

**WEST VIRGINIA**  
**SECRETARY OF STATE**  
**KEN HECHLER**  
**ADMINISTRATIVE LAW DIVISION**

Form #3

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JUL 14 12 42 PM '93

OFFICE OF WEST VIRGINIA  
SECRETARY OF STATE

**NOTICE OF AGENCY APPROVAL OF A PROPOSED RULE  
AND  
FILING WITH THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE**

AGENCY: West Virginia Board of Examiners for Speech- TITLE NUMBER: 29  
Language Pathology and Audiology  
CITE AUTHORITY West Virginia Code S30-32 et. seq.

AMENDMENT TO AN EXISTING RULE: YES \_\_\_ NO X

IF YES, SERIES NUMBER OF RULE BEING AMENDED: \_\_\_\_\_

TITLE OF RULE BEING AMENDED: \_\_\_\_\_

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: 1

TITLE OF RULE BEING PROPOSED: 1. Regulations governing the licensure of  
Speech-Language Pathology and Audiology

THE ABOVE PROPOSED LEGISLATIVE RULE HAVING GONE TO A PUBLIC HEARING OR A PUBLIC COMMENT PERIOD IS HEREBY APPROVED BY THE PROMULGATING AGENCY FOR FILING WITH THE SECRETARY OF STATE AND THE LEGISLATIVE RULE MAKING REVIEW COMMITTEE FOR THEIR REVIEW.

11.20

APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

Rule Title: Regulations Governing the Licensure of Speech-Language Pathology and Audiology  
 Type of Rule:  Legislative  Interpretive  Procedural  
 Agency: WV Board of Examiners for Speech-Language Pathology and Audiology  
 Address: PO Box 2136  
Weirton, WV 26062

1. Effect of Proposed Rule

Not Applicable

|                             | ANNUAL FISCAL YEAR |          |         |        |           |
|-----------------------------|--------------------|----------|---------|--------|-----------|
|                             | INCREASE           | DECREASE | CURRENT | FISCAL | HEREAFTER |
| <u>ESTIMATED TOTAL COST</u> | \$                 | \$       | \$      | \$     | \$        |
| PERSONAL SERVICES           |                    |          |         |        |           |
| CURRENT EXPENSE             |                    |          |         |        |           |
| REPAIRS & ALTERNATIONS      |                    |          |         |        |           |
| EQUIPMENT                   |                    |          |         |        |           |
| OTHER                       |                    |          |         |        |           |

2. Explanation of above estimates:

Not Applicable

3. Objectives of these rules:

Not Applicable

Rule Title: Regulations Governing the Licensure of Speech-Language Pathology  
and Audiology

4. Explanation of Overall Economic Impact of Proposed Rule.

A. Economic Impact on State Government.

Not Applicable

B. Economic Impact on Political Subdivisions; Specific Industries; Specific groups of Citizens.

Not Applicable.

C. Economic Impact on Citizens/Public at Large.

Not Applicable

Date: \_\_\_\_\_

Signature of Agency Head or Authorized Representative

\_\_\_\_\_

DATE: July 10, 1993

TO: LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

FROM: WEST VIRGINIA BOARD OF EXAMINERS FOR SPEECH-  
LANGUAGE PATHOLOGY AND AUDIOLOGY

LEGISLATIVE RULE TITLE: Regulations Governing the Licensure of Speech-  
Language Pathology and Audiology

1. Authorizing statute(s) citation W. Va. Code §30-32 et. seq.

2. a. Date filed in State Register with Notice of Hearing

Monday, June 7, 1993

b. What other notice, including advertising, did you give of the hearing?

Notices mailed to all major newspapers in the State of West Virginia as well as to the West Virginia Speech and Hearing Association and the American Speech and Hearing Association.

c. Date of Hearing(s) Saturday, July 10, 1993, 10 - 11 am

d. Attach list of persons who appeared at hearing, comments received, amendments, reasons for amendments.

Attached yes No comments received no

e. Date you filed in State Register the agency approved proposed Legislative Rule following public hearing: (be exact)

Tuesday, July 13, 1993

f. Name and phone number(s) of agency person(s) to contact for additional information:

Joyce L Earley, Secretary 797-3616

Rick Squires, Chairman 622-4237

3. If the statute under which you promulgated the submitted rules requires certain findings and determinations to be made as a condition precedent to their promulgation:

a. Give the date upon which you filed in the State register a notice of the time and place of a hearing for the taking of evidence and a general description of the issues to be decided.

not applicable

b. Date of hearing: not applicable

c. On what date did you file in the State Register the findings and determinations required together with the reasons therefore?

not applicable

d. Attach findings and determinations and reasons:

Attached none

**West Virginia Board of Examiners for Speech-Language Pathology and Audiology  
P. O. Box 2136  
Weirton, WV 26062-1336**

**TITLE 29**

**LEGISLATIVE RULES**

**WEST VIRGINIA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY  
AND AUDIOLOGY**

**SERIES 1**

**REGULATIONS GOVERNING THE LICENSURE OF SPEECH-LANGUAGE  
PATHOLOGY AND AUDIOLOGY**

These legislative regulations establish the qualifications necessary to obtain licensure as a speech-language pathologist or audiologist in the State of West Virginia, waiver of requirements, provisional license, professional license renewal, reinstatement of expired licenses, and standards of conduct.

TITLE 29

LEGISLATIVE RULES

WEST VIRGINIA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY  
AND AUDIOLOGY

FILED

JUL 14 12 42 PM '93

OFFICE OF WEST VIRGINIA  
SECRETARY OF STATE

SERIES 1

REGULATIONS GOVERNING THE LICENSURE OF SPEECH-LANGUAGE  
PATHOLOGY AND AUDIOLOGY

**§29-1-1. General.**

1.1. Scope -- These legislative regulations establish the qualifications necessary to obtain licensure as a speech-language pathologist or audiologist in the State of West Virginia, waiver of requirements, provisional license, professional license renewal, reinstatement of expired licenses, and standards of conduct.

1.2. Authority. -- W. Va. Code §30-32 et seq.

1.3. Filing Date. --

1.4. Effective Date. --

**§29.1.2. Definitions.**

2.1. The Board shall accept the definitions of Audiologist, Audiology, Audiology assistant, Board, Instruction, Person, Research, Speech-Language Pathologist, Speech-Language Pathology, Speech-Language Pathology assistant as defined by §30-32-2.

