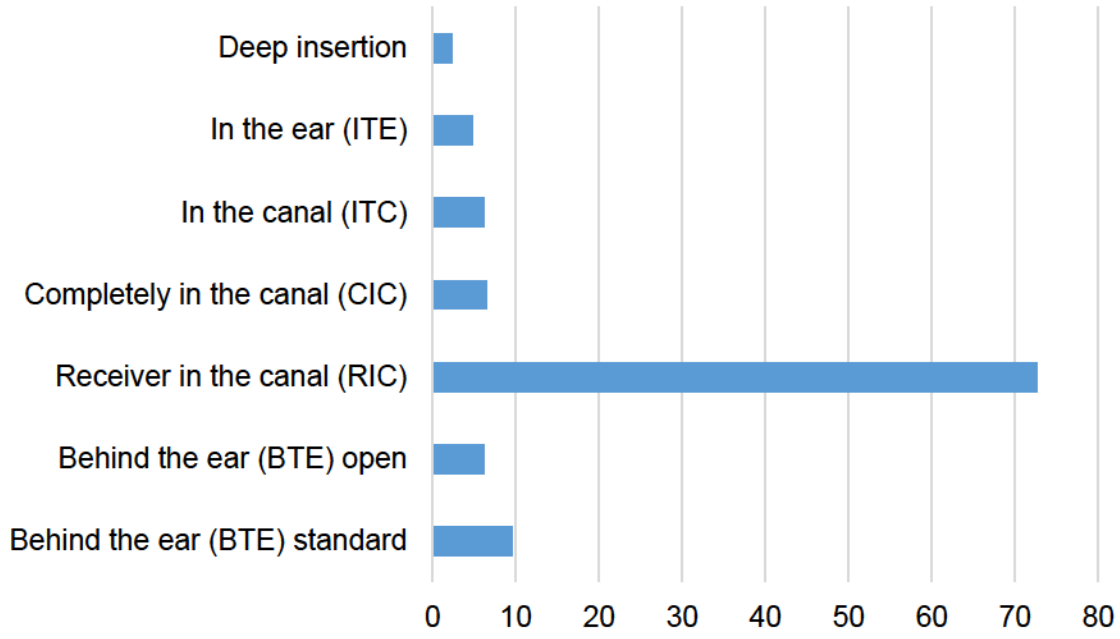


TABLE 10 – RESPONDENTS BY REGION

REGION	NUMBER (N)	PERCENT
Los Angeles County and Vicinity	80	28.1
San Francisco Bay Area	43	15.1
San Joaquin Valley	20	7.0
Sacramento Valley	24	8.4
San Diego County and Vicinity	30	10.5
Shasta-Cascade	6	2.1
Riverside and Vicinity	44	15.4
Sierra Mountain Valley	5	1.8
North Coast	10	3.5
South Coast and Central Coast	23	8.1
Total	285	100.0

See Appendix A for a more detailed breakdown of the frequencies by region.

CHAPTER 4 | DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

OPES evaluated the task, knowledge, and ability ratings obtained by the questionnaire with a standard index of reliability, coefficient alpha (α), that ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the task, knowledge, and ability statements. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 11 displays the reliability coefficients for the task statement rating scale in each content area as it was presented in the questionnaire. The overall ratings of task frequency and task importance across content areas were highly reliable (frequency α = .970; importance α = .978). Table 12 displays the reliability coefficients for the knowledge and ability statement rating scale in each content area as it was presented in the questionnaire. The overall ratings of knowledge and ability importance across content areas were highly reliable (α = .996). These results indicate that the responding hearing aid dispensers rated the task, knowledge, and ability statements consistently throughout the questionnaire.

TABLE 11 – TASK SCALE RELIABILITY*

CONTENT AREA**	NUMBER OF TASKS	α FREQUENCY	α IMPORTANCE
1. Appointment Preparation and Client Intake	7	.702	.810
2. Assessment	14	.917	.935
3. Selection and Sales	19	.966	.955
4. Pre-Fitting and Fitting	13	.890	.918
5. Follow-up and Postfitting Care	8	.893	.935
6. Counseling and Miscellaneous	3	.404	.424
Total	64	.970	.978

*NOTE: The total shown is not the sum of the individual content area ratings of task frequency and importance but rather the overall rating of task frequency and task importance.
**NOTE: The content areas match the original content areas from the questionnaire.

TABLE 12 – COMBINED KNOWLEDGE AND ABILITY SCALE RELIABILITY*

CONTENT AREA**	NUMBER OF STATEMENTS	α IMPORTANCE
1. Appointment Preparation and Client Intake	16	.948
2. Assessment	57	.984
3. Selection and Sales	55	.988
4. Pre-Fitting and Fitting	50	.989
5. Follow-up and Postfitting Care	27	.980
6. Counseling and Miscellaneous	9	.867
Total	214	.996

*NOTE: The total shown is not the sum of the individual content area ratings of importance but rather the overall rating of importance.
**NOTE: The content areas match the original content areas from the questionnaire.

TASK CRITICALITY INDICES

OPES convened two workshops consisting of a total of 13 hearing aid dispenser SMEs in January 2020. The purpose of these workshops was to verify the essential tasks, knowledge, and abilities required for safe and effective hearing aid dispenser practice at the time of licensure. The SMEs reviewed the mean frequency and importance ratings for each task and its criticality index and evaluated the mean importance ratings for all knowledge and ability statements.

To calculate the criticality indices of the task statements, OPES test specialists used the following formula. For each respondent, OPES first multiplied the frequency rating (Fi) and the importance rating (Ii) for each task. Next, OPES averaged the multiplication products across respondents as shown below.

Task criticality index = mean [(Fi) X (Ii)]

The task statements were sorted by content area and organized in descending order of their criticality index. The task statements, their mean frequency and importance ratings, and their associated criticality indices are presented in Appendix B.

The SMEs who participated in the January 2020 workshops evaluated the task criticality indices derived from the questionnaire results. OPES test specialists instructed the SMEs to identify a criticality index cutoff value to determine if any of the tasks did not have a high enough criticality index to be retained. Based on their review, the SMEs indicated a cutoff value of 3.0 was appropriate for the Practical Examination and T64 was dropped. The criticality indices of the task statements are identified in Appendix B. The exclusion of a task statement from the examination outline does not mean that the task is not used in practice; it means that the SMEs determined that the task was not critical for testing (had a low criticality rating) relative to other

tasks within the scope of hearing aid dispenser practice. The SMEs also determined that T26, T27, and T28 and the associated knowledge statements warranted an additional content area. This content area was labeled Ear Impression, and was added to the examination outlines.

KNOWLEDGE AND ABILITY IMPORTANCE RATINGS

To determine the importance of each knowledge and ability statement, the mean importance (K Imp) rating for each statement was calculated. The knowledge and ability statements and their mean importance ratings, sorted by descending order of mean importance and grouped by content area, are presented in Appendix C.

The SMEs who participated in the January 2020 workshops and who evaluated the task criticality indices also reviewed the knowledge and ability statement mean importance ratings. Based on their review, the SMEs determined that four knowledge statements (K30, K35, K47, and K48) were adequately covered elsewhere in the examination plan; those statements were deleted. The eliminated knowledge statements are identified in Appendix C.

CHAPTER 5 | WRITTEN EXAMINATION OUTLINE

TASK-KNOWLEDGE LINKAGE

The SMEs who participated in the January 2020 workshops reviewed the preliminary assignments of the task and knowledge statements to content areas from the October 2019 workshops. The SMEs established the final linkage of specific knowledge statements to task statements for the written and practical examination outlines. The SMEs also reviewed the content areas and wrote descriptions for each content area.

CONTENT AREAS AND WEIGHTS

The SMEs in the January 2020 workshops also finalized the weights for content areas on the Hearing Aid Dispenser Written Examination outline. OPES test specialists presented the SMEs with preliminary weights of the content areas that were calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks, as shown below.

$$\frac{\textit{Sum of Criticality Indices for Tasks in Content Area}}{\textit{Sum of Criticality Indices for All Tasks}} = \textit{Percent Weight of Content Area}$$

The SMEs evaluated the preliminary weights by reviewing the following elements for each content area: the group of tasks and knowledge, the linkage established between the tasks and knowledge, and the relative importance of the tasks to hearing aid dispenser practice in California. The SMEs adjusted the preliminary weights based on what they perceived as the relative importance of the tasks' content to hearing aid dispenser practice in California. The SMEs also created subareas within each content area and determined the distribution of the content area weight across the subareas by consensus. A summary of the content area and subarea weights for the Hearing Aid Dispenser Written Examination outline is presented in Table 13.

TABLE 13 – WRITTEN EXAMINATION CONTENT AREA WEIGHTS

CONTENT AREA	Preliminary Weights	Final Weights
1. Equipment/Pre-Visit	6%	4%
2. Case History	8%	8%
3. Assessment	25%	24%
4. Selection and Sales	13%	13%
5. Ear Impression	8%	8%
6. Pre-Fitting	7%	5%
7. Fitting	17%	17%
8. Follow-Up Care	11%	11%
9. Counseling	6%	10%
Total	100%*	100%

*NOTE: Percentages do not add to 100 due to rounding.

TABLE 14 – FINAL WRITTEN EXAMINATION CONTENT AREA AND SUBAREA WEIGHTS

CONTENT AREA AND SUBAREA	Final Weights	
1. Equipment/Pre-Visit	4%	
2. Case History	8%	
3. Assessment	24%	
3.1. Pre-Assessment		2%
3.2. Assessment		16%
3.3. Evaluation and Interpretation of Results		6%
4. Selection and Sales	13%	
4.1. Hearing Aid Candidacy, Recommendation, and Selection		10%
4.2. Sale		3%
5. Ear Impression	8%	
6. Pre-Fitting	5%	
7. Fitting	17%	
7.1 First Fit		8%
7.2 Delivery		9%
8. Follow-Up Care	11%	
8.1 Postfitting Care		8%
8.2 Repairs		3%
9. Counseling	10%	
Total	100%	

The examination outline for the Hearing Aid Dispenser Written Examination is presented in Table 15.

TABLE 15 – EXAMINATION OUTLINE: HEARING AID DISPENSER WRITTEN EXAMINATION

1. Equipment/Pre-Visit (4%) - This content area assesses the candidate's knowledge of preparing testing equipment and environment to obtain valid and reliable test results.

Tasks		*Associated Knowledge Statements*	
T1	Verify function and calibration of test equipment.	K1	Knowledge of calibration requirements for audiometric equipment.
		K2	Knowledge of methods to perform a listening check of audiometric equipment.
		K3	Knowledge of function and procedures to operate audiometric equipment.
T2	Sanitize equipment (e.g., examination and audiometric equipment) before contact with client.	K5	Knowledge of methods to sanitize equipment that will be used on client.
T3	Maintain an environment that is conducive to audiometric assessment.	K6	Knowledge of physical, medical, and environmental conditions that affect audiometric assessment procedures.

2. Case History (8%) - This content area assesses the candidate's knowledge of pertinent client information to gather prior to assessment and the management of protected information.

	Tasks		*Associated Knowledge Statements*
T4	Obtain client report of symptoms.	K7	Knowledge of techniques to gather and assess client symptoms.
T5	Obtain pertinent client health and family health history.	K8	Knowledge of health, genetic, and medical conditions that may contribute to hearing loss.
		K9	Knowledge of the effect of hearing aid use history on assessment and treatment.
		K10	Knowledge of the effect of ear surgery history on assessment and treatment.
		K11	Knowledge of types of illnesses, medical treatments, and medications that may affect hearing.
		K12	Knowledge of health history questions to assess for conditions that may contribute to hearing loss.
		K13	Knowledge of effects of ear pathologies on hearing loss.
T6	Obtain pertinent client social and environmental history.	K14	Knowledge of the effect of exposure to physical or acoustic trauma on hearing loss and treatment.
		K15	Knowledge of lifestyle activities that could impact hearing loss and treatment.
T7	Document and maintain protected client hearing and health information.	K16	Knowledge of HIPAA laws and regulations.

3. Assessment (24%) - This content area assesses the candidate's knowledge of audiometric assessment techniques that determine degree, type, and configuration of hearing loss, and need for medical referral.

Subarea	*Tasks*		*Associated Knowledge Statements*	
3.1 Pre-Assessment (2%)	T9	Determine need for referral to a physician by assessing client symptoms, objective signs, and medical history.	K24	Knowledge of objective signs and subjective symptoms that require a medical referral.
			K25	Knowledge of laws and regulations pertaining to signs and symptoms that require a medical referral.
	T10	Develop audiometric assessment plan to accommodate client needs.	K26	Knowledge of health, genetic, and medical conditions that may impact audiometric assessment.
			K28	Knowledge of logical order of assessment procedures.
			K29	Knowledge of issues that would require a modification to assessment procedures.
			K31	Knowledge of anatomical features that require a change in testing methodology.
			K32	Knowledge of methods and procedures to test clients with abnormal anatomy.
3.2 Assessment (16%)	T11	Explain procedures to client before and during audiometric assessment.	K33	Knowledge of methods to inform clients about audiometric assessment procedures.
	T12	Perform pure tone air and bone conduction assessments.	K36	Knowledge of purposes and procedures of performing pure tone air conduction assessment.
			K37	Knowledge of purposes and procedures to perform pure tone bone conduction assessment.
			K40	Knowledge of methods to monitor and assess client subjective response to auditory stimuli.

3. Assessment, continued (24%) - This content area assesses the candidate's knowledge of audiometric assessment techniques that determine degree, type, and configuration of hearing loss, and need for medical referral.

Subarea	*Tasks*		*Associated Knowledge Statements*	
3.2 Assessment, continued (16%)	T13	Perform masking during hearing assessment.	K41	Knowledge of purpose of performing masking.
			K42	Knowledge of concept and implications of under and overmasking.
			K43	Knowledge of procedures of masking during pure tone air conduction testing.
			K44	Knowledge of procedures of masking during pure tone bone conduction testing.
			K45	Knowledge of procedures of masking during speech testing.
	T14	Measure client threshold of discomfort (i.e., TD, UCL, LDL), to determine loudness tolerance.	K49	Knowledge of principles and procedures to establish client threshold of discomfort for pure tones and speech discrimination.
	T15	Perform most comfortable level assessment (MCL).	K51	Knowledge of purposes, principles, and procedures of establishing client most comfortable level (MCL) for speech.
	T16	Perform speech reception threshold assessment.	K52	Knowledge of principles and procedures of establishing speech reception threshold.
			K53	Knowledge of procedures to perform speech reception threshold testing.
	T17	Perform speech WRS/SD (word recognition score / speech discrimination) assessment.	K54	Knowledge of principles and procedures to perform speech discrimination / word recognition assessment.
	T18	Chart and document results of audiometric assessment.	K56	Knowledge of methods to chart and document assessment results.

3. Assessment, continued (24%) - This content area assesses the candidate's knowledge of audiometric assessment techniques that determine degree, type, and configuration of hearing loss, and need for medical referral.

Subarea	*Tasks*		*Associated Knowledge Statements*	
3.3 Evaluation and Interpretation of Results (6%)	T19	Evaluate client audiometric assessment results to determine if retesting is necessary.	K57	Knowledge of reliable assessment results based on client audiometric and behavioral indications.
			K58	Knowledge of relationship between audiometric results and speech assessment results.
			K59	Knowledge of conditions, error, or reliability issues that indicate retesting is necessary.
	T20	Evaluate client audiometric assessment results to determine degree, type, and configuration of hearing loss.	K61	Knowledge of principles and criteria for determining significant air-bone gap.
			K62	Knowledge of criteria to identify asymmetrical hearing loss.
			K63	Knowledge of how to interpret audiometric assessment results.
			K65	Knowledge of audiometric test results that require medical referral.
			K66	Knowledge of type, degree, and configuration of hearing loss indicated by audiometric assessment results.
	T21	Explain and discuss client audiometric assessment results and evaluation of hearing loss with implications for communication.	K67	Knowledge of criteria to compare client audiometric test results with subjective symptoms.
			K68	Knowledge of criteria to identify changes in hearing.
			K69	Knowledge of symptoms associated with specific audiometric assessment results.
			K70	Knowledge of counseling techniques to help explain audiometric assessment results to clients.
			K71	Knowledge of methods to counsel clients and explain implications of hearing loss.
			K72	Knowledge of hearing difficulties related to the degree, type, and configuration of hearing loss.
			K73	Knowledge of consequences of untreated hearing loss.

4. Selection and Sales (13%) - This content area assesses the candidate's knowledge of patient candidacy and selection of hearing aids.

Subarea	*Tasks*		*Associated Knowledge Statements*	
4.1 Hearing Aid Candidacy, Recommendation, and Selection (10%)	T22	Determine client candidacy for hearing aids.	K74	Knowledge of how to use assessment results to determine amplification recommendations.
			K75	Knowledge of anatomical variations that affect client candidacy for amplification.
			K76	Knowledge of hearing amplification requirements for different hearing losses.
			K77	Knowledge of indications for monaural, binaural, or CROS systems, and implantable devices.
			K78	Knowledge of the advantages of different styles of hearing aids.
			K79	Knowledge of audiometric assessment results that affect earmold/dome selection.
			K80	Knowledge of physical considerations that affect manipulation of hearing aids.
			K81	Knowledge of client needs that affect hearing aid selection and fitting.
	T23	Apply client historical information to hearing aid selection and settings.	K82	Knowledge of previous hearing aid use and how that impacts new hearing aid fitting.
			K83	Knowledge of effects of previous hearing aid use on client motivation for hearing assistance.
			K84	Knowledge of hearing aid features.
	T24	Determine client lifestyle compatibility with hearing aid features.	K85	Knowledge of criteria for selecting hearing aid parameters based on client needs.
			K86	Knowledge of benefits of hearing aid amplification for various lifestyles.
	T25	Determine hearing aid options and accessories to recommend to clients.	K87	Knowledge of types of hearing aid options and accessories (e.g., Bluetooth, remote controls, TV, telecoil, and FM).
			K88	Knowledge of types of hearing aid controls.
			K89	Knowledge of methods to explain hearing aid options to clients.
			K90	Knowledge of dynamic range considerations for hearing aid selection.
			K92	Knowledge of advantages of different styles of hearing aids.

4. Selection and Sales, continued (13%) - This content area assesses the candidate's knowledge of patient candidacy and selection of hearing aids.

Subarea	*Tasks*		*Associated Knowledge Statements*	
4.1 Hearing Aid Candidacy, Recommendation, and Selection, continued (10%)	T38	Select user-controlled options of hearing aid.	K122	Knowledge of purposes and procedures to select user-controlled options of hearing aids.
			K123	Knowledge of purposes and procedures of adjusting acoustic characteristics of hearing aids.
	T37	Select physical characteristics of earmold or domes to fit client needs.	K121	Knowledge of purposes and procedures of selecting options and styles of earmolds or domes.
4.2 Sale (3%)	T39	Obtain signed medical clearance or medical waiver from client before selling hearing aids.	K124	Knowledge of requirement to obtain medical clearance or waiver for clients.
	T40	Dispense hearing aid to client by adhering to state and federal guidelines and regulations.	K125	Knowledge of dispenser legal obligation to client to adjust, replace, and refund hearing aids.
			K126	Knowledge of laws and regulations regarding the sale and fitting of hearing aids.
			K127	Knowledge of FDA regulations regarding the sale of hearing aids.
			K128	Knowledge of requirements of documenting hearing aid sales.

5. Ear Impression (8%) - This content area assesses the candidate's knowledge of how to take and evaluate an ear impression.

Tasks		*Associated Knowledge Statements*	
T26	Evaluate client ear canal to determine whether an ear impression can safely be performed.	K93	Knowledge of purpose and procedures to take an ear impression.
		K94	Knowledge of purpose and procedures of evaluating client ear canal before an ear impression.
T27	Inform client about ear impression procedures to make client aware of sensations.	K95	Knowledge of expectations and sensations experienced during impression procedures.
T28	Select type and size of blocking material (e.g., cotton dam) to use during ear impression process.	K97	Knowledge of procedures to take ear impressions on clients with abnormal anatomy (e.g., mastoid cavities).
		K98	Knowledge of methods to determine size and type of blocking material needed during an ear impression.
		K99	Knowledge of how to determine placement of blocking material.
		K100	Knowledge of purposes of using blocking material during an ear impression.

6. Pre-Fitting (5%) - This content area assesses the candidate's knowledge of procedures to establish hearing aid settings and physical characteristics before fitting.

	Tasks		*Associated Knowledge Statements*
T41	Check hearing aids to verify functionality and consistency with order before fitting.	K129	Knowledge of the American National Standards Institute (ANSI) standards for hearing aid performance.
		K130	Knowledge of purposes and methods of evaluating physical characteristics of hearing aids.
		K131	Knowledge of methods to verify function of hearing aids.
		K132	Knowledge of manufacturer specifications (included features and settings) for hearing aids.
T42	Evaluate physical characteristics of custom products and earmolds before fitting (e.g., shell, canal, consistency with order, defects).	K133	Knowledge of methods used to verify earmold received from manufacturer.
		K134	Knowledge of purposes and methods of evaluating physical characteristics of earmolds.
T44	Pre-program or adjust hearing aid settings for client.	K136	Knowledge of procedures of setting levels of maximum output for hearing aids.
		K137	Knowledge of how to program and adjust hearing aids.
		K138	Knowledge of methods to configure and verify program settings of hearing aids.
		K139	Knowledge of audiometric test results that affect selection of acoustic properties of hearing aids.

7. Fitting (17%) - This content area assesses the candidate's knowledge of how to fit a hearing aid and associated accessories and apps.

Subarea	*Tasks*		*Associated Knowledge Statements*	
7.1 First Fit (8%)	T45	Insert hearing aid into client ear to assess fit.	K140	Knowledge of how to insert and remove different style hearing aids.
			K141	Knowledge of methods to determine whether hearing aid is a good fit for client.
	T46	Modify hearing aid or earmold to fit client.	K143	Knowledge of hearing aid physical characteristics that need adjustment or to be remade.
			K144	Knowledge of modifications for custom products and earmolds.
			K145	Knowledge of common complaints and their indications for physical hearing aid fit.
			K146	Knowledge of physical characteristics that can be modified on earmolds to improve fit or address client complaints.
			K147	Knowledge of methods and tools to modify physical characteristics of hearing aids and earmolds.
			K148	Knowledge of questions to ask clients regarding hearing aid fit.
			K149	Knowledge of physical characteristics that can be modified on hearing aids to improve fit or address client complaints.
	T47	Adjust hearing aid electroacoustic characteristics (e.g., gain, frequency response, maximum power output) to meet client fitting needs.	K150	Knowledge of purpose and methods to set and adjust electroacoustic characteristics of hearing aids.
			K151	Knowledge of procedures to assess electroacoustic characteristics and performance of hearing aid.
			K152	Knowledge of common client complaints associated with electroacoustic characteristics of hearing aids.
			K153	Knowledge of procedures to help client adapt to sensory stimuli with hearing aid use.
			K154	Knowledge of relationship between adjustable acoustic characteristics of hearing aid and client perceptions of sound quality.
			K155	Knowledge of adjustments to reduce feedback.
			K156	Knowledge of adjustments that need to be made to hearing aid programming, including telecoil.

7. Fitting, continued (17%) - This content area assesses the candidate's knowledge of how to fit a hearing aid and associated accessories and apps.

Subarea	*Tasks*		*Associated Knowledge Statements*	
	T52	Evaluate outcome of hearing aid fitting with verification measures (i.e., sound field testing, real ear).	K170	Knowledge of purposes and procedures of performing unaided and aided sound field testing.
			K171	Knowledge of purpose and procedures to perform real ear/probe measurement.
			K172	Knowledge of necessary adjustments to hearing aids based on performance.
			K173	Knowledge of methods to validate client hearing aid benefit.
7.2 Delivery (9%)	T48	Demonstrate and explain techniques to insert, remove, and manipulate hearing aids.	K157	Knowledge of common issues associated with insertion and removal of hearing aids.
			K159	Knowledge of procedures to insert and remove client hearing aids.
	T49	Teach client to use hearing aid and assistive listening device controls.	K160	Knowledge of information to provide client regarding use of hearing aids (e.g., controls, features).
			K162	Knowledge of information to provide to client regarding phone and app use with hearing aid.
			K163	Knowledge of questions to ask clients regarding hearing aid fit.
	T50	Instruct client how to use, maintain, and dispose of hearing aid batteries.	K164	Knowledge of procedures to care for and dispose of hearing aid batteries.
			K165	Knowledge of procedures to use and maintain rechargeable hearing aids.
	T51	Instruct client on hearing aid care and maintenance to optimize hearing aid function.	K167	Knowledge of purposes, procedures, and information regarding care and maintenance of hearing aids.
			K168	Knowledge of methods to reinforce proper hearing aid use.
			K169	Knowledge of methods to reinforce proper hearing aid care.
	T53	Instruct client on how to use hearing aid options, features, and accessories.	K175	Knowledge of techniques to assess client proficiency in using hearing aid options, features, and accessories.
			K176	Knowledge of use of hearing aid options, features, and accessories.
			K178	Knowledge of purposes and methods of evaluating client use of telecoil.

8. Follow-Up Care (11%) - This content area assesses the candidate's knowledge of procedures to resolve client issues including physical fit and acoustic targets.

Subarea		*Tasks*		*Associated Knowledge Statements*
8.1 Postfitting Care (8%)	T54	Provide client with follow-up care.	K179	Knowledge of techniques to conduct ongoing client counseling on hearing aid use.
			K180	Knowledge of methods to maintain hearing health.
			K181	Knowledge of methods to compare previous and new audiometric test results.
	T55	Gradually adjust programming of hearing aid in follow-up visits to help client become accustomed to target settings.	K182	Knowledge of necessary adjustments based on client experience or adaptation level.
			K183	Knowledge of necessary adjustments required to achieve real ear measure target.
	T56	Modify physical characteristics of custom products and earmolds to fit client and troubleshoot client complaints.	K184	Knowledge of procedures used to modify earmolds for physical fit and acoustic performance.
			K185	Knowledge of methods to select domes to modify acoustic performance.
			K186	Knowledge of methods to use buffers and grinders.
			K187	Knowledge of ear anatomy that affects hearing aid fitting.
	T57	Identify electroacoustic adjustments to be performed on hearing aid based on client complaints.	K188	Knowledge of techniques to identify and eliminate acoustic feedback.
			K189	Knowledge of purposes and methods of identifying circuit noise of hearing aids.
			K190	Knowledge of procedures to identify causes of feedback in hearing aids.
			K191	Knowledge of purposes and methods of evaluating frequency response of hearing aid.
			K192	Knowledge of purposes and methods of evaluating gain of hearing aids.

8. Follow-Up Care (11%) - This content area assesses the candidate's knowledge of procedures to resolve client issues including physical fit and acoustic targets.

Subarea		*Tasks*		*Associated Knowledge Statements*
8.2 Repairs (3%)	T58	Assess performance of hearing aids and client complaints to determine whether repairs need to be made.	K193	Knowledge of techniques to differentiate between external and internal feedback.
			K194	Knowledge of procedures to run an electroacoustic analysis on a hearing aid to determine if it is performing to manufacturer specifications.
			K195	Knowledge of evaluation techniques to determine whether to repair hearing aids or send to the manufacturer for repair.
			K196	Knowledge of purposes and methods of evaluating volume control of hearing aids.
			K197	Knowledge of techniques to differentiate changes in client hearing from malfunction of hearing aid.
			K198	Knowledge of client complaints that indicate hearing aid malfunction.
			K199	Knowledge of procedures to assess causes of hearing aid malfunction.
	T59	Perform hearing aid maintenance and repair.	K200	Knowledge of types of repairs for hearing aids.
			K201	Knowledge of how to service or repair hearing aids.
			K202	Knowledge of equipment and tools used to repair hearing aids.

