Master of Science in Speech-Language Pathology

ADVISING MANUAL
2018-2019

PROGRAM MISSION: The mission of the Master of Science in Speech-Language Pathology (MS SLP) Medical Emphasis program prepares students to provide comprehensive, evidence-based, client/patient centered care for the betterment of society. We will prepare you to be a skilled provider, committed to lifelong professional growth and collaborative practice.

The RMUoHP MS SLP Program is a candidate for accreditation by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association (ASHA). The CAA is the only accrediting agency for audiology and speech-language pathology education programs recognized by the Council for Higher Education Accreditation and the U.S. Department of Education (ASHA), 2200 Research Boulevard #310, Rockville, Maryland 20850, 800-498-2071 or 301-296-5700. http://caa.asha.org/

The department reserves the right to make changes to academic and practicum guidelines set forth in this manual.
# RMUoHP MS SLP Program
## ADVISING MANUAL
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Welcome to the MS SLP Program at Rocky Mountain University of Health Professions! As you begin your experience as a MS SLP graduate student, you will have many questions regarding your responsibilities, rights, and privileges. You will work to satisfy a variety of requirements from ASHA, the program and the University. This manual is intended to guide you and help you get answers as you work your way through your program of study.

You will be interacting with faculty and students within the entire University. The MS SLP program is the newest of nine other programs at the RMUoHP which include: Doctor of Clinical Science in Speech-Language Pathology, Doctor of Nursing Practice (DNP), Doctor of Occupational Therapy (OTD), Doctor of Physical Therapy-Entry Level (DPT) Doctor of Physical Therapy-Transitional, Pediatric Science (tDPT-Ped), Doctor of Sciences in Health Science, Master of Physical Assistant Studies, and Master of Science in Health Science. One factor that determines your course of study is the requirements set forth by the American Speech-Language-Hearing Association (ASHA), the national governing body for the professions of Speech-Language Pathology and Audiology. It is ASHA that issues the Certificate of Clinical Competence (CCC) to professionals who have met a set of defined standards (see Appendix A, Standards for the CCC in Speech-Language Pathology). ASHA’s Council for Clinical Certification in Audiology & Speech-Language Pathology (CFCC) defines the standards for clinical certification.

ASHA also maintains a system for the accreditation of graduate educational training programs through its Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA). As of January 1994, only students who are graduates of a CAA-accredited training program are eligible for the CCC. ASHA requires that the academic coursework you take include curriculum and clinical practica in a number of specific areas. Appendix B includes the Knowledge and Skills Acquisition List that you can use as a reference to mark your progress through the program. ASHA also requires that the clinical education you experience includes working with specific types of persons with a variety of communication disorders, and that these experiences occur in distinctly different kinds of work settings. You will meet these requirements through your clinical practica before you graduate. The Clinical Program Manual, which you will use during the practicum course work, is designed to provide you with detailed information and forms that are needed to complete your clinical education successfully.

The MS SLP Program has a list of 10 competencies that you will demonstrate through your academic and clinical work in the program. A table listing the competencies, how each relates to the ASHA Standards, and where within the curriculum each competency is addressed is presented in Appendix C.

Also there are rules and requirements that must be followed by all students. You can find specific statements of those requirements in several publications, including the RMUoHP Student Handbook. A few of these are restated here for your attention.
Students as Professionals

The educational model of the University requires students to be self-directed and to take individual responsibility for and commitment to their education. This is accomplished through extensive reading, classroom preparation and participation, and web-based communication and study. The post-professional programs allow for an interactive format while on-site and enhanced distance learning off-site. On-site and off-site, students are expected to critically analyze information and to contribute to the scholarly atmosphere of the educational process.

A positive educational opportunity is afforded the students as they affiliate and interact, formally and informally, with experienced healthcare practitioners, educators, and researchers from other disciplines with similar or related interests. This interaction with other health professionals adds a rich dimension to the student’s overall educational experience.

Continuous Enrollment Requirement

Current and future students enrolled in any program are required to maintain continuous enrollment at the University until all degree requirements have been completed.

All exams and assignments required of the student will be identified and explained by the faculty and included in course syllabi. The syllabi are available from the University and are provided via WebStudy prior to the beginning of a semester.

Assignments are submitted directly to the faculty via WebStudy. Participation in discussion forums, chats, team activities, presentations, etc., may also be required as part of the assessment process.

Students should always maintain a copy of every assignment (non-examination) or completed form submitted to the University in case of lost communication or unreadable files (these should be kept until after program completion). Ultimately, the student is responsible for the receipt of all assignments until the grade has been posted to the student’s transcript.

Late Assignments or Exams

Students are encouraged to be proactive in contacting their faculty members regarding late assignments or exams. Late assignments submitted by students without an approved extension from the faculty and/or Incomplete course status, may be subject to a grade deduction. Faculty will determine the grade deduction, if any, that will be applied to the late assessment.

Coursework and Exam Feedback

Course and assignment feedback is provided from faculty directly to students via the WebStudy learning management system. Faculty should post on their syllabus expectations regarding responding to student correspondence. In general, it is expected that faculty would respond to email correspondence from students within three business days of receipt. Grades for assignments submitted throughout the semester should be posted within two weeks of the submission date, unless otherwise noted in the course syllabus, to provide students with feedback that will guide them through the remainder of the course and their later assignments.
WebStudy exam feedback guidelines are determined by the faculty member when setting up the exam. To protect the security of non-WebStudy exams, graded exams may only be reviewed in the presence of faculty or the Registrar. If a student wishes to review one or more exams, he or she may request to do so in the faculty’s or Registrar’s presence while on-site at the University.

**Grades**

**Grading Policies and Grading Scale**

When all requirements are fulfilled for each course in which the student is officially registered, students receive a course grade. This grade is the faculty’s evaluation of the student’s understanding and performance as related to the stated objectives of the class. The faculty has the discretion whether to round up the numeric score to the nearest whole number in determining both assignment and final letter grades. Final letter grades are entered on a student’s official academic record and numeric values are used to compute the student’s grade point average (GPA). *Only grades earned at RMUoHP are used to determine GPA.*

<table>
<thead>
<tr>
<th>Letter</th>
<th>Percentage</th>
<th>Grade Value</th>
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<tbody>
<tr>
<td>A</td>
<td>100-93</td>
<td>4.00</td>
</tr>
<tr>
<td>A-</td>
<td>92-90</td>
<td>3.70</td>
</tr>
<tr>
<td>B+</td>
<td>89-87</td>
<td>3.30</td>
</tr>
<tr>
<td>B</td>
<td>86-83</td>
<td>3.00</td>
</tr>
<tr>
<td>B-</td>
<td>82-80</td>
<td>2.70</td>
</tr>
<tr>
<td>C+</td>
<td>79-77⁺</td>
<td>2.30</td>
</tr>
<tr>
<td>C</td>
<td>76-73⁺</td>
<td>2.00</td>
</tr>
<tr>
<td>F</td>
<td>72- &amp; below⁺</td>
<td>0.00</td>
</tr>
<tr>
<td>P</td>
<td>Pass</td>
<td>***</td>
</tr>
<tr>
<td>I</td>
<td>Incomplete</td>
<td>***</td>
</tr>
<tr>
<td>IP</td>
<td>In Progress</td>
<td>***</td>
</tr>
<tr>
<td>AE</td>
<td>Academic Extension</td>
<td>***</td>
</tr>
<tr>
<td>W</td>
<td>Withdrawal</td>
<td>***</td>
</tr>
<tr>
<td>TC</td>
<td>Transfer Credit</td>
<td>***</td>
</tr>
<tr>
<td>NS</td>
<td>Grade Not Submitted</td>
<td>***</td>
</tr>
<tr>
<td>R</td>
<td>Repeat Course</td>
<td>***</td>
</tr>
<tr>
<td>AC</td>
<td>Audit Course</td>
<td>***</td>
</tr>
<tr>
<td>AW</td>
<td>Administrative Withdrawal</td>
<td>0.00</td>
</tr>
<tr>
<td>AF</td>
<td>Administrative Failure</td>
<td>0.00</td>
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***No numeric value computed in GPA.  

⁺ Indicate non-passing grades

1. In order to participate in clinical practica, MS SLP graduate students must maintain a 3.0 GPA. If your GPA falls below 3.0, you will not be allowed to enroll in clinical practicum or do any clinical work to earn clock hours until the 3.0 has been re-established. Clinical hours completed in a semester where a grade of “C” or below is received in your clinical practicum will not count towards the 400 hours required. The clinician will be placed on a Remediation Plan (review Remediation Plan Protocol located in the Clinic Manual).

2. All MS SLP graduate students must successfully complete all academic and clinical program requirements prior to graduation. Graduation from an ASHA-accredited program implies that you have completed the academic and clinical program that ASHA approved. The MS SLP Program Director must certify that you are academically qualified by signing the form, (Application Form/Verification) that you submit to ASHA as a part of the requirements for obtaining your Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP). That signature will be given only after all program requirements have been completed prior to obtaining degree from RMUoHP. Dr. Spencer will verify on the E*VALUE Clinic Clockhour Form and E*VALUE Experience Record Sheet before signing your paperwork.
during your final weeks of graduate school. Your degree will be a Master of Science in Speech Language Pathology.

2.0 PHILOSOPHY OF THE MS SLP PROGRAM

2.1 Vision and Mission Statements

Mission Statement
The mission of Rocky Mountain University of Health Professions is to educate current and future healthcare professionals for outcomes-oriented, evidence-based practice. The University demonstrates mission fulfillment through the quality of its education and success of its students in academic programs that develop leaders skilled in clinical inquiry and prepared to effect healthcare change.

Vision Statement
The vision of Rocky Mountain University of Health Professions is to advance the quality, delivery and efficacy of healthcare.

Core Themes
1. Developing Evidence-Based Practitioners
2. Elevating Clinical Inquiry Proficiency
3. Ensuring Educational Quality
4. Nurturing Student Success

Core Values
• Clinical Inquiry - The University advocates clinical inquiry that challenges practice standards, expands evidence-based practice, increases clinical research, develops healthcare change agents, and encourages experiential learning.
• Student-Centeredness - The University provides a student-centered environment through relevant and participatory courses and a supportive University community.
• Integrity - The University demonstrates integrity in its interactions with all its constituents.
• Diversity - The University cultivates diversity through academic freedom, varied educational experiences, and broad recruitment of students and faculty.
• Leadership - The University fosters skills essential to leadership roles in healthcare, academia, research, and the community.
• Sustainability - The University operates with respect for the natural environment.
• Viability - The University generates and manages its resources in a manner that will ensure the long-term success and operation of the institution.
• Service - The University promotes service to community, healthcare, and education.
2.2 ESSENTIAL SKILLS FOR PROFESSIONAL EDUCATION

The MS SLP program adheres to the standards set by the American Speech-Language-Hearing Association (ASHA) including a code of ethics http://www.asha.org/policy/ET2016-00342/. Faculty have a responsibility for the welfare of clients/patients tested, treated, or otherwise affected by students enrolled in the MS SLP program. Thus it is important that persons admitted, retained, and graduated possess the intelligence, integrity, compassion, humanitarian concern, and physical and emotional capacity necessary to practice speech-language pathology and audiology.

Essential skills, as distinguished from academic standards, refer to those cognitive, physical, and behavioral abilities that are necessary for satisfactory completion of all aspects of the curriculum, and the development of professional attributes required by the faculty of all students at graduation. Each student will be asked to sign the Essential Skills form at the time of their first registration.