2.2. "ASHA" means the American speech-language hearing association.

2.3. The Practice of Audiology means:

(a) Facilitating the conservation of auditory system function, developing and implementing environmental and occupational hearing conservation programs;

(b) screening, identifying, assessing and interpreting, preventing and rehabilitating peripheral and central auditory system dysfunctions;

(c) providing and interpreting behavioral and (electro) physiological measurements of auditory functions;

(d) providing vestibular assessment and balance system rehabilitation;

(e) providing neurophysiologic intraoperative monitoring;

(f) selecting, fitting and dispensing of amplification, assistive listening and alerting devices and providing training in their use;

(g) establishing candidacy, fitting and providing training in the use of implantable devices;

(h) providing aural rehabilitation and related counseling services to hearing impaired individuals and their families;

(i) screening speech-language and other factors affecting communication function for the purposes of an audiological evaluation and/or initial identification of individuals with other communication disorders.

#### 2.4. The practice of speech-language pathology means:

(a) screening, identifying, assessing and interpreting, diagnosing, preventing, and rehabilitation of disorders of speech (e.g., articulation, fluency, and language);

(b) screening, identifying, assessing and interpreting, evaluating and rehabilitating disorders of oral-pharyngeal function (e.g., dysphasia);

(c) screening, identifying, assessing and interpreting, diagnosing and rehabilitating cognitive/communication disorders;

(d) assessing, selecting and developing augmentative and alternative communication systems and providing training in their use;

(e) providing aural rehabilitation and related counseling services to hearing impaired individuals and their families;

(f) enhancing speech-language proficiency and communication effectiveness (e.g., accent reduction);

(g) screening of hearing and other factors affecting communication

functions for the purposes of speech-language evaluation and/or initial identification of individuals with other communication disorders.

**§29-1-3. Qualifications.**

3.1. To be eligible for licensure by the Board as a speech-language pathologist or audiologist, the applicant shall:

- (a) Make application to the Board on the License application form, see appendix four c.
- (b) Pay to the Board the appropriate application fee as stated in appendix one.
- (c) Possess at least a master's degree or equivalent in speech-language pathology or audiology which consists of coursework approved by the American Speech-Language Hearing Association as described in appendix seven.
- (d) Complete supervised clinical practicum experience requirements as defined in appendix two.
- (e) Complete a post-graduate professional experience as described in appendix three.
- (g) Authenticate post-graduate professional experience requirements by submitting verification of the certificate of clinical competence issued by ASHA. Applicants not seeking the certificate of clinical competence shall submit a completed clinical fellowship year report as shown in appendix four a and related documentation as described in appendix three.

(h) Pass the national examination in speech-language pathology or audiology which is approved by the American Speech-Language hearing association.

**§29-1-4. Waiver of requirements.**

4.1. The board shall waive the practicum and professional experience requirements of applicants who:

- (a) Provide proof of employment in the practice of speech-language pathology or audiology in this state for at least two out of the last five years

immediately preceding the effective date of this article.

(b) Pass the national examination in speech-language pathology or audiology which is approved by the American speech-language hearing association.

(c) Apply for licensure within one year of the effective date of this article.

(d) Possess at least a master's degree or equivalent in speech-language pathology or audiology which consists of coursework approved by ASHA.

4.2. The board shall waive the national examination in speech-language pathology or audiology for applicants who:

(a) Present proof of current licensure in a state that has standards that are at least equivalent to those of this state.

(b) Hold a certificate of clinical competence in speech-language pathology or audiology from ASHA in the area for which they are applying for licensure.

4.3. The board shall allow an individual who holds current licensure from another state with equivalent standards or who holds the certificate of clinical competence from ASHA to practice speech-language pathology or audiology in this state pending board disposition of their applications, if he or she:

(a) Is practicing in the area, speech-language pathology or audiology, in which the licensure or certificate of clinical competence was granted.

(b) Has filed an application with the board and paid the appropriate application fee.

#### **§29-1-5. Provisional License.**

5.1. The board shall issue a provisional license to an applicant who:

(a) Except for post-graduate professional experience, meets the academic, practicum, and examination requirements of this article.

(b) Submits an application to the board on the application form, see appendix four c, and includes the plan for the post-graduate professional experience on the clinical fellowship year plan form, see appendix four a.

(c) Pays to the board the provisional license application fee as listed in

appendix one.

5.2. The purpose of the provisional license is to permit an individual to practice speech-language pathology or audiology while completing the post-graduate professional experience as required by this article. A person holding a provisional license shall be authorized to practice speech-language pathology or audiology only while working under the supervision of a person fully licensed by this state in accordance with this article.

5.3. The provisional license shall be issued for a period of one year.

5.4. The provisional license shall be renewable for one additional year upon proof of completion of a minimum of 5 hours of continuing education in the previous one year licensing period and upon completion of the provisional license renewal application form.

**§29-1-6. Renewal.**

6.1. Licenses first issued under this article shall expire on the first day of January, one thousand nine hundred and ninety-five, and subsequent licenses shall expire every two years thereafter.

6.2. Every person licensed under this bill, requesting renewal of license shall:

(a) Pay to the board the professional license renewal fees as listed in appendix one.

(b) Submit an application for renewal on the professional license renewal form as listed in appendix four b.

(c) Complete a minimum of ten hours of continuing education activities during the two-year licensing period for each license held. Content shall be directly related to the professional growth and development of speech-language pathologists and audiologists as defined in appendix five.

6.3. The board shall grant a grace period of thirty days after the expiration of their licenses in which to renew retroactively as long as they otherwise are entitled to have their licenses renewed. Licensees renewing during this thirty (30) day grace

period shall pay the professional license renewal fee and professional license renewal late fee as listed in appendix one.

6.4. A suspended license is subject to expiration and may be renewed as provided in §29-3-6. A suspended license renewal shall not entitle the licensee, while the license remains suspended and until it is reinstated, to engage in the licensed activity, or in any other conduct or activity in violation of the order of judgment by which the license was suspended.

