

WEST VIRGINIA  
SECRETARY OF STATE  
KEN HECHLER  
ADMINISTRATIVE LAW DIVISION

Form #1

Do Not Mark In this Box

FILED

JUN 8 2 44 PM '93

OFFICE OF WEST VIRGINIA  
SECRETARY OF STATE

NOTICE OF PUBLIC HEARING ON A PROPOSED RULE

AGENCY: WV Board of Examiners for Speech-Language Pathology and Audiology TITLE NUMBER: 29  
RULE TYPE: Legislative; CITE AUTHORITY W. Va. Code S30-32 et. seq.

AMENDMENT TO AN EXISTING RULE: YES  NO

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

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

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: 2

TITLE OF RULE BEING PROPOSED: Regulations Governing Speech-Language Pathology and Audiology Assistants

DATE OF PUBLIC HEARING: Saturday, July 10, 1993 TIME: 10:00am

LOCATION OF PUBLIC HEARING: Charleston Marriott Hotel  
200 Lee Street East  
Charleston, WV 25301

COMMENTS LIMITED TO: ORAL , WRITTEN , BOTH

COMMENTS MAY ALSO BE MAILED TO THE FOLLOWING ADDRESS: W.V.B.E.S.L.P.A.

PO Box 2136

Weirton, WV 26062

The Department requests that persons wishing to make comments at the hearing make an effort to submit written comments in order to facilitate the review of these comments.

The issues to be heard shall be limited to the proposed rule.

ATTACH A **BRIEF** SUMMARY OF YOUR PROPOSAL

10.60

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

Form #2

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**JUL 8 2 44 PM '93**

**OFFICE OF WEST VIRGINIA  
SECRETARY OF STATE**

**NOTICE OF A COMMENT PERIOD ON A PROPOSED RULE**

AGENCY: WV Board of Examiners for Speech-Language Pathology and Audiology TITLE NUMBER: 29  
RULE TYPE: Legislative; CITE AUTHORITY W. Va. Code S30-32 et. seq.  
AMENDMENT TO AN EXISTING RULE: YES  NO   
IF YES, SERIES NUMBER OF RULE BEING AMENDED: \_\_\_\_\_

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

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: 2

TITLE OF RULE BEING PROPOSED: Regulations Governing Speech-Language Pathology and Audiology Assistants

IN LIEU OF A PUBLIC HEARING, A COMMENT PERIOD HAS BEEN ESTABLISHED DURING WHICH ANY INTERESTED PERSON MAY SEND COMMENTS CONCERNING THESE PROPOSED RULES. THIS COMMENT PERIOD WILL END ON Thursday, July 8, 1993 AT 12:00 Midnight. ONLY WRITTEN COMMENTS WILL BE ACCEPTED AND ARE TO BE MAILED TO THE FOLLOWING ADDRESS.

W.V.B.E.S.L.P.A.

PO Box 2136

Weirton, WV 26062

THE ISSUES TO BE HEARD SHALL BE LIMITED TO THIS PROPOSED RULE.

ATTACH A **BRIEF** SUMMARY OF YOUR PROPOSAL

**WEST VIRGINIA  
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PO Box 2136

Weirton, WV 26062

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ATTACH A **BRIEF** SUMMARY OF YOUR PROPOSAL

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RECORDS SECTION

APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

Rule Title: Regulations Governing Speech-Language Pathology and Audiology Assistants  
 Type of Rule: XX 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	NEXT	THEREAFTER
<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 Speech-Language Pathology and Audiology  
Assistants

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: 6-7-93

Signature of Agency Head or Authorized Representative

Joyce L. Farley, Secretary

**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 2**

**REGULATIONS GOVERNING SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY  
ASSISTANTS**

These legislative rules establish procedures for the registration of speech-language pathology and audiology assistants and define the qualification, duties, and responsibilities of the assistant and supervisor.

TITLE 29  
LEGISLATIVE RULES  
WEST VIRGINIA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY  
AND AUDIOLOGY

**FILED**  
JUN 8 2 44 PM '93  
OFFICE OF WEST VIRGINIA  
SECRETARY OF STATE

SERIES 2  
REGULATIONS GOVERNING SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY  
ASSISTANTS

**§29-2-1. General.**

1.1. Scope. -- These legislative rules establish procedures for the registration of speech-language pathology and audiology assistants and define the qualifications, duties, and responsibilities of the assistant and supervisor.

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

1.3. Filing Date. -- \_\_\_\_\_, 1993

1.4. Effective Date. -- \_\_\_\_\_, 1993

**§29-2-2. Definitions.**

The following words and phrases as used in these rules shall have the following meanings, unless the context otherwise requires:

2.1. "Board" means the West Virginia Board of Examiners for Speech-Language Pathology and Audiology.

2.2. The term "audiology assistant" means an individual who meets minimum qualifications established by the board, which are less than those established by this article as necessary for licensing as an audiologist; who does not act independently; and who works under the direction and supervision of an audiologist licensed under this article.

2.3. The term "speech-language pathology assistant" means an individual who meets minimum qualifications established by the board, which are less than those established by this article as necessary for licensing as a speech-language

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pathologist; who does not act independently; and who works under the direction and supervision of a speech-language pathologist licensed under this article.

2.4. The term "supervisor" means a licensed speech-language pathologist or audiologist who supervises a speech-language pathology or audiology assistant, and assumes legal responsibility for services provided by the assistant.

**§29-2-3. Qualifications.**

3.1. The speech-language pathology assistant shall possess a minimum of a bachelor's degree in speech-language pathology from an educational institution recognized by the board and exhibit proficiency in the areas of service they provide.

3.2. The audiology assistant shall possess a minimum of a bachelors degree in audiology from an educational institution recognized by the board, and exhibit proficiency in the area of clinical service they provide.