RMUoHP seeks to educate a diverse group of students with the understanding that diversity lies excellence. Included in this group are otherwise qualified students who have disabilities. The University will provide reasonable accommodations to otherwise qualified students with properly documented disabilities who meet the minimum requirements. Reasonable accommodations will be made to facilitate a student's progress in learning, performing and satisfying the essential functions presented in this document.

A reasonable accommodation should not fundamentally alter the academic and clinical requirements of the program, pose a direct threat to the health or safety of the student or others, or present an undue burden to the institution. Determining appropriate and reasonable accommodations in a professional school program is an interactive and collaborative process involving the student, the program, the Students with Disabilities (SOS) Office and the General Counsel Office re: ADA compliance. This document is to be re-visited periodically with input from all involved to ensure accuracy and compliance with the law.

THE FOLLOWING REPRESENTS THE LISTING OF THOSE ESSENTIAL FUNCTIONS:

A student must possess adequate COMMUNICATION ABILITIES to allow them to:

- Communicate effectively with people in person, by phone, and in written form by considering the communication needs and cultural values of the listener.
- Effectively model appropriate therapy targets.
- Be proficient in written and spoken English.

A student must possess adequate PHYSICAL ABILITIES to allow them to:

- Make travel arrangements to and from classroom and practicum/externship settings.
- Meet the physical demands of practice across clinical settings.
- Sustain necessary physical activity level in required classroom and clinical activities.
• Use fine motor skills to navigate the outer ear and speech mechanism, e.g., ear canal impressions, oral mechanism exams, swallowing protocols.
• Manipulate equipment and materials to complete screening and evaluation protocols and treatment and behavior plans.
• Visually monitor client/patient responses and materials.
• Provide a safe environment for others when responding to emergency situations such as fire or choking or other medical emergencies, and in the application of universal precautions.
• Make accurate judgments about linguistic and acoustic signals.

A student must possess adequate **COGNITIVE ABILITIES** to allow them to:
• Assimilate information, including the ability to comprehend professional literature and reports.
• Generate discipline-specific documents and clinical reports in English.
• Seek relevant case information, synthesize, and apply concepts and information from various sources and disciplines.
• Analyze, synthesize, and interpret ideas and concepts in academic and diagnostic/treatment settings.
• Solve clinical problems through critical analysis.
• Accurately self-evaluate one's own knowledge.

A student must possess adequate **PERSONAL, BEHAVIORAL AND SOCIAL ATTRIBUTES** to allow them to:
• Maintain appropriate personal hygiene.
• Comply with administrative, legal, and regulatory policies.
• Demonstrate regular attendance and meet responsibilities in a timely manner.
• Develop and maintain appropriate relationships with clients/patients and colleagues.
• Maintain composure in demanding situations.
• Adapt to changing environments and situations in clinic and classroom.
• Communicate effectively with people in person, by phone, and in written form by considering the communication needs and cultural values of the listener.
• Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.
• Accept appropriate suggestion and constructive criticism and respond by modification of behaviors.
• Understand and respect authority.
• Adhere to the ASHA code of ethics.

2.3 Professional Demeanor (from the University Handbook)

The University places a high and equal value on scholarship, clinical training, and practice. The integration of health science theory, research, and clinical practice allows students to gain the following attributes:

• An ability to critically evaluate and integrate theoretical concepts in the health sciences.
• An ability to analyze and practice the principles and methods of scientific inquiry applicable to the study of the human condition and healthcare practices.
• Mastery of practical and clinical skills essential for professional practice in settings within
the contemporary healthcare industry.
• Skills to critically read published research and to apply those evidence-based principles in
a responsible and appropriate manner.
• Skills to work cooperatively with colleagues at all levels of service in the healthcare system.
• A demonstrated commitment to personal and professional ethical standards.
• A demonstrated commitment to continuing personal and professional development and
lifelong learning.
• A commitment to wellness and the knowledge/practice of preventive measures to ensure
optimal healthcare.

3.0 MASTER OF SCIENCE: CURRICULUM & PRACTICA

3.1 Prerequisites
Completion of the requisite semester credit hours* of basic human communication and
swallowing processes. Examples of acceptable courses include:
  • Phonetics
  • Anatomy in Communication and Swallowing
  • Language Science
  • Speech and Language Development
  • Speech Science
*ASHA requires the following courses be completed before awarding certification of clinical competency
  1. Three semester credit hours (or equivalent) in statistics (research methodology courses
  in communication and science disorders may not be used)
  2. Three semester credit hours (or equivalent) in physical science (physics or chemistry)
  3. Three semester credit hours (or equivalent) in biological science that emphasizes a
  content area related to human or animal sciences (e.g., biology, human anatomy and
  physiology, neuroanatomy and neurophysiology, human genetics)
  4. Three semester credit hours (or equivalent) in social/behavioral sciences (e.g.,
  psychology, sociology, cultural anthropology, public health)
*Please see ASHA requirements

3.2 Curriculum
The professional curriculum for SLP entry-level education includes areas related to:
Assessment/Treatment of Childhood Speech Sound Disorders, Assessment/Treatment
of Motor Speech Disorders, Cranio-Facial Anomalies, Traumatic brain injury,
Assessment/Treatment of Neurogenic Language Disorders, Aphasia & Fluency Disorder,
patient assessment and supervised practicum in Speech-Language Pathology, health
policy, diversity and professional practice issues.
Year 1, Semester 1
(13 credits)

SLP 612  Neural Bases for Communication & Swallowing  (3 credits)
Examination of the central and peripheral nervous systems as they relate to normal and disordered human communication. Overview of neuroanatomy and neurophysiology, common neuropathologies relevant to communication disorders, and strategies in neurogenic problem solving. Roles and responsibilities of speech-language pathologists in medical settings with patients spanning the lifespan and a variety of diagnoses. Topics include medical models, assessment/intervention models in medical settings, medical bioethics, pharmacology, medical terminology, and documentation.

SLP 614  Principles of Diagnostics & Clinical Methods I: Mechanics & Measuring Change  (3 credits)
Introduction to professional communication and mechanics of being a clinician. Examination of the role of the speech-language pathologist as a therapist, with an emphasis on diagnostic evaluation, differential diagnosis, and intervention. Includes measurement concepts and clinical problem-solving theory and methods.

SLP 616  Assessment/Treatment of Childhood Speech Sound Disorders  (3 credits)
Exploration of acquisition, assessment, and treatment of articulation and phonological disorders in children.

SLP 618  Assessment/Treatment of Childhood Language Disorders  (3 credits)
Principles and methods of prevention, diagnosis and intervention applicable to developmental language disorders. Includes consideration of both oral and written developmental language.

SLP 622  Research Methods  (1 credit)
An overview of what constitutes clinical research. The class instructs students in how to understand the strengths and weakness of various research methods. An overview of research ethics, and application of research results to clinical practice.

Year 1, Semester 2
(12 credits)

SLP 624  Assessment/Treatment of Motor Speech Disorders  (2 credits)
The role of central and peripheral motor systems in speech production and speech disorders related to abnormalities in these motor systems. Emphasis on the neurological bases, assessment, and clinical management of the dysarthrias and apraxia of speech across the lifespan.
SLP 626  Assessment/Treatment of Neurogenic Language Disorders (2 credits) A clinically-oriented exploration of the aphasias, and related central nervous system language disorders is integrated within the broader field of neurolinguistics. Clinical aspects focus on assessment and intervention approaches in aphasia and related disorders.

SLP 628  Capstone Seminar 1 (1 credit) Review of basic research issues and concepts in order to prepare to be a consumer of research literature and to prepare for your project. Includes various research types and designs, validity, quantitative and qualitative data analysis and clinical applications of research.

SLP 630  Clinic Class II (1 credit) An examination and exploration of the topics of diversity and professional ethics as they involve clinical speech-language pathology.

SLP 632  Practicum in Speech-Language Pathology (1 credit) Examination of the diagnostic, treatment and documentation procedures in speech-language pathology occurring through active observation in the clinical environment and classroom instruction. Active, supervised participation in the clinical process with emphasis on individualized assessment, treatment, counseling and documentation procedures.

SLP 634  Augmentative & Alternative Communication (3 credits) Introduction to alternative and augmentative communication systems for consumers. Discussions include the use of aided and unaided communication systems, assessment procedures and intervention, including education and team approaches.

SLP 636 Assessment/Treatment of Voice & Resonance Disorders (2 credits) Examination of the physiology acoustics, and perception of voice quality and speech resonance, as well as the etiologies, diagnosis, and management of voice and resonance disorders.

Year 1, Semester 3 (12 credits)

SLP 638  Assessment/Treatment of Pediatric Dysphagia & Feeding Disorders (1 credit) Examination of the principles and procedures used in the assessment and treatment of pediatric swallowing and feeding disorders. Includes clinical and instrumental assessment and intervention methods applicable to pediatric feeding and swallowing disorders across a variety of pediatric practice settings.

SLP 640  Tracheotomy & Ventilator Dependent (1 credit) Foundational concepts for speech-language pathologists who function on teams that provide assessment and intervention of persons who are tracheotomy or ventilator-dependent.

SLP 642  Clinic Class III: Professional Issues/Professional Regulation & Law (2 credits)
An examination and exploration of the topics of professional issues, regulations and law as they involve clinical speech-language pathology.

**SLP 644 Practicum in Speech-Language Pathology** (2 credits)
Examination of the diagnostic, treatment and documentation procedures in speech-language pathology occurring through active observation in the clinical environment and classroom instruction. Active, supervised participation in the clinical process with emphasis on individualized assessment, treatment, counseling and documentation procedures.

**SLP 646 Assessment/Treatment of Adult Dysphagia** (3 credits)
Study of the anatomic and physiologic systems involved in normal swallowing and swallowing disorders (dysphagia) in adults. Emphasis on the role of the speech-language pathologist in the areas of assessment and treatment of dysphagia and as a team member in the areas of dysphagia-related counseling, ethical and quality of life issues.

**SLP 648 Assessment/Treatment of Cognitive-Communication Disorders** (2 credits)
An investigation of acquired, cognitive-based language disorders including traumatic brain injury related cognitive communication sequelae, and dementia. Emphasis on assessment and treatment of cognitive communication disorders.

**SLP 650 Capstone Seminar II (Online)** (1 credit)
As you advance into your topic, you will begin the outlining and writing process with possible preparation for data collection. This seminar will guide you through this phase of your capstone, which is a scholarly project with topics that may involve prevention, assessment, literature review, case presentation or intervention involving the scope of practice for speech-language pathologists.

**Year 2, Semester 1**
(12 credits)

**SLP 652 Assessment and Treatment of Fluency Disorders** (2 credits)
Examination of the diagnostic, treatment and documentation procedures in speech-language pathology occurring through active observation in the clinical environment and classroom instruction. Active, supervised participation in the clinical process with emphasis on individualized assessment, treatment, counseling and documentation procedures.

**SLP 654 Clinic Class IV Documentation, Reporting/Business Aspects** (2 credits)
An examination and exploration of clinical documentation and reporting, as well as business organization/planning as they involve clinical speech-language pathology.
SLP 656  Advanced Seminar: Cranio-Facial Anomalies  (2 credits)
An investigation of cleft lip and/or palate and related anomalies that influence communication, with an emphasis on assessment and intervention of the communication disorders related to these impairments.