6.5. A license revoked on disciplinary grounds will be expired. A revoked license shall be reinstated after its expiration when the licensee, as a condition of reinstatement, shall pay a reinstatement fee that equals the renewal fee in effect on the last regular renewal date immediately preceding the date of reinstatement, plus a professional license reinstatement fee as described in appendix one.

#### **§26-1-7. Reinstatement of Expired Licenses.**

7.1. Licensees who fail to renew their licenses by the end of the thirty (30) day grace period shall have their license reinstated if they:

(a) Submit a written request for reinstatement of their professional license to the board within five years after the expiration date of their license.

(b) Complete five hours of approved continuing education per year up to but not exceeding five years.

(c) Pay to the board a reinstatement fee equal to the renewal fee in effect on the last regular renewal date immediately preceding the date of reinstatement, and the professional license reinstatement fee as described in appendix one.

7.2. Licensees who fail to renew or reinstate their license within five years after the expiration date may not have their license renewed, and the license may not be restored, reissued, or reinstated thereafter, although such person may apply for and obtain a new license if he or she meets the requirements of this article and pays to the board the license application fees in effect at that time.

#### **§29-1-8. Standards of Conduct.**

8.1. Licensees shall abide by the West Virginia board of examiners for speech-language pathology and audiology Code of Ethics described in appendix six. Failure to do so will be considered grounds for disciplinary action.

## APPENDIX ONE

### FEEES

|   |          |
|---|----------|
| Initial application - provisional or professional (non-refundable)  | \$50.00  |
| Licensure in speech-language pathology (two years)  | \$100.00 |
| Licensure in audiology (two years)  | \$100.00 |
| Licensure in speech-language pathology and audiology (two years)  | \$150.00 |
| Renewal in speech-language pathology (two years)  | \$75.00  |
| Renewal in audiology (two years)  | \$75.00  |
| Renewal for speech-language pathology and audiology (two years)   | \$100.00 |
| Renewal late fee  | \$25.00  |
| Reinstatement fee   | \$50.00  |
| Provisional license in speech-language pathology (one year)   | \$50.00  |
| Provisional license in audiology (one year)   | \$50.00  |
| Professional license fee for applications received during the first quarter of the two year licensure period  | \$100.00 |
| Professional license fee for applications received during the second quarter of the two year licensure period | \$75.00  |
| Professional license fee for applications received during the third quarter of the two year licensure period  | \$50.00  |
| Professional license fee for applications received during the fourth quarter of the two year licensure period | \$25.00  |

**APPENDIX TWO**  
**ACADEMIC CLINICAL PRACTICUM REQUIREMENTS**

For applicants applying after January 1, 1993:

350 clock hours will be required in the following manner:

(A) 250 of these hours must be in the major professional area;

(B) 50 hours must be in each of three types of clinical settings;

For licensure in speech-language pathology:

At least 20 hours in each of the following eight categories:

1. Evaluation: speech disorders in children;
2. Evaluation: speech disorders in adults;
3. Evaluation: language disorders in children;
4. Evaluation: language disorders in adults;
5. Treatment: speech disorders in children;
6. Treatment: speech disorders in adults;
7. Treatment: language disorders in children;
8. Treatment: language disorders in adults;

Up to 20 clock hours in the major professional area may be in related disorders.

At least 35 of the 350 hours must be in audiology:

15 of these hours must involve the evaluation or screening of hearing;

15 of these hours must involve the habilitation/rehabilitation of individuals who have hearing impairment.

For licensure in audiology:

250 of the 350 hours must be in audiology;

40 of the 250 hours must be completed in categories 1 and 2;

80 of the 250 hours must be completed in categories 3 and 4;

at least 10 hours must be completed in each of categories 1 through 4.  
20 of the 250 hours must be completed in category 5.

Categories:

1. Evaluation: hearing in children
2. Evaluation: hearing in adults
3. Selection and use: amplification and assistive listening devices for children
4. Selection and use: amplification and assistive listening devices for adults
5. Treatment: hearing disorders in children and adults

Up to 20 hours in the major area may be in related disorders.

35 of the 350 clock hours must be in speech-language pathology:

15 of those hours must involve the evaluation or screening of individuals for speech and language disorders unrelated to hearing;

15 of those hours must involve the treatment of speech and language disorders unrelated to hearing impairment.

**APPENDIX THREE**  
**POSTGRADUATE PROFESSIONAL EXPERIENCE**

The post-graduate professional experience may be obtained in any one of a number of diverse employment settings. The determination of whether a given setting is appropriate for the clinical fellow is made by applying first the criterion of whether the particular program is designed to evaluate, habilitate, or rehabilitate the communicative functioning of speech, language, and hearing handicapped persons. Second, the program must afford the possibility that the clinical fellowship year supervisory requirements can be met.

The type and amount of experience which will be acceptable during the clinical fellowship year is defined as no less than nine months of full time professional employment (a minimum of 30 hours per week).

This requirement can also be met by less than full-time employment as follows:

1. work of 15-19 hours per week over 18 months;
2. work of 20-24 hours per week over 15 months;
3. work of 25-29 hours per week over 12 months.

In the event that part-time employment is used to fulfill a part of the clinical fellowship year, 100% of the minimum hours of the part-time work per week requirement must be spent in direct professional experience as defined above. Professional employment of less than 15 hours per week will not fulfill any part of this requirement. If the clinical fellowship year is not initiated within two years of the date the academic and practicum education is completed, the clinical fellow must meet the academic and practicum requirements current when the clinical fellowship year is begun. The clinical fellowship year must be completed within a

maximum of 36 months.

It is the interpretation of the West Virginia board of examiners for speech-language pathology and audiology that at least 80% of the clinical fellowship year work week, must be in direct client contact (assessment, diagnosis, evaluation, screening, habilitation, or rehabilitation) and activities related to client management.

Only individuals holding current West Virginia licensure in speech-language pathology or audiology are eligible to supervise applicants during the postgraduate professional experience. Names of qualified individuals can be obtained from the board.

Supervision of the clinical fellow must include direct observation of diagnostic and therapeutic procedures. Other supervisory activities include:

1. Conferring with the clinical fellow concerning clinical treatment strategies;
2. Monitoring changes in patients' communication behaviors;
3. Evaluating the clinical fellow's clinical records, including:
  - a. Diagnostic reports
  - b. Treatment records
  - c. Correspondence
  - d. Plans of treatment
  - e. Summaries of clinical conferences
4. Monitoring the clinical fellow's participation in case conferences
5. Evaluating the clinical fellow by professional colleagues
6. Evaluating the clinical fellow's work by patients and their parents
7. Monitoring the clinical fellow's contributions to professional meetings

and publications, as well as participation in other professional growth opportunities.