9. Counseling (10%) - This content area assesses the candidate's knowledge of methods to establish realistic expectations and educate the client on optimizing communication while using hearing aids and accessories.

Tasks		*Associated Knowledge Statements*	
T60	Determine when hearing aid is no longer adequate for client needs.	K204	Knowledge of indicators that a different hearing aid would be more effective to meet client needs.
		K205	Knowledge of how hearing may change over time.
T62	Establish realistic expectations about potential experiences while wearing hearing aids.	K207	Knowledge of realistic expectations regarding hearing amplification.
		K208	Knowledge of factors that affect successful hearing aid fitting.
		K209	Knowledge of adaptation process and implications for new hearing aid users.
		K210	Knowledge of purposes and methods of evaluating client expectations about amplification.
		K211	Knowledge of cognitive and physical factors that influence successful hearing aid use.
T63	Educate client on practices to optimize communication while using hearing aids and accessories in different circumstances.	K212	Knowledge of strategies for maximizing communication in different listening environments.

CHAPTER 6 | PRACTICAL EXAMINATION OUTLINE

TASK-KNOWLEDGE AND -ABILITY LINKAGE

Following the development of the written examination outline, the SMEs who participated in the January 2020 workshops reviewed the preliminary assignments of the task, knowledge, and ability statements designated for the practical examination outline in the October 2019 workshops. The SMEs established the final linkage of task to knowledge or ability specific to the practical examination outline. The SMEs also reviewed the content areas and wrote descriptions for each content area.

TABLE 16 – PRACTICAL EXAMINATION OUTLINE

CONTENT AREA	Content Area Description
1. Equipment/Pre-Visit	This content area assesses the candidate's ability to prepare testing equipment and environment to obtain valid and reliable test results.
2. Assessment	This content area assesses the candidate's ability to perform an audiometric assessment to determine degree, type, and configuration of hearing loss, and need for medical referral.
3. Ear Impression	This content area assesses the candidate's ability to take and evaluate an ear impression.
4. Fitting and Delivery	This content area assesses the candidate's ability to fit a hearing aid and explain associated accessories and apps.
5. Follow-Up/Postfitting Care	This content area assesses the candidate's ability to resolve client issues including physical fit and acoustic targets.
6. Counseling	This content area assesses the candidate's ability to establish realistic expectations and educate the client on optimizing communication while using hearing aids and accessories.

The examination outline for the Hearing Aid Dispenser Practical Examination is presented in Table 17.

TABLE 17 – EXAMINATION OUTLINE: HEARING AID DISPENSER PRACTICAL EXAMINATION

1. Equipment/Pre-Visit - This content area assesses the candidate's ability to prepare testing equipment and environment to obtain valid and reliable test results.

Tasks		*Associated Knowledge/Ability Statements*	
T1	Verify function and calibration of test equipment.	K1	Knowledge of calibration requirements for audiometric equipment.
		K2	Knowledge of methods to perform a listening check of audiometric equipment.
		K3	Knowledge of function and procedures to operate audiometric equipment.
		A4	Ability to perform listening check to verify functioning of equipment.
T2	Sanitize equipment (e.g., examination and audiometric equipment) before contact with client.	K5	Knowledge of methods to sanitize equipment that will be used on client.
T3	Maintain an environment that is conducive to audiometric assessment.	K6	Knowledge of physical, medical, and environmental conditions that affect audiometric assessment procedures.

2. Assessment - This content area assesses the candidate's ability to perform an audiometric assessment to determine degree, type, and configuration of hearing loss, and need for medical referral.

Subarea	*Tasks*		*Associated Knowledge/Ability Statements*	
2.1 Pre-Assessment	T8	Perform ear inspection and otoscopic examination.	K17	Knowledge of purposes and procedures of performing otoscopic examination.
			K18	Knowledge of purposes and procedures to inspect external ear.
			K19	Knowledge of anatomy and characteristics of normal and abnormal ears.
			K20	Knowledge of how to identify normal and abnormal visible conditions of the ear.
			K21	Knowledge of techniques to assess size, length, and direction of ear canal.
			A22	Ability to inspect external ear and perform an otoscopic examination.
			K23	Knowledge of criteria to determine if there is blockage of the ear canal.
	T9	Determine need for referral to a physician by assessing client symptoms, objective signs, and medical history.	K24	Knowledge of objective signs and subjective symptoms that require a medical referral.
			K25	Knowledge of laws and regulations pertaining to signs and symptoms that require a medical referral.
2.2 Assessment	T11	Explain procedures to client before and during audiometric assessment.	K33	Knowledge of methods to inform clients about audiometric assessment procedures.
			A34	Ability to describe procedures to clients before and during assessment.
	T12	Perform pure tone air and bone conduction assessments.	K36	Knowledge of purposes and procedures of performing pure tone air conduction assessment.
			K37	Knowledge of purposes and procedures to perform pure tone bone conduction assessment.
			A38	Ability to perform pure tone air conduction assessment.
			A39	Ability to perform pure tone bone conduction assessment.
			K40	Knowledge of methods to monitor and assess client subjective response to auditory stimuli.

2. Assessment, continued - This content area assesses the candidate's ability to perform an audiometric assessment to determine degree, type, and configuration of hearing loss, and need for medical referral.

Subarea	*Tasks*		*Associated Knowledge/Ability Statements*	
2.2 Assessment, continued	T13	Perform masking during hearing assessment.	K41	Knowledge of purpose of performing masking.
			K42	Knowledge of concept and implications of under and over masking.
			K43	Knowledge of procedures of masking during pure tone air conduction assessment.
			K44	Knowledge of procedures of masking during pure tone bone conduction assessment.
			K45	Knowledge of procedures of masking during speech assessment.
			A46	Ability to perform masking during hearing assessments.
	T14	Measure client threshold of discomfort (i.e., TD, UCL, LDL), to determine loudness tolerance.	K50	Ability to perform assessment to establish client threshold of discomfort.
	T18	Chart and document results of audiometric assessment.	K56	Knowledge of methods to chart and document assessment results.

3. Ear Impression - This content area assesses the candidate's ability to take and evaluate an ear impression.

Tasks		*Associated Knowledge/Ability Statements*	
T26	Evaluate client ear canal to determine whether an ear impression can safely be performed.	K93	Knowledge of purpose and procedures to take an ear impression.
		K94	Knowledge of purpose and procedures of evaluating client ear canal before an ear impression.
T27	Inform client about ear impression procedures to make client aware of sensations.	K95	Knowledge of expectations and sensations experienced during impression procedures.
		K96	Ability to explain impression-taking procedures.
T28	Select type and size of blocking material (e.g., cotton dam) to use during ear impression process.	K97	Knowledge of procedures to take ear impressions on clients with abnormal anatomy (e.g., mastoid cavities).
		K98	Knowledge of methods to determine size and type of blocking material needed during an ear impression.
		K99	Knowledge of how to determine placement of blocking material.
		K100	Knowledge of purposes of using blocking material during an ear impression.
T29	Insert blocking material (e.g., cotton dam) before taking ear impression.	A101	Ability to insert blocking material into ear canal before taking an ear impression.
		K102	Knowledge of procedures and instruments used to insert blocking material into ear canal before taking an ear impression.
T30	Verify placement of blocking material (i.e., cotton dam) in client ear with otoscope.	K103	Knowledge of purposes and methods of evaluating placement of blocking material in ear canal.
T31	Take ear impression by inserting impression material into client ear.	K104	Knowledge of signs of client discomfort during an ear impression.
		A105	Ability to prepare impression material.
		A106	Ability to fill ear canal and external ear with impression material.
		K107	Knowledge of types of impression material used to make an ear impression.
T32	Verify curing of impression material.	K108	Knowledge of method to determine if impression material has cured.
		A109	Ability to verify impression material has cured in the ear before removal.

3. Ear Impression, continued - This content area assesses the candidate's ability to take and evaluate an ear impression.

	Tasks		*Associated Knowledge/Ability Statements*
T33	Break the seal of impression material.	A110	Ability to break seal of impression material.
		K111	Knowledge of methods to break seal of impression material.
T34	Remove ear impression from client ear.	A112	Ability to remove impression from ear.
T35	Inspect client ear for injury and impression material with otoscope after removal of ear impression.	K113	Knowledge of purposes and methods of evaluating client ear canal following ear impression procedures.
		K114	Knowledge of conditions resulting from impression procedures which require a medical referral.
T36	Determine accuracy of ear impression by comparing client ear to impression.	K115	Knowledge of anatomical details that should be found on ear impression.
		K116	Knowledge of techniques to determine if ear impression is an accurate representation of an ear.
		A117	Ability to identify anatomical details on an ear impression.
		A118	Ability to determine if ear impression meets requirements for manufacturing custom products.
		K119	Knowledge of purposes and methods of evaluating ear impression.
		K120	Knowledge of procedures to identify unique characteristics of ear impression to be represented on the finished product.

4. Fitting and Delivery - This content area assesses the candidate's ability to fit a hearing aid and explain associated accessories and apps.

Tasks		*Associated Knowledge/Ability Statements*	
T45	Insert hearing aid into client ear to assess fit.	K140	Knowledge of how to insert and remove different style hearing aids.
		K141	Knowledge of methods to determine whether hearing aid is a good fit for client.
		A142	Ability to insert and remove hearing aids.
T48	Demonstrate and explain techniques to insert, remove, and manipulate hearing aids.	K157	Knowledge of common issues associated with insertion and removal of hearing aids.
		A158	Ability to explain hearing aid insertion and removal techniques.
		K159	Knowledge of procedures to insert and remove client hearing aids.
T49	Teach client to use hearing aid and assistive listening device controls.	K160	Knowledge of information to provide client regarding use of hearing aids (e.g., controls, features).
		A161	Ability to demonstrate operation of hearing aids.
		K162	Knowledge of information to provide to client regarding phone use with hearing aid.
		K163	Knowledge of questions to ask clients regarding hearing aid fit.
T50	Instruct client how to use, maintain, and dispose of hearing aid batteries.	K164	Knowledge of procedures to care for and dispose of hearing aid batteries.
		K165	Knowledge of procedures to use and maintain rechargeable hearing aids.
		A166	Ability to insert and remove batteries from hearing aids.
T51	Instruct client on hearing aid care and maintenance to optimize hearing aid function.	K167	Knowledge of purposes, procedures, and information regarding care and maintenance of hearing aids.
		K168	Knowledge of methods to reinforce proper hearing aid use.
		K169	Knowledge of methods to reinforce proper hearing aid care.
T53	Instruct client on how to use hearing aid options, features, and accessories.	K175	Knowledge of techniques to assess client proficiency in using hearing aid options, features, and accessories.
		K176	Knowledge of use of hearing aid options, features, and accessories.
		A177	Ability to explain to clients the use of hearing aid options, features, and accessories.
		K178	Knowledge of purposes and methods of evaluating client use of telecoil.

5. Follow-Up/Postfitting Care - This content area assesses the candidate's ability to resolve client issues including physical fit and acoustic targets.

Tasks		*Associated Knowledge/Ability Statements*	
T58	Assess performance of hearing aids and client complaints to determine whether repairs need to be made.	K193	Knowledge of techniques to differentiate between external and internal feedback.
		K194	Knowledge of procedures to run an electroacoustic analysis on a hearing aid to determine if it is performing to manufacturer specifications.
		K195	Knowledge of evaluation techniques to determine whether to repair hearing aids or send to the manufacturer for repair.
		K196	Knowledge of purposes and methods of evaluating volume control of hearing aids.
		K197	Knowledge of techniques to differentiate changes in client hearing from malfunction of hearing aid.
		K198	Knowledge of client complaints that indicate hearing aid malfunction.
		K199	Knowledge of procedures to assess causes of hearing aid malfunction.
T59	Perform hearing aid maintenance and repair.	K200	Knowledge of types of repairs for hearing aids.
		K201	Knowledge of how to service or repair hearing aids.
		K202	Knowledge of equipment and tools used to repair hearing aids.
		A203	Ability to service hearing aids including ear mold tube replacement.
T61	Determine if hearing aid can be repaired or if it must be replaced.	K206	Knowledge of how to determine whether hearing aid can be repaired or needs to be replaced.

6. Counseling - This content area assesses the candidate's ability to establish realistic expectations and educate the client on optimizing communication while using hearing aids and accessories.

Tasks		*Associated Knowledge/Ability Statements*	
T62	Establish realistic expectations about potential experiences while wearing hearing aids.	K207	Knowledge of realistic expectations regarding hearing amplification.
		K208	Knowledge of factors that affect successful hearing aid fitting.
		K209	Knowledge of adaptation process and implications for new hearing aid users.
		K210	Knowledge of purposes and methods of evaluating client expectations about amplification.
		K211	Knowledge of cognitive and physical factors that influence successful hearing aid use.
T63	Educate client on strategies to optimize communication while using hearing aids and accessories in different circumstances.	K212	Knowledge of strategies for maximizing communication in different listening environments.
		A213	Ability to describe strategies for maximizing communication to clients in different listening environments.

CHAPTER 7 | CONCLUSION

The OA of the hearing aid dispenser profession described in this report provides a comprehensive description of current hearing aid dispenser practice in California. The procedures employed to perform the OA were based upon a content validation strategy to ensure that the results accurately represent hearing aid dispenser practice.

By adopting the hearing aid dispenser examination outlines contained in this report, the Board ensures that its hearing aid dispenser program reflects current practice.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

APPENDIX A | RESPONDENTS BY REGION

LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	55
Orange	25
TOTAL	80

NORTH COAST

County of Practice	Frequency
Humboldt	2
Mendocino	1
Sonoma	7
TOTAL	10

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	29
San Bernardino	15
TOTAL	44

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	10
Colusa	1
Sacramento	12
Yolo	1
TOTAL	24

SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
Imperial	2
San Diego	28
TOTAL	30

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	7
Contra Costa	9
Marin	2
Napa	1
San Francisco	3
San Mateo	3
Santa Clara	13
Santa Cruz	1
Solano	4
TOTAL	43

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	7
Kern	3
Kings	2
San Joaquin	1
Stanislaus	3
Tulare	4
TOTAL	20

SHASTA-CASCADE

County of Practice	Frequency
Shasta	4
Siskiyou	1
Tehama	1
TOTAL	6

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Nevada	1
Placer	3
Tuolumne	1
TOTAL	5

SOUTH COAST AND CENTRAL COAST

County of Practice	Frequency
Monterey	1
San Luis Obispo	5
Santa Barbara	6
Ventura	11
TOTAL	23

APPENDIX B | CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA

Content Area 1: Appointment Preparation and Client Intake*

Task Number	Tasks	Mean Importance	Mean Frequency	Task Criticality Index
7	Document and maintain protected client hearing and health information.	4.88	4.75	23.27
2	Sanitize equipment (e.g., examination and audiometric equipment) before contact with client.	4.84	4.76	23.13
3	Maintain an environment that is conducive to audiometric assessment.	4.68	4.54	21.59
4	Obtain client report of symptoms.	4.68	4.47	21.23
6	Obtain pertinent client social and environmental history.	4.48	4.14	19.02
5	Obtain pertinent client health and family health history.	4.45	4.08	18.85
1	Verify function and calibration of test equipment.	4.15	4.27	18.24

*NOTE: The content areas in this Appendix match the original content areas from the questionnaire.

Content Area 2: Assessment

Task Number	Tasks	Mean Importance	Mean Frequency	Task Criticality Index
8	Perform ear inspection and otoscopic examination.	4.90	4.87	23.99
12	Perform pure tone air and bone conduction assessments.	4.79	4.77	23.20
9	Determine need for referral to a physician by assessing client symptoms, objective signs, and medical history.	4.69	4.75	22.60
18	Chart and document results of audiometric assessment.	4.81	4.63	22.60
20	Evaluate client audiometric assessment results to determine degree, type, and configuration of hearing loss.	4.79	4.64	22.40
21	Explain and discuss client audiometric assessment results and evaluation of hearing loss with implications for communication.	4.78	4.58	22.16
17	Perform speech WRS/SD (word recognition score / speech discrimination) assessment.	4.69	4.53	21.65
11	Explain procedures to client before and during audiometric assessment.	4.76	4.40	21.29
10	Develop audiometric assessment plan to accommodate client needs.	4.49	4.37	20.23
13	Perform masking during hearing assessment.	4.15	4.45	19.19
16	Perform speech reception threshold assessment.	4.41	4.08	18.89
19	Evaluate client audiometric assessment results to determine if retesting is necessary.	4.34	4.19	18.82
15	Perform most comfortable level testing (MCL).	4.38	4.04	18.68
14	Measure client threshold of discomfort (i.e., TD, UCL, LDL), to determine loudness tolerance.	4.22	3.99	17.89

Content Area 3: Selection and Sales

Task Number	Tasks	Mean Importance	Mean Frequency	Task Criticality Index
40	Dispense hearing aid to client by adhering to state and federal guidelines and regulations.	4.86	4.78	23.52
30	Verify placement of blocking material (i.e., cotton dam) in client ear with otoscope.	4.60	4.85	22.55
29	Insert blocking material (e.g., cotton dam) before taking ear impression.	4.56	4.88	22.53
26	Evaluate client ear canal to determine whether an ear impression can safely be performed.	4.55	4.81	22.15
22	Determine client candidacy for hearing aids.	4.78	4.59	22.14
28	Select type and size of blocking material (e.g., cotton dam) to use during ear impression process.	4.50	4.78	21.79
34	Remove ear impression from client ear.	4.52	4.73	21.73
35	Inspect client ear for injury and impression material with otoscope after removal of ear impression.	4.52	4.73	21.68
32	Verify curing of impression material.	4.49	4.70	21.41
33	Break the seal of impression material.	4.51	4.67	21.30
31	Take ear impression by inserting impression material into client ear.	4.39	4.69	20.91
24	Determine client lifestyle compatibility with hearing aid features.	4.62	4.32	20.39
27	Inform client about ear impression procedures to make client aware of sensations.	4.48	4.46	20.29
39	Obtain signed medical clearance or medical waiver from client before selling hearing aids.	4.48	4.37	20.18
37	Select physical characteristics of earmold to fit client needs.	4.41	4.45	20.06
23	Apply client historical information to hearing aid selection and settings.	4.52	4.27	19.86
36	Determine accuracy of ear impression by comparing client ear to impression.	4.31	4.39	19.49
25	Determine hearing aid options and accessories to recommend to clients.	4.56	4.19	19.46
38	Select user-controlled options of hearing aid.	4.45	4.07	18.54

Content Area 4: Pre-Fitting and Fitting

Task Number	Tasks	Mean Importance	Mean Frequency	Task Criticality Index
48	Demonstrate and explain techniques to insert, remove, and manipulate hearing aids.	4.83	4.67	22.63
45	Insert hearing aid into client ear to assess fit.	4.75	4.58	22.15
47	Adjust hearing aid electroacoustic characteristics (e.g., gain, frequency response, maximum power output) to meet client fitting needs.	4.67	4.61	21.85
51	Instruct client on hearing aid care and maintenance to optimize hearing aid function.	4.74	4.43	21.28
49	Teach client to use hearing aid and assistive listening device controls.	4.67	4.47	21.17
41	Check hearing aids to verify functionality and consistency with order before fitting.	4.59	4.46	21.00
53	Instruct client on how to use hearing aid options, features, and accessories.	4.68	4.30	20.37
42	Evaluate physical characteristics of custom products and earmolds before fitting (e.g., shell, canal, consistency with order, defects).	4.50	4.44	20.33
50	Instruct client how to use, maintain, and dispose of hearing aid batteries.	4.60	4.21	19.77
43	Set loudness limit for hearing aid based upon client threshold of discomfort.	4.25	4.23	19.01
52	Evaluate outcome of hearing aid fitting with verification measures (i.e., sound field testing, real ear).	4.26	4.12	18.62
44	Pre-program or adjust hearing aid settings for client.	4.41	4.01	18.55
46	Modify hearing aid or earmold to fit client.	3.64	4.27	16.11

Content Area 5: Follow-Up and Postfitting Care

Task Number	Tasks	Mean Importance	Mean Frequency	Task Criticality Index
54	Provide client with follow-up care.	4.77	4.57	22.15
59	Perform hearing aid maintenance and repair.	4.46	4.31	19.65
57	Identify electroacoustic adjustments (e.g., gain, frequency response, maximum power output) to be performed on hearing aid based on client complaints.	4.34	4.33	19.36
58	Assess performance of hearing aids and client complaints to determine whether repairs need to be made.	4.36	4.35	19.34
61	Determine if hearing aid can be repaired or if it must be replaced.	4.23	4.27	18.58
55	Gradually adjust programming of hearing aid in follow-up visits to help client become accustomed to target settings.	4.25	4.15	18.44
60	Determine if hearing aid is no longer adequate for client needs.	4.08	4.19	17.68
56	Modify physical characteristics of custom products and earmolds to fit client and troubleshoot client complaints.	3.82	4.30	17.11

Content Area 6: Counseling and Miscellaneous

Task Number	Tasks	Mean Importance	Mean Frequency	Task Criticality Index
62	Establish realistic expectations about potential experiences while wearing hearing aids.	4.65	4.54	21.47
63	Educate client on practices to optimize communication while using hearing aids and accessories in different circumstances.	4.62	4.43	20.73
64	Take digital scan of ear canal.	0.56	0.89	2.41

NOTE: Shaded task statement did not meet the criticality cutoff determined by SMEs (see Chapter 4).

APPENDIX C | KNOWLEDGE AND ABILITIES IMPORTANCE RATINGS

Content Area 1: Appointment Preparation and Client Intake

Number	Knowledge and Ability Statements	Mean Importance
5	Knowledge of methods to sanitize equipment that will be used on client.	4.71
3	Knowledge of function and procedures to operate audiometric equipment.	4.67
16	Knowledge of HIPAA laws and regulations.	4.61
4	Ability to perform listening check to verify functioning of equipment.	4.47
10	Knowledge of the effect of ear surgery history on assessment and treatment.	4.47
6	Knowledge of physical, medical, and environmental conditions that affect audiometric assessment procedures.	4.43
7	Knowledge of techniques to gather and assess client symptoms.	4.37
15	Knowledge of lifestyle activities that could impact hearing loss and treatment.	4.30
2	Knowledge of methods to perform a listening check of audiometric equipment.	4.29
14	Knowledge of the effect of exposure to physical or acoustic trauma on hearing loss and treatment.	4.27
9	Knowledge of the effect of hearing aid use history on assessment and treatment.	4.27
12	Knowledge of health history questions to assess for conditions that may contribute to hearing loss.	4.26
13	Knowledge of effects of ear pathologies on hearing loss.	4.25
11	Knowledge of types of illnesses, medical treatments, and medications that may affect hearing.	4.23
8	Knowledge of health, genetic, and medical conditions that may contribute to hearing loss.	4.22
1	Knowledge of calibration requirements for audiometric equipment.	3.97

*NOTE: The content areas in this Appendix match the original content areas from the questionnaire.

Content Area 2: Assessment

Number	Knowledge and Ability Statements	Mean Importance
24	Knowledge of objective signs and subjective symptoms that require a medical referral.	4.79
38	Ability to perform pure tone air conduction assessment.	4.77
23	Knowledge of criteria to determine if there is blockage of the ear canal.	4.77
25	Knowledge of laws and regulations pertaining to signs and symptoms that require a medical referral.	4.76
65	Knowledge of audiometric test results that require medical referral.	4.76
17	Knowledge of purposes and procedures of performing otoscopic examination.	4.76
39	Ability to perform pure tone bone conduction testing.	4.75
61	Knowledge of principles and criteria for determining significant air-bone gap.	4.72
62	Knowledge of criteria to identify asymmetrical hearing loss.	4.68
64	Ability to review and interpret audiometric assessment results.	4.67
41	Knowledge of purpose of performing masking.	4.67
63	Knowledge of how to interpret audiometric assessment results.	4.67
22	Ability to inspect external ear and perform an otoscopic examination.	4.67
46	Ability to perform masking during hearing assessments.	4.65
44	Knowledge of procedures of masking during pure tone bone conduction testing.	4.65
37	Knowledge of purposes and procedures to perform pure tone bone conduction assessment.	4.64
43	Knowledge of procedures of masking during pure tone air conduction testing.	4.64
55	Ability to perform speech discrimination / word recognition assessment.	4.64
36	Knowledge of purposes and procedures of performing pure tone air conduction assessment.	4.63
42	Knowledge of concept and implications of under and overmasking.	4.62
54	Knowledge of principles and procedures to perform speech discrimination / word recognition assessment.	4.61
18	Knowledge of purposes and procedures to inspect external ear.	4.59
20	Knowledge of how to identify normal and abnormal conditions of the ear.	4.59
58	Knowledge of relationship between audiometric results and speech assessment results.	4.58
66	Knowledge of type, degree, and configuration of hearing loss indicated by audiometric assessment results.	4.57
19	Knowledge of anatomy and characteristics of normal and abnormal ears.	4.56
56	Knowledge of methods to chart and document assessment results.	4.55
59	Knowledge of conditions, error, or reliability issues that indicate retesting is necessary.	4.54
68	Knowledge of criteria to identify changes in hearing.	4.51
60	Ability to determine if client assessment results are consistent with reported symptoms.	4.50

Content Area 2: Assessment, continued

Number	Knowledge and Ability Statements	Mean Importance
72	Knowledge of hearing difficulties related to the degree, type, and configuration of hearing loss.	4.50
49	Knowledge of principles and procedures to establish client threshold of discomfort for pure tones and speech discrimination.	4.50
47	Knowledge of purposes of measuring threshold of discomfort.	4.49
50	Ability to perform assessment to establish client threshold of discomfort.	4.49
71	Knowledge of methods to counsel clients and explain implications of hearing loss.	4.49
57	Knowledge of reliable assessment results based on client audiometric and behavioral indications.	4.49
73	Knowledge of consequences of untreated hearing loss.	4.48
21	Knowledge of techniques to assess size, length, and direction of ear canal.	4.47
45	Knowledge of procedures of masking during speech testing.	4.47
26	Knowledge of health, genetic, and medical conditions that may impact audiometric assessment.	4.43
52	Knowledge of principles and procedures of establishing speech reception threshold.	4.43
67	Knowledge of criteria to compare client audiometric test results with subjective symptoms.	4.42
40	Knowledge of methods to monitor and assess client subjective response to auditory stimuli.	4.42
53	Knowledge of procedures to perform speech reception threshold testing.	4.40
69	Knowledge of symptoms associated with specific audiometric assessment results.	4.40
70	Knowledge of counseling techniques to help explain audiometric assessment results to clients.	4.40
48	Knowledge of procedures to determine dynamic range of hearing.	4.38
34	Ability to describe procedures to clients before and during assessment.	4.35
51	Knowledge of principles and procedures of establishing client most comfortable level (MCL) for speech.	4.34
35	Knowledge of techniques to describe audiometric assessment procedures to clients.	4.32
27	Ability to modify audiometric assessments to accommodate client needs.	4.27
33	Knowledge of methods to inform clients about audiometric assessment procedures.	4.26
29	Knowledge of issues that would require a modification to assessment procedures.	4.12
28	Knowledge of logical order of assessment administration.	4.11
31	Knowledge of anatomical features that require a change in testing methodology.	4.10
32	Knowledge of methods and procedures to test clients with abnormal anatomy.	4.08
30	Knowledge of methods to perform sound field testing.	3.62

NOTE: Shaded knowledge statements were deleted by SMEs (see Chapter 4).