SLP 658  Advanced Seminar: Cancers of the Head and Neck  (2 credits)
A focus on the speech, voice and swallowing disorders associated with cancers of the head and neck, with a special emphasis on laryngectomy. Includes discussion of team engagement, consumer education, intervention and treatment.

SLP 660  Advanced Seminar: Autism Spectrum Disorders  (2 credits)
An exploration into the latest research and evidence based practices in autism. Topics include medical care for individuals with autism, family dynamics and lifespan issues.

SLP 662  Advanced Seminar: Early Intervention  (2 credits)
This seminar will examine the best practices of working with the birth to three populations and their families. We will explore the elements of different practice models including family centered support, primary service provider model and home-visit based approach. You will learn how to write an appropriate IFSP and how to target appropriate goals and outcomes.

(you will select 2 of the 4 advanced seminars this semester)

SLP 664  Practicum in Speech-Language Pathology  (3 credits)
Examination of the diagnostic, treatment and documentation procedures in speech-language pathology occurring through active observation in the clinical environment and classroom instruction. Active, supervised participation in the clinical process with emphasis on individualized assessment, treatment, counseling and documentation procedures.

SLP 668  Capstone Seminar III  (1 credits)
This seminar will facilitate the data collection with an eye on analysis for your capstone project. You will continue to plan, write and target clinical and empirical aspects of research and you will re-visit ethics, and evidence based practice concepts.
Year 2, Semester 2
(10 credits)

SLP 710    Aural Rehabilitation (1 credit)
Theory and methods of habilitation/rehabilitation for communication disorders associated with hearing impairment across the life span. Includes a focus on visual and auditory speech signals, the function/use of amplification, auditory training for persons with hearing impairment, and speech-language intervention secondary to hearing impairment.

SLP 712    Advanced Medical Seminar (2 credits)
Exploration of the medical aspects of our field. Topics will emphasize current practice methods and models of across the lifespan including ethics, end of life care, medical decision making.

SLP 714    Clinic Class V (1 credit)
Topics will focus on advanced clinical topics, EPB, supervising assistants.

SLP 716    Seminar: Counseling (1 credit)
Led by a mental health practitioner, this class will target counseling theory, process and application to individuals who present a variety of communication disorders and to their families.

SLP 718    Capstone Seminar IV (1 credit)
This seminar will advance your data collection phase and begin to target data analysis for your capstone project. You will develop your written deliverable project in preparation for the final stage of the capstone.

SLP 720    Practicum in Speech-Language Pathology (2 credits)
Examination of the diagnostic, treatment and documentation procedures in speech-language pathology occurring through active observation in the clinical environment and classroom instruction. Active, supervised participation in the clinical process with emphasis on individualized assessment, treatment, counseling and documentation procedures.

Year 2, Semester 3
(7 credits)

SLP 732    Capstone Project (2 credits)
A scholarly project completed by each student, with guidance from faculty. Topics must involve prevention, assessment, or intervention involving the scope of practice for speech-language pathologists.

SLP 734    Practicum in Speech-Language Pathology (5 credits)
Offsite clinical practicum experience, completed under the supervision of community-based qualified and certified speech-language pathologists. Emphasis on the evaluation and treatment of disorders related to speech, language, cognitive-communication, and swallowing.
3.3 Clinical Practica

Clinical rotations and externships are part of the curriculum and may require that a student temporarily relocate. The student is responsible for the cost of the travel, lodging and other associated expenses.

Both Program Faculty and Adjunct personnel supervise clinical practicum at RMUoHP. Off-campus (External) clinical practica will be supervised by SLPs and audiologists who hold the ASHA CCC-SLP or CCC-A, who are licensed in the state in which they practice, and who have been approved by the MS SLP Program. During your clinical training you will have the opportunity to learn from a variety of competent individuals, each with their own unique styles of delivering speech, language, hearing, and swallowing services. Although basic MS SLP Program requirements will be applied throughout your practica, some feedback styles, forms, and practice expectations will vary from Clinical Educator to Clinical Educator. Such variety should broaden your perspectives on good service delivery and enrich your educational experience.

Each term of your clinical practicum experience, you will work within the parameters of a Clinician Level (see Clinician Levels, Appendix E). You will earn “clinical clock hours” during practica to meet ASHA and MS SLP Program requirements. Your Clinical Educator will provide further instruction/education concerning clinical application of the principles you have learned throughout your coursework, and provide verbal and/or written feedback on your clinical performance. Your clinical practica will be of two general types: diagnostic evaluation and intervention. You will be able to work directly with both individuals and groups of individuals of different ages with a variety of communication disorders. You will have the opportunity to experience a variety of different intervention responsibilities, while engaging in a variety of diagnostic activities: traditional clinical diagnostic communication evaluations, language/learning disorder evaluations, augmentative and alternative communication (AAC) evaluations, swallowing evaluations, and evaluations in team contexts such as public/agency screenings.

We utilize a web-based application, (E*VALUE) that manages key aspects of clinical education designed for speech-language pathology and academic programs. This system is the avenue for maintaining clinical hours and grades for clinical practicum experience. The grades will be assigned by clinical supervisors, both in the clinic and in externship locations. The midterm and final clinical evaluation assessments will be completed by each student’s assigned supervisor and entered online through E*VALUE. Feedback on written reports (e.g., outpatient diagnostic evaluation, initial case summary, treatment plan, progress report) will be completed on the Written Communication Feedback Form.

The clinical competency rating for each KASA skill assessed on the midterm and final evaluation form is as follows for graduate students:

The clinical competency rating for each skill assessed on the midterm and final evaluation form is as follows:

RATING KEY / DESCRIPTORS FOR ASHA STANDARD V-A, V-B-1, V-B-2, and V-B-3

Students are graded on a 0-5 scale.

5 = Exceeds Performance Expectations. Adequately and effectively implements the clinical skill/behavior. Demonstrates independent and creative problem solving.
4 = Meets Performance Expectations. Displays minor technical problems, which do not hinder the therapeutic process. Minimum amount of direction from supervisor needed to perform effectively.

3 = Moderately Acceptable Performance. Inconsistently demonstrates clinical behavior/skill. Exhibits awareness of the need to monitor and adjust and make changes. Modifications are generally effective. Moderate amount of direction from supervisor needed to perform effectively.

2 = Needs Improvement in Performance. The clinical skill/behavior is beginning to emerge. Efforts to modify may result in varying degrees of success. Maximum amount of direction from supervisor needed to perform effectively.

1 = Unacceptable Performance. Specific direction from supervisor does not alter unsatisfactory performance.

0 = No opportunity to demonstrate the skill/behavior.

You will receive a competency assessment for each clinical practicum. The grade will be the result of a review of the ratings assigned by each Clinical Supervisor to whom you are assigned during that semester. That is, competency ratings from every person who supervises your work in an off campus placement, a diagnostic evaluation or an intervention program will be considered. The number and type of clock hours earned with each supervisor will also be considered. In any given semester of the program, an egregious error, particularly in the areas of professionalism and ethical behavior, may affect the overall final grade. A continuous record of clinical clock hours you earn in the program will be kept through the E*value system. You are responsible for making sure that you input your hours into E*value in a timely manner (there is a seven day window for entering case information but in most facilities, daily entry will be much more efficient and may be required by your supervisor). You are also responsible for monitoring that your supervisor has approved your entries and that you respond to any entries that are rejected. You will complete a self-evaluation via E*value at midterm and at the end of each semester. Your supervisor will also complete a midterm evaluation and a final evaluation for you on E*value. Using the information from your self-evaluation and the supervisor’s evaluation at midterm, goals for the remainder of the placement should be set and agreed upon.

Midterm meetings are required in each clinical placement, on and off campus. In placements where there are multiple supervisors, one supervisor may take the lead in communicating all of the supervisor’s feedback to the student and completing a combined competency assessment.

The student is also responsible for completing an evaluation of the clinical supervisor and an evaluation of the site at the completion of each assignment. These evaluations are also distributed through the E*value system and are required to be completed before the grade for the semester can be assigned.

Complete, detailed information concerning clinical practice and requirements is available to you in the Clinical Program Manual.
4.0 POLICIES & PROCEDURES

Do not anticipate trouble, or worry about what may never happen. Keep in the sunlight—Benjamin Franklin

4.1 Position Statements

The following points provide the MS SLP’s faculty position regarding students doing off-campus practicum, working as Apprentices in Speech and Language (ASLs) or Speech-Language Pathology Assistants (SLPAs during their tenure in the CD graduate program. A CD student’s first priority is to be an academic and clinical scholar (discovery, application, teaching-learning, and integration) in classroom and clinical settings. The MS SLP Graduate Program is designed to facilitate students’ transitions from students to scholars to professionals by developing competence in constructive thinking, problem solving, and decision making. To be a competent Speech-Language Pathologist, you must first be a scholar.

4.1.1 External Clinical Placements.

1. Students may be at Level II, or Level III clinician (See Appendix E for Clinician Levels descriptions). There may be some cases where students are sent to external placements during their first year at the discretion of the program director following faculty discussion.
2. In addition to the initial practicum experiences (Site A), students will be placed in two distinctly different external Sites (B, C, or D) and be supervised by different supervisors.
3. Students should expect to be placed in an extern site where they must travel or relocate. Plan to have an appropriate vehicle ahead of time. The lack of or reliable transportation will not be used as part of the equation for extern placements.
4. Selection of external sites will be based on a student’s clinical needs and preferences, in coordination with his/her academic advisor and the Director of Clinical Education. Site placements must provide students with prevention, assessment, intervention and management experiences that are diverse in age (child/adult, grade level), disorders (Hearing, Speech, Language, Swallowing), service models (e.g., Direct, Indirect, Consultative, Group, Individual, In-Class/Pull-Out, In-Patient/Out-Patient, Team, etc.), and environments (e.g., Therapy Rooms, Class Rooms, Home, Hospital, Community-Based, etc.).
5. External practicum sites must be approved by the Director of Clinical Education.
6. Arrangements for placements will be made by the Director of Clinical Education.
7. The purpose of off-campus practicum is to gain experience with diverse clients in unique service sites; students will be supervised and will not function as an additional, independent staff member with a personal caseload. External placements will be monitored by a RMUoHP faculty member liaison.
8. All clinical work at off-campus sites will be supervised by ASHA certified personnel according to ASHA direct observation guidelines (minimum of 50% for diagnostics; minimum of 25% of treatment sessions).
9. Problems encountered at external sites must be reported to the site Clinical Supervisor and the Director of Clinical Education.
10. Grading of students’ clinical competence will be completed at mid-term and end-term by the site Clinical Supervisor through E*VALUE. Grade documentation and student feedback will be provided to the student and to the Director of Clinical Education.
11. Students will provide written feedback about supervision and the placement site through E*VALUE before the end of the term. Site Clinical Supervisors will provide general comments about student preparation through E*VALUE.
12. Students will attend one Midterm conference each trimester to monitor academic & clinical progress and develop a service program.
13. Before students can do external practica the university will provide personal liability insurance.
4.1.2 ASL/SLPA Employment.

- ASHA uses the title Speech-Language Pathology Assistant (SLPA).
- SLPA/ASL Graduate Practicum occurs a student provides services that are within the Scope of Practice of an SLP and with the defined supervision delineated by the Program (see Scope of Practice in Speech-Language Pathology, Appendix D).