Items 3,4,5,6 and 7 above may be conducted by correspondence. Clinical fellowship year supervision must entail the personal and direct involvement of the supervisor in any and all ways that will permit the clinical fellowship year supervisor to monitor, improve and evaluate the clinical fellow's performance in the professional employment. The clinical year fellowship supervisor must base the total evaluation on no less than 36 supervisory activities during the clinical fellowship year. The supervisor must include 18 on-site observations of the clinical fellow (1 hour = one on-site observation; up to 6 hours may be accrued in one day; at least 6 on-site observations must be accrued during each third of the experience). The clinical fellowship year supervisor must complete 18 other monitoring activities (at least one per month).

Since one purpose of the clinical fellowship year is to improve the clinical effectiveness of the clinical fellow, supervisors must share and discuss their evaluations with the clinical fellow throughout the clinical fellowship year. The board recommends that written evaluations be used during these discussions. Where multiple supervisors are utilized, it will be the responsibility of the clinical fellow to collate the evaluations and clinical fellowship year reports from all supervisors and be responsible for certifying that all state licensure requirements are met. All supervisors must hold West Virginia licensure in the appropriate area.

The clinical year fellowship report (see appendix four a) must be submitted to the board within 30 days of the completion of the clinical fellowship year.

## APPENDIX FOUR

### FORMS

- a. Clinical fellowship year report
- b. Application for license renewal
- c. License application form

A.

CLINICAL CERTIFICATION BOARD  
AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION  
10801 Rockville Pike, Rockville, MD 20852

Certification File Number \_\_\_\_\_

REQUIRED CLINICAL FELLOWSHIP YEAR REPORT  
(Revised 1989)

Please refer to the instructions on page 24 before completing this CFY Report. An application on pages 15-22 for membership and certification must be submitted at this time if you have not already done so.

I. **Clinical Fellow:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
(last) (first) (middle) (maiden)  
(street) (city) (state) (zip)  
 Home Telephone Number (\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Academic Status \_\_\_\_\_  
(graduate university) (degree) (date conferred)  
 Accredited by ASHA's Educational Standards Board (ESB)  yes  no  
 Date coursework and practicum requirements completed \_\_\_\_\_  
(must precede CFY beginning date)

II. **CFY Supervisor:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
(last) (first) (middle) (maiden)  
(street) (city) (state) (zip)  
 Telephone Number: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
(facility name)  
 ASHA Certification: Speech-Language Pathology  Audiology   
 ASHA Account Number: \_\_\_\_\_ Social Security # \_\_\_\_\_  
(on ASHA wallet card)

III. **CFY Setting:** \_\_\_\_\_  
(facility name)  
 Address: \_\_\_\_\_  
(street)  
(city) (state) (zip) Phone (\_\_\_\_) \_\_\_\_\_  
 Is this facility accredited by ASHA's Professional Services Board (PSB)?  yes  no

IV. **Beginning Date of CFY\*** \_\_\_\_\_ **Ending Date of CFY** \_\_\_\_\_ / \_\_\_\_\_  
\*Coursework and practicum for certification must be completed prior to this date.  
 If this report is only for a portion of your CFY, indicate the exact dates here: \_\_\_\_\_ to \_\_\_\_\_  
 How many months of your CFY does this report cover? \_\_\_\_\_  
 How many hours per week were spent in Speech-Language Pathology? \_\_\_\_\_ Audiology? \_\_\_\_\_  
 Was a CFY PLAN pre-approved by the Clinical Certification Board for the experience this report covers?  yes  no  
 If yes, was the CFY PLAN implemented as submitted?  yes  no

V. Clinical fellows performing the CFY in a PSB accredited program need not complete this section. Section V must be completed if the program is not PSB accredited, if a CFY plan was not pre-approved or if the plan was not implemented as described. It is the interpretation of the Clinical Certification Board that at least 80% of the CFY work week must be in direct client contact (assessment/diagnosis/evaluation, screening, habilitation/rehabilitation) and activities related to client management. Specify how many hours per week were spent in the following activities:

1. \_\_\_\_\_ Assessment/diagnosis/evaluation
2. \_\_\_\_\_ Screening
3. \_\_\_\_\_ Habilitation/Rehabilitation
4. \_\_\_\_\_ Activities related to client management (client reports, client conferences, family counseling, etc.),  
specify here: \_\_\_\_\_
5. \_\_\_\_\_ Inservice training
6. \_\_\_\_\_ Other (specify here) \_\_\_\_\_
7. \_\_\_\_\_ Total hours per week

NOTE: A SEPARATE CFY REPORT MUST BE SUBMITTED FOR EACH CHANGE IN SITE, SUPERVISOR OR HOURS PER WEEK (i.e. 30, 25, 20, or 15 hours per week).

Complete Chart A indicating the number of on-site observation hours and other monitoring activities completed during each month (CHRONOLOGICALLY). Refer to Chart B for the required number of months and complete Chart A only for the months that this report covers.

**CHART A: CFY Supervision**

| Months of CFY | Number of On-Site Hours | Number of Other Monitoring Activities |
|---------------|-------------------------|---------------------------------------|
| 1             |                         |                                       |
| 2             |                         |                                       |
| 3             |                         |                                       |
| 4             |                         |                                       |
| 5             |                         |                                       |
| 6             |                         |                                       |
| 7             |                         |                                       |
| 8             |                         |                                       |
| 9             |                         |                                       |
| 10            |                         |                                       |
| 11            |                         |                                       |
| 12            |                         |                                       |
| 13            |                         |                                       |
| 14            |                         |                                       |
| 15            |                         |                                       |
| 16            |                         |                                       |
| 17            |                         |                                       |
| 18            |                         |                                       |
| Total Hours   | _____                   | Activities _____                      |

**CHART B: CFY Time Requirements**

**REQUIRED NUMBER OF MONTHS FOR THE CFY WHEN WORKING THE FOLLOWING NUMBER OF HOURS EACH WEEK:**

15-19 hours/week must work 18 months  
 20-24 hours/week must work 15 months  
 25-29 hours/week must work 12 months  
 30+ hours/week must work 9 months

If you have changed from one category to another (i.e., switched from 16 to 35 hours per week) you must submit a separate report for each category.