Content Area 3: Selection and Sales

Number	Knowledge and Ability Statements	Mean Importance
101	Ability to insert blocking material into client ear before taking an ear impression.	4.85
99	Knowledge of how to determine placement of blocking material.	4.79
114	Knowledge of conditions resulting from impression procedures which require a medical referral.	4.78
102	Knowledge of procedures and instruments used to insert blocking material into client ear before taking an ear impression.	4.78
104	Knowledge of signs of client discomfort during an ear impression.	4.78
100	Knowledge of purposes of using blocking material during an ear impression.	4.77
103	Knowledge of purposes and methods of evaluating placement of blocking material in client ear.	4.77
97	Knowledge of procedures to take ear impressions on clients with abnormal anatomy (e.g., mastoid cavities).	4.77
94	Knowledge of purpose and procedures of evaluating client ear canal before an ear impression.	4.75
98	Knowledge of methods to determine size and type of blocking material needed during an ear impression.	4.75
112	Ability to remove impression from ear.	4.73
93	Knowledge of purpose and procedures to take an ear impression.	4.72
106	Ability to fill client ear with impression material.	4.69
109	Ability to verify impression material has cured in the ear before removal.	4.69
113	Knowledge of purposes and methods of evaluating client ear canal following ear impression procedures.	4.67
110	Ability to break seal of impression material.	4.66
108	Knowledge of method to determine if impression material has cured.	4.65
126	Knowledge of laws and regulations regarding the sale and fitting of hearing aids.	4.62
74	Knowledge of how to use assessment results to determine amplification recommendations.	4.60
111	Knowledge of methods to break seal of impression material.	4.60
125	Knowledge of dispenser legal obligation to client to adjust, replace, and refund hearing aids.	4.59
127	Knowledge of FDA regulations regarding the sale of hearing aids.	4.58
128	Knowledge of requirements of documenting hearing aid sales.	4.58
76	Knowledge of hearing amplification requirements for different hearing losses.	4.55
78	Knowledge of the advantages of different styles of hearing aids.	4.54
95	Knowledge of expectations and sensations experienced during impression procedures.	4.54
105	Ability to prepare impression material.	4.54
80	Knowledge of physical considerations that affect manipulation of hearing aids.	4.53
124	Knowledge of requirement to obtain medical clearance or waiver for clients.	4.53
81	Knowledge of client needs that affect hearing aid selection and fitting.	4.52

Content Area 4: Pre-Fitting and Fitting		
Number	**Knowledge and Ability Statements**	**Mean Importance**
137	Knowledge of how to program and adjust hearing aids.	4.74
135	Ability to program and adjust hearing aids.	4.72
142	Ability to insert and remove hearing aids.	4.65
138	Knowledge of methods to configure and verify program settings of hearing aids.	4.62
141	Knowledge of methods to determine whether hearing aid is a good fit for client.	4.61
145	Knowledge of common complaints and their indications for physical hearing aid fit.	4.58
139	Knowledge of audiometric test results that affect selection of acoustic properties of hearing aids.	4.57
140	Knowledge of how to insert and remove different style hearing aids.	4.57
158	Ability to explain hearing aid insertion and removal techniques.	4.56
143	Knowledge of hearing aid physical characteristics that need adjustment or to be remade.	4.56
155	Knowledge of adjustments to reduce feedback.	4.56
159	Knowledge of procedures to insert and remove client hearing aids.	4.55
136	Knowledge of procedures of setting levels of maximum output for hearing aids.	4.53
161	Ability to demonstrate operation of hearing aids.	4.53
157	Knowledge of common issues associated with insertion and removal of hearing aids.	4.50
146	Knowledge of physical characteristics that can be modified on earmolds to improve fit or address client complaints.	4.50
172	Knowledge of necessary adjustments to hearing aids based on performance.	4.47
149	Knowledge of physical characteristics that can be modified on hearing aids to improve fit or address client complaints.	4.47
166	Ability to insert and remove batteries from hearing aids.	4.46
150	Knowledge of purpose and methods to set and adjust electroacoustic characteristics of hearing aids.	4.46
144	Knowledge of modifications for custom products and earmolds.	4.45
160	Knowledge of information to provide client regarding use of hearing aids (e.g., controls, features).	4.45
174	Ability to assess hearing aid performance.	4.44
167	Knowledge of purposes, procedures, and information regarding care and maintenance of hearing aids.	4.43
156	Knowledge of adjustments that need to be made to hearing aid programming, including telecoil.	4.43
148	Knowledge of questions to ask clients regarding hearing aid fit.	4.42
168	Knowledge of methods to reinforce proper hearing aid use.	4.42
153	Knowledge of procedures to help client adapt to sensory stimuli with hearing aid use.	4.42
163	Knowledge of questions to ask clients regarding hearing aid fit.	4.41
169	Knowledge of methods to reinforce proper hearing aid care.	4.40

Content Area 4: Pre-Fitting and Fitting, continued

Number	Knowledge and Ability Statements	Mean Importance
152	Knowledge of common client complaints associated with electroacoustic characteristics of hearing aids.	4.39
154	Knowledge of relationship between adjustable acoustic characteristics of hearing aid and client perceptions of sound quality.	4.39
173	Knowledge of methods to validate client hearing aid benefit.	4.39
147	Knowledge of methods and tools to modify physical characteristics of hearing aids and earmolds.	4.38
151	Knowledge of procedures to assess electroacoustic characteristics and performance of hearing aid.	4.38
177	Ability to explain to clients the use of hearing aid options, features, and accessories.	4.36
131	Knowledge of methods to verify function of hearing aids.	4.33
162	Knowledge of information to provide to client regarding phone use with hearing aid.	4.33
176	Knowledge of use of hearing aid options, features, and accessories.	4.33
165	Knowledge of procedures to use and maintain rechargeable hearing aids.	4.32
175	Knowledge of techniques to assess client proficiency in using hearing aid options, features, and accessories.	4.32
134	Knowledge of purposes and methods of evaluating physical characteristics of earmolds.	4.22
164	Knowledge of procedures to care for and dispose of hearing aid batteries.	4.21
171	Knowledge of purpose and procedures to perform real ear/probe measurement.	4.20
130	Knowledge of purposes and methods of evaluating physical characteristics of hearing aids.	4.19
133	Knowledge of methods used to verify earmold received from manufacturer.	4.19
132	Knowledge of manufacturer specifications (included features and settings) for hearing aids.	4.18
178	Knowledge of purposes and methods of evaluating client use of telecoil.	3.90
170	Knowledge of purposes and procedures of performing unaided and aided sound field testing.	3.85
129	Knowledge of the American National Standards Institute (ANSI) standards for hearing aid performance.	3.76

Content Area 5: Follow-up and Postfitting Care

Number	Knowledge and Ability Statements	Mean Importance
188	Knowledge of techniques to identify and eliminate acoustic feedback.	4.49
190	Knowledge of procedures to identify causes of feedback in hearing aids.	4.48
185	Knowledge of methods to select domes to modify acoustic performance.	4.45
204	Knowledge of indicators that a different hearing aid would be more effective to meet client needs.	4.42
198	Knowledge of client complaints that indicate hearing aid malfunction.	4.41
187	Knowledge of ear anatomy that affects hearing aid fitting.	4.39
197	Knowledge of techniques to differentiate changes in client hearing from malfunction of hearing aid.	4.39
182	Knowledge of necessary adjustments based on client experience or adaptation level.	4.36
203	Ability to service hearing aids.	4.36
184	Knowledge of procedures used to modify earmolds for physical fit and acoustic performance.	4.35
181	Knowledge of methods to compare previous and new audiometric test results.	4.33
205	Knowledge of how hearing may change over time.	4.32
179	Knowledge of techniques to conduct ongoing client counseling on hearing aid use.	4.28
192	Knowledge of purposes and methods of evaluating gain of hearing aids.	4.28
199	Knowledge of procedures to assess causes of hearing aid malfunction.	4.27
195	Knowledge of evaluation techniques to determine whether to repair hearing aids or send to the manufacturer for repair.	4.24
201	Knowledge of how to service or repair hearing aids.	4.24
189	Knowledge of purposes and methods of identifying circuit noise of hearing aids.	4.23
193	Knowledge of techniques to differentiate between external and internal feedback.	4.23
180	Knowledge of methods to maintain hearing health.	4.22
196	Knowledge of purposes and methods of evaluating volume control of hearing aids.	4.22
200	Knowledge of types of repairs for hearing aids.	4.21
191	Knowledge of purposes and methods of evaluating frequency response of hearing aid.	4.19
202	Knowledge of equipment and tools used to repair hearing aids.	4.14
183	Knowledge of necessary adjustments required to achieve real ear measure target.	4.10
186	Knowledge of methods to use buffers and grinders.	3.98
194	Knowledge of procedures to run an electroacoustic analysis on a hearing aid to determine if it is performing to manufacturer specifications.	3.77

Content Area 6: Counseling and Miscellaneous

Number	Knowledge and Ability Statements	Mean Importance
207	Knowledge of realistic expectations regarding hearing amplification.	4.55
208	Knowledge of factors that affect successful hearing aid fitting.	4.54
209	Knowledge of adaptation process and implications for new hearing aid users.	4.49
211	Knowledge of cognitive and physical factors that influence successful hearing aid use.	4.46
210	Knowledge of purposes and methods of evaluating client expectations about amplification.	4.44
213	Ability to describe communication best practices/techniques to clients.	4.40
212	Knowledge of strategies for maximizing communication in different listening environments.	4.38
206	Knowledge of how to determine whether hearing aid can be repaired or needs to be replaced.	4.31
214	Knowledge of methods to take digital scans of ear canal.	1.73

APPENDIX D | INVITATION TO PRACTITIONERS

EPARTMENT OF CONSUMER AFFAIRS

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

BOARD OF SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS
2005 Evergreen Street, Suite 2100, Sacramento, CA 95815
Phone (916) 263-2426 Fax (916) 263-2668 Web www.speechandhearing.ca.gov

November 25, 2019

Dear Licensee:

The Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board (Board) requests your participation in an occupational analysis of the hearing aid dispenser profession, and we would like to award you **2 CE hours** for helping us with this very important project.
The purpose of the study is to identify the critical job tasks performed by hearing aid dispensers and the associated knowledge required for safe and competent performance upon entry into the profession.

Results of the occupational analysis will provide the Board with essential information regarding current hearing aid dispenser practice. In addition, the competencies identified during the study will assist the Board in making decisions regarding licensing examinations in the future.

Your input is greatly appreciated in this vital process. The occupational analysis survey will be available online from **November 25th to December 10, 2019**, 24 hours a day, 7 days a week.

Upon completion of the entire survey, participating audiologists will receive 2 continuing education (CE) credits. The Board will not be sending CE certificates but will maintain a list of those who have been awarded the 2 CE credits in the event of an audit.

For your convenience, once you have started the survey, you can exit at any time and return to it later without losing your responses, as long as you are accessing the survey from the same computer and in the same web browser.

Your individual responses to the survey questions will be kept confidential. The information you provide will not be recorded or stored in connection with your personal information. If you are interested in participating in the future of your profession, please:

1. **Go to:** https://www.surveymonkey.com/r/HAD2019OA
2. **Log in using your [redacted] letters upper case)**

The Board appreciates your commitment to your profession.

Sincerely,

Paul Sanchez
Executive Officer

APPENDIX E | QUESTIONNAIRE

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

Hearing Aid Dispenser Occupational Analysis (OA) Survey

Message from the Speech Language Pathology Audiology and Hearing Aid Dispensers Board

Dear Licensee:

Thank you for opening this online survey. You have been selected to participate in a study of the hearing aid dispensers profession in California by the Speech Language Pathology Audiology and Hearing Aid Dispenser Board (Board). The Board is collecting information about the tasks performed by hearing aid dispensers in California, the importance of the tasks, and the knowledge needed to perform the tasks. We will use this information to ensure that the hearing aid dispensers licensing examinations reflect current practice in California.

We worked with a group of licensed hearing aid dispensers to develop a survey to capture this information. The survey should take less than an hour to complete and you will receive 2 CE credits from the Board for your participation.

For your convenience, you do not have to complete the survey in a single session. You can stop and pick up where you left off as long as you reopen the survey from the same computer and use the same web browser. Before you exit, complete the page that you are on. The program will save responses only on completed pages. The survey is available 24 hours a day, 7 days a week.

Your responses will be kept confidential. They will not be tied to your license or personal information. Individual responses will be combined with responses from other hearing aid dispensers and only group data will be analyzed.

If you have any questions or need assistance with regards to the survey, please contact [redacted] with the Office of Professional Examination Services at [redacted]@dca.ca.gov.

To begin the survey, click **"Next"**. Please submit the completed survey by **December 30, 2019.**

We welcome your feedback and appreciate your time!

Thank you!

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

Hearing Aid Dispenser Occupational Analysis (OA) Survey

Part I - Personal Data

Complete this survey only if you are currently licensed and working as a hearing aid dispenser in California.

The Board recognizes that every hearing aid dispenser may not perform all of the tasks and use all of the knowledge contained in this survey. However, your participation is essential to the success of this study, and your contributions will help establish standards for safe and effective hearing aid dispenser practice in the State of California.

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code section 1798 et seq.) and will be used only for the purpose of analyzing the data from this survey.

*** 1. Are you currently licensed and working as a hearing aid dispenser in California?**

- ◯ YES - I am a licensed hearing aid dispenser
- ◯ YES - I am a licensed dispensing audiologist
- ◯ No

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

Hearing Aid Dispenser Occupational Analysis (OA) Survey

Hearing Aid Licensee Information

2. To receive credit, please enter your Hearing Aid Dispenser license number (numbers only), name, and email below.

Hearing aid dispenser HA#	
First and last name	
Email	

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

Hearing Aid Dispenser Occupational Analysis (OA) Survey

Dispensing Audiologist Licensee Information

3. To receive credit, please enter your Dispensing Audiologist license number (numbers only), name, and email below.

Hearing aid dispenser HA#	
First and last name	
Email	

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

Hearing Aid Dispenser Occupational Analysis (OA) Survey

Part I - Personal Data

4. How would you describe your primary work setting?

Other (please specify)

5. How many years have you been licensed and practicing as a hearing aid dispenser in California?

- 0 to 5 years
- 6 to 10 years
- 11 to 20 years
- More than 20 years

6. How many hours per week do you spend performing hearing aid dispenser activities?

- 9 hours or fewer
- 10 to 19 hours
- 20 to 29 hours
- 30 to 39 hours
- 40 or more hours

7. How many hearing aid clients do you see per week?

- 0 to 20 hearing aid clients
- 21 to 40 hearing aid clients
- 41 to 60 hearing aid clients
- More than 60 hearing aid clients

8. What is the highest level of education you have achieved?

- ◯ High school diploma
- ◯ Associate degree
- ◯ Bachelor's degree
- ◯ Master's degree
- ◯ Doctorate
- ◯ Other (please specify)

9. How were you trained in the hearing aid profession before obtaining a California hearing aid dispenser license?

- ◯ On the job training
- ◯ Hearing aid trainee license
- ◯ Licensed in another U.S. state
- ◯ In school
- ◯ Other (please specify)

10. In how many different work locations (in California) do you provide hearing aid dispenser services?

- ◯ One location
- ◯ Two locations
- ◯ Three or more locations

11. Which of the following tasks do you perform? (check all that apply)

- [ ] Documentation of client's records
- [ ] Client satisfaction survey
- [ ] Routine service of hearing aids
- [ ] In-office minor repairs
- [ ] Custom ear impressions
- [ ] Real ear measurements
- [ ] Speech in noise testing
- [ ] Speech discrimination (WRS/SDS)
- [ ] Speech mapping
- [ ] Hearing tests (audiometric evaluations)

12. What percentage of hearing aid styles do you dispense annually? Please estimate using positive numbers that add up to 100.

Behind the ear (BTE) standard	
Behind the ear (BTE) open	
BTE receiver in the canal (RIC)	
Completely in the canal (CIC)	
In the canal (ITC)	
In the ear (ITE)	
Deep insertion	

7

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

Hearing Aid Dispenser Occupational Analysis (OA) Survey

Part I - Personal Data

13. In what California county do you perform the majority of your work?

- Alameda
- Alpine
- Amador
- Butte
- Calaveras
- Colusa
- Contra Costa
- Del Norte
- El Dorado
- Fresno
- Glenn
- Humboldt
- Imperial
- Inyo
- Kern
- Kings
- Lake
- Lassen
- Los Angeles
- Madera
- Marin
- Mariposa
- Mendocino
- Merced
- Modoc
- Mono
- Monterey
- Napa
- Nevada
- Orange
- Placer
- Plumas
- Riverside
- Sacramento
- San Benito
- San Bernardino
- San Diego
- San Francisco
- San Joaquin
- San Luis Obispo
- San Mateo
- Santa Barbara
- Santa Clara
- Santa Cruz
- Shasta
- Sierra
- Siskiyou
- Solano
- Sonoma
- Stanislaus
- Sutter
- Tehama
- Trinity
- Tulare
- Tuolumne
- Ventura
- Yolo
- Yuba

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

Hearing Aid Dispenser Occupational Analysis (OA) Survey

Part II - Task Ratings

INSTRUCTIONS FOR RATING TASK STATEMENTS

This part of the survey contains 64 task statements. Please rate each task as it relates to your current practice as a licensed hearing aid dispenser.

The boxes for rating the **Frequency** and **Importance** of each task have drop-down lists. Click on the "down" arrow in each box to see the rating options, and then select the value that applies to your current practice.

Your Frequency and Importance ratings should be separate and independent ratings. Therefore, the ratings that you assign using one rating scale should not influence the ratings that you assign using the other rating scale.

If the task is not part of your current practice, rate the task "0" (zero) frequency and "0" (zero) importance.

14. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current practice (Importance).

Appointment Preparation and Client Intake

	Frequency	Importance
1. Verify function and calibration of test equipment.		
2. Sanitize equipment (e.g., examination and audiometric equipment) before contact with client.		
3. Maintain an environment that is conducive to audiometric assessment.		
4. Obtain client report of symptoms.		
5. Obtain pertinent client health and family health history.		
6. Obtain pertinent client social and environmental history.		
7. Document and maintain protected client hearing and health information.		

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

Hearing Aid Dispenser Occupational Analysis (OA) Survey

Part II - Task Ratings

INSTRUCTIONS FOR RATING TASK STATEMENTS

The boxes for rating the Frequency and Importance of each task have drop-down lists. Click on the "down" arrow in each box to see the rating options, and then select the value that applies to your current practice.

Your Frequency and Importance ratings should be separate and independent ratings. Therefore, the ratings that you assign using one rating scale should not influence the ratings that you assign using the other rating scale.

If the task is not part of your current practice, rate the task "0" (zero) frequency and "0" (zero) importance.

15. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current practice (Importance).

Assessment

	Frequency	Importance
8. Perform ear inspection and otoscopic examination.		
9. Determine need for referral to a physician by assessing client symptoms, objective signs, and medical history.		
10. Develop audiometric assessment plan to accommodate client needs.		
11. Explain procedures to client before and during audiometric assessment.		
12. Perform pure tone air and bone conduction assessments.		
13. Perform masking during hearing assessment.		
14. Measure client threshold of discomfort (i.e., TD, UCL, LDL), to determine loudness tolerance.		
15. Perform most comfortable level testing (MCL).		
16. Perform speech reception threshold assessment.		
17. Perform speech WRS/SD (word recognition score / speech discrimination) assessment.		
18. Chart and document results of audiometric assessment.		
19. Evaluate client audiometric assessment results to determine if retesting is necessary.		
20. Evaluate client audiometric assessment results to determine degree, type, and configuration of hearing loss.		
21. Explain and discuss client audiometric assessment results and evaluation of hearing loss with implications for communication.		

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

Hearing Aid Dispenser Occupational Analysis (OA) Survey

Part II - Task Ratings

INSTRUCTIONS FOR RATING TASK STATEMENTS

The boxes for rating the Frequency and Importance of each task have drop-down lists. Click on the "down" arrow in each box to see the rating options, and then select the value that applies to your current practice.

Your Frequency and Importance ratings should be separate and independent ratings. Therefore, the ratings that you assign using one rating scale should not influence the ratings that you assign using the other rating scale.

If the task is not part of your current practice, rate the task "0" (zero) frequency and "0" (zero) importance.

16. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current practice (Importance).

Selection and Sales

	Frequency	Importance
22. Determine client candidacy for hearing aids.		
23. Apply client historical information to hearing aid selection and settings.		
24. Determine client lifestyle compatibility with hearing aid features.		
25. Determine hearing aid options and accessories to recommend to clients.		
26. Evaluate client ear canal to determine whether an ear impression can safely be performed.		
27. Inform client about ear impression procedures to make client aware of sensations.		
28. Select type and size of blocking material (e.g., cotton dam) to use during ear impression process.		
29. Insert blocking material (e.g., cotton dam) before taking ear impression.		
30. Verify placement of blocking material (i.e., cotton dam) in client ear with otoscope.		
31. Take ear impression by inserting impression material into client ear.		
32. Verify curing of impression material.		
33. Break the seal of impression material.		
34. Remove ear impression from client ear.		
35. Inspect client ear for injury and impression material with otoscope after removal of ear impression.		
36. Determine accuracy of ear impression by comparing client ear to impression.		
37. Select physical characteristics of earmold to fit client needs.		
38. Select user-controlled options of hearing aid.		
39. Obtain signed medical clearance or medical waiver from client before selling hearing aids.		
40. Dispense hearing aid to client by adhering to state and federal guidelines and regulations.		

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

Hearing Aid Dispenser Occupational Analysis (OA) Survey

Part II - Task Ratings

INSTRUCTIONS FOR RATING TASK STATEMENTS

The boxes for rating the Frequency and Importance of each task have drop-down lists. Click on the "down" arrow in each box to see the rating options, and then select the value that applies to your current practice.

Your Frequency and Importance ratings should be separate and independent ratings. Therefore, the ratings that you assign using one rating scale should not influence the ratings that you assign using the other rating scale.

If the task is not part of your current practice, rate the task "0" (zero) frequency and "0" (zero) importance.

17. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current practice (Importance).

Pre-Fitting and Fitting

	Frequency	Importance
41. Check hearing aids to verify functionality and consistency with order before fitting.		
42. Evaluate physical characteristics of custom products and earmolds before fitting (e.g., shell, canal, consistency with order, defects).		
43. Set loudness limit for hearing aid based upon client threshold of discomfort.		
44. Pre-program or adjust hearing aid settings for client.		
45. Insert hearing aid into client ear to assess fit.		
46. Modify hearing aid or earmold to fit client.		
47. Adjust hearing aid electroacoustic characteristics (e.g., gain, frequency response, maximum power output) to meet client fitting needs.		
48. Demonstrate and explain techniques to insert, remove, and manipulate hearing aids.		
49. Teach client to use hearing aid and assistive listening device controls.		
50. Instruct client how to use, maintain, and dispose of hearing aid batteries.		
51. Instruct client on hearing aid care and maintenance to optimize hearing aid function.		
52. Evaluate outcome of hearing aid fitting with verification measures (i.e., sound field testing, real ear).		
53. Instruct client on how to use hearing aid options, features, and accessories.		

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SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

Hearing Aid Dispenser Occupational Analysis (OA) Survey

Part II - Task Ratings

INSTRUCTIONS FOR RATING TASK STATEMENTS

The boxes for rating the Frequency and Importance of each task have drop-down lists. Click on the "down" arrow in each box to see the rating options, and then select the value that applies to your current practice.

Your Frequency and Importance ratings should be separate and independent ratings. Therefore, the ratings that you assign using one rating scale should not influence the ratings that you assign using the other rating scale.

If the task is not part of your current practice, rate the task "0" (zero) frequency and "0" (zero) importance.

18. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current practice (Importance).

Follow-Up and Post-Fitting Care

	Frequency	Importance
54. Provide client with follow-up care.		
55. Gradually adjust programming of hearing aid in follow-up visits to help client become accustomed to target settings.		
56. Modify physical characteristics of custom products and earmolds to fit client and troubleshoot client complaints.		
57. Identify electroacoustic adjustments (e.g., gain, frequency response, maximum power output) to be performed on hearing aid based on client complaints.		
58. Assess performance of hearing aids and client complaints to determine whether repairs need to be made.		
59. Perform hearing aid maintenance and repair.		
60. Determine if hearing aid is no longer adequate for client needs.		
61. Determine if hearing aid can be repaired or if it must be replaced.		

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

Hearing Aid Dispenser Occupational Analysis (OA) Survey

Part II - Task Ratings

INSTRUCTIONS FOR RATING TASK STATEMENTS

The boxes for rating the Frequency and Importance of each task have drop-down lists. Click on the "down" arrow in each box to see the rating options, and then select the value that applies to your current practice.

Your Frequency and Importance ratings should be separate and independent ratings. Therefore, the ratings that you assign using one rating scale should not influence the ratings that you assign using the other rating scale.

If the task is not part of your current practice, rate the task "0" (zero) frequency and "0" (zero) importance.

19. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current practice (Importance).

Counseling / Miscellaneous

	Frequency	Importance
62. Establish realistic expectations about potential experiences while wearing hearing aids.		
63. Educate client on practices to optimize communication while using hearing aids and accessories in different circumstances.		
64. Take digital scan of ear canal.		

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

Hearing Aid Dispenser Occupational Analysis (OA) Survey

Part III - Knowledge Ratings

INSTRUCTIONS FOR RATING KNOWLEDGE STATEMENTS

This part of the survey contains 214 knowledge statements. Please rate each knowledge statement based on how important you believe the knowledge is for effective performance of your current practice as a licensed hearing aid dispenser.

If the knowledge is not required for performance of your current practice, rate the statement "Does not apply."

20. How important is this knowledge for effective performance of tasks in your current practice?

Appointment Preparation and Client Intake

	Does not apply	Not important	Somewhat important	Important	Very important	Critically important
1. Knowledge of calibration requirements for audiometric equipment.	○	○	○	○	○	○
2. Knowledge of methods to perform a listening check of audiometric equipment.	○	○	○	○	○	○
3. Knowledge of function and procedures to operate audiometric equipment.	○	○	○	○	○	○
4. Ability to perform listening check to verify functioning of equipment.	○	○	○	○	○	○
5. Knowledge of methods to sanitize equipment that will be used on client.	○	○	○	○	○	○
6. Knowledge of physical, medical, and environmental conditions that affect audiometric assessment procedures.	○	○	○	○	○	○
7. Knowledge of techniques to gather and assess client symptoms.	○	○	○	○	○	○
8. Knowledge of health, genetic, and medical conditions that may contribute to hearing loss.	○	○	○	○	○	○
9. Knowledge of the effect of hearing aid use history on assessment and treatment.	○	○	○	○	○	○
10. Knowledge of the effect of ear surgery history on assessment and treatment.	○	○	○	○	○	○
11. Knowledge of types of illnesses, medical treatments, and medications that may affect hearing.	○	○	○	○	○	○
12. Knowledge of health history questions to assess for conditions that may contribute to hearing loss.	○	○	○	○	○	○
13. Knowledge of effects of ear pathologies on hearing loss.	○	○	○	○	○	○
14. Knowledge of the effect of exposure to physical or acoustic trauma on hearing loss and treatment.	○	○	○	○	○	○
15. Knowledge of lifestyle activities that could impact hearing loss and treatment.	○	○	○	○	○	○
16. Knowledge of HIPAA laws and regulations.	○	○	○	○	○	○

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

Hearing Aid Dispenser Occupational Analysis (OA) Survey

Part III - Knowledge Ratings

INSTRUCTIONS FOR RATING KNOWLEDGE STATEMENTS

Please rate each knowledge statement based on how important you believe the knowledge is for effective performance of your current practice as a licensed hearing aid dispenser.

If the knowledge is not required for performance of your current practice, rate the statement "Does not apply."