1. Students should not work as ASLs during their first term of graduate school. A major responsibility for students during the first term of graduate school is to develop the mindset and performance transition from an undergraduate student to a graduate scholar and a professional successfully. This will take a great amount of personal time and effort.

2. Graduate students who want to work as ASLs are required to join ASHA as an “Associate Member”. You must agree to follow all ASHA policies related to support personnel and pay an annual fee to maintain your affiliation. See forms in Appendix D

3. To complete a Graduate Practicum at an ASL site at which a student is employed, prior approval of the Director of Clinical Education and CD Program director will be necessary.

4. To complete practicum hours in an ASL site at which a student is employed, the conditions for off-campus practicum assignments (minimum of 50 clinical hours completed) will be applied.

5. If a student works as an ASL but completes a Graduate Practicum with the agency (including the required supervision), the total number of hours accrued (maximum of 50) may be counted toward the required 400 clock hours. (See Plan GP in Appendix E). To obtain Graduate Practicum hours in an ASL site, a student must clearly be doing the work of a graduate clinician, not that of an ASL. The requirements are distinctly different. Students and Clinical Supervisors must review the requirements and provide a plan that demonstrates that the clinical services to be provided and supervised are consistent with Graduate Practicum. The plan is to be submitted to the Director of Clinical Education. (See Plan AP in Appendix E). These hours must be supervised according to the minimum requirements of 50% of evaluations and 25% of intervention services with the supervising SLP in the facility if not directly observing the student.

6. A student may use an ASL site for Graduate Practicum hours only one time during the graduate program.

7. Problems encountered during graduate practicum at a site where a student is employed as an ASL must be reported to the site Clinical Supervisor and the Director of Clinical Education so that problematic situations can be managed productively.

8. Assessment and grading of a student who completes a graduate practicum in an ASL site will be completed at mid-term and end-term by the site Clinical Supervisor through E*VALUE. Performance and grade documentation and feedback will be provided to the student and to the Director of Clinical Education before the end of the term.

9. Students will provide written feedback about supervision and the placement in the ASL setting to site Clinical Supervisors and the Director of Clinical Education before the end of the term through E*VALUE.

10. Decisions about paying an ASL during a Graduate Practicum will be made by each Agency.
4.1.3 ATTENDANCE POLICY.

The purpose of the MS SLP Department Attendance Policy is to employ a curriculum that develops professional Speech Pathology Practitioners. Therefore, on-time attendance is required for all class sessions and labs unless it has been explicitly stated otherwise in the course syllabus. Learning experiences in the curriculum are arranged sequentially to ensure that new information, knowledge, and skills are integrated with previously introduced material. In addition, the MS SLP curriculum includes significant opportunities for collaborative learning, where interaction between and among students and faculty are critical components of your learning. Therefore, these learning experiences cannot be repeated and your attendance is necessary for your success and a professional responsibility.

Classroom Absence
1. In the event of an absence, or where an absence is anticipated, it is YOUR responsibility to notify and explain the absence to the department by emailing our administrative assistant lpoduska@rmuohp.edu prior to the scheduled class or as soon as you are aware of an anticipated absence. If you do not contact the department regarding your absence, the absence will be considered unexcused. It is also your responsibility to adjust travel time to suit anticipated weather conditions, train or bus schedules, etc., to ensure that you arrive at school on time for class.
2. A student may be excused from class for illness and unanticipated emergencies with notification, and permission. All other absences are unexcused unless permission from each professor and from the program director has been obtained. Early vacation days before the holiday are unexcused. Students will not be allowed to schedule travel that would interfere with class attendance.
3. Missing 10% of a course, including excused absences, is considered excessive and evidence of non-professional performance. This will result in disciplinary action, up to and including dismissal from the program. Please be aware that some courses may be taught seminar style over 2-3 days for 8 hours each day. Missing a day or half-day may cause you to miss more than 10% of that course. The professor(s) will refer the matter to faculty to recommend decisions on student status and ability to progress. The individual instructor reserves the right to require a student to repeat the course the following year.
4. Unexcused absences are not allowed, and will result in referral of the matter to the faculty to recommend decisions on student status and ability to progress.
5. Leaving class or lab early and not returning is considered an unexcused absence.
6. Three (3) unexcused leaving a class or arriving late is considered equal to an unexcused absence.
7. Lecture/Lab/Exam Make-up: Upon return from an excused absence, YOU must check with the course director/teacher to make sure the absence was recorded as excused, and to make-up any testing, lecture, or lab missed. You are responsible for all information presented in each class, whether you are present or not. Individual instructors determine whether make-up work is allowed. Refer to the individual course syllabus for specific information on making up points or time missed.
8. Online portions of courses require appropriate engagement in addition to any assignments or assessments. Students are responsible to know and adhere to the expectations regarding participation/engagement for each course. Please refer to the individual course syllabus for all course requirements and expectations.
Clinical Education Absence
If you find that you will be late or cannot attend a clinical education experience, due to an EMERGENCY OR ILLNESS, you are responsible for contacting the clinical instructor (CI)/faculty AND the Director of Clinical Education (DCE) (MS Chase) by 8:00 a.m. or the starting time for the clinical experience. It is expected that ALL absences and ANY time missed due to tardiness or other reasons be made up. It is YOUR responsibility to initiate making arrangements with the clinical instructor/faculty to make up the time missed; the DCE will assist in those arrangements, if necessary. You should refer to the Clinical Education Handbook for additional detail on attendance policies specific to clinical education experiences.

4.2 Advising
One of the MS SLP Faculty members will be appointed as your Academic Advisor. Be sure to meet with your Academic Advisor soon after you first arrive on campus. You and your Advisor will keep a record of your progress in the MS SLP Program on the RMUoHP version of the KASA form. (Appendix B). You will meet with your advisor for advising during advising week each semester. Feel free to meet with your advisor throughout your grad studies as needed.

4.3 Your SERVICE obligation as an RMUoHP Graduate Student
We have an amazing, vibrant department, which depends on student, faculty and staff involvement and engagement. Furthermore, studies that investigate reasons for student success have identified that those students who are engaged and active in their educational programs, are more likely to complete that program in a successful way. To this end, we have instituted a Service Requirement” for our graduate students. We would like you to attend 5 service-based events throughout your time here at RMUoHP. You will receive a copy of a form you can use to keep track of your participation, and the form is included on page 61.

4.4 Important Dates and Item Preparation for Degree Conferral
As you move through your program of study and get ready to graduate, there are some schedules you must meet and some forms that must be processed. The dates and actions you are responsible for are shown in the Academic Calendar (Also see the University Handbook). Students must apply for graduation by completing the graduation application, which is available through the University as well as on the University website. The form notes degree conferral dates for each academic year in conjunction with the Academic Calendar also published on the same page of the website. The completed form, with required signature, must be submitted to the Registrar at least 60 days prior to the end of a given semester. As a reminder, the Registrar will contact all potentially eligible students 75 days prior to the end of a given semester. Should a student not complete degree requirements in the semester in which they have submitted an application for graduation, they must reapply in the semester in which degree requirements are met and pay associated fees. It is your responsibility to ensure that all forms are completed correctly and submitted in a timely manner.

Capstone.
A scholarly project completed by each student, with guidance from faculty. Topics must involve prevention, assessment, or intervention involving the scope of practice for speech-language pathologists. You have an option to do a Capstone project or a presentation of a case study.

PRAXIS Examination (National Examination in Speech-Language Pathology and Audiology). This test must be passed as part of the ASHA requirements to earn the Certificate of Clinical Competence.
You may take the PRAXIS during the last semester of your graduate work. This is probably a good idea since you will be very current in your knowledge base. **You are required to have a copy of your examination results sent to us.** Your final CAA signed form will not be provided until the program has received a copy of your PRAXIS scores. This is one measure we use in determining whether or not we are offering an effective course of study for our students, and ASHA requires that we include this information in the annual report we make to them. The results of your examination will, of course, be kept confidential.

**Exit Interviews.** The Program Director will conduct an Exit Interview with each student graduating with the Master’s Degree in Communication Disorders within the last two weeks of the final semester. The interview will cover a range of topics which allows the student to reflect upon his/her graduate program, the curricula, the practica, and other topics relevant to the graduate program. The feedback provided by the graduate students is used by the faculty to assess program requirements, curricula, etc. Student responses will remain anonymous except to the Program Director.

### 4.5 Problem Management

*A problem is a chance for you to do your best.* – Duke Ellington

During the time you spend here you may experience difficulty in some aspect of your studies, responsibilities, or academic/clinical relationships. We would like to suggest some ways in which you can find help in coping with any problems you might encounter. (See also the Student Code of Conduct found in the RMUoHP Student Handbook.)

**Academic.** Chain of Command. Please follow the following sequence.

1. If you are having difficulty in a particular class, the first person you need to speak with is the Instructor. Often, the Instructor has helped other students with the same types of problems and will have concrete suggestions that will be relevant for you.
2. If you are unable to get help by talking with the Instructor, talk with your Academic Advisor.
3. The Program Director is your next resource, and can offer helpful and objective advice.
4. If the problem is one in which the MS SLP program personnel have not been able to help, further contacts would be the Provost, Dr. Mark Horacek mhoracek@rmuohp.edu. (See the Student handbook for grade appeal process)

**Clinical.** The direction you take for help with problems that occur related to clinical work is very similar to that you take with academic work.

1. Begin by talking with your Clinical Educator. The Supervisor holds responsibility both for your training and for the welfare of the persons you are assigned to work with. Most difficulties can be managed productively at this level.
2. In the case of off-campus practicum problems, after talking with your on-site Clinical Supervisor, you may talk with the Director of Clinical Education who arranged the practicum.
3. Beyond this, further discussion should be with the Program Director. The remainder of your resources will be the same as above. Remember that particularly in clinical operations we must be responsive to ASHA policy or risk losing our accreditation.

Students in the MS SLP Program are required to carry Liability Insurance when participating in External practicum experiences, and RMUoHP covers Liability Insurance for every student clinician.
4.6 Grievance/Complaint Procedures for Graduate Students

While you are a student at RMUoHP, you may wish to make a formal complaint in the event that you believe that you have been unjustly treated. The best method of settling misunderstandings is to talk to the individual involved. While we all like to think of ourselves as reasonable, reasonable people can disagree. These grievance procedures also are located University Handbook.

**Complaint to the Council on Academic Accreditation.** On occasion, students may feel that it is necessary to contact the Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA). Obviously, CAA is only contacted with the most serious of offenses. CAA is concerned with the ASHA standards for programs that train students to become speech-language pathologists and audiologists. Grievances to this body should concern violations of these standards. Standards for CAA accreditation are located at: http://www.asha.org/uploadedFiles/Accreditation-Standards-Graduate-Programs.pdf

**Complaint Procedure.** Procedures for complaints against Graduate Education Programs may be obtained at: http://www.tamuk.edu/artsci/csdo/_pdf/CAA%20Complaint%20Policy%202015.pdf

Other grievances to be directed to CAA would involve behavior in violation of the ASHA Code of Ethics. To view the Code of Ethics, visit the ASHA website at [http://www.asha.org](http://www.asha.org) or view the copy of the ASHA Code of Ethics provided in this Graduate Advising Manual. Obviously, receiving a poor test grade does not fall within these parameters. The grievance procedure should begin with the person involved. You should go through the CD Program administrative chain and contact CAA only if you are still concerned that violations are continuing or are part of the overall procedures of the department or institution.