VI. Were all 18 on-site observations in direct client contact? (Refer to page 24 of instructions.)

- yes
- no (Please attach written explanation).

VII. Was direct expense reimbursement of the CFY supervisor utilized during the CFY experience?

- yes \_\_\_\_\_  
(total amount)
- no

VIII. I have read and discussed this report with my CFY Supervisor and this CFY or CFY portion is complete. Furthermore, I checked and found that my supervisor held current certification. If it is determined at a later date that this statement is not true, I, not ASHA, assume full responsibility for an invalid CFY.

SIGNATURE OF CLINICAL FELLOW \_\_\_\_\_ DATE \_\_\_\_\_

IX. A. AS THE CFY SUPERVISOR, DO YOU RECOMMEND THAT THIS CLINICAL FELLOW'S CFY REPORTED ABOVE BE APPROVED BY THE CLINICAL CERTIFICATION BOARD (CCB) TOWARD MEETING THE REQUIREMENTS FOR THE CCC? If no, please refer to CFY instructions, page 24 of the Membership and Certification Handbook.

YES [ ] NO [ ]

B. I have discussed this report with the Clinical Fellow. Furthermore, I certify that my certification was current throughout this CFY.

SIGNATURE OF SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

X. I, the director of the PSB-accredited program, verify that this CFY was completed in accordance with the "Clinical Fellowship Year Requirements and Procedures."

SIGNATURE OF DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_



NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

DURING THE PREVIOUS LICENSURE PERIOD:

Yes  No Have you had ANY license request denied or ANY held license revoked or suspended ?

Yes  No Have you ever been convicted or plead guilty or nolo contendere to a felony or to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside ?

Yes  No Have you ever been found guilty of unethical practices in the conduct of ANY business or profession ?

Yes  No Are you presently being treated for any serious contagious disease, mental incompetency or addiction to a controlled substance, narcotic or alcohol which is likely to endanger the health, welfare or safety of the public ?

If Yes, to any answer, please provide detailed information on separate sheet.

PLEASE ATTACH YOUR 'CONTINUING EDUCATION CREDIT REQUEST' FORM WITH VERIFICATION OF TEN (10) HOURS OF APPROVED CONTINUING EDUCATION CREDIT EARNED DURING THE LICENSURE PERIOD FOR EACH LICENSE YOU WISH TO RENEW ( i.e., 20 HOURS FOR DUAL CERTIFICATION)

The Board holds the right to request additional information, so deemed necessary, from any applicant, for review. Failure to provide complete information requested on this application will result in a delay in processing and issuance of your license renewal.

THE BOARD SHALL HOLD IN STRICTEST CONFIDENCE ALL INFORMATION HEREIN SUBMITTED BY THIS APPLICATION.

**STATEMENT BY APPLICANT:**

I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I RECOGNIZE THAT ANY MISINFORMATION OR OMISSION OF PERTINENT MATERIAL FACTS MAY BE CAUSE FOR DENIAL OF LICENSE RENEWAL OR FOR SUSPENSION OR REVOCATION OF THIS LICENSE.

\_\_\_\_\_  
DATE SIGNATURE OF APPLICANT

State of \_\_\_\_\_

County of \_\_\_\_\_

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

My commission expires on: \_\_\_\_\_

(SEAL)

**C. West Virginia Board of Examiners for Speech-Language Pathology and Audiology**  
**P. O. Box 2136**  
**Weirton, WV 26062-1336**

1. Please print in ink or type.
2. Answer all questions. Write 'NOT APPLICABLE' if no other response is appropriate.
3. Mail completed application with check to above address.
4. Make check payable to WVBESLPA in the amount of \$50.00.
5. APPLICATION FEE IS NON-REFUNDABLE

Area of Licensure sought:  Speech-Language Pathology  Audiology  Dual SLP/A

Type of application:  2 year Professional License Initial  Exemption Request  
 2 year Professional License Renewal (NO FEE)  
 1 year Provisional (CFY) License Initial Please complete  
 1 year Provisional (CFY) License Renewal form.

**FULL NAME:** \_\_\_\_\_  

LAST
FIRST
MIDDLE
MAIDEN
  
 Please print name and degree as you wish it to appear on your certificate:

**HOME ADDRESS:** \_\_\_\_\_  

NUMBER
STREET
APT. NO.

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_  
 HOME PHONE: ( ) \_\_\_\_\_ -- \_\_\_\_\_ SEX:  F  M

SSN: \_\_\_\_\_ -- -- \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMPLOYMENT RECORD:**  
 LIST MOST RECENT EXPERIENCE FIRST

**EMPLOYERS NAME:** \_\_\_\_\_  
 FULL TIME  PART TIME EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  

NUMBER
STREET
APT. NO.

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_  
 PHONE NUMBER: ( ) \_\_\_\_\_ -- \_\_\_\_\_ EXTENSION: \_\_\_\_\_

**EMPLOYERS NAME:** \_\_\_\_\_  
 FULL TIME  PART TIME EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  

NUMBER
STREET
APT. NO.

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_ -- \_\_\_\_\_ EXTENSION: \_\_\_\_\_  
 LIST ALL OTHER EMPLOYERS ON SEPARATE SHEET AS NECESSARY

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

A.  Yes  No

Do you hold a Certificate of Clinical Competence (CCC) in Speech-Language Pathology and/or Audiology from the American Speech-Language-Hearing Association ?

Speech-Language Pathology  Yes  No  
 Audiology  Yes  No

Verification must be submitted with application - - - - See INSTRUCTIONS

If NO, Have you passed the National Examination in Speech-Language Pathology or Audiology ?  Yes  No

Verification of passing examination must be submitted with application

If NO, You are INELIGIBLE for licensure in the State of West Virginia.

B.  Yes  No

Is application made on the basis of reciprocity of license as a Speech-Language Pathologist or an Audiologist in another state ?

If yes, attach copies of your current license(s) held.