21. How important is this knowledge for effective performance of tasks in your current practice?

Assessment

	Does not apply	Not important	Somewhat important	Important	Very important	Critically important
17. Knowledge of purposes and procedures of performing otoscopic examination.	○	○	○	○	○	○
18. Knowledge of purposes and procedures to inspect external ear.	○	○	○	○	○	○
19. Knowledge of anatomy and characteristics of normal and abnormal ears.	○	○	○	○	○	○
20. Knowledge of how to identify normal and abnormal conditions of the ear.	○	○	○	○	○	○
21. Knowledge of techniques to assess size, length, and direction of ear canal.	○	○	○	○	○	○
22. Ability to inspect external ear and perform an otoscopic examination.	○	○	○	○	○	○
23. Knowledge of criteria to determine if there is blockage of the ear canal.	○	○	○	○	○	○
24. Knowledge of objective signs and subjective symptoms that require a medical referral.	○	○	○	○	○	○

	Does not apply	Not important	Somewhat important	Important	Very important	Critically important
25. Knowledge of laws and regulations pertaining to signs and symptoms that require a medical referral.	○	○	○	○	○	○
26. Knowledge of health, genetic, and medical conditions that may impact audiometric assessment.	○	○	○	○	○	○
27. Ability to modify audiometric assessments to accommodate client needs.	○	○	○	○	○	○
28. Knowledge of logical order of assessment administration.	○	○	○	○	○	○
29. Knowledge of issues that would require a modification to assessment procedures.	○	○	○	○	○	○
30. Knowledge of methods to perform sound field testing.	○	○	○	○	○	○
31. Knowledge of anatomical features that require a change in testing methodology.	○	○	○	○	○	○
32. Knowledge of methods and procedures to test clients with abnormal anatomy.	○	○	○	○	○	○
33. Knowledge of methods to inform clients about audiometric assessment procedures.	○	○	○	○	○	○
34. Ability to describe procedures to clients before and during assessment.	○	○	○	○	○	○
35. Knowledge of techniques to describe audiometric assessment procedures to clients.	○	○	○	○	○	○
36. Knowledge of purposes and procedures of performing pure tone air conduction assessment.	○	○	○	○	○	○
37. Knowledge of purposes and procedures to perform pure tone bone conduction assessment.	○	○	○	○	○	○
38. Ability to perform pure tone air conduction assessment.	○	○	○	○	○	○
39. Ability to perform pure tone bone conduction testing.	○	○	○	○	○	○
40. Knowledge of methods to monitor and assess client subjective response to auditory stimuli.	○	○	○	○	○	○
41. Knowledge of purpose of performing masking.	○	○	○	○	○	○
42. Knowledge of concept and implications of under and overmasking.	○	○	○	○	○	○
43. Knowledge of procedures of masking during pure tone air conduction testing.	○	○	○	○	○	○
44. Knowledge of procedures of masking during pure tone bone conduction testing.	○	○	○	○	○	○

	Does not apply	Not important	Somewhat important	Important	Very important	Critically important
45. Knowledge of procedures of masking during speech testing.	◯	◯	◯	◯	◯	◯
46. Ability to perform masking during hearing assessments.	◯	◯	◯	◯	◯	◯
47. Knowledge of purposes of measuring threshold of discomfort.	◯	◯	◯	◯	◯	◯
48. Knowledge of procedures to determine dynamic range of hearing.	◯	◯	◯	◯	◯	◯
49. Knowledge of principles and procedures to establish client threshold of discomfort for pure tones and speech discrimination.	◯	◯	◯	◯	◯	◯
50. Ability to perform assessment to establish client threshold of discomfort.	◯	◯	◯	◯	◯	◯
51. Knowledge of principles and procedures of establishing client most comfortable level (MCL) for speech.	◯	◯	◯	◯	◯	◯
52. Knowledge of principles and procedures of establishing speech reception threshold.	◯	◯	◯	◯	◯	◯
53. Knowledge of procedures to perform speech reception threshold testing.	◯	◯	◯	◯	◯	◯
54. Knowledge of principles and procedures to perform speech discrimination / word recognition assessment.	◯	◯	◯	◯	◯	◯
55. Ability to perform speech discrimination / word recognition assessment.	◯	◯	◯	◯	◯	◯
56. Knowledge of methods to chart and document assessment results.	◯	◯	◯	◯	◯	◯
57. Knowledge of reliable assessment results based on client audiometric and behavioral indications.	◯	◯	◯	◯	◯	◯
58. Knowledge of relationship between audiometric results and speech assessment results.	◯	◯	◯	◯	◯	◯
59. Knowledge of conditions, error, or reliability issues that indicate retesting is necessary.	◯	◯	◯	◯	◯	◯
60. Ability to determine if client assessment results are consistent with reported symptoms.	◯	◯	◯	◯	◯	◯
61. Knowledge of principles and criteria for determining significant air-bone gap.	◯	◯	◯	◯	◯	◯
62. Knowledge of criteria to identify asymmetrical hearing loss.	◯	◯	◯	◯	◯	◯

	Does not apply	Not important	Somewhat important	Important	Very important	Critically important
63. Knowledge of how to interpret audiometric assessment results.	◯	◯	◯	◯	◯	◯
64. Ability to review and interpret audiometric assessment results.	◯	◯	◯	◯	◯	◯
65. Knowledge of audiometric test results that require medical referral.	◯	◯	◯	◯	◯	◯
66. Knowledge of type, degree, and configuration of hearing loss indicated by audiometric assessment results.	◯	◯	◯	◯	◯	◯
67. Knowledge of criteria to compare client audiometric test results with subjective symptoms.	◯	◯	◯	◯	◯	◯
68. Knowledge of criteria to identify changes in hearing.	◯	◯	◯	◯	◯	◯
69. Knowledge of symptoms associated with specific audiometric assessment results.	◯	◯	◯	◯	◯	◯
70. Knowledge of counseling techniques to help explain audiometric assessment results to clients.	◯	◯	◯	◯	◯	◯
71. Knowledge of methods to counsel clients and explain implications of hearing loss.	◯	◯	◯	◯	◯	◯
72. Knowledge of hearing difficulties related to the degree, type, and configuration of hearing loss.	◯	◯	◯	◯	◯	◯
73. Knowledge of consequences of untreated hearing loss.	◯	◯	◯	◯	◯	◯

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

Hearing Aid Dispenser Occupational Analysis (OA) Survey

Part III - Knowledge Ratings

22. How important is this knowledge for effective performance of tasks in your current practice?

Selection and Sales

	Does not apply	Not important	Somewhat important	Important	Very important	Critically important
74. Knowledge of how to use assessment results to determine amplification recommendations.	○	○	○	○	○	○
75. Knowledge of anatomical variations that affect client candidacy for amplification.	○	○	○	○	○	○
76. Knowledge of hearing amplification requirements for different hearing losses.	○	○	○	○	○	○
77. Knowledge of indications for monaural, binaural, or CROS systems.	○	○	○	○	○	○
78. Knowledge of the advantages of different styles of hearing aids.	○	○	○	○	○	○
79. Knowledge of audiometric assessment results that affect earmold selection.	○	○	○	○	○	○
80. Knowledge of physical considerations that affect manipulation of hearing aids.	○	○	○	○	○	○
81. Knowledge of client needs that affect hearing aid selection and fitting.	○	○	○	○	○	○
82. Knowledge of previous hearing aid use and how that impacts new hearing aid fitting.	○	○	○	○	○	○
83. Knowledge of effects of previous hearing aid use on client motivation for hearing assistance.	○	○	○	○	○	○
84. Knowledge of hearing aid features.	○	○	○	○	○	○

	Does not apply	Not important	Somewhat important	Important	Very important	Critically important
85. Knowledge of criteria for selecting hearing aid parameters based on client needs.	○	○	○	○	○	○
86. Knowledge of benefits of hearing aid amplification for various lifestyles.	○	○	○	○	○	○
87. Knowledge of types of hearing aid options and accessories (e.g., Bluetooth, remote controls, TV, telecoil, and FM).	○	○	○	○	○	○
88. Knowledge of types of hearing aid controls.	○	○	○	○	○	○
89. Knowledge of methods to explain hearing aid options to clients.	○	○	○	○	○	○
90. Knowledge of dynamic range considerations for hearing aid selection.	○	○	○	○	○	○
91. Ability to explain advantages of different hearing aid options and accessories to clients.	○	○	○	○	○	○
92. Knowledge of advantages of different styles of hearing aids.	○	○	○	○	○	○
93. Knowledge of purpose and procedures to take an ear impression.	○	○	○	○	○	○
94. Knowledge of purpose and procedures of evaluating client ear canal before an ear impression.	○	○	○	○	○	○
95. Knowledge of expectations and sensations experienced during impression procedures.	○	○	○	○	○	○
96. Ability to explain impression-taking procedures.	○	○	○	○	○	○
97. Knowledge of procedures to take ear impressions on clients with abnormal anatomy (e.g., mastoid cavities).	○	○	○	○	○	○
98. Knowledge of methods to determine size and type of blocking material needed during an ear impression.	○	○	○	○	○	○
99. Knowledge of how to determine placement of blocking material.	○	○	○	○	○	○
100. Knowledge of purposes of using blocking material during an ear impression.	○	○	○	○	○	○
101. Ability to insert blocking material into client ear before taking an ear impression.	○	○	○	○	○	○
102. Knowledge of procedures and instruments used to insert blocking material into client ear before taking an ear impression.	○	○	○	○	○	○

	Does not apply	Not important	Somewhat important	Important	Very important	Critically important
103. Knowledge of purposes and methods of evaluating placement of blocking material in client ear.	○	○	○	○	○	○
104. Knowledge of signs of client discomfort during an ear impression.	○	○	○	○	○	○
105. Ability to prepare impression material.	○	○	○	○	○	○
106. Ability to fill client ear with impression material.	○	○	○	○	○	○
107. Knowledge of types of impression material used to make an ear impression.	○	○	○	○	○	○
108. Knowledge of method to determine if impression material has cured.	○	○	○	○	○	○
109. Ability to verify impression material has cured in the ear before removal.	○	○	○	○	○	○
110. Ability to break seal of impression material.	○	○	○	○	○	○
111. Knowledge of methods to break seal of impression material.	○	○	○	○	○	○
112. Ability to remove impression from ear.	○	○	○	○	○	○
113. Knowledge of purposes and methods of evaluating client ear canal following ear impression procedures.	○	○	○	○	○	○
114. Knowledge of conditions resulting from impression procedures which require a medical referral.	○	○	○	○	○	○
115. Knowledge of anatomical details that should be found on ear impression.	○	○	○	○	○	○
116. Knowledge of techniques to determine if ear impression is an accurate representation of an ear.	○	○	○	○	○	○
117. Ability to identify anatomical details on an ear impression.	○	○	○	○	○	○
118. Ability to determine if ear impression meets requirements for manufacturing custom products.	○	○	○	○	○	○
119. Knowledge of purposes and methods of evaluating ear impression.	○	○	○	○	○	○
120. Knowledge of procedures to identify unique characteristics of ear impression to be represented on the finished product.	○	○	○	○	○	○
121. Knowledge of purposes and procedures of selecting options and styles of earmolds.	○	○	○	○	○	○

	Does not apply	Not important	Somewhat important	Important	Very important	Critically important
122. Knowledge of purposes and procedures to select user-controlled options of hearing aids.	○	○	○	○	○	○
123. Knowledge of purposes and procedures of adjusting acoustic characteristics of hearing aids.	○	○	○	○	○	○
124. Knowledge of requirement to obtain medical clearance or waiver for clients.	○	○	○	○	○	○
125. Knowledge of dispenser legal obligation to client to adjust, replace, and refund hearing aids.	○	○	○	○	○	○
126. Knowledge of laws and regulations regarding the sale and fitting of hearing aids.	○	○	○	○	○	○
127. Knowledge of FDA regulations regarding the sale of hearing aids.	○	○	○	○	○	○
128. Knowledge of requirements of documenting hearing aid sales.	○	○	○	○	○	○

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

Hearing Aid Dispenser Occupational Analysis (OA) Survey

Part III - Knowledge Ratings

23. How important is this knowledge for effective performance of tasks in your current practice?

Pre-Fitting and Fitting

	Does not apply	Not important	Somewhat important	Important	Very important	Critically important
129. Knowledge of the American National Standards Institute (ANSI) standards for hearing aid performance.	○	○	○	○	○	○
130. Knowledge of purposes and methods of evaluating physical characteristics of hearing aids.	○	○	○	○	○	○
131. Knowledge of methods to verify function of hearing aids.	○	○	○	○	○	○
132. Knowledge of manufacturer specifications (included features and settings) for hearing aids.	○	○	○	○	○	○
133. Knowledge of methods used to verify earmold received from manufacturer.	○	○	○	○	○	○
134. Knowledge of purposes and methods of evaluating physical characteristics of earmolds.	○	○	○	○	○	○
135. Ability to program and adjust hearing aids.	○	○	○	○	○	○
136. Knowledge of procedures of setting levels of maximum output for hearing aids.	○	○	○	○	○	○
137. Knowledge of how to program and adjust hearing aids.	○	○	○	○	○	○
138. Knowledge of methods to configure and verify program settings of hearing aids.	○	○	○	○	○	○
139. Knowledge of audiometric test results that affect selection of acoustic properties of hearing aids.	○	○	○	○	○	○

	Does not apply	Not important	Somewhat important	Important	Very important	Critically important
140. Knowledge of how to insert and remove different style hearing aids.	○	○	○	○	○	○
141. Knowledge of methods to determine whether hearing aid is a good fit for client.	○	○	○	○	○	○
142. Ability to insert and remove hearing aids.	○	○	○	○	○	○
143. Knowledge of hearing aid physical characteristics that need adjustment or to be remade.	○	○	○	○	○	○
144. Knowledge of modifications for custom products and earmolds.	○	○	○	○	○	○
145. Knowledge of common complaints and their indications for physical hearing aid fit.	○	○	○	○	○	○
146. Knowledge of physical characteristics that can be modified on earmolds to improve fit or address client complaints.	○	○	○	○	○	○
147. Knowledge of methods and tools to modify physical characteristics of hearing aids and earmolds.	○	○	○	○	○	○
148. Knowledge of questions to ask clients regarding hearing aid fit.	○	○	○	○	○	○
149. Knowledge of physical characteristics that can be modified on hearing aids to improve fit or address client complaints.	○	○	○	○	○	○
150. Knowledge of purpose and methods to set and adjust electroacoustic characteristics of hearing aids.	○	○	○	○	○	○
151. Knowledge of procedures to assess electroacoustic characteristics and performance of hearing aid.	○	○	○	○	○	○
152. Knowledge of common client complaints associated with electroacoustic characteristics of hearing aids.	○	○	○	○	○	○
153. Knowledge of procedures to help client adapt to sensory stimuli with hearing aid use.	○	○	○	○	○	○
154. Knowledge of relationship between adjustable acoustic characteristics of hearing aid and client perceptions of sound quality.	○	○	○	○	○	○
155. Knowledge of adjustments to reduce feedback.	○	○	○	○	○	○
156. Knowledge of adjustments that need to be made to hearing aid programming, including telecoil.	○	○	○	○	○	○
157. Knowledge of common issues associated with insertion and removal of hearing aids.	○	○	○	○	○	○

	Does not apply	Not important	Somewhat important	Important	Very important	Critically important
158. Ability to explain hearing aid insertion and removal techniques.	○	○	○	○	○	○
159. Knowledge of procedures to insert and remove client hearing aids.	○	○	○	○	○	○
160. Knowledge of information to provide client regarding use of hearing aids (e.g., controls, features).	○	○	○	○	○	○
161. Ability to demonstrate operation of hearing aids.	○	○	○	○	○	○
162. Knowledge of information to provide to client regarding phone use with hearing aid.	○	○	○	○	○	○
163. Knowledge of questions to ask clients regarding hearing aid fit.	○	○	○	○	○	○
164. Knowledge of procedures to care for and dispose of hearing aid batteries.	○	○	○	○	○	○
165. Knowledge of procedures to use and maintain rechargeable hearing aids.	○	○	○	○	○	○
166. Ability to insert and remove batteries from hearing aids.	○	○	○	○	○	○
167. Knowledge of purposes, procedures, and information regarding care and maintenance of hearing aids.	○	○	○	○	○	○
168. Knowledge of methods to reinforce proper hearing aid use.	○	○	○	○	○	○
169. Knowledge of methods to reinforce proper hearing aid care.	○	○	○	○	○	○
170. Knowledge of purposes and procedures of performing unaided and aided sound field testing.	○	○	○	○	○	○
171. Knowledge of purpose and procedures to perform real ear/probe measurement.	○	○	○	○	○	○
172. Knowledge of necessary adjustments to hearing aids based on performance.	○	○	○	○	○	○
173. Knowledge of methods to validate client hearing aid benefit.	○	○	○	○	○	○
174. Ability to assess hearing aid performance.	○	○	○	○	○	○
175. Knowledge of techniques to assess client proficiency in using hearing aid options, features, and accessories.	○	○	○	○	○	○
176. Knowledge of use of hearing aid options, features, and accessories.	○	○	○	○	○	○

	Does not apply	Not important	Somewhat important	Important	Very important	Critically important
177. Ability to explain to clients the use of hearing aid options, features, and accessories.	◯	◯	◯	◯	◯	◯
178. Knowledge of purposes and methods of evaluating client use of telecoil.	◯	◯	◯	◯	◯	◯

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

Hearing Aid Dispenser Occupational Analysis (OA) Survey

Part III - Knowledge Ratings

24. How important is this knowledge for effective performance of tasks in your current practice?

Follow-Up and Post-Fitting Care

	Does not apply	Not important	Somewhat important	Important	Very important	Critically important
179. Knowledge of techniques to conduct ongoing client counseling on hearing aid use.	○	○	○	○	○	○
180. Knowledge of methods to maintain hearing health.	○	○	○	○	○	○
181. Knowledge of methods to compare previous and new audiometric test results.	○	○	○	○	○	○
182. Knowledge of necessary adjustments based on client experience or adaptation level.	○	○	○	○	○	○
183. Knowledge of necessary adjustments required to achieve real ear measure target.	○	○	○	○	○	○
184. Knowledge of procedures used to modify earmolds for physical fit and acoustic performance.	○	○	○	○	○	○
185. Knowledge of methods to select domes to modify acoustic performance.	○	○	○	○	○	○
186. Knowledge of methods to use buffers and grinders.	○	○	○	○	○	○
187. Knowledge of ear anatomy that affects hearing aid fitting.	○	○	○	○	○	○
188. Knowledge of techniques to identify and eliminate acoustic feedback.	○	○	○	○	○	○
189. Knowledge of purposes and methods of identifying circuit noise of hearing aids.	○	○	○	○	○	○

	Does not apply	Not important	Somewhat important	Important	Very important	Critically important
190. Knowledge of procedures to identify causes of feedback in hearing aids.	○	○	○	○	○	○
191. Knowledge of purposes and methods of evaluating frequency response of hearing aid.	○	○	○	○	○	○
192. Knowledge of purposes and methods of evaluating gain of hearing aids.	○	○	○	○	○	○
193. Knowledge of techniques to differentiate between external and internal feedback.	○	○	○	○	○	○
194. Knowledge of procedures to run an electroacoustic analysis on a hearing aid to determine if it is performing to manufacturer specifications.	○	○	○	○	○	○
195. Knowledge of evaluation techniques to determine whether to repair hearing aids or send to the manufacturer for repair.	○	○	○	○	○	○
196. Knowledge of purposes and methods of evaluating volume control of hearing aids.	○	○	○	○	○	○
197. Knowledge of techniques to differentiate changes in client hearing from malfunction of hearing aid.	○	○	○	○	○	○
198. Knowledge of client complaints that indicate hearing aid malfunction.	○	○	○	○	○	○
199. Knowledge of procedures to assess causes of hearing aid malfunction.	○	○	○	○	○	○
200. Knowledge of types of repairs for hearing aids.	○	○	○	○	○	○
201. Knowledge of how to service or repair hearing aids.	○	○	○	○	○	○
202. Knowledge of equipment and tools used to repair hearing aids.	○	○	○	○	○	○
203. Ability to service hearing aids.	○	○	○	○	○	○
204. Knowledge of indicators that a different hearing aid would be more effective to meet client needs.	○	○	○	○	○	○
205. Knowledge of how hearing may change over time.	○	○	○	○	○	○



Hearing Aid Dispenser Occupational Analysis (OA) Survey

Part III - Knowledge Ratings

25. How important is this knowledge for effective performance of tasks in your current practice?

Counseling and Miscellaneous

	Does not apply	Not important	Somewhat important	Important	Very important	Critically important
206. Knowledge of how to determine whether hearing aid can be repaired or needs to be replaced.	○	○	○	○	○	○
207. Knowledge of realistic expectations regarding hearing amplification.	○	○	○	○	○	○
208. Knowledge of factors that affect successful hearing aid fitting.	○	○	○	○	○	○
209. Knowledge of adaptation process and implications for new hearing aid users.	○	○	○	○	○	○
210. Knowledge of purposes and methods of evaluating client expectations about amplification.	○	○	○	○	○	○
211. Knowledge of cognitive and physical factors that influence successful hearing aid use.	○	○	○	○	○	○
212. Knowledge of strategies for maximizing communication in different listening environments.	○	○	○	○	○	○
213. Ability to describe communication best practices/techniques to clients.	○	○	○	○	○	○
214. Knowledge of methods to take digital scans of ear canal.	○	○	○	○	○	○

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

Hearing Aid Dispenser Occupational Analysis (OA) Survey

Thank you

Thank you for taking the time to complete this survey. The Board values your contribution to this study.

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2020 HEARING AID DISPENSER WRITTEN EXAMINATION OUTLINE

1. Equipment / Pre-visit (4%) - This content area assesses the candidate's knowledge of preparing testing equipment and environment to obtain valid and reliable test results.

	Task		*Associated Knowledge Statements*
T1	Verify function and calibration of test equipment.	K1	Knowledge of calibration requirements for audiometric equipment.
		K2	Knowledge of methods to perform a listening check of audiometric equipment.
		K3	Knowledge of function and procedures to operate audiometric equipment.
T2	Sanitize equipment (e.g., examination and audiometric equipment) before contact with client.	K5	Knowledge of methods to sanitize equipment that will be used on client.
T3	Maintain an environment that is conducive to audiometric assessment.	K6	Knowledge of physical, medical, and environmental conditions that affect audiometric assessment procedures.

2. Case History (8%) - This content area assesses the candidate's knowledge of pertinent client information to gather prior to assessment and the management of protected information.

	Tasks		*Associated Knowledge Statements*
T4	Obtain client report of symptoms.	K7	Knowledge of techniques to gather and assess client symptoms.
T5	Obtain pertinent client health and family health history.	K8	Knowledge of health, genetic, and medical conditions that may contribute to hearing loss.
		K9	Knowledge of the effect of hearing aid use history on assessment and treatment.
		K10	Knowledge of the effect of ear surgery history on assessment and treatment.
		K11	Knowledge of types of illnesses, medical treatments, and medications that may affect hearing.
		K12	Knowledge of health history questions to assess for conditions that may contribute to hearing loss.
		K13	Knowledge of effects of ear pathologies on hearing loss.
T6	Obtain pertinent client social and environmental history.	K14	Knowledge of the effect of exposure to physical or acoustic trauma on hearing loss and treatment.
		K15	Knowledge of lifestyle activities that could impact hearing loss and treatment.
T7	Document and maintain protected client hearing and health information.	K16	Knowledge of HIPAA laws and regulations.

3. Assessment (24%) - This content area assesses the candidate's knowledge of audiometric assessment techniques that determine degree, type, and configuration of hearing loss, and need for medical referral.

Subarea		*Tasks*		*Associated Knowledge Statements*
3.1 Pre-Assessment (2%)	T9	Determine need for referral to a physician by assessing client symptoms, objective signs, and medical history.	K24	Knowledge of objective signs and subjective symptoms that require a medical referral.
			K25	Knowledge of laws and regulations pertaining to signs and symptoms that require a medical referral.
	T10	Develop audiometric assessment plan to accommodate client needs.	K26	Knowledge of health, genetic, and medical conditions that may impact audiometric assessment.
			K28	Knowledge of logical order of assessment procedures.
			K29	Knowledge of issues that would require a modification to assessment procedures.
			K30	Knowledge of methods to perform sound field testing.
			K31	Knowledge of anatomical features that require a change in testing methodology.
			K32	Knowledge of methods and procedures to test clients with abnormal anatomy.
3.2 Assessment (16%)	T11	Explain procedures to client before and during audiometric assessment.	K33	Knowledge of methods to inform clients about audiometric assessment procedures.
			K35	Knowledge of techniques to describe audiometric assessment procedures to clients.
	T12	Perform pure tone air and bone conduction assessments.	K36	Knowledge of purposes and procedures of performing pure tone air conduction assessment.
			K37	Knowledge of purposes and procedures to perform pure tone bone conduction assessment.
			K40	Knowledge of methods to monitor and assess client subjective response to auditory stimuli.

3. Assessment, continued (24%) - This content area assesses the candidate's knowledge of audiometric assessment techniques that determine degree, type, and configuration of hearing loss, and need for medical referral.

Subarea		*Tasks*		*Associated Knowledge Statements*
3.2 Assessment, continued (16%)	T13	Perform masking during hearing assessment.	K41	Knowledge of purpose of performing masking.
			K42	Knowledge of concept and implications of under and overmasking.
			K43	Knowledge of procedures of masking during pure tone air conduction testing.
			K44	Knowledge of procedures of masking during pure tone bone conduction testing.
			K45	Knowledge of procedures of masking during speech testing.
	T14	Measure client threshold of discomfort (i.e., TD, UCL, LDL), to determine loudness tolerance.	K47	Knowledge of purposes of measuring threshold of discomfort.
			K48	Knowledge of procedures to determine dynamic range of hearing.
			K49	Knowledge of principles and procedures to establish client threshold of discomfort for pure tones and speech discrimination.
	T15	Perform most comfortable level assessment (MCL).	K51	Knowledge of purposes, principles, and procedures of establishing client most comfortable level (MCL) for speech.
	T16	Perform speech reception threshold assessment.	K52	Knowledge of principles and procedures of establishing speech reception threshold.
			K53	Knowledge of procedures to perform speech reception threshold testing.
	T17	Perform speech WRS/SD (word recognition score / speech discrimination) assessment.	K54	Knowledge of principles and procedures to perform speech discrimination / word recognition assessment.
	T18	Chart and document results of audiometric assessment.	K56	Knowledge of methods to chart and document assessment results.

3. Assessment, continued (24%) - This content area assesses the candidate's knowledge of audiometric assessment techniques that determine degree, type, and configuration of hearing loss, and need for medical referral.

Subarea	*Tasks*		*Associated Knowledge Statements*	
3.3 Evaluation and Interpretation of Results (6%)	T19	Evaluate client audiometric assessment results to determine if retesting is necessary.	K57	Knowledge of reliable assessment results based on client audiometric and behavioral indications.
			K58	Knowledge of relationship between audiometric results and speech assessment results.
			K59	Knowledge of conditions, error, or reliability issues that indicate retesting is necessary.
	T20	Evaluate client audiometric assessment results to determine degree, type, and configuration of hearing loss.	K61	Knowledge of principles and criteria for determining significant air-bone gap.
			K62	Knowledge of criteria to identify asymmetrical hearing loss.
			K63	Knowledge of how to interpret audiometric assessment results.
			K65	Knowledge of audiometric test results that require medical referral.
			K66	Knowledge of type, degree, and configuration of hearing loss indicated by audiometric assessment results.
	T21	Explain and discuss client audiometric assessment results and evaluation of hearing loss with implications for communication.	K67	Knowledge of criteria to compare client audiometric test results with subjective symptoms.
			K68	Knowledge of criteria to identify changes in hearing.
			K69	Knowledge of symptoms associated with specific audiometric assessment results.
			K70	Knowledge of counseling techniques to help explain audiometric assessment results to clients.
			K71	Knowledge of methods to counsel clients and explain implications of hearing loss.
			K72	Knowledge of hearing difficulties related to the degree, type, and configuration of hearing loss.
			K73	Knowledge of consequences of untreated hearing loss.