All complaints must be signed and submitted in writing to the Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology, American Speech Language-Hearing Association, 2200 Research Blvd., Rockville, MD 20850. (Phone: 1-800-498-2071) Complaints will not be accepted by e-mail or facsimile.

4.6 Materials and Equipment That May Facilitate Your Transition to Graduate School

- Time organization system (e.g., calendar, date book, electronic organizer, etc.)
- Materials organization system (e.g., filing system, 3-ring binders, computer files)
- Books
- APA Style Manual (6th ed.)
- Quality Audio Recorder

**PLEASE NOTE:** GRADUATE STUDENTS SHOULD FAMILIARIZE THEMSELVES WITH THE CONTENTS OF RMUoHP University Handbook
5.0 FINANCIAL SUPPORT (from University Handbook)

Financial Aid

The Financial Aid Office was established at RMUoHP to coordinate all financial aid assistance offered to students at the University. The philosophy of financial aid is to provide access and choice to students who, without such assistance, would not be able to attend an institution of higher learning.

Principles of Financial Aid

The staff at the University has adopted the following Principles of Student Financial Aid Administration:

1. The purpose of any financial aid program - institutional, governmental, or private - is to provide monetary assistance to students who can benefit from further education but who cannot do so without such assistance.

2. Each University has an obligation to assist in realizing the national goal of equality of educational opportunity. The University, therefore, works with schools, community groups, and other educational institutions in support of this goal.

3. The University publishes budgets that state total student expenses realistically by including, where applicable, room and board, commuting expenses, personal expenses, and necessary travel.

4. Students are expected to contribute from their own assets and earnings, including appropriate borrowing against future earnings.

5. Financial aid is offered only after a determination that the resources of the family are insufficient to meet the student's educational expenses. The amount of aid offered does not exceed the amount needed to meet the difference between the student's total educational expenses and the family's resources.

6. The amount and type of self-help expected from students is related to the circumstances of the individual. In the assignment of funds to those students designated to receive financial aid, the largest amounts of total grant assistance go to students with the least ability to pay.

7. The University reviews its financial assistance awards on a semester-by-semester basis and adjusts them, if necessary, to reflect changes in the financial needs of students and the expenses of attending the institution. The University has an obligation to inform students of the financial aid reapplication policies for enrolled students at the time of the initial offer of financial assistance.

8. Because the amount of financial assistance awarded reflects the economic circumstances of students and their families, the University refrains from any public announcement of the amount of aid offered and encourages students and others to respect the confidentiality of this information.

9. All documents, correspondence, and conversations among aid applicants, their families, and financial aid officers are confidential and entitled to the protection ordinarily arising from a counseling relationship.

Purpose of Financial Aid Office Policy and Procedures

The purpose of the Financial Aid Office section of the University Handbook is to record policies surrounding the delivery of financial aid at The University. If no policy or procedure addresses a given
issue, the Financial Aid Office staff is expected to use professional judgment based upon the intent of all financial aid programs and Office practices.

**Policy and Procedure Development Responsibility**

The Financial Aid Officer is responsible for establishing institutional policy development surrounding the delivery of financial assistance. Policy development adheres to federal and State laws and regulations as well as to the mission of the University. Financial Aid policy is reported to and approved by the VPF, when appropriate.

**Finance Office Operating Policies**

The following operating policies are designed to assure that the Finance Office is effective in carrying out its responsibilities:

1. All students must apply at least annually for financial assistance by submitting appropriate application forms to the US Department of Education (ED).
2. All funds available to the University for financial assistance shall be administered through the Financial Aid Office. When funds or awards for students are received from outside sources by other offices, that office will be required to notify the Financial Aid Office.
3. The Finance Office and Financial Aid Office shall maintain adequate records to ensure proper administration of aid funds. This includes ensuring that aid given is not in excess of need and/or the cost of attendance and that aggregate awards do not exceed total expenditures of funds under each program.
4. Selection of students to receive financial aid will be made without regard to age, sex, race, color, religion, sexual orientation, national origin, disability or marital status.
5. The Financial Aid Office and the Finance Office will be reasonably available via phone, email or in person during normal University business hours.

**Financial Aid Reference Documents**

The documents which are used to determine eligibility for Financial Aid include current regulations published in the Federal Register, Department of Education Guides (such as the Federal Student Financial Aid Handbook and Audit Guide), Dear Colleague Letters, financial aid legislation, and other laws or regulations that impact student aid. This information is available at [www.ifap.ed.gov](http://www.ifap.ed.gov).

Please see the University Handbook for more information on Financial Aid

6.0 PROFESSIONAL ORGANIZATIONS

There are three organizations related to the MS SLP Program that are of special interest. You are invited to participate and experience an additional part of transitioning to professionalism.

**RMUoHP National Student Speech-Language-Hearing Association (NSSLHA)**

The inaugural class of master students will have the honor of establishing our local chapter NSSLHA. The purpose of NSSLHA is to provide a vehicle for student representation in matters of professional concern, and to encourage professional interest among college students in the study of normal and disordered human communication behavior. Local chapters are active socially and in community philanthropic projects, as well as money raising activities. Annual dues are paid by members.
National Student Speech-Language-Hearing Association (NSSLHA).

Membership in the national NSSLHA (additional dues) offers students subscription opportunities to various professional journals (e.g., ASHA, JNSSLHA, AJSLP, and NSSLHA clinic series), and reduced registration fees for professional conventions and meetings. If you apply simultaneously for membership and certification during the calendar year in which your Master’s degree is granted, you will get a reduced rate for ASHA membership.

Utah Speech Hearing Association (USHA)

Membership in the state organization offers students a closer look at how professional organizations operate. Students can have an active role in USHA by presenting Poster Sessions at the annual convention, attending the annual convention, or being selected to be a student representative on the USHA Legislative Council. Our State organization website is: http://www.ushaonline.net/

7.0 CERTIFICATION AND LICENSURE

Certification in Speech-Language Pathology

Following successful completion of the Master of Science degree in Speech-Language Pathology at Rocky Mountain University of Health Professions, a student is eligible to participate in a Clinical Fellowship Year (CFY). The CFY provides an important transitional phase between supervised graduate-level practicum and the independent delivery of services. Once a student completes the CFY and successfully passes the PRAXIS examination, he or she is eligible for ASHA membership and certification. Copies of the ASHA Membership & Certification Handbook and an outline of specific requirements are available via: http://www.asha.org/uploadedFiles/SLP-Certification-Handbook.pdf

Licensure in the State of Utah

Individuals who obtain a Clinical Fellowship position in Speech-Language Pathology, as well as individuals who work in the state of Utah as practicing Speech-Language Pathologists, must be licensed by the State of Utah Division of Occupational and Professional Licensing. Information regarding requirements for licensure may be obtained via the following website: http://www.dopl.utah.gov/licensing/speech_audiology.html

8 RMUoHP MS SLP Program Faculty and Staff

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</tbody>
</table>
APPENDIX A

ASHA STANDARDS FOR CERTIFICATION IN SPEECH-LANGUAGE PATHOLOGY Revised in 2016

The Standards for the Certificate of Clinical Competence in Speech-Language Pathology are shown in bold.

The Council For Clinical Certification implementation procedures follow each standard.

**Standard I: Degree**
The applicant for certification must have a master's, doctoral, or other recognized post-baccalaureate degree.

Implementation: The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) has the authority to determine eligibility of all applicants for certification.

**Standard II: Education Program**
All graduate course work and graduate clinical experience required in speech-language pathology must have been initiated and completed in a speech-language pathology program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).

Implementation: If the graduate program of study is initiated and completed in a CAA-accredited program or in a program that held candidacy status for CAA accreditation, and if the program director or official designee verifies that all knowledge and skills required at the time of application have been met, approval of academic course work and practicum is automatic. Applicants eligible for automatic approval must submit an official graduate transcript or a letter from the registrar that verifies the date the graduate degree was awarded. The official graduate transcript or letter from the registrar must be received by the National Office no later than 1 year from the date the application was received. Verification of the graduate degree is required of the applicant before the certificate is awarded.

Individuals educated outside the United States or its territories must submit documentation that course work was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants outside the United States or its territories must meet each of the standards that follow.

**Standard III: Program of Study**
The applicant for certification must have completed a program of study (a minimum of 36 semester credit hours at the graduate level) that includes academic course work and supervised clinical experience sufficient in depth and breadth to achieve the specified knowledge and skills outcomes stipulated in Standard IV-A through IV-G and Standard V-A through V-C.

Implementation: The minimum of 36 graduate semester credit hours must have been earned in a program that addresses the knowledge and skills pertinent to the ASHA Scope of Practice in Speech-Language Pathology.
Standard IV: Knowledge Outcomes

Standard IV-A
The applicant must have demonstrated knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences.
Implementation: Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). Acceptable courses in physical sciences should include physics or chemistry. Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. A stand-alone course in statistics is required. Research methodology courses in communication sciences and disorders (CSD) may not be used to satisfy the statistics requirement. A course in biological and physical sciences specifically related to CSD may not be applied for certification purposes to this category unless the course fulfills a university requirement in one of these areas.
Academic advisors are strongly encouraged to enroll students in courses in the biological, physical, and the social/behavioral sciences in content areas that will assist students in acquiring the basic principles in social, cultural, cognitive, behavioral, physical, physiological, and anatomical areas useful to understanding the communication/linguistic sciences and disorders.

Standard IV-B
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

Standard IV-C
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas: articulation; fluency; voice and resonance, including respiration and phonation; receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing; hearing, including the impact on speech and language; swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology); cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities); augmentative and alternative communication modalities.
Implementation: It is expected that course work addressing the professional knowledge specified in Standard IV-C will occur primarily at the graduate level.

Standard IV-D
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

Standard IV-E
The applicant must have demonstrated knowledge of standards of ethical conduct.
Implementation: The applicant must have demonstrated knowledge of the principles and rules of the current ASHA Code of Ethics.

Standard IV-F
The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
Implementation: The applicant must have demonstrated knowledge of the principles of basic and applied research and research design. In addition, the applicant must have demonstrated knowledge of how to access sources of research information and have demonstrated the ability to relate research to clinical practice.

**Standard IV-G**
The applicant must have demonstrated knowledge of contemporary professional issues. Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues typically include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures.

**Standard IV-H**
The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.

**Standard V: Skills Outcomes**

**Standard V-A**
The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice. Implementation: Individuals are eligible to apply for certification once they have completed all graduate-level academic course work and clinical practicum and been judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards. The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. For oral communication, the applicant must have demonstrated speech and language skills in English, which, at a minimum, are consistent with ASHA’s current position statement on students and professionals who speak English with accents and nonstandard dialects. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence in English.

**Standard V-B**
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

**Evaluation**
- Conduct screening and prevention procedures (including prevention activities).
- Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
- Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
- Adapt evaluation procedures to meet client/patient needs.
- Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
- Complete administrative and reporting functions necessary to support evaluation.
- Refer clients/patients for appropriate services.

**Intervention**
- Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
- Implement intervention plans (involve clients/patients and relevant others in the intervention process).
- Select or develop and use appropriate materials and instrumentation for prevention and intervention.
- Measure and evaluate clients'/patients' performance and progress.
- Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
- Complete administrative and reporting functions necessary to support intervention.
- Identify and refer clients/patients for services as appropriate.
Interaction and Personal Qualities
Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
Collaborate with other professionals in case management.
Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
Adhere to the ASHA Code of Ethics and behave professionally.