State: \_\_\_\_\_ License number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Length of time held: \_\_\_\_\_  
in years

State: \_\_\_\_\_ License number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Length of time held: \_\_\_\_\_  
in years

Licensing state must have standards at least equal to the State of West Virginia. Out-of-state license must be valid and current. If reciprocity is denied, Applicant may still apply. Initial application fee of \$50.00 must accompany this application.

**A statement from the Board of your licensing state verifying that you are currently licensed as a Speech-Language Pathologist or Audiologist in that state, and in good standing must accompany this application.**

C. List all academic degrees held:

| COLLEGE/UNIVERSITY        | MAJOR | DEGREE | DATE GRADUATED |
|---------------------------|-------|--------|----------------|
| (AS STATED ON TRANSCRIPT) |       |        |                |
| _____                     | _____ | _____  | _____          |
| _____                     | _____ | _____  | _____          |
| _____                     | _____ | _____  | _____          |

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

- D.  Yes  No Have you ever had ANY license request denied or ANY held license revoked or suspended ?
- E.  Yes  No Have you ever been convicted or plead guilty or nolo contendere to a felony or to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside ?
- F.  Yes  No Have you ever been found guilty of unethical practices in the conduct of ANY business or profession ?
- G.  Yes  No Are you presently being treated for any serious contagious disease, mental incompetency or addiction to a controlled substance, narcotic or alcohol which is likely to endanger the health, welfare or safety of the public ?

If Yes, to any answer D through G, please provide detailed information on separate sheet.

If this application is for a Provisional License, the applicant must submit to the Board, a COMPLETED copy of the American Speech-Language-Hearing association approved Clinical Fellowship Year (CFY) plan.

A person holding a Provisional License is authorized to practice Speech-Language Pathology or Audiology only while working under the supervision of a person fully licensed BY THIS STATE in accordance with this Article.

The Board holds the right to request additional information, so deemed necessary, from any applicant, for review.

Any future correspondence with the Board shall bear the Applicant's full name and social security number as it appears on the original application.

The Applicant is held responsible in the notification of the Board, of changes in the Applicant's name or address. Such changes to be submitted within 30 days of that change.

**THE BOARD SHALL HOLD IN STRICTEST CONFIDENCE ALL INFORMATION HEREIN SUBMITTED BY THIS APPLICATION.**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

STATEMENT BY APPLICANT:

I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I RECOGNIZE THAT ANY MISINFORMATION OR OMISSION OF PERTINENT MATERIAL FACTS MAY BE CAUSE FOR DENIAL OF A LICENSE OR FOR SUSPENSION OR REVOCATION OF THIS LICENSE.

\_\_\_\_\_  
DATE SIGNATURE OF APPLICANT

State of \_\_\_\_\_

County of \_\_\_\_\_

Given under my hand this \_\_\_\_\_ day  
of \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

My commission expires on: \_\_\_\_\_

(SEAL)

D. West Virginia Board of Examiners for Speech-Language Pathology and Audiology  
P. O. Box 2136  
Weirton, WV 26062-1336

ASSISTANT REGISTRATION FORM

1. Please print in ink or type.
2. Answer all questions. Write 'NOT APPLICABLE' if no other response is appropriate.
3. Mail completed application to above address.

Area of registration sought:  Speech-Language Pathology  Audiology  Dual SLP/A

FULL NAME: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

HOME ADDRESS: \_\_\_\_\_  
NUMBER STREET APT. NO.

\_\_\_\_\_ CITY COUNTY STATE ZIPCODE

HOME PHONE: (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_ SEX:  F  M

SSN: \_\_\_\_ -- -- \_\_\_\_\_ BIRTHDATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

EMPLOYMENT RECORD:  
LIST MOST RECENT EXPERIENCE FIRST

EMPLOYERS NAME: \_\_\_\_\_  
 FULL TIME  PART TIME EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
NUMBER STREET APT. NO.

\_\_\_\_\_ CITY COUNTY STATE ZIPCODE

PHONE NUMBER: (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_ EXTENSION: \_\_\_\_\_

EMPLOYERS NAME: \_\_\_\_\_  
 FULL TIME  PART TIME EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
NUMBER STREET APT. NO.

\_\_\_\_\_ CITY COUNTY STATE ZIPCODE

PHONE NUMBER: (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_ EXTENSION: \_\_\_\_\_

LIST ALL OTHER EMPLOYERS ON SEPARATE SHEET AS NECESSARY

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ -- \_\_\_\_\_ --

SUPERVISORS NAME: \_\_\_\_\_

SUPERVISORS WEST VIRGINIA LICENSE NUMBER: \_\_\_\_\_

LOCATION OF SERVICES PROVIDED BY ASSISTANT: \_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF DUTIES PROVIDED BY ASSISTANT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF SUPERVISION PROVIDED BY LICENSED SPEECH-LANGUAGE  
PATHOLOGIST OR AUDIOLOGIST: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ -- --

**A. List all academic degrees held:**

| COLLEGE/UNIVERSITY | MAJOR<br>(AS STATED ON TRANSCRIPT) | DEGREE | DATE GRADUATED |
|--------------------|------------------------------------|--------|----------------|
|                    |                                    |        |                |
|                    |                                    |        |                |
|                    |                                    |        |                |

B.  Yes  No Have you ever had ANY license request denied or ANY held license revoked or suspended ?

C.  Yes  No Have you ever been convicted or plead guilty or nolo contendere to a felony or to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside ?

D.  Yes  No Have you ever been found guilty of unethical practices in the conduct of ANY business or profession ?

E.  Yes  No Are you presently being treated for any serious contagious disease, mental incompetency or addiction to a controlled substance, narcotic or alcohol which is likely to endanger the health, welfare or safety of the public ?

If Yes, to any answer B through E, please provide detailed information on separate sheet.

The Board holds the right to request additional information, so deemed necessary, from any applicant, for review.

Any future correspondence with the Board shall bear the Applicant's full name and social security number as it appears on the original application.

The Applicant is held responsible in the notification of the Board, of changes in the Applicant's name or address. Such changes to be submitted within 30 days of that change.