3.3. The supervisor shall hold full professional licensure in the State of West Virginia in the area of supervision.

**§29-2-4. Responsibilities of the Supervisor.**

4.1. The supervisor of a speech-language pathology or audiology assistant shall:

(a) Register with the board the name of each assistant working under their supervision.

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

(c) Have legal responsibility for the acts and services provided by the speech-language pathology or audiology assistant, including compliance with the provisions of the act and these regulations.

(d) Supervise no more than two full-time assistants at any one time, with full-time employment being defined as forty (40) hours per week.

(e) Ensure that persons receiving services from an assistant receive

prior written notification that services are to be provided by an assistant.

(f) Provide direct supervision of the first three hours of treatment by the speech-language pathology assistant for each patient/client, followed by a minimum of one direct observation for each subsequent two week period. Direct observations shall be documented, and must include information on the quality of the assistant's performance. Information obtained during direct observations may include data relative to (1) agreement (reliability) between the assistant and the supervisor on correct/incorrect judgment of target behavior, (2) accuracy in implementation of assessment and management procedures, (3) accuracy in recording data, and (4) ability to interact effectively with the client. Reliability levels shall be sampled a minimum of one time per each quarter year period. Whenever areas (1) through (3) fall below a 90% reliability level between supervising professional and the assistant for three consecutive observations, the supervisor shall provide retraining in areas of deficiency, and shall increase direct observation to 50% of all clinical sessions until the reliability level returns to 90% for three consecutive observations.

(g) Provide direct supervision of the first ten (10) hours of direct client contact for the audiology assistant, with direct supervision of a minimum of 10% of all subsequent client contact.

(h) Be on-site at all times the speech-language pathology or audiology assistant is providing direct client services in a hospital, rehabilitation facility, or residential care facility, or insure that a person holding a current West Virginia license in the field of supervision be on-site in the absence on the supervisor. Supervision by an alternate supervisor shall not exceed 10 consecutive working days or a maximum of 20 working days per year.

(i) Submit a completed observation log to the board every six months for each assistant supervised, along with a summary of observations which shall include reliability levels sampled.

(j) Ensure that the assistant shall not be responsible for making decisions regarding the diagnosis, management and future disposition of clients.

(k) Ensure that at the termination of clinical services, the case is reviewed by the licensee.

**§29-2-5. Role of the Speech-Language Pathology and /or Audiology Assistant.**

5.1. The speech-language pathology and audiology assistant shall engage only in those duties that are planned, designed and supervised by the licensee, and for which the assistant has received adequate training.

(a) Examples of duties which assistants may be assigned include the following:

(1) Screen language, speech or hearing.

(2) Conduct evaluative or management programs which may include the utilization of published materials for which the assistant has received training.

(3) Perform specific clinical procedures for which the assistant has received training.

(4) Record, chart, graph or otherwise display data relative to client performance.

(5) Maintain clinical records for client performance.

(6) Report changes in client performance to the supervising licensee having responsibility for that client.

(7) Prepare clinical materials.

(8) Test equipment to determine if it is performing adequately.

(9) Participate with the licensee in research projects, in-service training, public relations programs, or similar activities as planned, designed and directed by the supervisor.

(b) The assistant shall not engage in the following activities:

(1) Interpreting observations or data into diagnostic statements,

clinical management strategies, or procedures.

(2) Determining case selection or performing formal diagnostic evaluations.

(3) Presenting written reports of client information to those other than the supervisor without the signature of the supervisor.

(4) Referring a client to other professionals or agencies.

(5) Using any title which connotes the competency of a licensed professional, as defined in § 30-32.

**§29-2-6. Renewal of Assistant Registration.**

6.1. The speech-language pathology or audiology assistant shall be registered with the board for a period of up to one year, with expiration of registration to occur on December 31 of each year. The supervisor may renew the registration of the assistant prior to that date provided that:

(a) The assistant has completed five (5) hours of board approved continuing education in his field during the previous year.

(b) The supervisor provides documentation of a 90% or better reliability level between supervisor and assistant on (1) correct/incorrect judgment of target behavior, (2) accuracy in implementation of assessment and management procedures, and (3) accuracy in recording data.

(c) The supervisor submits a completed Assistant Registration Renewal form, see appendix four d.

6.2. An assistant may not continue working after his/her registration has expired. Any such continuation shall constitute a violation of this section.

## APPENDIX ONE

### FEES

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 \_\_\_\_\_

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

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.

Area of Licensure     Speech-Language Pathology     Audiology     Dual SLP/A  
 License #    SLP-\_\_\_\_\_    License #    A-\_\_\_\_\_

Type of application:     2 year Professional License Renewal  
                                    1 year Provisional (CFY) License Renewal

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

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

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

**HOME PHONE:** (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_    **SSN:** \_\_\_\_\_ -- \_\_\_\_\_

**EMPLOYMENT RECORD:**

LIST PRESENT PLACE(S) OF EMPLOYMENT IF DIFFERENT FROM ORIGINAL APPLICATION. IF THERE HAS BEEN NO CHANGE DURING THE LICENSURE PERIOD, PLEASE CHECK HERE (\_\_\_\_) 'SAME', AND SKIP TO THE NEXT SECTION.

**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

List additional academic degrees earned during the previous licensure period, or check (\_\_\_\_) 'NONE'.

COLLEGE/UNIVERSITY GRADUATED	MAJOR <small>(AS STATED ON TRANSCRIPT)</small>	DEGREE	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 WVBSLPA 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 (NO FEE)  
 2 year Professional License Renewal  
 1 year Provisional (CFY) License Initial Please complete form.  
 1 year Provisional (CFY) License Renewal

**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)



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 (AS STATED ON TRANSCRIPT)	DEGREE	DATE GRADUATED
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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.