Implementation: The applicant must have acquired the skills referred to in this standard applicable across the nine major areas listed in Standard IV-C. Skills may be developed and demonstrated by direct client/patient contact in clinical experiences, academic course work, labs, simulations, examinations, and completion of independent projects.
The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that he or she can demonstrate skills across the ASHA Scope of Practice in Speech-Language Pathology. Supervised clinical experience is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech-Language Pathology.
These experiences should allow students to:
interpret, integrate, and synthesize core concepts and knowledge;
demonstrate appropriate professional and clinical skills; and
incorporate critical thinking and decision-making skills while engaged in identification, evaluation, diagnosis, planning, implementation, and/or intervention.
Alternative clinical experiences may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive).
Supervisors of clinical experiences must hold a current ASHA Certificate of Clinical Competence in the appropriate area of practice during the time of supervision. The supervised activities must be within the ASHA Scope of Practice in Speech-Language Pathology to count toward certification.

Standard V-C
The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.
Implementation: Guided observation hours generally precede direct contact with clients/patients. The observation and direct client/patient contact hours must be within the ASHA Scope of Practice in Speech-Language Pathology and must be under the supervision of a qualified professional who holds current ASHA certification in the appropriate practice area. Such supervision may occur simultaneously with the student’s observation or afterwards through review and approval of written reports or summaries submitted by the student. Students may use video recordings of client services for observation purposes.
Applicants should be assigned practicum only after they have acquired sufficient knowledge bases to qualify for such experience. Only direct contact with the client or the client’s family in assessment, intervention, and/or counseling can be counted toward practicum. Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through clinical simulation (CS) methods. Only the time spent in active engagement with the CS may be counted. CS may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client’s family. Typically, only one student should be working with a given client at a time in order to count the practicum hours. It is possible for several students working as a team to receive credit for the same session, depending on the specific responsibilities each student is assigned. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.
Standard V-D
At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.
Implementation: A minimum of 325 clock hours of clinical practicum must be completed at the graduate level. At the discretion of the graduate program, hours obtained at the undergraduate level may be used to satisfy the remainder of the requirement.

Standard V-E
Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.
Implementation: Direct supervision must be in real time. A supervisor must be available to consult with a student providing clinical services to the supervisor's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.

Standard V-F
Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.
Implementation: The applicant must demonstrate direct client/patient clinical experiences in both assessment and intervention with both children and adults from the range of disorders and differences named in Standard IV-C.

Standard VI: Assessment
The applicant must have passed the national examination adopted by ASHA for purposes of certification in speech-language pathology.
Implementation: Results of the Praxis Examination in Speech-Language Pathology must be submitted directly to ASHA from ETS. The certification standards require that a passing exam score must be earned no earlier than 5 years prior to the submission of the application and no later than 2 years following receipt of the application. If the exam is not successfully passed and reported within the 2-year application period, the applicant's certification file will be closed. If the exam is passed or reported at a later date, the individual will be required to reapply for certification under the standards in effect at that time.

Standard VII: Speech-Language Pathology Clinical Fellowship
The applicant must successfully complete a Speech-Language Pathology Clinical Fellowship (CF).
Implementation: The Clinical Fellowship may be initiated only after completion of all academic course work and clinical experiences required to meet the knowledge and skills delineated in Standards IV and V. The CF experience must be initiated within 24 months of the date the application is received. Once the CF has been initiated, it must be completed within 48 months. For applicants completing multiple CFs, all CF experiences related to the application must be completed within 48 months of the date the first CF was initiated. Applications will be closed for a CF/CFs that is/are not completed within the 48-month timeframe or that is/are not reported to ASHA within 90 days after the 48-month timeframe. The Clinical Fellow will be required to reapply for certification and must meet the Standards in effect at the time of re-application. CF experiences older than 5 years at the time of application will not be accepted.
The CF must have been completed under the mentorship of an individual who held the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) throughout the duration of the fellowship. It is the Clinical Fellow's responsibility to identify a mentoring speech-language pathologist (SLP) who holds an active Certificate of Clinical Competence in Speech-Language Pathology. Should the certification status of the mentoring SLP change during the CF
experience, the Clinical Fellow will be awarded credit only for that portion of time during which the mentoring SLP held certification. It, therefore, is incumbent on the CF to verify the mentoring SLP’s status periodically throughout the Clinical Fellowship experience. A family member or individual related in any way to the Clinical Fellow may not serve as a mentoring SLP.

**Standard VII-A: Clinical Fellowship Experience**

The Clinical Fellowship must have consisted of clinical service activities that foster the continued growth and integration of knowledge, skills, and tasks of clinical practice in speech-language pathology consistent with ASHA’s current Scope of Practice in Speech-Language Pathology. The Clinical Fellowship must have consisted of no less than 36 weeks of full-time professional experience or its part-time equivalent.

Implementation: No less than 80% of the Fellow’s major responsibilities during the CF experience must have been in direct client/patient contact (e.g., assessment, diagnosis, evaluation, screening, treatment, clinical research activities, family/client consultations, recordkeeping, report writing, and/or counseling) related to the management process for individuals who exhibit communication and/or swallowing disabilities. Full-time professional experience is defined as 35 hours per week, culminating in a minimum of 1,260 hours. Part-time experience of less than 5 hours per week will not meet the CF requirement and may not be counted toward completion of the experience. Similarly, work in excess of the 35 hours per week cannot be used to shorten the CF to less than 36 weeks.

**Standard VII-B: Clinical Fellowship Mentorship**

The Clinical Fellow must have received ongoing mentoring and formal evaluations by the CF mentor. Implementation: Mentoring must have included on-site observations and other monitoring activities. These activities may have been executed by correspondence, review of video and/or audio recordings, evaluation of written reports, telephone conferences with the Fellow, and evaluations by professional colleagues with whom the Fellow works. The CF mentor and Clinical Fellow must have participated in regularly scheduled formal evaluations of the Fellow’s progress during the CF experience. The Clinical Fellow must receive ongoing mentoring and formal evaluations by the CF Mentor.

The mentoring SLP must engage in no fewer than 36 supervisory activities during the clinical fellowship experience. This supervision must include 18 on-site observations of direct client contact at the Clinical Fellow’s work site (1 hour = 1 on-site observation; a maximum of six on-site observations may be accrued in 1 day). At least six on-site observations must be conducted during each third of the CF experience. On-site observations must consist of the Clinical Fellow engaged in screening, evaluation, assessment, and/or habilitation/rehabilitation activities. Use of real-time, interactive video and audio conferencing technology is permitted as a form of on-site observation, for which pre-approval must be obtained. Additionally, supervision must also include 18 other monitoring activities. At least six other monitoring activities must be conducted during each third of the CF experience. Other monitoring activities are defined as evaluation of reports written by the Clinical Fellow, conferences between the mentoring SLP and the Clinical Fellow, discussions with professional colleagues of the Fellow, etc., and may be executed by correspondence, telephone, or reviewing of video and/or audio tapes. On rare occasions, the CFCC may allow the supervisory process to be conducted in other ways. However, a request for other supervisory mechanisms must be submitted in written form to the CFCC, and signed by the CF mentor, before the CF is initiated. The request must include the reason for the alternative supervision and a description of the supervision that would be provided. At a minimum, such a request must outline the type, length, and frequency of the supervision that would be provided.

A CF mentor intending to supervise a Clinical Fellow located in another state may be required to also hold licensure in that state; it is up to the CF mentor and the Clinical Fellow to make this determination before proceeding with a supervision arrangement.

**Standard VII-C: Clinical Fellowship Outcomes**

The Clinical Fellow must have demonstrated knowledge and skills consistent with the ability to practice independently. Implementation: At the completion of the CF experience, the applicant will have acquired and demonstrated the ability to
integrate and apply theoretical knowledge,
evaluate his or her strengths and identify his or her limitations,
refine clinical skills within the Scope of Practice in Speech-Language Pathology,
apply the ASHA Code of Ethics to independent professional practice.
In addition, upon completion of the CF, the applicant must have demonstrated the ability to perform clinical activities accurately, consistently, and independently and to seek guidance as necessary.
The CF mentor must submit the Clinical Fellowship Report and Rating Form, which includes the Clinical Fellowship Skills Inventory (CFSI), as soon as the CF successfully completes the CF experience. This report must be signed by both the Clinical Fellow and mentoring SLP.

**Standard VIII: Maintenance of Certification**
Certificate holders must demonstrate continued professional development for maintenance of the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).
Implementation: Individuals who hold the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) must accumulate 30 certification maintenance hours of professional development during every 3-year maintenance interval. Intervals are continuous and begin January 1 of the year following award of initial certification or reinstatement of certification. A random audit of compliance will be conducted.
Accrual of professional development hours, adherence to the ASHA Code of Ethics, submission of certification maintenance compliance documentation, and payment of annual dues and/or certification fees are required for maintenance of certification.
If renewal of certification is not accomplished within the 3-year period, certification will expire. Individuals wishing to regain certification must submit a reinstatement application and meet the standards in effect at the time the reinstatement application is submitted.
APPENDIX B

STUDENT DOCUMENTATION AND MONITORING

Knowledge and Skill Acquisition Verification sheet
ASHA VERIFICATION RECORD (mock copy)
SERVICE ACTIVITIES RECORD

Page 35-39
Page 40
Standard IV-A
The applicant must have demonstrated knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences.
Implementation: Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). Acceptable courses in physical sciences should include physics or chemistry. Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. A stand-alone course in statistics is required. Research methodology courses in communication sciences and disorders (CSD) may not be used to satisfy the statistics requirement. A course in biological and physical sciences specifically related to CSD may not be applied for certification purposes to this category unless the course fulfills a university requirement in one of these areas. LIST COURSES HERE:

Standard IV-B
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

Standard IV-C
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- articulation SLP 616
- fluency SLP 652
- voice and resonance, including respiration and phonation SLP 636
- receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing SLP 616, 618
- hearing, including the impact on speech and language SLP 616, 618, 710
- swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology) SLP 638; SLP 636
- cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning) SLP 648
- social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities) SLP 618, SLP 715
- augmentative and alternative communication modalities SLP 652
Implementation: It is expected that course work addressing the professional knowledge specified in Standard IV-C will occur primarily at the graduate level.

Standard IV-D
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates. SLP 612, SLP 636, SLP 644

Standard IV-E
The applicant must have demonstrated knowledge of standards of ethical conduct.
Implementation: The applicant must have demonstrated knowledge of the principles and rules of the current ASHA Code of Ethics. SLP 628, 640

Standard IV-F
The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
Implementation: The applicant must have demonstrated knowledge of the principles of basic and applied research and research design. In addition, the applicant must have demonstrated knowledge of how to access sources of research information and have demonstrated the ability to relate research to clinical practice. SLP 622, 630, 634, 688, 720, 732

Standard IV-G
The applicant must have demonstrated knowledge of contemporary professional issues.
Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues typically include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures. SLP 640, 652, 717, 735

Standard IV-H
The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice. SLP 640, 652, 717, 735

I hereby certify that the student __________________________________________ has obtained the above-listed Knowledge Outcomes.