**THE BOARD SHALL HOLD IN STRICTEST CONFIDENCE ALL INFORMATION HEREIN SUBMITTED BY THIS APPLICATION.**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

STATEMENT BY APPLICANT:

I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I RECOGNIZE THAT ANY MISINFORMATION OR OMISSION OF PERTINENT MATERIAL FACTS MAY BE CAUSE FOR DENIAL OF A LICENSE OR FOR SUSPENSION OR REVOCATION OF THIS LICENSE.

\_\_\_\_\_  
DATE SIGNATURE OF APPLICANT

State of \_\_\_\_\_

County of \_\_\_\_\_

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

My commission expires on: \_\_\_\_\_

(SEAL)

## APPENDIX FIVE

### CONTINUING EDUCATION

A minimum of ten clock hours of continuing education must be obtained during every two year licensure period.

Continuing education hours may only be obtained and counted if obtained during the two year licensure period except for the initial licensures which were granted from October 1, 1992 to December 31, 1994.

The Board will accept credits issued by the following organizations:

- The American Speech-Language-Hearing Association
- The West Virginia Speech-Language-Hearing Association
- The West Virginia Hearing Society
- The National Institute for Hearing Instrument Studies
- The American Academy of Audiology

Verification of continuing education credits earned from the above organizations will be required to be submitted with the licensure renewal application. Renewal applications will be mailed to all licensees during the fourth (4th) quarter of the year the license shall expire. Continuing Education activities from other organizations must directly relate to the professional growth and development of Speech-Language Pathologists and Audiologists, and require prior approval of the Board of Examiners for credit. Instructions for requesting credit in this category can be found under Part II of the Continuing Education Credit Request form. You will be required to provide proof of attendance at all activities for which you request credit.

NAME: \_\_\_\_\_ WV LICENSE #: \_\_\_\_\_

### CONTINUING EDUCATION CREDIT REQUEST

**PART I: Continuing Education activities approved by the American Speech-Language-Hearing Association, West Virginia Speech-Language-Hearing Association, The West Virginia Hearing Society (Formerly the West Virginia Hearing Aid Society), The American Academy of Audiology, or The National Institute for Hearing Instrument Studies.**

**Instructions:** Please fill in the information requested below for each continuing education activity for which you are requesting credit. Please continue on the back of this page if additional space is needed. Verification of attendance must be attached or license will not be renewed.

-----  
ACTIVITY TITLE: \_\_\_\_\_  
NAME OF INSTRUCTOR/ PRESENTER: \_\_\_\_\_  
APPROVED SPONSOR: \_\_\_\_\_  
DATE OF ACTIVITY: \_\_\_\_\_ CREDIT HOURS EARNED: \_\_\_\_\_  
-----

ACTIVITY TITLE: \_\_\_\_\_  
NAME OF INSTRUCTOR/ PRESENTER: \_\_\_\_\_  
APPROVED SPONSOR: \_\_\_\_\_  
DATE OF ACTIVITY: \_\_\_\_\_ CREDIT HOURS EARNED: \_\_\_\_\_  
-----

ACTIVITY TITLE: \_\_\_\_\_  
NAME OF INSTRUCTOR/ PRESENTER: \_\_\_\_\_  
APPROVED SPONSOR: \_\_\_\_\_  
DATE OF ACTIVITY: \_\_\_\_\_ CREDIT HOURS EARNED: \_\_\_\_\_  
-----

**PART II: Continuing Education activities which have not been previously approved by those organizations listed under Part I (i.e., In-house workshops which are directly related to your profession.)**

**Instructions:** On a separate sheet of paper, please provide the following information for each activity for which you are requesting continuing education credit in this category. Attach a brochure (if available), and any other materials that you may consider to be helpful in the justification of the activity.

- 
1. Name of activity
  2. Name and credentials of Speaker/Presenter
  3. Date and Hours of Activity (include agenda)
  4. Location and Sponsoring Agency
  5. Contact person/coordinator of activity and telephone number
  6. Goals of the Activity
  7. Methods and materials used in presentation
  8. Target group for activity
  9. Total continuing education credit hours requested for activity.

## APPENDIX SIX

### WEST VIRGINIA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY CODE OF ETHICS AS ADOPTED FROM THE AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

#### Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the successful discharge of the professional responsibilities of all speech-language pathologists and audiologists. This Code of Ethics has been promulgated by the American Speech-Language-Hearing Association in an effort to stress the fundamental rules considered essential to this basic purpose. Any action that is in violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics should not be construed as denial of the existence of other responsibilities or practices.

The fundamental rules of ethical conduct are described in three categories: Principles of Ethics, Ethical Proscriptions, Matters of Professional Propriety.

1. **Principles of Ethics.** Five Principles serve as a basis for the ethical evaluation of professional conduct and form the underlying moral basis for the Code of Ethics. Individuals<sup>1</sup> subscribing to this Code shall observe these principles as affirmative obligations under all conditions of professional activity.

---

1. "Individuals" refers to all licensed speech-language pathologists and audiologists in the State of West Virginia.

2. **Ethical Proscriptions.** Ethical Proscriptions are formal statements of prohibitions that are derived from the Principles of Ethics.

3. **Matters of Professional Propriety.** Matters of Professional Propriety represent guidelines of conduct designed to promote the public interest and thereby better inform the public and particularly the persons in need of speech-language pathology and audiology services as to the availability and rules regarding the delivery of those services.

### **Principle of Ethics I**

Individuals shall hold paramount the welfare of persons served professionally.

A. Individuals shall use every resource available, including referral to other specialists as needed, to provide the best service possible.

B. Individuals shall fully inform persons served of the nature and possible effects of these services.

C. Individuals shall fully inform subjects participating in research or teaching activities of the nature and possible effects of these activities.

D. Individuals' fees shall be commensurate with services rendered.

E. Individuals shall provide appropriate access to records of persons served

professionally.

F. Individuals shall take all reasonable precautions to avoid injuring persons in the delivery of professional services.

G. Individuals shall evaluate services rendered and products dispensed to determine effectiveness.

### **Ethical Proscriptions**

1. Individuals must not exploit persons in the delivery of professional services, including accepting persons for treatment when benefit cannot reasonably be expected or continuing treatment unnecessarily.
2. Individuals must not guarantee the results of any therapeutic procedures, directly or by implication. A reasonable statement of prognosis may be made, but caution must be exercised not to mislead persons served professionally to expect results that cannot be predicted from sound evidence.
3. Individuals must not use persons for teaching or research in a manner that constitutes invasion of privacy or fails to afford informed free choice to participate.
4. Individuals must not evaluate or treat speech, language or hearing disorders except in a professional relationship. They must not evaluate or treat solely by correspondence. This does not preclude follow-up correspondence with persons previously seen, nor providing them with general information of an educational nature.