4. Selection and Sales (13%) - This content area assesses the candidate's knowledge of patient candidacy and selection of hearing aids.

Subarea	*Tasks*		*Associated Knowledge Statements*	
4.1 Hearing Aid Candidacy, Recommendation, and Selection (10%)	T22	Determine client candidacy for hearing aids.	K74	Knowledge of how to use assessment results to determine amplification recommendations.
			K75	Knowledge of anatomical variations that affect client candidacy for amplification.
			K76	Knowledge of hearing amplification requirements for different hearing losses.
			K77	Knowledge of indications for monaural, binaural, or CROS systems, and implantable devices.
			K78	Knowledge of the advantages of different styles of hearing aids.
			K79	Knowledge of audiometric assessment results that affect earmold/dome selection.
			K80	Knowledge of physical considerations that affect manipulation of hearing aids.
			K81	Knowledge of client needs that affect hearing aid selection and fitting.
	T23	Apply client historical information to hearing aid selection and settings.	K82	Knowledge of previous hearing aid use and how that impacts new hearing aid fitting.
			K83	Knowledge of effects of previous hearing aid use on client motivation for hearing assistance.
			K84	Knowledge of hearing aid features.
	T24	Determine client lifestyle compatibility with hearing aid features.	K85	Knowledge of criteria for selecting hearing aid parameters based on client needs.
			K86	Knowledge of benefits of hearing aid amplification for various lifestyles.
	T25	Determine hearing aid options and accessories to recommend to clients.	K87	Knowledge of types of hearing aid options and accessories (e.g., Bluetooth, remote controls, TV, telecoil, and FM).
			K88	Knowledge of types of hearing aid controls.
			K89	Knowledge of methods to explain hearing aid options to clients.
			K90	Knowledge of dynamic range considerations for hearing aid selection.
			K92	Knowledge of advantages of different styles of hearing aids.

4. Selection and Sales, continued (13%) - This content area assesses the candidate's knowledge of patient candidacy and selection of hearing aids.

Subarea	*Tasks*		*Associated Knowledge Statements*	
4.1 Hearing Aid Candidacy, Recommendation, and Selection, continued (10%)	T38	Select user-controlled options of hearing aid.	K122	Knowledge of purposes and procedures to select user-controlled options of hearing aids.
			K123	Knowledge of purposes and procedures of adjusting acoustic characteristics of hearing aids.
	T37	Select physical characteristics of earmold or domes to fit client needs.	K121	Knowledge of purposes and procedures of selecting options and styles of earmolds or domes.
4.2 Sale (3%)	T39	Obtain signed medical clearance or medical waiver from client before selling hearing aids.	K124	Knowledge of requirement to obtain medical clearance or waiver for clients.
	T40	Dispense hearing aid to client by adhering to state and federal guidelines and regulations.	K125	Knowledge of dispenser legal obligation to client to adjust, replace, and refund hearing aids.
			K126	Knowledge of laws and regulations regarding the sale and fitting of hearing aids.
			K127	Knowledge of FDA regulations regarding the sale of hearing aids.
			K128	Knowledge of requirements of documenting hearing aid sales.

5. Ear Impression (8%) - This content area assesses the candidate's knowledge of how to take and evaluate an ear impression.

Tasks		*Associated Knowledge Statements*	
T26	Evaluate client ear canal to determine whether an ear impression can safely be performed.	K93	Knowledge of purpose and procedures to take an ear impression.
		K94	Knowledge of purpose and procedures of evaluating client ear canal before an ear impression.
T27	Inform client about ear impression procedures to make client aware of sensations.	K95	Knowledge of expectations and sensations experienced during impression procedures.
T28	Select type and size of blocking material (e.g., cotton dam) to use during ear impression process.	K97	Knowledge of procedures to take ear impressions on clients with abnormal anatomy (e.g., mastoid cavities).
		K98	Knowledge of methods to determine size and type of blocking material needed during an ear impression.
		K99	Knowledge of how to determine placement of blocking material.
		K100	Knowledge of purposes of using blocking material during an ear impression.

6. Pre-Fitting (5%) - This content area assesses the candidate's knowledge of procedures to establish hearing aid settings and physical characteristics before fitting.

Tasks		*Associated Knowledge Statements*	
T41	Check hearing aids to verify functionality and consistency with order before fitting.	K129	Knowledge of the American National Standards Institute (ANSI) standards for hearing aid performance.
		K130	Knowledge of purposes and methods of evaluating physical characteristics of hearing aids.
		K131	Knowledge of methods to verify function of hearing aids.
		K132	Knowledge of manufacturer specifications (included features and settings) for hearing aids.
T42	Evaluate physical characteristics of custom products and earmolds before fitting (e.g., shell, canal, consistency with order, defects).	K133	Knowledge of methods used to verify earmold received from manufacturer.
		K134	Knowledge of purposes and methods of evaluating physical characteristics of earmolds.
T44	Pre-program or adjust hearing aid settings for client.	K136	Knowledge of procedures of setting levels of maximum output for hearing aids.
		K137	Knowledge of how to program and adjust hearing aids.
		K138	Knowledge of methods to configure and verify program settings of hearing aids.
		K139	Knowledge of audiometric test results that affect selection of acoustic properties of hearing aids.

7. Fitting (17%) - This content area assesses the candidate's knowledge of how to fit a hearing aid and associated accessories and apps.

Subarea	*Tasks*		*Associated Knowledge Statements*	
7.1 First Fit (8%)	T45	Insert hearing aid into client ear to assess fit.	K140	Knowledge of how to insert and remove different style hearing aids.
			K141	Knowledge of methods to determine whether hearing aid is a good fit for client.
	T46	Modify hearing aid or earmold to fit client.	K143	Knowledge of hearing aid physical characteristics that need adjustment or to be remade.
			K144	Knowledge of modifications for custom products and earmolds.
			K145	Knowledge of common complaints and their indications for physical hearing aid fit.
			K146	Knowledge of physical characteristics that can be modified on earmolds to improve fit or address client complaints.
			K147	Knowledge of methods and tools to modify physical characteristics of hearing aids and earmolds.
			K148	Knowledge of questions to ask clients regarding hearing aid fit.
			K149	Knowledge of physical characteristics that can be modified on hearing aids to improve fit or address client complaints.
	T47	Adjust hearing aid electroacoustic characteristics (e.g., gain, frequency response, maximum power output) to meet client fitting needs.	K150	Knowledge of purpose and methods to set and adjust electroacoustic characteristics of hearing aids.
			K151	Knowledge of procedures to assess electroacoustic characteristics and performance of hearing aid.
			K152	Knowledge of common client complaints associated with electroacoustic characteristics of hearing aids.
			K153	Knowledge of procedures to help client adapt to sensory stimuli with hearing aid use.
			K154	Knowledge of relationship between adjustable acoustic characteristics of hearing aid and client perceptions of sound quality.
			K155	Knowledge of adjustments to reduce feedback.
			K156	Knowledge of adjustments that need to be made to hearing aid programming, including telecoil.

7. Fitting, continued (17%) - This content area assesses the candidate's knowledge of how to fit a hearing aid and associated accessories and apps.

Subarea	*Tasks*		*Associated Knowledge Statements*	
	T52	Evaluate outcome of hearing aid fitting with verification measures (i.e., sound field testing, real ear).	K170	Knowledge of purposes and procedures of performing unaided and aided sound field testing.
			K171	Knowledge of purpose and procedures to perform real ear/probe measurement.
			K172	Knowledge of necessary adjustments to hearing aids based on performance.
			K173	Knowledge of methods to validate client hearing aid benefit.
7.2 Delivery (9%)	T48	Demonstrate and explain techniques to insert, remove, and manipulate hearing aids.	K157	Knowledge of common issues associated with insertion and removal of hearing aids.
			K159	Knowledge of procedures to insert and remove client hearing aids.
	T49	Teach client to use hearing aid and assistive listening device controls.	K160	Knowledge of information to provide client regarding use of hearing aids (e.g., controls, features).
			K162	Knowledge of information to provide to client regarding phone and app use with hearing aid.
			K163	Knowledge of questions to ask clients regarding hearing aid fit.
	T50	Instruct client how to use, maintain, and dispose of hearing aid batteries.	K164	Knowledge of procedures to care for and dispose of hearing aid batteries.
			K165	Knowledge of procedures to use and maintain rechargeable hearing aids.
	T51	Instruct client on hearing aid care and maintenance to optimize hearing aid function.	K167	Knowledge of purposes, procedures, and information regarding care and maintenance of hearing aids.
			K168	Knowledge of methods to reinforce proper hearing aid use.
			K169	Knowledge of methods to reinforce proper hearing aid care.
	T53	Instruct client on how to use hearing aid options, features, and accessories.	K175	Knowledge of techniques to assess client proficiency in using hearing aid options, features, and accessories.
			K176	Knowledge of use of hearing aid options, features, and accessories.
			K178	Knowledge of purposes and methods of evaluating client use of telecoil.

8. Follow-Up Care (11%) - This content area assesses the candidate's knowledge of procedures to resolve client issues including physical fit and acoustic targets.

Subarea	*Tasks*		*Associated Knowledge Statements*	
8.1 Postfitting Care (8%)	T54	Provide client with follow-up care.	K179	Knowledge of techniques to conduct ongoing client counseling on hearing aid use.
			K180	Knowledge of methods to maintain hearing health.
			K181	Knowledge of methods to compare previous and new audiometric test results.
	T55	Gradually adjust programming of hearing aid in follow-up visits to help client become accustomed to target settings.	K182	Knowledge of necessary adjustments based on client experience or adaptation level.
			K183	Knowledge of necessary adjustments required to achieve real ear measure target.
	T56	Modify physical characteristics of custom products and earmolds to fit client and troubleshoot client complaints.	K184	Knowledge of procedures used to modify earmolds for physical fit and acoustic performance.
			K185	Knowledge of methods to select domes to modify acoustic performance.
			K186	Knowledge of methods to use buffers and grinders.
			K187	Knowledge of ear anatomy that affects hearing aid fitting.
	T57	Identify electroacoustic adjustments to be performed on hearing aid based on client complaints.	K188	Knowledge of techniques to identify and eliminate acoustic feedback.
			K189	Knowledge of purposes and methods of identifying circuit noise of hearing aids.
			K190	Knowledge of procedures to identify causes of feedback in hearing aids.
			K191	Knowledge of purposes and methods of evaluating frequency response of hearing aid.
			K192	Knowledge of purposes and methods of evaluating gain of hearing aids.

8. Follow-Up Care, Continued (11%) - This content area assesses the candidate's knowledge of procedures to resolve client issues including physical fit and acoustic targets.

Subarea		*Tasks*		*Associated Knowledge Statements*
8.2 Repairs (3%)	T58	Assess performance of hearing aids and client complaints to determine whether repairs need to be made.	K193	Knowledge of techniques to differentiate between external and internal feedback.
			K194	Knowledge of procedures to run an electroacoustic analysis on a hearing aid to determine if it is performing to manufacturer specifications.
			K195	Knowledge of evaluation techniques to determine whether to repair hearing aids or send to the manufacturer for repair.
			K196	Knowledge of purposes and methods of evaluating volume control of hearing aids.
			K197	Knowledge of techniques to differentiate changes in client hearing from malfunction of hearing aid.
			K198	Knowledge of client complaints that indicate hearing aid malfunction.
			K199	Knowledge of procedures to assess causes of hearing aid malfunction.
	T59	Perform hearing aid maintenance and repair.	K200	Knowledge of types of repairs for hearing aids.
			K201	Knowledge of how to service or repair hearing aids.
			K202	Knowledge of equipment and tools used to repair hearing aids.

9. Counseling (10%) - This content area assesses the candidate's knowledge of methods to establish realistic expectations and educate the client on optimizing communication while using hearing aids and accessories.

Tasks		*Associated Knowledge Statements*	
T60	Determine when hearing aid is no longer adequate for client needs.	K204	Knowledge of indicators that a different hearing aid would be more effective to meet client needs.
		K205	Knowledge of how hearing may change over time.
T62	Establish realistic expectations about potential experiences while wearing hearing aids.	K207	Knowledge of realistic expectations regarding hearing amplification.
		K208	Knowledge of factors that affect successful hearing aid fitting.
		K209	Knowledge of adaptation process and implications for new hearing aid users.
		K210	Knowledge of purposes and methods of evaluating client expectations about amplification.
		K211	Knowledge of cognitive and physical factors that influence successful hearing aid use.
T63	Educate client on practices to optimize communication while using hearing aids and accessories in different circumstances.	K212	Knowledge of strategies for maximizing communication in different listening environments.

HEARING AID DISPENSER PRACTICAL EXAMINATION OUTLINE – 2020

1. Equipment/Pre-Visit - This content area assesses the candidate's ability to prepare testing equipment and environment to obtain valid and reliable test results.

Tasks	*Associated Knowledge/Ability Statements*
• Verify function and calibration of test equipment.	• Knowledge of calibration requirements for audiometric equipment. • Knowledge of methods to perform a listening check of audiometric equipment. • Knowledge of function and procedures to operate audiometric equipment. • Ability to perform listening check to verify functioning of equipment.
• Sanitize equipment (e.g., examination and audiometric equipment) before contact with client.	• Knowledge of methods to sanitize equipment that will be used on client.
• Maintain an environment that is conducive to audiometric assessment.	• Knowledge of physical, medical, and environmental conditions that affect audiometric assessment procedures.

2. Assessment - This content area assesses the candidate's ability to perform an audiometric assessment to determine degree, type, and configuration of hearing loss, and need for medical referral.

Subarea	*Tasks*	*Associated Knowledge/Ability Statements*
2.1 Pre-Assessment	• Perform ear inspection and otoscopic examination.	• Knowledge of purposes and procedures of performing otoscopic examination. • Knowledge of purposes and procedures to inspect external ear. • Knowledge of anatomy and characteristics of normal and abnormal ears. • Knowledge of how to identify normal and abnormal visible conditions of the ear. • Knowledge of techniques to assess size, length, and direction of ear canal. • Ability to inspect external ear and perform an otoscopic examination. • Knowledge of criteria to determine if there is blockage of the ear canal.
	• Determine need for referral to a physician by assessing client symptoms, objective signs, and medical history.	• Knowledge of objective signs and subjective symptoms that require a medical referral. • Knowledge of laws and regulations pertaining to signs and symptoms that require a medical referral.
2.2 Assessment	• Explain procedures to client before and during audiometric assessment.	• Knowledge of methods to inform clients about audiometric assessment procedures. • Ability to describe procedures to clients before and during assessment.
	• Perform pure tone air and bone conduction assessments.	• Knowledge of purposes and procedures of performing pure tone air conduction assessment. • Knowledge of purposes and procedures to perform pure tone bone conduction assessment. • Ability to perform pure tone air conduction assessment. • Ability to perform pure tone bone conduction assessment. • Knowledge of methods to monitor and assess client subjective response to auditory stimuli.

2. Assessment, continued - This content area assesses the candidate's ability to perform an audiometric assessment to determine degree, type, and configuration of hearing loss, and need for medical referral.

Subarea	*Tasks*	*Associated Knowledge/Ability Statements*
2.2 Assessment, continued	• Perform masking during hearing assessment.	• Knowledge of purpose of performing masking. • Knowledge of concept and implications of under and over masking. • Knowledge of procedures of masking during pure tone air conduction assessment. • Knowledge of procedures of masking during pure tone bone conduction assessment. • Knowledge of procedures of masking during speech assessment. • Ability to perform masking during hearing assessments.
	• Measure client threshold of discomfort (i.e., TD, UCL, LDL), to determine loudness tolerance.	• Ability to perform assessment to establish client threshold of discomfort.
	• Chart and document results of audiometric assessment.	• Knowledge of methods to chart and document assessment results.

3. Ear Impression - This content area assesses the candidate's ability to take and evaluate an ear impression.

Tasks	*Associated Knowledge/Ability Statements*
• Evaluate client ear canal to determine whether an ear impression can safely be performed.	• Knowledge of purpose and procedures to take an ear impression. • Knowledge of purpose and procedures of evaluating client ear canal before an ear impression.
• Inform client about ear impression procedures to make client aware of sensations.	• Knowledge of expectations and sensations experienced during impression procedures. • Ability to explain impression-taking procedures.
• Select type and size of blocking material (e.g., cotton dam) to use during ear impression process.	• Knowledge of procedures to take ear impressions on clients with abnormal anatomy (e.g., mastoid cavities). • Knowledge of methods to determine size and type of blocking material needed during an ear impression. • Knowledge of how to determine placement of blocking material. • Knowledge of purposes of using blocking material during an ear impression.
• Insert blocking material (e.g., cotton dam) before taking ear impression.	• Ability to insert blocking material into ear canal before taking an ear impression. • Knowledge of procedures and instruments used to insert blocking material into ear canal before taking an ear impression.
• Verify placement of blocking material (i.e., cotton dam) in client ear with otoscope.	• Knowledge of purposes and methods of evaluating placement of blocking material in ear canal.
• Take ear impression by inserting impression material into client ear.	• Knowledge of signs of client discomfort during an ear impression. • Ability to prepare impression material. • Ability to fill ear canal and external ear with impression material. • Knowledge of types of impression material used to make an ear impression.
• Verify curing of impression material.	• Knowledge of method to determine if impression material has cured. • Ability to verify impression material has cured in the ear before removal.

3. Ear Impression, continued - This content area assesses the candidate's ability to take and evaluate an ear impression.

Tasks	*Associated Knowledge/Ability Statements*
• Break the seal of impression material.	• Ability to break seal of impression material. • Knowledge of methods to break seal of impression material.
• Remove ear impression from client ear.	• Ability to remove impression from ear.
• Inspect client ear for injury and impression material with otoscope after removal of ear impression.	• Knowledge of purposes and methods of evaluating client ear canal following ear impression procedures. • Knowledge of conditions resulting from impression procedures which require a medical referral.
• Determine accuracy of ear impression by comparing client ear to impression.	• Knowledge of anatomical details that should be found on ear impression. • Knowledge of techniques to determine if ear impression is an accurate representation of an ear. • Ability to identify anatomical details on an ear impression. • Ability to determine if ear impression meets requirements for manufacturing custom products. • Knowledge of purposes and methods of evaluating ear impression. • Knowledge of procedures to identify unique characteristics of ear impression to be represented on the finished product.

4. Fitting and Delivery - This content area assesses the candidate's ability to fit a hearing aid and explain associated accessories and apps.

Tasks	*Associated Knowledge/Ability Statements*
• Insert hearing aid into client ear to assess fit.	• Knowledge of how to insert and remove different style hearing aids. • Knowledge of methods to determine whether hearing aid is a good fit for client. • Ability to insert and remove hearing aids.
• Demonstrate and explain techniques to insert, remove, and manipulate hearing aids.	• Knowledge of common issues associated with insertion and removal of hearing aids. • Ability to explain hearing aid insertion and removal techniques. • Knowledge of procedures to insert and remove client hearing aids.
• Teach client to use hearing aid and assistive listening device controls.	• Knowledge of information to provide client regarding use of hearing aids (e.g., controls, features). • Ability to demonstrate operation of hearing aids. • Knowledge of information to provide to client regarding phone use with hearing aid. • Knowledge of questions to ask clients regarding hearing aid fit.
• Instruct client how to use, maintain, and dispose of hearing aid batteries.	• Knowledge of procedures to care for and dispose of hearing aid batteries. • Knowledge of procedures to use and maintain rechargeable hearing aids. • Ability to insert and remove batteries from hearing aids.
• Instruct client on hearing aid care and maintenance to optimize hearing aid function.	• Knowledge of purposes, procedures, and information regarding care and maintenance of hearing aids. • Knowledge of methods to reinforce proper hearing aid use. • Knowledge of methods to reinforce proper hearing aid care.
• Instruct client on how to use hearing aid options, features, and accessories.	• Knowledge of techniques to assess client proficiency in using hearing aid options, features, and accessories. • Knowledge of use of hearing aid options, features, and accessories. • Ability to explain to clients the use of hearing aid options, features, and accessories. • Knowledge of purposes and methods of evaluating client use of telecoil.

5. Follow-Up/Postfitting Care - This content area assesses the candidate's ability to resolve client issues including physical fit and acoustic targets.

Tasks	*Associated Knowledge/Ability Statements*
• Assess performance of hearing aids and client complaints to determine whether repairs need to be made.	• Knowledge of techniques to differentiate between external and internal feedback. • Knowledge of procedures to run an electroacoustic analysis on a hearing aid to determine if it is performing to manufacturer specifications. • Knowledge of evaluation techniques to determine whether to repair hearing aids or send to the manufacturer for repair. • Knowledge of purposes and methods of evaluating volume control of hearing aids. • Knowledge of techniques to differentiate changes in client hearing from malfunction of hearing aid. • Knowledge of client complaints that indicate hearing aid malfunction. • Knowledge of procedures to assess causes of hearing aid malfunction.
• Perform hearing aid maintenance and repair.	• Knowledge of types of repairs for hearing aids. • Knowledge of how to service or repair hearing aids. • Knowledge of equipment and tools used to repair hearing aids. • Ability to service hearing aids including ear mold tube replacement.
• Determine if hearing aid can be repaired or if it must be replaced.	• Knowledge of how to determine whether hearing aid can be repaired or needs to be replaced.

6. Counseling - This content area assesses the candidate's ability to establish realistic expectations and educate the client on optimizing communication while using hearing aids and accessories.

Tasks	*Associated Knowledge/Ability Statements*
• Establish realistic expectations about potential experiences while wearing hearing aids.	• Knowledge of realistic expectations regarding hearing amplification. • Knowledge of factors that affect successful hearing aid fitting. • Knowledge of adaptation process and implications for new hearing aid users. • Knowledge of purposes and methods of evaluating client expectations about amplification. • Knowledge of cognitive and physical factors that influence successful hearing aid use.
• Educate client on strategies to optimize communication while using hearing aids and accessories in different circumstances.	• Knowledge of strategies for maximizing communication in different listening environments. • Ability to describe strategies for maximizing communication to clients in different listening environments.

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

PROPOSED REGULATORY LANGUAGE
General Application Requirements and Hearing Aid Dispensers and Dispensing Audiologists Examination Requirements

Legend:	Added text is indicated with an underline. Omitted text is indicated by (* * * *) Deleted text is indicated by ~~strikeout~~.

Adopt section 1399.112 of Article 2 of Division 13.3 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.112. ~~Petition for Hearing. [Repealed]~~Expedited Licensure Process.

The Board shall expedite any application of an applicant who;

(a) Pursuant to Section 115.4 of the Code, identifies themself as an honorably discharged member of the United States Armed Forces, and who provides a Certificate of Release or Discharge from Active Duty (DD-214) or other documentary evidence showing the date and type of discharge, pursuant to Section 115.4 of the Code.

(b) Pursuant to Section 115.6 of the Code, identifies themself as a person who is married to, or in a domestic partnership or other legal union with an active-duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active-duty military orders, and the applicant holds a valid license, or comparable authority, to practice as a hearing aid dispenser or audiologist in another United States state, district, or territory, and who provides documentary evidence as specified in paragraphs (1) through (3). application:

(1) Certificate of marriage or certified declaration or registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces,

(2) A copy of their current license or registration in another state, district, or territory of the United States, and,

(3) A copy of the military orders establishing their spouse or partner's duty station in California.

(c) Pursuant to Section 135.4 of the Code, identifies themself as an applicant who was admitted to the United States as a refugee pursuant to Section 1157 of Title 8 of the United States Code, or was granted asylum by the Secretary of Homeland Security or

the United States Attorney General pursuant to Section 1158 of Title 8 of the United States Code, or has a special immigrant visa (SIV) pursuant to Section 1244 of Public Law 110-181, Public Law 109-163, or Section 602(b) of Title VI of Division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government, and who provides the appropriate documentary evidence specified in paragraphs (1) through (4).

(1) Form I-94, arrival or departure record, with an admission class code such as "RE" (refugee) or "AY" (asylee) or other information designating the person a refugee or asylee;

(2) Special Immigrant Visa that includes the "SI" or "SQ";

(3) Permanent Resident Card (Form I-551), commonly known as a "green card," with a category designation indicating that the person was admitted as a refugee or asylee; or,

(4) An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Bureau that the applicant qualifies for expedited licensure or registration per Section 135.4 of the Code.

NOTE: Authority cited: Section ~~3328~~2531.95, Business and Professions Code. Reference: Sections 115.4, 115.5, 155.6, and 135.4, Business and Professions Code

Amend section 1399.120 of Article 4 of Division 13.3 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.120. ~~Examinations.~~Practical Examination.

~~(a) Either essay type or objective type examinations or both may be used in any one or more of the subject areas in which an applicant is to be examined.~~

~~(b) Each applicant is forbidden to place any identification marks on or in any of the answer sheet or to reveal his or her name to any examiner.~~

~~(c) The applicant is forbidden to take the questions from the examination room or make any record of the questions.~~

(~~d~~a) Anyone cheating or caught in conduct in violation of Section 123 of the Code will be removed from the examination room and may be subject to the following.

(1) The applicant will not be permitted to take the examination for at least a minimum of one (1) year, or

(2) Be subject to disciplinary action by the Board.

(~~e~~b) An applicant who wishes to take the practical examination shall file a completed application with the Board as specified in subsection (e).~~not sooner than 51 days nor later than 30 days prior to the date set for the examination for which application is made~~. ~~Applications will be accepted in the order received by the Board, provided, however, that a maximum of fifty applicants will be scheduled for any administration of the practical examination. Applications will be returned to all those who are not within the first fifty applicants.~~

(1) The time and place of the practical examination shall be posted by the Board on its website at www.speechandhearing.ca.gov in accordance with Section 2538.31 of the Code.

(2) Applicants will be scheduled for the practical examination in the order their application was received by the Board and the examination date provided on the application.

(3) The Board will notify applicants at least fourteen (14) days prior to the date of the practical examination if they are within the maximum number of allowable applicants. The "maximum number of allowable applicants" is the number of applicants who the Board determines can take the examination based upon health and safety considerations and the availability of examination space and examiners.

(A) Applicants who are not within the maximum number of allowable applicants will be scheduled for the next available examination in the order their application was received by the Board provided that they are within the maximum number of allowable applicants for the next available examination.

(~~f~~c) The practical examination shall cover the procedures and use of instruments and equipment commonly employed in the fitting and selling of hearing aids, including:

(1) Otoscope for the visual examination of the entire ear canal;

(2) Pure tone ~~discreet or sweep~~discrete frequency threshold type audiometer with air and bone conduction and appropriate masking circuitry;

(3) Appropriate equipment for establishing ~~speech reception threshold~~Speech Recognition Threshold (SRT) and ~~speech discrimination scores through~~Word Recognition Scores (WRS) under headphones ~~and/or sound field media~~ by recorded or live voice;

~~(4) Calibrated sound pressure instruments, master hearing aids, and any and all types of hearing aid simulators;~~

~~(5) Equipment designed for the evaluation and testing of hearing aid performance;~~

(~~6~~4) ~~Stethoscope~~Hearing aid stethoscope or other listening device.

(~~g~~d) An applicant shall furnish all equipment and materials necessary for the practical examination~~,~~ and shall ~~either~~ bring a subject for the ear impression and audiometric assessment portions of the practical examination~~, or shall serve as such a subject for a subsequent examinee~~.

(e) A completed practical examination application submitted to the Board shall include:

(1) A non-refundable examination fee of five hundred dollars ($500) to take the examination or two hundred fifty dollars ($250) to retake a portion of the examination;

(2) Applicant's full legal name, telephone number, mailing address, date of birth of the applicant;

(3) Applicant email address, if any;

(4) The applicant shall disclose whether the applicant is serving in, or has previously served and was honorably discharged from, the United States military.

(5) The applicant shall disclose their eligibility for an expedited licensure process and provide evidence in accordance with Section 1399.112.