(write your name)

Linda J. Spencer, Ph.D. CCC-SLP Program Director ________________________________ Date
Standard V: Skills Outcomes

Standard V-A  **All of these skills will be part of your intern/externships**

The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

Implementation: The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.

Standard V-B

The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. **Evaluation**
   a. Conduct screening and prevention procedures (including prevention activities).
   b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
   c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
   d. Adapt evaluation procedures to meet client/patient needs.
   e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
   f. Complete administrative and reporting functions necessary to support evaluation.
   g. Refer clients/patients for appropriate services.

2. **Intervention**
   a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
   b. Implement intervention plans (involve clients/patients and relevant others in the intervention process).
   c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
   d. Measure and evaluate clients'/patients' performance and progress.
   e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
   f. Complete administrative and reporting functions necessary to support intervention.
   g. Identify and refer clients/patients for services as appropriate.

3. **Interaction and Personal Qualities**
   a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
b. Collaborate with other professionals in case management.
c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
d. Adhere to the ASHA Code of Ethics and behave professionally.

Implementation: The applicant must have acquired the skills referred to in this standard applicable across the nine major areas listed in Standard IV-C. Skills may be developed and demonstrated by direct client/patient contact in clinical experiences, academic course work, labs, simulations, examinations, and completion of independent projects.

The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that he or she can demonstrate skills across the ASHA Scope of Practice in Speech-Language Pathology. Supervised clinical experience is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech-Language Pathology.

Supervisors of clinical experiences must hold a current ASHA Certificate of Clinical Competence in the appropriate area of practice during the time of supervision. The supervised activities must be within the ASHA Scope of Practice in Speech-Language Pathology to count toward certification.


I Hereby certify that the student _________________________________ has obtained the above-listed Skills Outcomes.

(write your name)

_________________________________________                             ___________________________

TBA CCC-SLP Clinical Director                             Date
Certification Application
Speech-Language Pathology

Verification by Program Director (mock COPY)

Please respond to each question. The applicant must have met each standard in order to apply for certification.

☐ Yes ☐ No Has a master’s or doctoral degree. A minimum of 75 semester credit hours were completed in a course of study addressing the knowledge and skills pertinent to the field of speech-language pathology (Std. I)

☐ Yes ☐ No Initiated and completed all graduate course work and graduate clinical practicum in an institution whose program was accredited by the CAA (Std. I)

☐ Yes ☐ No Has completed a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes (Std. III)

☐ Yes ☐ No Has demonstrated knowledge of the principles of biological sciences, physical sciences, mathematics, and social/behavioral sciences (Std. III-A)

☐ Yes ☐ No Has demonstrated knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases (Std. III-B)

☐ Yes ☐ No Has demonstrated knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the nine areas noted in the standard (Std. III-C)

☐ Yes ☐ No Possesses knowledge of the principles and methods of prevention, assessment and intervention for people with communication and swallowing disorders (Std. III-D)

☐ Yes ☐ No Has demonstrated knowledge of standards of ethical conduct (Std. III-E)

☐ Yes ☐ No Has knowledge of processes used in research and the integration of research principles into Evidence-based clinical practice (Std. III-F)

☐ Yes ☐ No Has demonstrated knowledge of contemporary professional issues (Std. III-G)

☐ Yes ☐ No Has demonstrated knowledge about certification, specialty recognition, licensure, and other relevant professional credentials (Std. III-H)

☐ Yes ☐ No Has completed a curriculum of academic and clinical education that follows an appropriate sequence of learning sufficient to achieve the skills outcomes in Std. IV-G (Std. IV-A)
☐ Yes ☐ No  Possesses skill in oral and written and other forms of communication sufficient for entry into professional practice (Std. IV-B)

☐ Yes ☐ No  Has completed a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology, including 25 hours in clinical observation and 375 hours in direct client/patient contact (Std. IV-C)

☐ Yes ☐ No  Has completed at least 325 clock hours while engaged in graduate study (Std. IV-D)

☐ Yes ☐ No  Has been supervised by individuals holding a current ASHA Certificate of Clinical Competence in the appropriate area of practice. The amount of supervision was appropriate to the student’s level of knowledge, experience, and competence and was sufficient to ensure the welfare of the client/patient populations (Std. IV-E)

☐ Yes ☐ No  Has gained knowledge and experience with individuals from culturally/linguistically diverse back-grounds and with client/patient populations across the life span (Std. IV-F)

☐ Yes ☐ No  The applicant has met the education program’s requirements for demonstrating satisfactory performance through ongoing formative assessment of knowledge and skills (Std. V-A)

The program director, or designee, verifies that the student met each standard.

Name of Program Director ___________________________ Title ___________________________

Signature ___________________________ Date ___________________________

Date Coursework and Clinical Practicum Requirements for ASHA Certification were completed ___________________________
# DOCUMENTING YOUR SERVICE ACTIVITIES

*Please write in the activity you completed, approximate time spent and date of activity*

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Your Signature

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Advisor’s Signature
APPENDIX C

MS SLP PROGRAM MATERIALS

ASL and Associates Documents 43-51
Clinician Levels 52
Scope of Practice in Speech-Language Pathology 53-70
Code of Ethics of ASHA 71-92
### ASL

1. Conduct speech-language and hearing screenings
2. Conduct treatment programs/procedures planned or designed by the supervising SLP
3. Prepare written daily plans based on the program selected by the supervising SLP
4. Record or chart data relative to client’s performance and report performance to supervising SLP
5. Maintain daily service/delivery treatment notes and complete daily charges as requested by SLP
6. Report BUT NOT INTERPRET data relative to client’s performance to teachers, family, etc. (i.e., do not report as “did well”, but achieved 25/30 or correct responses)
7. Assist the supervising SLP during the assessment of clients that are difficult to test
8. Perform clerical duties for the supervising SLP
9. Participate with supervising SLP in research, in-service training or public relations programs

### Graduate Clinician

1. Administer and interpret diagnostic tests under supervision of supervising SLP
2. Provide treatment and analyze client performance under the supervision of supervising SLP
3. Select and/or discharge clients under the direction of supervising SLP
4. Compose and sign diagnostic reports under the direction of supervising SLP
5. Provide family/caregiver/client counseling under the direction of supervising SLP
6. Develop IEP/IFSP/goals and therapy plans under the direction of supervising SLP
7. Share pertinent information with other professionals following HIPAA guidelines
8. Refer client to other professionals under supervision of supervising SLP
9. Conduct research under the direction of supervisor

### ASL CAN...

1. Conduct speech-language and hearing screenings
2. Conduct treatment programs/procedures planned or designed by the supervising SLP
3. Prepare written daily plans based on the program selected by the supervising SLP
4. Record or chart data relative to client’s performance and report performance to supervising SLP
5. Maintain daily service/delivery treatment notes and complete daily charges as requested by SLP
6. Report BUT NOT INTERPRET data relative to client’s performance to teachers, family, etc.
7. Assist the supervising SLP during the assessment of clients that are difficult to test
8. Perform clerical duties for the supervising SLP
9. Participate with supervising SLP in research, in-service training or public relations programs

### ASL MUST NOT...

1. Administer diagnostic tests
2. Interpret data into diagnostic statements, strategies or procedures
3. Select or discharge clients for service
4. Interpret clinical information including impressions relative to client performance
5. Treat clients without following the individualized treatment plan
6. Independently compose clinical reports (other than progress notes)
7. Refer a client to other professionals or agencies
8. Provide client or family counseling
9. Develop/modify treatment plans without SLP approval
10. Disclose confidential information
11. Sign any formal documentation without supervising SLP co-signature
12. Represent self as a speech-language pathologist
SLPA/ASL Policies

1) First semester clinicians may **not** take an SLPA/ASL position. Upon completion of the first semester, it is possible for graduate clinicians to attain an SLPA/ASL position with the stipulation that they cannot have a workload of more than 10 hours per week (including paperwork and travel).

2) SLPA/ASLs may count up to 50 hours of their work towards clinical clock hours; however, it will require the approval of the Department Head and Coordinator of Clinical Services.

The following must also be completed:
   a. A current Affiliation Agreement must be in place with the site
   b. Coordinator of Clinical Services must receive a Letter of Supervision
   c. Supervisor must submit copies of state licensure as well as ASHA

The site would be considered as an externship, in which case the supervisor would have to provide documentation and follow supervision requirements of an externship supervisor as deemed by the NMSU CD and Clinic as well as ASHA Policies.

3) If you are employed as a SLPA/ASL, it is **mandatory** to join ASHA as an associate affiliate. Please see the link below for more information.

**Associates Program Requirements**

**Here are the requirements you must meet to become an ASHA Associate.** The Associates Program is open to individuals who are:

*Currently employed in support positions providing audiology or speech-language pathology assistant services, working under the supervision of an ASHA certified audiologist (CCC-A) or speech-language pathologist (CCC-SLP). Potential applicants are required to obtain the signature of their ASHA certified supervisors in order to become ASHA Associates.*
# Graduate Practicum--PLAN GP

## Clinical Responsibilities

The purpose of this plan is to allow a student who is employed by an agency as an ASL to count ≥50 clock hours of graduate student clinical practicum responsibilities that are supervised according to ASHA guidelines.

Example: Two 5-hour days per week of Graduate Practicum work with specified supervision for 10 weeks = 100 clock hours.

## Supervision Requirements

- Supervision must be provided by individuals who hold the CCCs in the appropriate area of practice. The amount of supervision must be appropriate to the student’s level of knowledge, experience, and competence. Supervision must be sufficient to ensure the welfare of the client/patient.
- Direct supervision must be in real time and must never be less than 25% of the student’s total contact with each client/patient receiving intervention services or 50% of the time for evaluation services.

## Clinical Clock Hours Accepted Toward 400 Required Conditions

All acquired clock hours that meet Clinical Responsibilities and Supervision Requirements. (Typical Extern practicum Clock Hours acquisition = 100+)

Students must follow the guidelines in the Advising Manual for completing an external Graduate Practicum in an ASL site.

- Submit a proposal to the Coordinator of Clinical Services.
- Complete an evaluation of the Extern experience at term’s end.
- Do only one extern Graduate Practicum.
- Follow other guidelines listed in reference below.