5. Individuals must not reveal to unauthorized persons any professional or person information obtained from the person served professionally, unless required by law or unless necessary to protect the welfare of the person or the community.
6. Individuals must not discriminate in the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for and potential benefit from such services, such as race, age, religion, national origin, sexual orientation, or handicapping condition.
7. Individuals must not charge for services not rendered.

### **Principle of Ethics II**

Individuals shall maintain high standards of professional competence.

- A. Individuals engaging in clinical practice of supervision thereof shall hold the appropriate Certificate(s) of Clinical Competence for the area(s) in which they are providing or supervising professional services.
- B. Individuals shall continue their professional development throughout their careers.
- C. Individuals shall identify competent, dependable referral sources for persons served professionally.
- D. Individuals shall maintain adequate records of professional services rendered.

## **Ethical Proscriptions**

1. Individuals must neither provide services nor supervision of services for which they have not been properly prepared, nor permit services to be provided by any of their staff who are not properly prepared.
2. Individuals must not provide clinical services by prescription of anyone who does not hold the Certificate of Clinical Competence.
3. Individuals must not delegate any service requiring the professional competence of a certified clinician to anyone unqualified.
4. Individuals must not offer clinical services by supportive personnel for whom they do not provide appropriate supervision and assume full responsibility.
5. Individuals must not require anyone under their supervision to engage in any practice that is a violation of the Code of Ethics.

## **Principle of Ethics III**

Individuals' statements to persons served professionally and to the public shall provide accurate information about the nature and management of communicative disorders, and about the professional services rendered by its practitioners.

## **Ethical Proscriptions**

1. Individuals must not misrepresent their training or competence.

2. Individuals' public statements providing information about professional services and products must not contain representations of claims that are false, deceptive or misleading.

3. Individuals must not use professional or commercial affiliations in any way that would mislead or limit services to persons served professionally.

**Matters of Professional Propriety**

1. Individuals should announce services in a manner consonant with highest professional standards in the community.

**Principle of Ethics IV**

Individuals shall honor their responsibilities to the public, their profession, and their relationships with colleagues and members of allied professions.

**Ethical Proscriptions**

1. Individuals must not participate in activities that constitute a conflict of professional interest.

**Matters of Professional Propriety**

1. Individuals should seek to provide and expand services to persons with speech, language and hearing handicaps as well as to assist in establishing high professional standards for such programs.

2. Individuals should educate the public about speech, language and hearing processes, speech, language and hearing problems, and matters related to professional competence.
3. Individuals should strive to increase knowledge within the profession and share research with colleagues.
4. Individuals should establish harmonious relations with colleagues and members to other professions, and endeavor to inform members of related professions of services provided by speech-language pathologists and audiologists, as well as information from them.
5. Individuals should assign credit to those who have contributed to a publication in proportion to their contribution.
6. Individuals should not accept compensation for supervision or sponsorship from the clinical fellow being supervised or sponsored beyond reasonable reimbursement for direct expenses.
7. Individuals should present products they have developed to their colleagues in a manner consonant with highest professional standards.

#### **Principle of Ethics V**

Individuals shall uphold the dignity of the profession and freely accept the profession's self-imposed standards.

A. Individuals shall inform the Ethical Practice Board when they have reason to believe that a member or certificate holder may have violated the Code of Ethics.

B. Individuals shall cooperate fully with the Ethical Practice Board concerning matters of professional conduct related to this Code of Ethics.

### **Ethical Proscriptions**

1. Individuals shall not engage in violations of the Principles of Ethics or in any attempt to circumvent any of them.

2. Individuals shall not engage in dishonesty, fraud, deceit, misrepresentation, or other forms of illegal conduct that adversely reflect on the profession or the individuals' fitness for membership in the profession.

**APPENDIX SEVEN**  
**COURSEWORK REQUIREMENT FOR MASTER'S EQUIVALENCY**

OUTLINE OF THE ACADEMIC COURSES AND PRACTICUM REQUIRED FOR THE  
CERTIFICATES OF CLINICAL COMPETENCE IN SPEECH-LANGUAGE PATHOLOGY  
(SLP) AND AUDIOLOGY (A) FOR THE BASIS OF MASTER'S DEGREE  
EQUIVALENCY

I. COURSEWORK: Minimum 60 semester hours (s.h.) must be at the graduate level.

A. BASIC COMMUNICATION PROCESSES COURSEWORK:

SLP and A APPLICANTS: 12 semester hours minimum required

- \* At least 2 s.h. in anatomic & physiological bases for normal development and use of speech, language and hearing.
- \* At least 2 s.h. in physical bases and processes of the production and perception of speech, language and hearing.
- \* At least 2 s.h. in linguistic and psycholinguistic variables related to normal development and use of speech, language and hearing.

B. PROFESSIONAL AREA SPEECH-LANGUAGE PATHOLOGY/AUDIOLOGY  
COURSEWORK:

30 semester hours minimum required; 21 s.h. must be graduate level. If seeking certification in both speech and audiology, at least 15 graduate level semester hours in each area are required.

1. CCC-SLP applicants

a. Speech and language disorders: minimum 24 s.h. required

\*at least 6 s.h. in speech disorders

\*at least 6 s.h. in language disorders

b. Audiology: minimum 6 s.h. required

\*at least 3 s.h. in auditory pathology

\*at least 3 s.h. in habilitation/rehabilitation

2. CCC-A applicants

a. Audiology: minimum 24 s.h. required

\*at least 6 s.h. in auditory pathology

\*at least 6 s.h. in habilitation/rehabilitation

b. Speech and language disorders: minimum 6 s.h. required

\*at least 3 s.h. in speech disorders

\*at least 3 s.h. in language disorders

C. Related area coursework: SLP and A applicants: no minimum hours required.

Note: Academic credit for practicum cannot be used to satisfy these minimum requirements, although 6 s.h. of practicum can be counted in the 60 s.h. overall coursework minimum total.