(6) Exam date;

(7) Type of license the applicant is applying for, and if applicable, the license type and number of any license of another Board the applicant holds;

(8) How many times and when the applicant has taken the practical examination in the past five (5) years and, if re-taking the examination, which portions of the exam were failed;

(9) Any request for accommodation for disability pursuant to the Americans with Disabilities Act. If the applicant requests an accommodation, the applicant shall provide the following:

(A) A written statement describing the accommodation sought and stating the medical condition necessitating the accommodation; and,

(B) Documentation, such as an original letter on letterhead from the

applicant's physician, which includes the nature of the disability, recommendation for the accommodation requested by the applicant, and the physician's signature.

(10) A written statement, signed by the applicant, certifying under penalty of perjury under the laws of the state of California that all of the information provided in the application is true and correct and that misstatements or omissions of material facts may be cause for denial of the application, or for suspension or revocation of the license.

(f) Applicants who fail the practical examination may retake the examination by filing a completed application with the Board as specified in subsection (e).

Note: Authority cited: Sections 2531.06 and 2531.95, Business and Professions Code. Reference: Sections 114.5, 115.4, 115.5, 135.4, 2538.25, 2538.31, and 2538.57, Business and Professions Code

Amend section 1399.121 of Article 4 of Division 13.3 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.121. ~~Inspection of~~Written Examination ~~Papers~~.

(a) Anyone cheating or caught in a conduct in violation of Section 123 of the Code will be removed from the examination room and may be subject to the following.

(1) The applicant will not be permitted to take the examination for at least a minimum of one (1) year, or

(2) Be subject to disciplinary action by the Board.

(b) An applicant who wishes to take the Board's written examination shall file a completed application with the Board as specified in subsection (e).

(c) The written examination shall cover the applicant's knowledge of job activities commonly employed in the fitting and selling of hearing aids, including:

(1) Evaluating and interpreting audiometric test results,

(2) Assessing client history and hearing ability (through audiometric testing),

(3) Selecting and evaluation of hearing aids,

(4) Fitting a hearing aid and providing the instructions on care and use,

(5) Troubleshooting and evaluating hearing aids, and

(6) California state and federal laws and regulations concerning the sale of hearing aids, which shall include the legal obligation to the client to adjust, replace, and refund hearing aids; and the requirements of documenting hearing aid sales.

(d) ~~All written~~Written examination ~~papers~~records, including the scoring report for each applicant, shall be retained by the Board for a period of three (3)~~two~~ years after the date of the applicant's initial licensure or abandonment of the application~~examination~~.

(e) A completed written examination application submitted to the Board shall include:

(1) A non-refundable examination fee of two hundred twenty-five dollars ($225);

(2) Applicant's full legal name, mailing address, and date of birth;

(3) Applicant email address, if any;

(4) Applicant's signature and the date signed.

(f) Applicants who fail the written examination may retake the examination by filing a completed application with the Board as specified in subsection (e).

Note: Authority cited: Sections 2531.06 and 2531.95, Business and Professions Code. Reference: Sections 2538.25 and 2538.57, Business and Professions Code.

Amend section 1399.122 of Article 4 of Division 13.3 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.122. Practical Examination Appeals.

(a) An applicant who has failed the practical examination may appeal to the Board within ~~sixty (60)~~thirty (30) days following receipt of ~~his/her~~their examination results. The bases for an appeal are:

(1) ~~examiner~~Examiner misconduct, which means prejudice or bias as evidenced by the statements and/or actions of an examiner; ~~an~~or

(2) ~~significant~~Significant procedural error in the examination process.

(b) The appeal shall be in writing, signed by the applicant, and shall specify the ~~grounds upon which~~basis of the appeal ~~is based~~.

(c) An applicant will be notified in writing of the results of the appeal~~. In acting on appeals, the Board may take such action as it deems appropriate~~ within sixty (60) days of receipt of the written appeal by the Board.

Note: Authority cited: Sections 2531.06 and 2531.95, Business and Professions Code. Reference: Section 2538.25, Business and Professions Code.

Add section 1399.152.4 of Article 3 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:

§1399.152.4 Dispensing Audiologist Examination Requirement

Prior to being licensed, an applicant for a dispensing audiology license shall meet the requirements in Sections 2532.2 or 2532.25 of the Code and shall successfully take and pass the written examination described in section 1399.121 as the Board-approved examination required by Section 2539.1(a)(1) of the Code.

Note: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2531.3, 2532.2, 2532.25 and 2539.1, Business and Professions Code.

REVIEW OF NATIONAL LICENSURE EXAMINATIONS

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS
Office of Professional Examination Services

MANDATE

It is the policy of the Department of Consumer Affairs (DCA) that "all [national] licensure examinations appropriated for use in California professions regulated by DCA should be validated according to accepted technical and professional standards" (DCA Policy OPES 22-01). This validation includes a review of the examination's development, administration, and security procedures, as well as a review of the examination content to assess its applicability to California practice.

REVIEW

If a national examination is used as part of the requirements for California licensure, the national examination program must be reviewed. This includes a review of the occupational analysis (OA) used as the basis for the national examination, including the percentage of California participants. To determine the suitability of the national examination content for California practice, a California-specific OA is conducted. The results of the California OA are compared with the results of the national OA.

In a review of a national examination program, the following factors must be considered:

- Methodology used to establish content-related validity.
- OA methodology, including sampling and the percentage of California participants.
- OA frequency.
- Method used to construct the examination outline.
- Method used to ensure that standards are set for entry-level practice.
- Item development process (subject matter experts (SMEs) used, editing methods, etc.).
- Size of item banks.
- Pass-point setting methodology.
- Examination security methods.
- Examination administration procedures.
- Examination reliability.
- Examination passing rates.
- Statistical performance of examinations.

DCA's Office of Professional Examination Services (OPES) provides consulting services and technical assistance to DCA boards, bureaus, and committees to meet the validation requirements for licensure examinations.

STANDARDS

All aspects of licensure examination use, including occupational analysis, examination development, and validation, should adhere to accepted technical (psychometric) standards and professional guidelines (e.g., *Standards for Educational and Psychological Testing* (2014)).

(Continued on back)

REVIEW OF NATIONAL LICENSURE EXAMINATIONS (CONTINUED)

PROCEDURE

First, the DCA licensing entity and OPES hold a planning meeting to discuss the national examination review. The discussion covers time lines, costs, roles, responsibilities, and expectations. Second, OPES develops an intra-agency contract. Third, the DCA licensing entity contacts the group developing the national examination; licensing entity staff will often have a relationship with this group. The licensing entity explains the nature of, and reasons for, the review; introduces OPES; and requests that the national examination developers identify a primary contact for the review. Finally, OPES contacts the national examination developers to begin the review.

LINKAGE STUDY

OPES performs a linkage study to compare the content of the national examination with the results of the California-specific occupational analysis. The purpose of the linkage study is to determine the extent to which the content of the national examination reflects critical California practice. When an occupational analysis is conducted on a national level, California practice must be appropriately represented in the analysis for the results to be valid for use in California.

SECURITY

The linkage study also determines whether a state-specific examination is recommended. If there is sufficient state-specific content, OPES will work with SMEs to develop an examination outline based on the California-specific content (e.g., state laws and regulations). The outline will minimize overlap with the national examination. The overall goal is to ensure assessment of critical entry-level knowledge without duplicating content and creating an unnecessary burden to examinees.

TIME LINE

OPES has a process in place to protect the security of the information necessary for the review. OPES will provide a nondisclosure agreement to be reviewed and approved by the national examination provider. If the national provider requests changes to the agreement, the changes are negotiated between the national provider and the DCA Legal Affairs Division. Upon project completion, OPES will prepare a report summarizing the results of the review.

National examination reviews typically take six to nine months to complete. Various factors affect the time line. The most common delays are nondisclosure agreement negotiations and the time necessary for the national provider to compile the requested information for OPES.

CONTACT

To learn more about these and other examination-related services, please contact OPES at (916) 575-7240.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

Office of Professional Examination Services

List of Materials for Required for Review

1. Most recent occupational analysis report
2. Frequency of occupational analysis studies and/or test revisions
3. Test specifications
   a. Detailed content outline (test blueprint)
   b. Description of content outline development method and processes
   c. Test length and item format
   d. Time allowed for testing
   e. Instructions to test users
   f. Procedures and materials for administering tests
   g. Instructions for and training of test administrators
   h. Procedures for scoring tests and scoring criteria
   i. Procedures for reporting scores
   j. Security and confidentiality procedures
4. Item development and review
   a. Detailed description of procedures used to write, review, and pretest items
      i. Use of SMEs, criteria for selection of SMEs who participate
      ii. Item writing and reviewing guidelines, if used
      iii. SME training procedures
      iv. Pretesting procedures
   b. Measures, protocols, and procedures to ensure the security and confidentiality of items during item development
5. Test construction and evaluation
   a. Extent of SME involvement
   b. Criteria for selection and inclusion of items on a test form
   c. Methods and procedures for developing parallel or equivalent forms
   d. Size of item banks
6. Standard setting
   a. Level of SME involvement and criteria for selection of SMEs
   b. Method used to set passing scores
   c. Description of processes and procedures used to implement the passing score setting method, including any data analysis procedures
   d. Security procedures and confidentiality
7. Statistical performance data (test and item) for recent test forms (i.e., test and item analysis reports)
8. Pass rate
9. If available, information about the examination from recent studies conducted by test vendors (local or national)

Exhibit A
Attachment I

INTRA-AGENCY CONTRACT (IAC) 376XX - DRAFT

PROJECT PLAN
for
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

HEARING AID DISPENSER
REVIEW OF INTERNATIONAL HEARING SOCIETY'S (IHS) INTERNATIONAL LICENSING EXAMINATION (ILE) for HEARING HEALTH PROFESSIOANLS AND LINKAGE STUDY

FISCAL YEAR 202X-2X

Project Objectives:	***Review of ILE and Linkage Study***
Project Completion Date:	**June 30, 202X**
Board Contact:	Cherise Burns
OPES Contact:	Amy Welch Gandy

MAJOR PROJECT EVENTS	TARGET DATE	RESPONSIBILITY
1. Review Background Information		
> Obtain ILE occupational analysis (OA) and examination materials	Q1	OPES
> Obtain California OA of Hearing Aid Dispenser profession	Q1	OPES
> Review ILE and California occupational analyses	Q1	OPES
> Review ILE examination information	Q1	OPES
2. Review Psychometric Quality and Security of ILE	Q2	
> Evaluate psychometric quality of ILE	Q2	OPES
> Evaluate security protocols for ILE	Q2	OPES
3. Conduct Linkage Study	Q2	
> Contact SMEs for linkage study workshop	Q2	OPES
> Prepare for linkage study workshop	Q2	OPES
> Conduct 2-day workshop with SMEs (Remote)	**Q2**	OPES/SMEs
> Compile workshop findings	Q2	OPES
4. Evaluate Linkage Study Results		
> Evaluate linkage study results and integrate review findings	Q3	OPES
> Evaluate acceptability of ILE and for California licensure decisions	Q3	OPES
5. Submit Report		
> Prepare draft report	Q3	OPES
> Finalize report	Q3	OPES
> Prepare, print, and submit final report	Q3	OPES

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NOTE:
Multiple factors can affect the time frames for completion of the project.
These include: attorney negotiations regarding the non-disclosure agreement and the length of time it takes the national and its vendors to respond to requests for information.

Exhibit A
Attachment II

INTRA-AGENCY CONTRACT (IAC) 376XX - DRAFT

ROLES AND RESPONSIBILITIES for SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

HEARING AID DISPENSER
Review of International Hearing Society's (IHS) International Licensing Examination (ILE) for Hearing Health Professionals and Linkage Study

FISCAL YEAR 202X-2X

INTRODUCTION

The Office of Professional Examination Services (OPES) of the Department of Consumer Affairs (DCA) provides psychometric consulting in examination development and occupational analysis to DCA's regulatory entities through intra-agency contracts (IACs).

The purpose of a licensure examination is to identify individuals who have the minimum skills and knowledge to perform job tasks safely and competently. The content of the examination should be based upon the results of an occupational analysis (OA) to ensure that the examination assesses the most critical competencies of the profession.

The California Business and Professions (B&P) Code § 139 requires all licensing boards and bureaus within DCA to ensure that examination programs used in the California licensure process comply with psychometric and legal standards. Pursuant to this mandate, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) must evaluate the exam name International Hearing Society's (IHS) International Licensing Examination (ILE) for Hearing Health Professionals for use in California.

The review process requires that a linkage study be performed to demonstrate the extent to which the content of the ILE reflects the content identified in the most recent California OA of the hearing aid dispenser profession. The linkage study requires a minimum of 8, with a goal of 10, hearing aid dispensers to serve as subject matter experts (SMEs) in a workshop to compare the content of the ILE to the examination specifications derived from the California OA of the hearing aid dispenser profession. If 8 SMEs are not available to participate, a workshop may need to be held with fewer SMEs.

ROLE OF THE BOARD

The primary role of the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) is to recruit a representative sample of SMEs to participate in the linkage study workshop. The Board will inform SMEs about the nature of their participation and about OPES security requirements.

The selection of SMEs critically affects the quality and defensibility of a licensure examination. Therefore, the SMEs selected to participate in an examination review workshop panel should:

- Reflect the profession in terms of geographic location, practice specialty area, ethnicity, and gender.
- Represent the current pool of practitioners.
- Possess current skills and a valid license in good standing.
- Articulate specialized technical knowledge related to the profession.

Additionally, approximately half of all SMEs in the workshop should have received their license within the past 5 years to ensure that an entry-level perspective is maintained.

The Board agrees to recruit SMEs to build a competent pool of representative, productive participants.

Due to potential conflict of interest, undue influence, security considerations, or all of the above, board members, committee members, and instructors shall not serve as SMEs for, nor participate in, any aspect of licensure examination development, administration, or validation, pursuant to DCA Policy OPES 22-01 Participation in Examination Development Workshops.

In the recruitment process, the Board contacts SMEs and schedules participation in workshops. Certain workshop types may be held remotely if it is in the best interest of the Board, OPES, or SMEs. Workshop format should be discussed and agreed upon by the Board and OPES before recruitment and scheduling. Workshop format can also change due to extenuating circumstances. This can lead to additional communication needs and recruitment efforts.

Due to potential conflict of interest, licensees who participate in any form of examination development activities for International Hearing Society (IHS) shall not serve as SMEs for the linkage study workshop.

The Board is also responsible providing OPES with an initial contact for IHS representatives.

The nature of the work performed by OPES can result in unanticipated changes. For example, work may be completed ahead of or behind schedule. Flexibility on the part of both parties is essential to the success of the contract.

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ROLE OF THE OFFICE OF PROFESSIONAL EXAMINATION SERVICES

The primary role of OPES is to conduct the review of ILE to evaluate the acceptability of using ILE for making professional licensure decisions in California. OPES will evaluate documentation and information about the California OA and the national OA of the hearing aid dispenser profession, examination development procedures, passing score procedures, test administration, statistical performance of examinations, and examination security methods.

A panel of SMEs will review ILE specifications and compare them to the examination specifications for the most recent California OA to identify the areas of professional practice addressed and not addressed by the ILE. During the workshop, OPES will work with the SMEs to perform this evaluation.

OPES will analyze all information and documentation and prepare a report of the analyses and recommendations for the Board.

SECURITY

OPES has implemented various controls to ensure the integrity, security, and confidentiality of licensure examination programs. These controls include prohibiting certain items, such as electronic devices and items that could potentially conceal recording devices, in all workshops.

SMEs are required to:

- Provide valid photo identification.
- Allow their electronic devices to be secured in the reception area during workshops.
- Sign one or more agreements accepting responsibility for maintaining strict confidentiality of licensure examination material and information to which they have access.

Any person who fails to comply with OPES' security requirements will not be allowed to participate in licensure examination workshops. In addition, any person who subverts or attempts to subvert a licensure examination will face serious consequences, which may include loss of license, criminal charges per Business and Professions (B&P) Code § 123, or both.

OPES will notify the Board of any SME whose conduct during a workshop violates policy or whose presence is disruptive. OPES reserves the right to immediately dismiss any SME whose presence poses a security risk. OPES will take steps to manage disruptive behavior; however, if such behavior persists or prevents other SMEs from completing their tasks, or both, OPES may dismiss the person from the workshop.

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SUMMARY OF EVENTS

- OPES and the Board collect the information and documentation about the California OA, the national OA of the hearing aid dispenser profession, and about the ILE that are required to perform the review.

- OPES evaluates the national OA and examination development procedures such as passing score development, test administration, statistical performance of examinations, and examination security protocols related to ILE.

- Board provides a list of representative SMEs for the linkage workshop. OPES schedules those SMEs for linkage study workshop.

- OPES works with SMEs to evaluate the areas of California practice tested by ILE and to identify whether there are any critical areas of California practice not covered by ILE.

- OPES prepares a report of findings and recommendations for the Board regarding the review of ILE program and the linkage between the content of ILE, and the California OA.
- OPES prepares and submits a final report to the Board.

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INTRA-AGENCY CONTRACT (IAC) 376XX - DRAFT

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

HEARING AID DISPENSER

REVIEW OF INTERNATIONAL HEARING SOCIETY'S (IHS) INTERNATIONAL LICENSING EXAMINATION (ILE) for HEARING HEALTH PROFESSIOANLS AND LINKAGE STUDY

FISCAL YEAR 202X-2X

	Test Validation Staff				Editor		Support Staff			
	$86		$122		$80		$62			
	Hours	Cost	OT Hours	OT Cost	Hours	Cost	Hours	Cost	Totals	GRAND TOTAL
1. Review Background Information										**$5,504**
Review ILE information	24	$ 2,064							$ 2,064	
Review national occupational analysis	24	$ 2,064							$ 2,064	
Review national examination administration procedures	16	$ 1,376							$ 1,376	
2. Review Psychometric Quality and Security of ILE										**$3,784**
Evaluate psychometric quality of ILE	36	$ 3,096							$ 3,096	
Evaluate security protocols for ILE	8	$ 688							$ 688	
3. Conduct Linkage Study										**$4,740**
Prepare for linkage study workshop	16	$ 1,376							$ 1,376	
Conduct **2-day** workshop with SMEs **(Remote)**	16	$ 1,376	4	$ 488			2	$ 124	$ 1,988	
Compile workshop findings	16	$ 1,376							$ 1,376	
4. Evaluate Linkage Study Results										**$2,752**
Evaluate linkage study results and integrate review findings	16	$ 1,376							$ 1,376	
Evaluate acceptability of ILE for use in California	16	$ 1,376							$ 1,376	
5. Submit Report										**$7,696**
Prepare draft of report	48	$ 4,128			24	$ 1,920			$ 6,048	
Prepare, print, and submit final report	8	$ 688			12	$ 960			$ 1,648	
Administrative Support										**$6,560**
Technical oversight (40 hours @ $91/hour)									$ 3,640	
Cost oversight (40 hours @ $73/hour)									$ 2,920	
** ***Note: Travel, if required, will be billed as actuals.***										
TOTAL	**244**	**$20,984**	**4**	**$ 488**	**36**	**$2,880**	**2**	**$124**		**$31,036**

DRAFT

Healing Arts Board Examination Providers

Healing Arts Board	Examination Provider
Acupuncture Board	Board examination administered by the PSI
Board of Chiropractic Examiners	• National examination developed by National Board of Chiropractic Examiners and administered by Prometric • Board examination (law and ethics) administered by PSI
Dental Board of California	• Dentist o Board examination (law and ethics) administered by PSI o National examination developed by the Joint Commission on National Dental Examinations and administered by Prometric o Licensure pathway with examination from the following: ▪ Western Regional Examining Board • National clinical examination developed and administered by the Western Regional Examining Board • National written examination developed by the Western Regional Examining Board and administered by Prometric ▪ American Board of Dental Examiners • National clinical examination developed and administered by the American Board of Dental Examiners • National written examination developed by the American Board of Dental Examiners and administered by Prometric • Registered Dental Assistant o Board examination administered by PSI. *Note: law and ethics board examination incorporated in this examination.* • Registered Dental Assistant in Extended Functions o Board examination administered by PSI • Orthodontic Assistant o Board examination administered by PSI • Dental Sedation Assistant o Board examination administered by PSI
California Board of Occupational Therapy	National examination developed by the National Board for Certification in Occupational Therapy and administered by Prometric. *Note: examination required for Occupational Therapy and Occupational Therapy Assistant*
Board of Vocational Nursing and Psychiatric Technicians	• Vocational Nursing o National examination developed by National Council of State Boards of Nursing, Inc. and administered by Pearson Vue • Psychiatric Technicians o Board examination administered by PSI
Naturopathic Medicine Committee	National examination developed and administered by North American Board of Naturopathic Examiners

Healing Arts Board	Examination Provider
Physical Therapy Board of California	Examination required for Occupational Therapy and Occupational Therapy Assistant • National examination developed by the Federation of State Boards Physical Therapy and administered by Prometric • Board examination (law and ethics) administered by Prometric through the Federation of State Boards Physical Therapy
Board of Podiatric Medicine	National examination developed by the National Board of Podiatric Medical Examiners and administered by Meazure Learning
Board of Registered Nursing	National examination developed by the National Council Licensing Examination Registered Nurse and administered by Pearson Vue
California Board of Behavioral Sciences	• Licensed Marriage and Family Therapist o Board examination (law and ethics) administered by Pearson Vue o Board examination administered by Pearson Vue. *Note: a national examination developed by the Association of Marital and Family Therapy Boards and administered by Professional Testing Corporation or Prometric is being considered.* • Licensed Professional Clinical Counselor o Board examination (law and ethics) administered by Pearson Vue o National examination developed by the National Board of Certified Counselors and administered by Pearson VUE test center or OnVUE • Licensed Clinical Social Worker o Board examination (law and ethics) administered by Pearson Vue o National examination developed by the Association of Social Work Boards and administered by Pearson VUE • Licensed Educational Psychologist o Board examination administered by Pearson Vue. *Note: law and ethics board examination incorporated in this examination.*
Dental Hygiene Committee of California	• Board examination (law and ethics) administered by PSI • National examination developed by the National Board Dental Hygiene Examination and administered by Prometric • National clinical examination developed and administered by the Western Regional Examining Board or Central Regional Dental Testing Services. *Note: due to COVID, clinical examination developed and administered by the Commission on Dental Competency Assessments or American Board of Dental Examiners were temporarily accepted.*

Healing Arts Board	Examination Provider

Medical Board of California	• Physician and Surgeon
	  ○ National examination developed by the National Board of Medical Examiners or Federation of State Medical Boards and administered by Prometric
	• Midwives
	  ○ National examination developed and administered by the North American Registry of Midwives, may also be administered by Professional Testing Corporation and/or Prometric
	• Polysomnographic Technician
	  ○ National examination developed by the Board of Registered Polysomnographic Technologists and administered by Pearson VUE

California State Board of Optometry	• Optometrist
	  ○ National examination developed and administered by the National Board of Examiners in Optometry and part of the examination is also administered by Pearson VUE
	  ○ Board examination (law and regulations) administered by PSI
	• Optician
	  ○ National examination developed by the American Board of Opticianry and National Contact Lens Examiners and administered by Prometric

Osteopathic Medical Board of California	National examination developed by the National Board of Osteopathic Medical Examiners and administered by Pearson VUE
California State Board of Pharmacy	• National examination developed by the National Association of Boards of Pharmacy and administered by Pearson VUE • Board examination (practice standards and law) administered by PSI
Physician Assistant Committee	National examination developed by the National Commission on Certification of Physician Assistants and administered by Pearson VUE
Board of Psychology	• National examination developed by the Association of State and Provincial Psychology Boards and administered by Pearson VUE • Board examination (law and ethics) administered by PSI
Respiratory Care Board of California	National examination developed by the National Board for Respiratory Care and administered by PSI. *Note: All applicants are required to complete a law and ethics course developed and administered by the California Society for Respiratory Care or the American Association for Respiratory Care.*

Healing Arts Board	Examination Provider

Veterinary Medical Board	• Veterinarian
	  ○ National examination developed by the International Council for Veterinary Assessment and administered by Prometric
	  ○ Board examination (law) administered by PSI. *Note: applicants who did not graduate from the University of California, Davis; or Western University of Health Sciences are required to complete* Board examination.
	• Veterinary Technician
	  ○ National examination developed by American Association of Veterinary State Boards and administered by PSI or Live Remote Proctored.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
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MEMORANDUM

DATE	August 14, 2025
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Cherise Burns, Executive Officer
SUBJECT	Agenda Item #18: Discussion on Hearing Healthcare Provider Letter Regarding Workforce Shortages and Recommendations to Address those Shortages through Licensure Reciprocity and Changes to Regulations regarding Hearing Aid Trainee as stated in Title 16, CCR Sections 1399.114, 1399.116, 1399.117, 1399.118, and 1399.119

Background

At the Board's September 2024 Board meeting, Board Member John Dandurand provided the Board with a letter endorsed by the Hearing Healthcare Providers/California Association titled "Recommended Regulatory Changes to Support Hearing Healthcare Patients and Provider Workforce"(Attachment A) as an item for a future agenda. The recommendations provided include:

1. Adoption of the International Hearing Society's ("IHS") International Licensing Examination ("ILE") and Practical Examination for Hearing Health Professionals.
2. Maintain Current "Direct Supervision" Rule and Modify Supervision Requirements for Trainees that Fail Written Portion of License Examination.
3. Allow Supervising Hearing Aid Dispensers to Supervise Up to Three Trainee-Applicants Without Need to Obtain a Waiver from the Board.
4. Allow Licensure by Reciprocity for Audiologists, Hearing Aid Dispensers, and SLPs.

Board staff notes that while the letter mentions healthcare professional shortages and increased demand for hearing care services, including hearing healthcare provided by hearing aid dispensers, the letter does not provide any data on workforce shortages of hearing aid dispensers in either California or nationally. The Board may wish to request that this workforce shortage data be provided for its consideration.

Board staff reviewed the letter and determined that the first recommendation should be discussed as a separate agenda item (See Agenda Item #17), as some examination requirements are statutorily set and require longer discussion of the legal and policy requirements.

The following is information related to the remaining recommendations:

2. Maintain Current "Direct Supervision" Rule and Modify Supervision Requirements for Trainees that Fail Written Portion of License Examination.

The Board has been discussing changes to the regulations regarding trainee supervision since 2017 and still believes that the current supervision requirement is not adequate for this license type when it approved revisions to the proposed regulatory text on August 25, 2023 (Attachment B).

A hearing aid dispenser trainee license is a license meant to help individuals with no formal hearing health education or experience to gain the knowledge and experience necessary to become permanent hearing aid dispensers and not a license to function as support personnel for a hearing aid dispenser. Therefore, hearing aid dispensers should not be relying on them to address increased demand for hearing aid care services or labor challenges facing the hearing aid care sector and instead focus on providing sufficient training and supervision so that trainees can gain the knowledge and skills to pass the examinations and enter the workforce as licensed hearing aid dispensers within their first six months as a hearing aid dispenser trainee. Because a hearing aid dispenser trainee license is only temporary, labor challenges facing the hearing aid care sector has more to do with how quickly trainees are being adequately educated and trained so that they have the ability to pass the examinations. The Board believes that with an increased level of supervision this will ensure that trainees are being trained, observed, guided, and assisted more frequently and intensely at the beginning of their temporary license than they currently are, which should result in better trained and more competent trainees who can pass the examination and enter the workforce as licensed hearing aid dispensers more quickly.

An increased level of supervision is required for trainees, and temporary licensees, who fail the written examination for the first time because they fail to demonstrate that they have the minimal competency (knowledge and skills) required to provide safe and effective services to the public as an entry level hearing aid dispenser according to set and accepted professional standards. The law is very specific in how long a person can be licensed as a trainee. A trainee license is valid for six months and renewable for two additional six-month periods pursuant to BPC section 2538.28(c). If the trainee fails to successfully pass the examination within that time period, they no longer have an opportunity to work under the supervision of a licensed hearing aid dispensers for a minimum of three years pursuant to BPC section 2538.28(d). Again, the Board believes that an increased level of supervision will ensure that trainees are trained, observed, guided, and assisted more frequently than they currently are, which should result in better trained and more competent trainees who can pass the examination and enter the workforce as licensed hearing aid dispensers within the license time period.

In addition to an increased level of supervision, the Board is specifying training requirements in regulations to ensure that there is uniformity in how hearing aid dispenser trainees are trained so as to enhance their ability to pass the examinations and enter the workforce as licensed hearing aid dispensers more quickly.

3. Allow Supervising Hearing Aid Dispensers to Supervise Up to Three Trainee-Applicants Without Need to Obtain a Waiver from the Board.

The letter notes that "Current regulations allow audiologists and SLPAs [sic] to supervise up to three temporary license holders without special approval from the Board." Board staff note that while audiologists and speech-language pathologists can supervise up to three RPE license holders without special approval from the Board, to obtain the RPE license the individual must have completed a minimum of 300 clock hours of supervised clinical experience and must have completed either a master's degree in speech-language pathology or all of the didactic components of a doctoral program in audiology excluding the externship (RPE experience). In contrast, hearing aid dispenser trainees do not have any formal hearing health education or clinical experience to receive a hearing aid trainee license and can simply be a high school graduate. A discussion of parity among the professions regarding temporary licenses and the use of support personnel (which the hearing aid dispenser trainee is not) may require further Board discussion as to when these types of comparisons merit Board discussion and action.

The Board has been discussing changes to the regulations regarding hearing aid dispenser trainee supervision since 2017, and approved revisions to the proposed regulatory text on August 25, 2023. To consider further changes to the proposed regulatory text, it would have to be presented to the Board for review and approval. Currently, this proposed rulemaking is currently on hold for the preparation and submission of other pressing regulations. However, Board staff has noted this recommendation and will include it as part of the Board's discussion when the proposed regulatory text is ready to be presented to the Board at a future meeting.

4. Allow Licensure by Reciprocity for Audiologists, Hearing Aid Dispensers, and SLPs.

Though the Board does not have a specific reciprocity agreement with any state or organization, the Board does have two pathways to licensure for out-of-state applicants in speech-language pathology or audiology to quickly receive either temporary or full licensure. Note that this does not provide an audiologist with hearing aid dispensing authority.

Out-of-state applicants in speech-language pathology or audiology may apply for licensure as a:

- Temporary licensee for six months (extendable to up to one year) for out-of-state applicants pursuant to BPC section 2532.3 if they are licensed in another state, or
- Deemed Equivalent applicant when they are an out-of-state applicant with a certification issued by the American Speech-Language-Hearing Association's Council for Clinical Certification or American Academy of Audiology pursuant to BPC section 2532.8.

The Board has one pathway to licensure for out-of-state applicants in hearing aid dispensing, the hearing aid dispenser temporary license (one year license). Out-of-state applicants in hearing aid dispensing may apply for licensure pursuant to BPC section 2538.27 if they are licensed in another state and do not require supervision to perform hearing aid fitting and sales during that one-year period so long as they do not fail either of the examinations required for permanent licensure in California.

There are also additional pathways for military servicemembers and their spouses or domestic partners. These options include:

- Military spouses or domestic partners can apply for a 12-month temporary license pursuant BPC section 115.6.
- Servicemembers and their spouses or domestic partners can register to practice under Federal Professional License Portability and State Registration pursuant to BPC section 115.10.

Furthermore, BPC section 115.5 allows for an expedited licensure process and the licensure application fee and the initial or original license fee waived for military spouses.

Lastly, as discussed in Agenda Item 17, OPES 22-01 policy (Attachment C) requires that any consideration of reciprocity agreements, outside of the statutorily authorized temporary/expedited options above, requires a comparison study to be completed. This comparison study must ensure any reciprocity agreements that include waivers of California examination requirements (or allowance of alternative examination requirements) meet state requirements for "professional standards for validity, that the scope of practice measured by the examination is substantially similar to the California scope of practice, and that the examination is a sufficient measure of the critical competencies required for practice in California." If the Board decides to continue discussion at a future board meeting regarding further study of a national examination for hearing aid dispensing, reciprocity agreements could become part of the studies completed during that endeavor.

Action Requested

This item is for informational purposes only, no action is required.

Attachment A: Letter Regarding Hearing Healthcare Provider Workforce Shortages and Recommendations to Address Those Shortages
Attachment B: Hearing Aid Dispensers Trainee and Temporary Licensee Supervision Proposed Text as adopted August 25, 2023
Attachment C: OPES 22-01 Licensure Examination Validation Policy

California Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board (Board)

Recommended Regulatory Changes to Support Hearing Healthcare Patients and Provider Workforce:

1. **Adoption of the International Hearing Society's ("IHS") International Licensing Examination ("ILE") and Practical Examination for Hearing Health Professionals.** The ILE is the written competency test portion of the licensing examination developed by IHS. The ILE is practice-based, requiring candidates to understand and apply, analyze, and evaluate experiences in everyday professional hearing care practice. The ILE is used in the licensing process of 44 US States and 5 Canadian provinces. It is the only commercially available multiple-choice licensing examination for hearing aid specialists. The IHS Practical Examination is designed to be used by licensing agencies throughout the United States and Canada as one part of a licensing process to determine who is qualified to hold a license as a hearing aid specialist. The Practical Examination is created and maintained by the International Hearing Society and administered by state/provincial licensing agencies. The IHS Practical Examination is used in the licensing process of 15 US States.

    a. Current Rule. California does not currently utilize a national standardized, competency-based written examination for trainee applicants as part of the licensing process.

    b. Recommended Change. California should replace its current written portion of the licensing examination and replace it with the ILE. The Board should further adopt IHS' recommended passing score metrics for the examination. California should also adopt the IHS Practical Examination as part of its licensing examination.

    c. Rationale for Proposed Changes.
        - The ILE is a competency-based test developed by the International Hearing Society (HIS) utilizing subject-matter experts and practicing hearing care professionals. The ILE is developed, updated, reviewed, and tested in accordance with psychometric best practices. IHS continuously invests in the examination to ensure it remains relevant to the entry-level practice of hearing aid specialists. A committee of subject matter experts, representative of the hearing aid specialist profession, writes and reviews every single test question in partnership with IHS' contracted psychometrics and exam development partner, and with oversight provided by the IHS Board of Governors.
        - IHS promotes and maintains the highest possible standards for its members in the best interests of the hearing-impaired population they serve by conducting programs in competency accreditation, testing, education, and training, and encourages continued growth and education for its members through advanced certification programs. IHS owns and operates the International Licensing Examination (ILE) and owns and distributes the Practical examination. The ILE and

Practical are entry-level exams designed to aid licensing agencies in making licensing decisions for hearing aid dispensing professionals.

- California is one of only 6 states that have not yet adopted the ILE. The use of the ILE ensures trainee-applicants have the knowledge and skill required in all aspects of patient/client care. The ILE has also been adopted by provincial governments in Canada.
- Adoption of IHS' licensing examinations provides trainee-applicants the opportunity to prepare for the examination utilizing enhanced educational tools and preparation materials developed by practicing professionals and IHS currently available in all states where the ILE has been adopted.
- Reduce administrative costs on the part of the state.

2. **Maintain Current "Direct Supervision" Rule and Modify Supervision Requirements for Trainees that Fail Written Portion of License Examination**. The current direct supervision rule, codified at Cal. Admin. Code tit. 16, § 1399.119, requires trainees to fit and sell hearing aids only under direct supervision of a supervising licensed hearing aid dispenser. The rule requires the supervising dispensers to be present in the same work setting 20 percent of the time. If a trainee fails the licensing exam, the supervision requirements increase, requiring the supervising dispenser to be physically present at all fittings and sales. Beginning in 2022, the Board began developing a regulatory package containing revisions to the direct supervision rule, including, among other things, increasing the supervision requirements to mandate supervisors always be on-site near trainees. The proposed changes require supervisors to be physically present with trainees when trainees perform otoscopic inspections or take ear impressions, regardless of trainee experience and competence.

    a. Current Rule. *See* 16 CA ADC § 1399.119.

    b. Recommended Change. We encourage the Board to withdraw the proposed changes to the direct supervision rule, preserving current requirements in § 1399.119 but recommend revising §1399.119(d) to require supervising dispensers be present within the same work setting as trainees a minimum of 50 percent if the trainee fails the written portion of the licensing examination. If the trainee fails the practical exam or the written exam more than once, the supervising dispenser should be required to be physically present at all fittings and sales of the trainee until licensure is obtained.

    c. Rationale for Proposed Changes.
        - The proposed changes included in the Board's pending regulatory package unnecessarily increase the supervision requirements in a manner that does not appropriately consider the experience and competence level of trainees, increased demand for hearing care services, including in rural communities, or the labor challenges facing the hearing care sector. Given the rule has been in place since 1986 without significant problems, the proposed changes are unnecessary in light of these considerations.

- Moreover, the increased supervision requirements of trainees who fail the written portion of the licensing exam for the first time are unduly restrictive and negatively impact the delivery of hearing care across the state. We believe a better approach would be to increase the percentage of time a supervising dispenser must be present with the trainee to 50 percent (vs. 20 percent before the exam is taken). If, however, the trainee fails the examination for the second time, we believe the current requirement in §1399.119(d) should apply.

3. **Allow Supervising Hearing Aid Dispensers to Supervise Up to Three Trainee-Applicants Without Need to Obtain a Waiver from the Board.** Current regulations allow audiologists and SLPAs to supervise up to three temporary license holders without special approval from the Board. 16 CA ADC § 1399.153.4. However, supervising hearing aid dispensers are not provided similar authority.

    a. Current Rule. A licensed hearing aid dispenser shall not supervise more than one applicant at a time unless the Board grants a waiver. 16 CA ADC § 1399.116.

    b. Recommended Change. Allow supervising hearing aid dispensers to supervise up to three applicants without needing a waiver from the Board.

    c. Rationale for Proposed Changes.
        - California faces varying levels of healthcare professional shortages, including hearing healthcare, with increasing demand for hearing healthcare services and devices. The inability to supervise more than one trainee constrains the California labor market for hearing aid dispensers.
        - California allows audiologists and SLPAs to supervise up to 3 temporary license holders without obtaining any special approval from the Board. This authority does not currently exist for hearing aid dispensers. Parity among the professions should be provided to improve access to care.

4. **Allow Licensure by Reciprocity for Audiologists, Hearing Aid Dispensers, and SLPAs.**
    a. Current Rule. No authority currently exists.

    b. Recommended Change. Allow licensure by reciprocity for audiologists, hearing aid dispensers, and SLPAs based on licensure and/or experience in another U.S. state. For hearing aid dispensers, reciprocity based on licensure in another state that requires passage of the ILE and a practical examination.

    c. Rationale for Proposed Changes.
        - California faces varying levels of healthcare professional shortages, including hearing healthcare. Reciprocity allows for the movement of professionals to California, improving access to care.

- Many other states nationwide allow for licensure by reciprocity or endorsement.
- Hearing healthcare professionals often move for personal or professional reasons. Reciprocity reduces the barriers and delays associated with obtaining new licenses, allowing practitioners to continue practicing without significant interruptions. Reciprocity would allow for the movement of professionals to the state, improving access to care.
- Military spouses often need to move due to reassignments or personal reasons. Reciprocity allows them to transition smoothly without the delay and expense of obtaining a new license in every state they move to.
- For patients who move or travel frequently, having healthcare professionals who can practice in multiple states ensures continuity of care and better patient outcomes.
- Reciprocity is not just about addressing immediate workforce shortages, but also about promoting the long-term professional development of healthcare professionals. Reciprocity can enhance their skills and knowledge by allowing them to gain experience in different healthcare locations in other states, ultimately benefiting patient care.
- Streamlining the licensing process through reciprocity reduces administrative costs for professionals and state boards, making the system more efficient and cost-effective.
- By allowing healthcare professionals to practice in multiple states, reciprocity promotes the exchange of best practices and diverse clinical experiences, ultimately enhancing the quality of care provided.
- The licensing process can be time-consuming and costly, involving exams, fees, and extensive paperwork. Reciprocity simplifies this process, reducing the administrative burden on healthcare professionals and state licensing boards.
- Reciprocity addresses practical and logistical challenges in the healthcare system, improving access to care, enhancing professional mobility, and ensuring a more flexible and responsive healthcare workforce.

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

PROPOSED REGULATORY LANGUAGE
Hearing Aid Dispensers Trainee and Temporary Licensee Supervision

Legend:	Added text is indicated with an underline. Omitted text is indicated by (* * * *) Deleted text is indicated by ~~strikeout~~.

Amend Sections 1399.102 of Article 1 of Division 13.3 of Title 16 as follows:

§ 1399.102. Definitions.

For the purpose of the regulations contained in this chapter, the term:

(a) "Code" means the Business and Professions Code.

(b) "Board" means the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.

(c) "Supervisor" or "supervising dispenser" means a person who holds a license issued pursuant to the provisions of Sections 2538.26 ~~and 2538.27~~ or 2539.1 of the Code and who accepts responsibility for the supervision and training of a person issued a temporary license under Section 2538.28 of the Code or the supervision of a person issued a temporary license under Section 2538.27 of the Code who fails the written or the practical examination.

(d) "Supervision" means adequate direction and inspection by a supervisor.

(e) "Training" means the instruction of a trainee ~~applicant~~ in the practice of fitting or selling of hearing aids.

~~(f) "Trainee applicant" means a temporary licensee authorized to fit or sell hearing aids under Section 2538.28 of the Code under the supervision of a licensed hearing aid dispenser.~~

NOTE: Authority cited: Sections 2531.06 and 2531.95, Business and Professions Code. Reference: Sections 2531.06 and 2538.28, Business and Professions Code.

Amend Sections 1399.115, 1399.116, 1399.117, 1399.118, and 1399.119 of Article 3 of Division 13.3 of Title 16 as follows:

§ 1399.115. Denial, Suspension, or Revocation of Authority to Supervise.

(a) The Board shall~~may~~ refuse to approve, or approve subject to restrictions, ~~terms and conditions a hearing aid dispenser's~~ the authority of a supervising dispenser as defined in section 1399.102 to supervise a trainee~~ applicant~~ or temporary licensee issued a license and meeting the conditions of Section 2538.27(c) of the Code (hereinafter "temporary licensee"), or shall~~may~~ suspend, revoke, or impose ~~probationary conditions~~ restrictions on a supervising ~~hearing aid~~ dispenser's authority to supervise a trainee~~applicant~~ or temporary licensee for any of the following causes:

(1) The failure to comply with ~~section~~ Section 2538.28 of the Code or any of the regulations contained in this ~~article~~ Article which is a prima facie violation, or is confirmed by an internal investigation report signed by the Executive Officer, or by a formal investigation by the Division of Investigation of the ~~d~~Department of Consumer Affairs within the preceding 36 months. "Confirmed by formal investigation" means the investigator assigned the matter has written a final investigation report which has been countersigned by a Supervising Special Investigator.

(2) The violation of any provision of Chapter 5.3 of Division 2 of the Code ~~Hearing Aid Dispensers Licensing Law~~ or the regulations contained in this division which is confirmed by an internal investigation report signed by the Executive Officer, or by a formal investigation by the Division of Investigation of the ~~d~~Department of Consumer Affairs within the preceding 36 months. "Confirmed by formal investigation" means the investigator assigned the matter has written a final investigation report which has been countersigned by a Supervising Special Investigator.

(3) The supervising dispenser's license has been revoked, suspended, or subject to any ~~restrictions~~probationary terms and conditions within the preceding 36 months.

(4) An Accusation has been filed against the supervising dispenser under the Administrative Procedure Act by the Attorney General's office and the charges are pending.

(5) The provision of false or misleading information during the application process.

(6) The conviction of a crime involving fiscal dishonesty for which the supervising dispenser has been on probation or parole within the preceding 36 months.

(7) There is an unresolved complaint against the supervising dispenser that the Board is investigating.

(b) The Board shall refuse to approve a supervising ~~hearing aid~~ dispenser's authority to supervise a trainee~~ applicant~~ or temporary licensee if the supervising ~~hearing aid~~ dispenser has not possessed a ~~valid,~~ current, active, and unrestricted license as a hearing aid dispenser or dispensing audiologist in California for at least three (3) consecutive years immediately preceding the date on which the application for approval was received by the Board.

(c) A supervising ~~hearing aid~~ dispenser may appeal the denial, suspension, revocation, or imposition of ~~probationary conditions~~ restrictions upon ~~his or her~~ their authority to supervise a trainee~~ applicant~~ or temporary licensee by filing such an appeal in writing with the Board's office in Sacramento within 60 days of denial, suspension, revocation, or imposition of ~~probationary conditions~~restrictions. The appeal will be considered by the Board within 45 days of receipt of the appeal in the Board's office. If action under this section results in the termination of supervision~~ and training~~ of a trainee~~ applicant~~ or temporary licensee, then the supervising ~~hearing aid~~ dispenser shall so notify the Board in accordance with section ~~1399.118, subsection (g)~~1399.119(j)(2).

Note: Authority cited: Sections 2531.06 and 2531.95, Business and Professions Code. Reference: Sections 2531.4 and 2538.28, Business and Professions Code.

§ 1399.116.~~ Supervision of Trainee Applicants~~ Requirements of the Supervisor.

(a) A ~~licensed hearing aid~~ supervising dispenser shall not supervise more than one trainee~~ applicant~~ or temporary licensee at any one time unless a ~~specific~~ waiver has been granted by the Board. Criteria for such a waiver shall be:

(1) A written request to the Board that contains the following information:

(A) Supervisor's full legal name, address of record, license number, business telephone number, business name, business address, and the supervisor's email address, if any;

(B) The applicant's full name, business name, business address, business telephone number, applicant's license number, and the applicant's email address, if any;

(C) A written statement, signed by the applicant, certifying that the applicant has discussed the plan for supervision with the supervisor and agreed to its implementation and will not provide professional services until the applicant has been issued a trainee or temporary license, and further certifying under penalty of perjury that all of the statements made in

the application are true and correct, and that any misrepresentation shall be cause for denial of a license.

(D) A written statement, signed by the supervisor, certifying that the supervisor has discussed the plan for supervision with the applicant and accepts responsibility for their performance, understands that professional services cannot be rendered until a trainee or temporary license has been issued, and further certifying that under penalty of perjury that all of the statements made in the application are true and correct.

(b) To supervise trainees or temporary licensees, a supervising dispenser shall meet the following criteria prior to the commencement of supervision:

(1) the supervising dispenser shall have possessed a ~~valid~~ current, active, and unrestricted license as a hearing aid dispenser or dispensing audiologist and engaged in the practice of fitting and selling hearing aids for at least three (3) consecutive years immediately preceding the date on which the application for approval to supervise was received by the Board;

(2) the supervising dispenser shall~~has~~ not have been the subject of successful disciplinary action or of a complaint which has been investigated and verified by an internal investigation report or the ~~department's~~ Division of Investigation of the Department of Consumer Affairs within the preceding three (3) years; and

(3) the supervising dispenser shall not have been found to be in violation of any of the regulations contained in this ~~a~~Article within the preceding three (3) years.

(~~b~~c) A ~~licensed hearing aid~~ supervising dispenser shall not in any circumstance supervise more than three (3) trainees~~ applicants~~ or temporary licensees at any one time.

(d) For any supervision commencing on Month XX, 20XX (next full year after the effective date) or thereafter, the supervising dispenser shall complete a minimum of four (4) hours of continuing professional education in supervision training prior to assuming responsibility as a supervisor, and complete two (2) hours of continuing education in supervision every four (4) years thereafter.

(1) Continuing education obtained from a Board-approved provider as defined in section 1399.141 may be applied towards the continuing education requirement for licensees set forth in section 1399.140.

(2) Any lapse in supervision will require the completion of a minimum of four (4) hours of continuing professional education in supervision training prior to reassuming responsibility as a supervisor.

(3) The supervisor shall maintain records of course completion in supervision training for a period of four (4) years after the renewal period in which it was earned.

(e) If a trainee or temporary licensee has more than one supervisor, each supervisor shall submit a written request for a waiver as stated in subsection (a). Of the multiple supervisors, one shall be designated as the lead supervisor for purposes of assisting the trainee or temporary licensee in their compliance with the requirements set forth in this Article.

Note: Authority cited: Sections 2531.06 and 2531.95, Business and Professions Code. Reference: Sections 2531.4 and 2538.28, Business and Professions Code.

§ 1399.117. Representation of Trainee ~~Applicant~~ or Temporary Licensee.

A trainee ~~applicant~~ or temporary licensee shall, when engaged in the fitting or selling of hearing aids, present ~~himself or herself~~ themselves to the public as a hearing aid dispenser trainee or temporary licensee. Trainees ~~applicants~~ or temporary licensees shall~~may~~ not refer to themselves in any advertising or promotional literature as anything but a hearing aid dispenser trainee or temporary licensee, as appropriate.

Note: Authority cited: Sections 2531.06 and 2531.95, Business and Professions Code. Reference: Sections 335, 2538.30, and 2533, Business and Professions Code.

§ 1399.118. ~~Supervision and~~ Training Required.

The ~~supervision and~~ training of a trainee ~~applicant under Section 2538.28 of the Code engaged in the fitting or selling of hearing aids~~ shall include the following:

(a) Intervention into the fitting and selling process by the supervisor.

(b) Inspection of the fitting and selling process by the supervisor.

(c) Training consisting of at least the following for the duration of the trainee's temporary license:

(1) ~~Review of the results of each fitting and sale of a hearing aid~~ Pure tone air and bone conduction audiometry;

(2) ~~Reevaluation of the fitting and selling techniques of the trainee applicant at least weekly~~ Speech Recognition Threshold;

(3) ~~Being readily available to the trainee applicant to render advice and give instruction and assistance in the fitting and selling of hearing aids~~ Most Comfortable Loudness;

(4) Word Recognition;

(5) Uncomfortable Loudness;

(6) Masking for pure tone air and bone conduction audiometry, Speech Recognition Threshold, and Word Recognition;

(7) Knowledge of electroacoustic analysis equipment and essential American National Standards Institute standards;

(8) Choosing appropriate hearing aid styles relative to hearing loss, client dexterity, and cosmetic concerns;

(9) Hearing aid fitting software;

(10) Knowledge of verification techniques for hearing aid fitting including sound field testing and real ear measurements;

(11) Hearing aid troubleshooting;

(12) Assessment of ear mold impression and creation of ear mold impressions; and

(13) Otoscopic inspection of the ear.

(d) Instruction in the procedures for the fitting and selling of hearing aids required by Chapter 5.3~~7.5~~, Division 2 of the Code.

(e) Training with instruments and equipment generally considered to produce valid hearing measurements necessary to the fitting and selling of hearing aids.

(f) A statement that the supervisor has agreed to accept the responsibility for the ~~supervision and~~ training of the ~~applicant~~ trainee as required by Section 2538.28 of the Code.

~~(g) The supervisor shall be responsible for providing supervision until whichever of the following first occurs:~~

~~(1) The trainee applicant obtains a permanent license.~~

~~(2) The supervisor or trainee applicant gives written notification to the Board that he or she is terminating supervision and training.~~

(g) The supervisor shall maintain a record in the trainee's personnel file that verifies that the trainee has met the requirements set forth in this section.

Note: Authority cited: Sections 2531.06 and 2531.95, Business and Professions Code. Reference: Section 2538.28, Business and Professions Code.

§ 1399.119. ~~Direct~~ Supervision Requirements.

~~A trainee applicant under Section 2538.28 of the Code shall fit or sell hearing aids only under the direct supervision of the supervising licensed hearing aid dispenser. "Direct supervision" as used in this section means all of the following:~~ Supervision shall be provided by the supervising dispenser for the duration of the trainee license or temporary license. Supervision shall not include supervision by telephonic or electronic means.

(a) "Direct supervision" means the supervising dispenser is on-site and in proximity to where the trainee or temporary licensee is engaged in the practice of fitting and selling of hearing aids, and provide observation, guidance, and assistance to the trainee or temporary licensee.

(b) "Immediate supervision" means the supervising dispenser is physically present and immediately available in the same room where the trainee or temporary licensee is engaged in the practice of fitting and selling of hearing aids, and give aid, direction, and instruction to the trainee or temporary licensee.

(c) Pursuant to Section 2538.30(a) of the Code, "manage" means to be in charge of, oversee, or administer the day-to-day operations of a business which engages in the fitting or sale of hearing aids.

(d) The supervising dispenser shall provide immediate supervision any time one of these services are provided: otoscopic inspection of the ear, or ear impressions for hearing aids or ear molds.

(~~a~~e) The supervising dispenser ~~is present within the same work setting a minimum of 20~~ shall provide immediate supervision at all times ~~in which the trainee applicant is providing services~~ during the first ninety (90) calendar days of the supervision.

(~~b~~f) After a minimum of ninety (90) calendar days or until the supervisor determines competency, whichever occurs later, with the exception of those services provided in subsection (d), ~~T~~the supervising dispenser shall ~~approve the selection of hearing aid by a trainee applicant~~ provide direct supervision at all times.

(~~c~~g) The supervising dispenser shall countersign the audiogram and all sales documents prepared and consummated by a trainee ~~applicant~~ or temporary licensee.

(~~d~~h) If a trainee~~ applicant~~ or temporary licensee fails ~~the license examination~~ the written or the practical examination, the supervising dispenser is required to ~~be physically present~~ provide immediate supervision at all fittings and sales made by the trainee~~ applicant~~ or temporary licensee~~regardless of whether these occur in or outside the supervising dispenser's business location~~.

(i) The supervisor shall maintain a record in the trainee's or temporary licensee's personnel file that verifies that the trainee or temporary licensee has met the requirements set forth in this section.

(j) The supervisor shall be responsible for providing supervision until whichever of the following first occurs:

(1) The trainee or temporary licensee obtains a permanent license,

(2) The supervisor, trainee, or temporary licensee gives written notification to the Board that they are terminating the supervision and training.

(A) Written notification for the purposes of this subdivision shall consist of a Termination of Supervision document that shall include the full legal name, license number, and signature of both the trainee or temporary licensee and the supervisor; the supervisor's business address, business telephone number, email address, if any, and the effective date of the termination.

(B) The written notification shall contain a certification under penalty of perjury that all statements made in the Termination of Supervision document are true and correct in every respect and that misstatements or omissions of material facts may be cause for denial of the application to terminate supervision, or for suspension or revocation of a license.

(3) The trainee reaches the maximum number of renewal periods set forth in Section 2538.28(c) of the Code.

Note: Authority cited: Section~~s~~ 2531.06 and 2531.95, Business and Professions Code. Reference: Sections 2538.11, 2538.28~~,~~ and 2538.30, Business and Professions Code.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

DEPARTMENTAL POLICY

TITLE	**LICENSURE EXAMINATION VALIDATION POLICY**		
POLICY OWNER	OFFICE OF PROFESSIONAL EXAMINATION SERVICES		
POLICY NUMBER	OPES 22-01	**SUPERSEDES**	OPES 18-02
ISSUE DATE	November 23, 2022	**EFFECTIVE**	IMMEDIATELY
DISTRIBUTE TO	ALL EMPLOYEES		
ORIGINAL APPROVED BY	*Original Signature on File Kimberly Kirchmeyer Director		
NUMBER OF PAGES	1 of 11	**ATTACHMENTS**	NONE

POLICY

It is the policy of the Department of Consumer Affairs (DCA) that occupational analyses and examination development studies are fundamental components of licensure programs. Licensure examinations with substantial validity evidence are essential in preventing unqualified individuals from obtaining professional licenses. To that end, licensure examinations must be:

- Developed according to an examination outline that is based on a current occupational analysis.
- Regularly evaluated.
- Updated when tasks performed or prerequisite knowledge in a profession change, or to prevent overexposure of test questions.
- Reported annually, in terms of validation activities, to the Legislature.

APPLICABILITY

This policy applies to all employees, governmental officials, contractors, consultants, and temporary staff of DCA; and any of its divisions, bureaus, boards, and other constituent agencies. Within this policy, the generic acronym “DCA” applies to all of these entities. For purposes of this policy, “board” shall refer to all boards, bureaus, or committees.

PURPOSE

The purpose of this policy is to meet the mandate of Business and Professions (B&P) Code section 139 (a) and (b) directing DCA to develop a policy regarding examination development and validation, and occupational analyses; and B&P Code section 139 (c)

and (d) directing DCA to evaluate and report annually to the Legislature the methods used by each regulatory entity for ensuring that their licensing examinations are subject to periodic evaluations.

On September 30, 1999, the Office of Professional Examination Services (OPES) completed and distributed to its clients an internal publication "Examination Validation Policy" in compliance with B&P Code section 139 (a) and (b). In 2000, DCA policy "*Licensing Examinations – Reporting Requirements*" (OER-00-01) was established to meet the mandate of B&P Code section 139 (c) and (d). OER-00-01 has since been abolished. This new policy addresses the provisions of all four subsections of B&P Code section 139: (a), (b), (c), and (d).

AUTHORITY

- Business and Professions Code section 139 (a), (b), (c), and (d).
- Business and Professions Code section 101.6.
- Government Code section 12944 (a) of the Fair Employment and Housing Act.
- *Uniform Guidelines on Employee Selection Procedures (1978)*, adopted by the Equal Employment Opportunity Commission, Civil Service Commission (EEOC), Department of Labor, and Department of Justice.
- Civil Rights Act of 1964, as amended.

DEFINITIONS

Content domain is the realm of behaviors, knowledge, skills, abilities, or other characteristics that a particular test is intended to measure, as reflected by its examination outline, and about which the scores are generally intended to be generalized.

Content-related evidence of validity is the evidence that shows the extent to which the content of a selection procedure is a representative sample of work-related personal characteristics, work performance, or other work activities or outcomes.

Criterion-referenced passing score is a specified point in a distribution of scores at or above which candidates are considered successful in the selection process. By definition, the criterion-referenced passing score is related to a minimally acceptable competence criterion and is the same for all applicant groups.

Entry level in licensure testing refers to newly licensed individuals. In relation to examination development workshops, licensees 0-5 years post-licensure are generally considered sufficiently close to "entry level" to provide substantive information about this area.

Examination development specialists are individuals who are trained, experienced, and skilled in licensure-related occupational analysis; licensure-related examination planning, development, validation, administration, scoring, and analysis; and the professional and technical standards, laws, and regulations related to these tasks.

Examination outline is organized around the content domains drawn directly from the results of an occupational analysis. The content domains are comprised of the knowledge, skills, and abilities that have been determined to be the essential elements of competency for the occupation being assessed. In addition to the listing of content domains, the examination outline specifies the number or proportion of items that are planned to be included on each test form for each content domain. These proportions reflect the relative importance of each content domain to competency in the occupation. They are sometimes also referred to as test specifications, test plans, or test blueprints.

Minimum acceptable competence is the minimum level of knowledge, skill, and ability required of newly licensed individuals that, when the profession is performed at this level, would not cause harm to the public health, safety, or welfare.

Occupational analysis is a method used to gain an understanding of the work behaviors and activities required, or the worker requirements (i.e., knowledge, skills, abilities, and other personal characteristics), and the context or environment in which an organization and individual may operate. For occupational licensing, the term occupational analysis is preferred over job analysis or practice analysis because the scope of analysis is across a profession, not an individual job.

Reciprocity review of a licensure examination is an analysis of an occupational licensure examination accepted by another state. The purposes of the review are (1) to evaluate whether professional testing standards are being met and (2) to determine whether the examination is comparable (i.e., substantially similar) to the examination(s) used in California to meet initial licensure requirements. If an examination meets technical standards and professional guidelines, and if the examination is comparable to California examination(s), licensees who pass that examination may be deemed competent to practice in California.

Reliable measurement/reliability is the degree to which scores for a group of candidates are consistent over one or more potential sources of error (e.g., time, raters, items, conditions of measurement, etc.) in the application of a measurement procedure.

Review (Audit) of a national licensure examination is an analysis of a nationally developed and administered licensure examination for a profession. The goals of the review are (1) an assessment of whether professional testing standards are being met and (2) the identification of any critical aspects of the profession that are practiced in California and should be (but is not) tested nationally.

Subject matter experts (SMEs) are licensees who have a thorough knowledge of the work behaviors, activities, and responsibilities of job incumbents and the knowledge, skills, abilities and other characteristics needed for effective performance on the job. To participate in examination development workshops, SMEs should be practitioners currently possessing an active license in good standing and who are active in their profession. When contracting for their services, DCA refers to SMEs as Expert Consultants.

Validation is the process by which evidence of content accuracy is gathered, analyzed, and summarized.

Validity is the "degree to which accumulated evidence and theory support specific interpretations of test scores entailed by proposed uses of a test." Validity is not a property inherent in a test; it is the degree to which the decisions based on that test are accurate. For licensing examinations, validity is interpreted as correctly differentiating between persons who are qualified to competently and safely practice a profession from those who are not.

PROVISIONS

A. VALIDATION TOPICS

B&P Code section 139 (b) requires OPES to address eight specific topics, plus any other topics necessary to ensure that licensing examinations conducted on behalf of DCA are validated according to accepted technical and professional standards.

1. AN APPROPRIATE SCHEDULE FOR EXAMINATION VALIDATION AND OCCUPATIONAL ANALYSIS AND CIRCUMSTANCES UNDER WHICH MORE FREQUENT REVIEWS ARE APPROPRIATE

Occupational Analysis Schedule
Generally, an occupational analysis and examination outline should be updated every 5 years to be considered current; however, many factors are taken into consideration when determining the need for a different interval. For instance, an occupational analysis and examination outline must be updated whenever there are significant changes in a profession's job tasks and/or demands, scope of practice, equipment, technology, required knowledge, skills and abilities, or laws and regulations governing the profession. The board is responsible for promptly notifying the examination development specialist of any significant changes to the profession. This is true both for California-specific and national licensure examination-related occupational analyses.

Examination Validation Schedule
New forms of a licensure examination assist in the legal defensibility of the examination, prevent overexposure of test items, and keep the examination current. The decision to create an examination, or new forms of an examination, is made by the board responsible for the license in consultation with the examination development specialist. The creation of new examination forms depends on the needs of the testing program and the number of people taking the examination.

2. MINIMUM REQUIREMENTS FOR PSYCHOMETRICALLY SOUND EXAMINATION VALIDATION, EXAMINATION DEVELOPMENT, AND OCCUPATIONAL ANALYSES, INCLUDING STANDARDS FOR SUFFICIENT NUMBER OF TEST ITEMS

Boards have the ultimate responsibility to ensure that a licensure examination meets technical, professional, and legal standards and protects the health, safety, and welfare of the public by assessing a candidate's ability to practice at or above the level of minimum acceptable competence.

The inferences made from the resulting scores on a licensing examination are continuously validated. Gathering evidence in support of an examination and the resulting scores is an ongoing process. Each examination is created from an examination outline that is based upon the results of a current occupational analysis that identifies the job-related critical tasks, and related knowledge, skills, and abilities necessary for safe and competent practice. Examinations are designed to assess those knowledge, skills, and abilities. To ensure that examinations are job-related, SMEs must participate in all phases of examination development.

All aspects of test development and test use, including occupational analysis, examination development, and validation, should adhere to accepted technical and professional standards to ensure that all items on the examination are psychometrically sound, job-related, and legally defensible. These standards include those found in *Standards for Educational and Psychological Testing*, referred to in this policy as the *Standards*; and the *Principles for Validation and Use of Personnel Selection Procedures*, referred to in this policy as the *Principles*.

The *Standards* and *Principles* are used as the basis of all aspects of the policies contained in this document. The EEOC *Uniform Guidelines on Employee Selection Procedures* (1978) provide direction on the legal defensibility of selection-related examinations.
Other professional literature that defines and describes testing standards and influences professionals is produced by the following organizations:

- *American Educational Research Association (AERA)*
- *American Psychological Association (APA)*
- *Council on Licensure, Enforcement, and Regulation (CLEAR)*
- *Equal Employment Opportunity Commission (EEOC)*
- *Institute for Credentialing Excellence (ICE)*
- *National Council of Measurement in Education (NCME)*
- *Society for Industrial and Organizational Psychology (SIOP)*

Minimum Requirements for Psychometrically Sound Occupational Analysis

The minimum requirements for a psychometrically sound occupational analysis are as follows:

- Adhere to a content validation strategy or other psychometrically sound examination development method as referenced in a recognized professional source.
- Develop an examination outline from the occupational analysis.

- Gather data from a sample of current licensees in the State of California that represents the geographic, professional, and other relevant categories of the profession.

Minimum Requirements for Psychometrically Sound Examination Development and Validation

The minimum requirements for psychometrically sound examination development and validation are as follows:

- Adhere to the *Standards* and *Principles*.
- Document the process following recommendations in the *Standards* and *Principles*.
- Conduct with a trained examination development specialist in consultation with SMEs.
- Use an examination outline and psychometrically sound item-writing guidelines.
- Follow established security procedures.

Standards for Sufficient Number of Test Items

The number of items in an examination should be sufficient to ensure content coverage and provide reliable measurement. Both empirical data and the judgment and evaluation by SMEs should be used to establish the number of items within an examination. The empirical data should include results from an occupational analysis, item analysis, and test analysis.

The item bank for a licensure examination should contain a sufficient number of items such that: 1) at least one new form of the examination could be generated if a security breach occurred; and 2) items are not exposed too frequently to repeating examinees. Boards should develop an examination retake policy that minimizes the overexposure of test items.

3. SETTING PASSING STANDARDS

Passing score standards for licensure examinations must:

- Follow a process that adheres to accepted technical and professional standards.
- Adhere to a criterion-referenced passing score methodology that uses minimum competence at an entry level to the profession.

An arbitrary fixed passing score or percentage, such as 70%, does not represent minimally acceptable competence. Arbitrary passing scores are not legally defensible.

If a board has an appeals process for candidates who are not successful in their examination, once a criterion-referenced passing score has been determined for a multiple-choice examination, the board shall not change a candidate's score without consultation with the examination development specialist.

4. STANDARDS FOR REVIEW OF STATE AND NATIONAL EXAMINATIONS

All licensure examinations appropriated for use in California professions regulated by DCA should be validated according to accepted technical and professional standards, as described elsewhere in these provisions. At a minimum, the following factors must be considered in a review of state and national examination programs:

- Right to access information from all studies and reports from test vendors (local or national).
- Right of state agency to review recent examination.
- Description of methodology used to establish content-related validity.
- Occupational analysis report and frequency of updates.
- Method to ensure standards are set for entry level practice.
- Examination outline and method to link to the occupational analysis.
- Information about the sample of practitioners surveyed.
- Item development process (experts used, editing methods, etc.).
- Sufficient size of item banks.
- Pass-point setting methodology.
- Examination security methods; examination administration processes.
- Examination reliability.
- Pass–fail ratio.
- Statistical performance of examinations.

The suitability of an occupational analysis conducted on a national level to validate a national exam that is/could be used in California and for use in examination development in California for a California-only examination must be determined by: (1) a review of the methodology of the occupational analysis, including the demographics of the practitioners upon which it is based to ensure California practice is appropriately represented; and (2) a comparison study between a current California occupational analysis of the profession and the national occupational analysis to assess the validity of the national examination content for California practice.

Reciprocity

Reciprocity refers to the mutual recognition, endorsement, and acceptance by the State of California of licenses granted by other jurisdictions. Reciprocity agreements often include a waiver of certain California licensing requirements, such as a practice-based examination. Licensure examinations accepted in California as part of reciprocity agreements are not used for licensure in California, but individuals passing them may be qualified to practice in California without fulfilling all California licensure requirements. These examinations should be validated according to technical and professional standards to ensure that they are legally defensible. Before a licensure examination is accepted under a reciprocity

agreement, a comparison study must be performed to verify that the examination meets professional standards for validity, that the scope of practice measured by the examination is substantially similar to the California scope of practice, and that the examination is a sufficient measure of the critical competencies required for practice in California. The study should carefully evaluate differences in the scope of practice or competencies measured by the examination, and the study should determine whether waiving the California licensure examination would endanger the public. The board should consult with OPES to conduct this study.

Additional Considerations for Reciprocity

In addition to conducting a comparison study of the licensure examination, the board should evaluate the equivalency of education and experience requirements set by the jurisdiction for initial licensure within the license category requesting reciprocity. The board should set other relevant criteria, such as requiring a minimum number of years licensed and that the license must be in good standing. The board should also determine whether licensees seeking reciprocity should be required to pass a California-specific examination, e.g., a jurisprudence examination.

5. APPROPRIATE FUNDING SOURCES FOR EXAMINATION VALIDATIONS AND OCCUPATIONAL ANALYSES

Budget line items should be designated exclusively for examination development and occupational analyses projects. To assure validity, maintain consistency, preserve security, and ensure the integrity of the examination program, the budget line items need to be continuous appropriations.

Boards should budget for costs associated with examination and occupational analysis development; contracting with a computer-based testing vendor for electronic examination administration; and projecting for expenses associated with travel and per diem for SMEs who participate in examination development and occupational analysis workshops. Boards that administer examinations by paper and pencil should also consider the expense of examination proctors, including their travel and per diem expenses; examination site rental; additional security resources; and printing costs for the preparation guides and examination booklets.

Boards must have the budgetary flexibility to adapt to unexpected or additional program needs. For example, the potential for catastrophic incidents such as a security breach and the cost to replace the compromised examination should be considered in determining overall examination-related costs.

Boards contract via intra-agency contracts (IACs) with OPES for examination-related services. Currently, boards request OPES' services and submit a Budget Change Proposal (BCP) to obtain expenditure authority if they do not already have a budget line item for these expenditures. Boards are then charged, and OPES is reimbursed through the IACs for occupational

analyses, national examination reviews, and ongoing examination development, evaluation, construction, and publication services. Consulting and psychometric expertise and test scoring and item analysis (TSIA) services, among others, continue to be funded by distributed administrative costs (pro rata).

6. CONDITIONS UNDER WHICH BOARDS SHOULD USE INTERNAL AND EXTERNAL ENTITIES TO CONDUCT THESE REVIEWS

A board may choose to use external and/or internal resources for licensure examination development and/or review of state and national licensure examinations, and must determine the most logical application of those resources.

OPES is the internal resource for examination review and California-specific examination development services for DCA. OPES also conducts reviews of national examination programs to ensure compliance with California requirements.

If OPES is unable to provide the requested service, external development and review may occur. External examination development or review of a national licensure examination occurs when the board contracts with a qualified private testing firm.

7. STANDARDS FOR DETERMINING APPROPRIATE COSTS OF REVIEWS OF DIFFERENT TYPES OF EXAMINATIONS, MEASURED IN TERMS OF HOURS REQUIRED

The *Standards* provide "a basis for evaluating the quality of testing practices." These criteria can be used to identify tasks that must be performed in the development and validation of a licensure examination. Costs are applied to the performance of each task, based on its difficulty, available technology, and the complexity of the profession.

OPES has a defined fee schedule that is based on the number of hours to complete each phase of the project. An occupational analysis and an examination development project will require different tasks to be performed; therefore, the number of hours varies from one phase to another. The time and tasks required depends on the profession, type of exam, number of forms, frequency of administration, technology resources, and other factors.

8. CONDITIONS UNDER WHICH IT IS APPROPRIATE TO FUND PERMANENT AND LIMITED-TERM POSITIONS WITHIN A BOARD TO MANAGE THESE REVIEWS

Because examinations are critical to the mandate for consumer protection, it is necessary that if a board provides an examination, it should maintain examination support staff. The number of support staff needed is determined by each board's examination requirements and secured through the budget process.

Factors that may affect change in the number of needed staff support include, but are not limited to the following:

- An increase in the number of times an examination is offered.
- A change of method by which an examination is administered, for example:
  - From paper to computer-based testing administration.
  - From oral panel to written examination format.
  - From written-only to the addition of a practical examination.
- A change of examination administration, for example:
  - From a national to a California-based examination, or vice versa.
  - A change in examination administration vendors.
- A unique circumstance such as a breach of examination security.
- A change in legislative mandates.

B. YEARLY REPORTING REQUIREMENTS

B&P Code section 139 (c) specifies that every regulatory board shall submit to DCA on or before December 1 of each year its method for ensuring that every licensing examination is subject to periodic evaluation. These evaluations must include four components:

1. A description of the occupational analysis serving as the basis for the examination.
2. Sufficient item analysis data to permit a psychometric evaluation of the items.
3. An assessment of the appropriateness of prerequisites for admittance to the examination.
4. An estimate of the costs and personnel required to perform these functions.

B&P Code section 139 (d) states that the evaluation specified in section 139 (c) may be conducted either by the Board, Bureau, Committee, OPES, or a qualified private testing firm.
OPES compiles this information annually into a report for the appropriate fiscal, policy, and review committees of the Legislature. This report is consolidated into DCA's Annual Report.

VIOLATIONS

Validation ensures that licensing examinations are psychometrically sound, job-related, and legally defensible. Failure to follow the provisions of this policy may result in licensing persons who do not meet the minimum level of competency required for independent and safe practice, exposing California consumers and DCA's regulatory entities to considerable risk of harm by unqualified licensees.

REVISIONS

OPES is responsible for determining whether this policy needs revision; questions regarding revision should be directed to OPES at (916) 575-7240. Specific questions regarding the status or maintenance of this policy should be directed to the Division of Programs & Policy Review at DPPR@dca.ca.gov.

RELATED DOCUMENTS

Departmental Policy Memorandum "Examination Security": OPES 22-01
Departmental Policy "Participation in Examination Workshops": OPES 20-01

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

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MEMORANDUM

DATE	August 11, 2025
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Maria Liranzo, Legislation/Regulation/Budget Analyst
SUBJECT	Agenda Item 19: Regulatory Report: Update, Review, and Possible Action on Board Regulation Packages

The following is a list of the Board's regulatory packages and their status in the rulemaking process:

a) Processing Times as Stated in Title 16, CCR Sections 1399.113, 1399.141, 1399.151.1, 1399.153.2, 1399.160.6, 1399.170.4, and 1399.170.13

Regulation Development	Preparing Regulatory Package	Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision

The Board approved revisions to the proposed regulatory text on December 6, 2024. The Board reviewed public comments at its meeting on May 16, 2025. As of August 11, 2025, the final regulatory package was submitted to Office of Administrative Law (OAL) and a decision will be made by September 23, 2025.

This proposed regulatory change will remove processing times and references to processing times in multiple regulation sections.

b) Audiology Licensing Requirements Related to Supervised Clinical Experience as stated in Title 16, CCR section 1399.152.2

Regulation Development	Preparing Regulatory Package	Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision

The Board approved revisions to the proposed regulatory text on December 6, 2024. The 45-day public comment period ended on Tuesday, June 17, 2025, with no public comments made on the rulemaking. As of August 11, 2025, the final regulatory package was submitted to OAL and a decision will be made by September 23, 2025.

This proposed regulatory change will codify the number of clock hours of supervised clinical practice required for audiology licensure applicants who have completed an audiology doctoral program.

c) Hearing Aid Dispensers Trainee and Temporary Licensee Supervision as stated in Title 16, CCR sections 1399.102 and 1399.115 through 1399.119

Regulation Development	Preparing Regulatory Package	Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision

The Board approved revisions to the proposed regulatory text on August 25, 2023. As of May 1, 2024, Board staff is preparing the regulatory package for Departmental Review. The proposed rulemaking is on hold for the preparation and submission of other pressing regulations.

This proposed regulatory change will clarify that supervision is required for the entire duration of the trainee or temporary license, specify different levels of supervision, require a higher level of supervision during the first ninety (90) days of supervision, specify tasks and knowledge supervisors must provide to trainees, require supervisors to complete a training in supervision, specify criteria to request a waiver to supervise more than one trainee or temporary license holder, make requirements applicable to all temporary license types who require supervision, and make requirements applicable to all license types who can supervise.

d) General Application Requirements and Hearing Aid Dispensers and Dispensing Audiologists Examination Requirements as Stated in Title 16, California Code of Regulations (CCR) Sections 1399.112, 1399.120, 1399.121, 1399.122, and 1399.152.4

Regulation Development	Preparing Regulatory Package	Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision

The Board approved revisions to the proposed regulatory text on December 1, 2023. As of April 19, 2024, Board staff is preparing the regulatory package for Departmental Review. The proposed rulemaking is on hold for the preparation and submission of other pressing regulations.

This proposed regulatory change will codify general application requirements such as the expedited licensure process, make current the written and practical examinations process, codify the written and practical examination application forms and their examination fees, change the practical examination appeal deadline, specify a deadline for the Board to notify an applicant of its decision on their practical examination appeal, and change the hearing aid dispenser examination requirement for applicants of a dispensing audiology license.

e) Approved Institutions as stated in Title 16, CCR section 1399.152

Regulation Development	Preparing Regulatory Package	Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision

The Board approved revisions to the proposed regulatory text on August 25, 2023. As of August 13, 2024, Board staff is preparing the regulatory package for Departmental Review. The proposed rulemaking is on hold for further analysis.

This proposed regulatory change will permit the Board to review and approve accrediting bodies that wish to provide accreditation to programs where individuals can complete their academic and clinical requirements for licensure in the practices of speech-language pathology or audiology.

f) Fingerprinting Requirements as stated in Title 16, CCR sections 1399.112, 1399.151.2, and 1399.170.14

Regulation Development	Preparing Regulatory Package	Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision

The Board approved revisions to the proposed regulatory text on May 13, 2022. As of September 9, 2022, Board staff is preparing the regulatory package for Departmental Review. The proposed rulemaking is on hold due to fiscal impact.

This proposed regulatory change will require licensees who were initially licensed prior to January 1, 1999, or for whom an electronic fingerprints record does not exist, to be fingerprinted as a condition of renewal.

Attachment: Stages of the Regulatory Process

Regulatory Report Attachment - Stages of the Regulatory Process

The Department of Consumer Affairs (DCA) has a four-phase process to approve regulatory packages: (1) Concept; (2) Production; (3) Initial and (4) Final.

(1) CONCEPT PHASE

Regulation Development	Preparing Regulatory Package	Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision

Regulation Development: The first stage of the regulatory process is to develop the regulatory proposal. This is known as the concept phase. Regulations may be required to implement a new law or regulatory changes may be necessary to address an issue raised by Board members, Board staff, the Legislature, licensees, or other stakeholders. In this phase, the Board and/or Board Committee(s) may work on drafting regulatory language, Board staff will work with DCA Legal staff to address any concerns with the draft regulatory text, and the Board will ultimately adopt the regulatory language.

(2) PRODUCTION PHASE

Regulation Development	Preparing Regulatory Package	Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision

Preparing Regulatory Package: In this stage, Board staff are working on preparing the required regulatory documents including the Notice of Proposed Regulatory Action, Initial Statement of Reasons, and the Economic and Fiscal Impact Statement. Board staff review Board meeting materials, webcasts, and meeting minutes to assist in the development of these documents which must justify why the regulatory changes are necessary. Board staff may also work closely with DCA's Budget Office to develop the Economic and Fiscal Impact Statement.

In this stage, Board staff work collaboratively with DCA Regulations Counsel. DCA Regulations Counsel propose recommended changes to the regulatory documents (Note: Since the regulatory text is already approved at this time, ideally, there should be no changes to the text. Regulatory Counsel would have already reviewed and sought second-level review of the text to ensure the language is clear, concise, non-repetitive, etc.). Board staff then incorporate recommended changes prior to submitting the regulatory package back to the Board's Regulations Counsel. Board staff may also meet with Regulations Counsel and/or Budget Staff to provide additional information about the Board's licensing or enforcement processes in relation to the proposed regulation. At this stage, Legal and Budget approval of the package is obtained. (i.e., Regulatory Counsel approves the package and Budgets signs off on Form 399.)

Regulation Development	Preparing Regulatory Package	Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision

Departmental Review: Upon approval by the Board's Regulations Counsel and DCA Budget staff, the entire regulatory package is submitted to the Regulations Coordinator, who then prepares the package for the DCA Director and the Business, Consumer Services and Housing Agency's review and approval. Throughout this stage, additional changes to the regulatory language and/or regulatory documents may be requested by DCA or the Business, Consumer Services and Housing Agency.

(3) INITIAL PHASE

Regulation Development	Preparing Regulatory Package	Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision

OAL Public Comment Period: Upon approval by the Business, Consumer Services and Housing Agency, the regulatory proposal will be submitted to the Office of Administrative Law (OAL) to be published in the California Regulatory Notice Register. This commences the initial phase of the process. OAL publishes the Notice Register every Friday and the publication date starts the formal 45-day public comment period as well as the one-year deadline to submit the completed rulemaking file to OAL. If the Board makes changes to the regulatory language in response to public comments, the regulatory proposal must be made available to the public for an additional 15-day.

(4) FINAL PHASE

Regulation Development	Preparing Regulatory Package	Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision

Finalizing Regulatory Package: The Board must respond in writing to every comment received during the public comment period. In this stage, Board staff work with the Board's Regulations Counsel to develop proposed responses to the public comments, which must be approved by the Board. Board staff then prepare the Final Statement of Reasons which must outline any changes made to the regulatory language and updates to any information contained in the Initial Statement of Reasons such as changes to the fiscal and/or economic impact or additional materials to include in the record. The Final Statement of Reasons will also include the Board's approved responses to the public comments.

Regulation Development	Preparing Regulatory Package	Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision

DCA Regulations Final Review: Upon completion of the Final Statement of Reasons, Board staff submits the entire regulatory proposal to the Board's Regulations Counsel for final review. In this stage, Board staff work collaboratively with the Board's Regulations Counsel. The Regulations Counsel may propose recommended changes to the Final Statement of Reasons or request additional underlying documents. Board staff will work with the Board's Regulations Counsel to address any concerns prior to the final submission to DCA.

Regulation Development	Preparing Regulatory Package	Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision

Final Departmental Review: Upon approval by the Board's Regulations Counsel, Board staff submits the entire regulatory package for the Final Departmental Review which involves reviews by the DCA Director, DCA Budget Office, and the Business, Consumer Services and Housing Agency (Note: Agency review may not be required if there are no comments or the comments do not result in substantive modifications to the text). Throughout this stage, additional documents may be requested or changes to the regulatory documents may be requested by DCA or the Business, Consumer Services and Housing Agency.

Regulation Development	Preparing Regulatory Package	Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision

Submission to OAL for Review: Upon approval by the Business, Consumer Services and Housing Agency, the completed rulemaking file is submitted to OAL. OAL has 30 working days to approve or deny the regulatory proposal. During this stage, Board staff will work with the OAL Attorney to address any concerns with the regulatory documents or make non-substantive changes to the regulatory language. Board and DCA staff may also work with the Department of Finance to obtain approval of the Economic and Fiscal Impact Statement.

Regulation Development	Preparing Regulatory Package	Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision

OAL Decision: Unless the Board requested an early effective date, upon approval by OAL, regulations become effective on one of four quarterly dates based on when OAL files the final regulations with the Secretary of State (SOS). Following approval by OAL, Board staff will work internally to implement the new regulations.

OAL Decision Date and Filing with SOS	Effective Date
September 1 to November 30	January 1st
December 1 to February 29	April 1st
March 1 to May 31	July 1st
June 1 to August 31	October 1st