---


7/29/03
**ASL Practicum—PLAN AP**

<table>
<thead>
<tr>
<th>Clinical Responsibilities</th>
<th>Extern Practicum as an ASL*</th>
</tr>
</thead>
<tbody>
<tr>
<td>The purpose of this plan is to allow a student who is employed by an agency as an ASL to count 50 hours of restricted ASHA-defined ASL clinical responsibilities that are supervised according to ASHA guidelines, during one academic term.</td>
<td><strong>Scope of ASL Responsibilities:</strong></td>
</tr>
<tr>
<td>Example: One 5-hour day per week of ASL work with specified supervision for 10 weeks = 50 clock hours.</td>
<td>• Conduct Speech-Language screenings.</td>
</tr>
<tr>
<td></td>
<td>• Provide direct treatment, follow treatment plans or protocols developed by supervising SLP.</td>
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<td></td>
<td>• Document patient/client progress.</td>
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<td></td>
<td>• Assist SLP with assessment.</td>
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<td></td>
<td>• Assist with informal documentation, prepare materials, and other clerical duties.</td>
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<tr>
<td></td>
<td>• Schedule activities, prepare charts, records, graphs, or otherwise display data.</td>
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<td></td>
<td>• Perform checks and maintenance of equipment.</td>
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<td></td>
<td>• Participate with SLP in research projects, in-service training, and PR.</td>
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<td></td>
<td><strong>Responsibilities OUTSIDE of ASL scope:</strong></td>
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<td></td>
<td>• Perform standardized or non-standardized diagnostic tests, formal or informal evaluations, or interpret test results.</td>
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<tr>
<td></td>
<td>• Participate in parent conferences, Case conferences, or any interdisciplinary team without presence of supervising SLP or other ASHA-certified SLP designated by the supervising SLP.</td>
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<tr>
<td></td>
<td>• Provide patient/client or family counseling.</td>
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<tr>
<td></td>
<td>• Write, develop, or modify a patient/client's treatment plan in any way.</td>
</tr>
<tr>
<td></td>
<td>• Assist with patient/clients without following the treatment plan prepared by the SLP or without access to supervision (see Supervision Guidelines).</td>
</tr>
<tr>
<td></td>
<td>• Sign any formal documents; ASL should sign or initial informal treatment notes for review and co-sign with SLP.</td>
</tr>
<tr>
<td></td>
<td>• Select patients/clients for services.</td>
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<td></td>
<td>• Discharge a patient/client from services.</td>
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<td></td>
<td>• Disclose clinical or confidential information.</td>
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<td></td>
<td>• Make referrals.</td>
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<tr>
<td></td>
<td>• Communicate with the patient/client, family, or others regarding any aspect of the patient/client status or service without the specific consent of the supervising SLP.</td>
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<td></td>
<td>• Represent self as a Speech-Language Pathologist.</td>
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<table>
<thead>
<tr>
<th>Supervision Requirements</th>
<th><strong>Maximum of 50 hours that meet Clinical Responsibilities and Supervision Requirements</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• A total of at least 20% direct (i.e., on site, in-view observation &amp; guidance) and 10% indirect supervision (e.g., demonstration, record review, audio/video review of sessions, telephone supervision conferences) is required and must be documented for the first 90 workdays. (12 hours of direct and indirect supervision for a 40-hr. workweek.)</td>
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<tr>
<td>• During each week, data on every patient/client seen by the ASL must be reviewed by the supervisor.</td>
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<tr>
<td>• The 20% direct supervision should include all patients/clients seen by the ASL.</td>
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<tr>
<td>• After the initial 90-day work period, the amount of supervision may be adjusted depending on the competency of the ASL, the needs of the patients/clients, and the nature of the tasks. The minimum amount of supervision is 20%, with no less than 10% being direct supervision. (8 hours of direct and indirect supervision in 40-hour workweek.)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Clock Hours Accepted Toward 400 Required</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maximum of 50 hours that meet Clinical Responsibilities and Supervision Requirements</strong></td>
<td>Students must follow the guidelines in the Advising Manual for completing an external practicum.</td>
</tr>
<tr>
<td>• Submit a proposal to the Coordinator of Clinical Services.</td>
<td>• Complete an evaluation of the ASL Extern experience at term's end.</td>
</tr>
<tr>
<td>• Complete an evaluation of the ASL Extern experience at term's end.</td>
<td>• Do only one ASL Practicum.</td>
</tr>
<tr>
<td>• Do only one ASL Practicum.</td>
<td>• Follow other guidelines listed in the reference below.</td>
</tr>
</tbody>
</table>

ASHA's Associate Affiliation Category

Associates Program Overview

Are you currently working in a support role to a speech-language pathologist or audiologist? Are you eligible to be employed as an assistant in your state? If so, ASHA wants you to know about an offer that can help you to become the best assistant you can be in the field of communication sciences and disorders!

What is the offer?

ASHA has created a place in our organization designed especially for qualified SLP and audiology support personnel. It's called the Associate Program and officially launched in September 2011.

How does this new Associate category work?

- In July 2011, ASHA extended a special pre-launch offer to assistants in SLP and audiology who were interested in participating in a "try it before you buy it" Associates Program free trial, which lasted until September 2011.
- Now ASHA has begun processing applications for interested individuals who meet the qualifications to join ASHA as an Associate. The Associates Program Application [PDF] can be downloaded, filled out via the "fillable" blanks in the PDF, printed out to obtain the appropriate signatures, and then mailed with the payment to the address listed on the application.

Associates Program Requirements

Here are the requirements you must meet to become an ASHA Associate.

The Associates Program is open to individuals who are:

- Currently employed in support positions providing audiology or speech-language pathology assistant services, working under the supervision of an ASHA certified audiologist (CCC-A) or speech-language pathologist (CCC-SLP). Potential applicants are required to obtain the signature of their ASHA certified supervisors in order to become ASHA Associates.

OR

- If applicants are not employed as audiology assistants or speech-language pathology assistants at the time they apply for the Associates Program, they need to obtain the signature of their program director (or training program instructor) certifying that they are qualified to provide services under the direction of an ASHA certified audiologist or speech-language pathologist.
In addition to obtaining the appropriate signature(s), potential Associates also have to meet the following requirements:

- Applicants have to agree to follow all ASHA policies related to the responsibilities of support personnel.
- Applicants have to agree to work only under the supervision of ASHA certified SLPs or audiologists.
- Applicants have to pay annual fees to maintain their affiliation.
- Applicants have to be qualified to practice in their state and follow the state licensure rules (if any) that are applicable to them.

Associates Program Benefits

What do you get as an ASHA Associate?

Some of the outstanding benefits for Associates include the following:

- **Networking opportunities** with other Associates both in online discussion forums and at the Schools Conference and the Annual Convention
- **Affinity benefits** such as insurance of all types, credit card offers, car rental, etc.
- **Consultation** provided by ASHA’s professional practices staff
- Listing and search capabilities on ASHA’s online Member and Affiliate Directory
- Opportunity to participate in advocacy efforts
- Opportunity to participate in mentoring programs
- **Reduced registration fees** for educational programs and products
- **Online Career Center**
- Subscription to *The ASHA Leader* and access to *The ASHA Leader Online (ALO)*
- Access to four online scholarly journals
- Subscription to Associates e-newsletter
- Associates e-Group (listserv/forum/social network)
- **Professional Development Hours** (PDHs) for Associates

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1. Personal Information

Title:  □ Miss  □ Mr  □ Mrs  □ Ms
First Name:  Middle Name
Last Name:  Previous Name:
Mailing Address
City:  State/Province:  Zip/Postal:  E-mail Address:
Phone/Cell Number:

Check one.
□ I am applying as a speech-language pathology Associate
□ I am applying as an audiology Associate.

2. Employment Status

NOTE: Though your state may use different terms, such as technician, aide, associate or other title, the use of “assistant” throughout this application is meant to include all titles of support personnel in audiology or speech-language pathology.

Check one.
□ I am employed as a speech-language pathology assistant or as an audiology assistant. Note: If you are employed, you must complete Section 5a.
□ I am not currently employed as a speech-language pathology assistant or as an audiology assistant. Note: If you are not employed, you must complete Section 5b.

3. Licensure, Registration or Certification Status

Check one.
□ I am licensed, registered or certified to work as a speech-language pathology assistant or as an audiology assistant.

State issuing license, registration or certificate:  
License, registration or certification number, if applicable:

□ I am not licensed, registered or certified to work as a speech-language pathology assistant or as an audiology assistant.

4. Qualifications

Check one.
□ My education or training background meets the requirements of my state for speech-language pathology assistants or audiology assistants.
□ My state does not set education requirements for speech-language pathology assistants or audiology assistants.

What is the highest level of education you have completed?
□ Bachelor’s degree  □ Associate’s degree
□ High school diploma  □ Course or other relevant training

Area of degree (e.g., Communication Sciences & Disorders (CSD), SLPA, Biology, Psychology, etc.):

Name of course or other relevant training:
5. **One Verifying Signature Required**

5a. If you are employed as a speech-language pathology assistant or as an audiology assistant, you must obtain the signature of the ASHA-certified professional who supervises your work.

**NOTE TO SUPERVISING SPEECH-LANGUAGE PATHOLOGIST OR AUDIOLOGIST:** By signing this application you are verifying that you supervise this applicant in accordance with ASHA Guidelines for the Training, Use and Supervision of Speech-Language Pathology Assistants or Support Personnel in Audiology: Position Statement and Guidelines, and that in your opinion, this applicant is qualified to perform the assigned tasks of either a speech-language pathology assistant or an audiology assistant.

**Signature of Supervising Speech-Language Pathologist or Audiologist**

**Date**

First Name: 
Last Name: 
Employer: 
City: 
State/Province: 
ASHA ID NUMBER: (optional)

5b. If you are not employed as a speech-language pathology assistant or as an audiology assistant, you must obtain the signature of the program director or instructor of your speech-language pathology or audiology training or education program.

**NOTE TO PROGRAM DIRECTOR OR INSTRUCTOR:** By signing below, you are verifying that this applicant has received training from you toward becoming a speech-language pathology assistant or audiology assistant, and that, in your opinion, this applicant is qualified to perform either the assigned tasks of a speech-language pathology assistant or an audiology assistant.

**Signature of Program Director**

**Date**

First Name: 
Last Name: 
Employer: 
City: 
State/Province: 
ASHA ID NUMBER: (optional)

6. **One Verifying Signature Required**

As an ASHA Associate, I will agree to:

- Perform my job solely within the appropriate scope of responsibilities described in the ASHA Guidelines for the Training, Use and Supervision of Speech-Language Pathology Assistants or Support Personnel in Audiology: Position Statement and Guidelines.
- Perform only those tasks assigned by a supervising speech-language pathologist or audiologist.
- Work only under the supervision of an ASHA certified speech-language pathologist or audiologist.
- Adhere to all applicable state (province) laws and rules regulating the professions listed above.

I have read and agree to the above. Further, I agree that the information provided on this application is true and accurate.

**Signature of Applicant**

**Date**
Payment by Check

☐ Fees enclosed ($75).
(Payment must be made in US dollars. Make checks payable to ASHA. Payments are not refundable and must be paid in full at the time of application.)

Payment By Credit Card

☐ Please charge $75 to my: ☐ Visa ☐ MasterCard ☐ Discover

Credit Card Number

/ Expiration Date (MM/YYYY)

Signature

American Speech-Language-Hearing Association
PO Box 1160 #210
Rockville, MD 20849

We cannot process incomplete applications. If you have questions about this application, contact the ASHA Action Center at 800-498-2071 or actioncenter@asha.org.
RMUoHP MS SLP

CLINICIAN LEVELS

LEVEL I
First-Year Graduate Students: First three Trimesters
- Work independently in On-Site Speech and Hearing Center
  - Intervention
  - Evaluation
- Work with support in externship placement in the Year 1 2nd semester
- Develop clinical knowledge & skills
  - Design personal Learning Outcomes
  - Develop session plans, client treatment goals and complete treatment logs
- Attend Clinical Practicum Meeting
- Attend Midterm conferences
- Complete documentation; monitor clinical clock hours acquired and needed in E*VALUE
- Complete 50 clinical hours by end of first three semesters

LEVEL II
Second Year Graduate Students first two trimesters
- ERG Speech and Hearing Center
  - Intervention
  - Evaluation
- Develop clinical knowledge & skills
  - Design personal Learning Outcomes
  - Develop session plans, client treatment goals and complete treatment logs
- Attend Clinical Meetings
- Complete a minimum of 100 clock hours (supervised following ASHA direct observation requirements) by the end of Summer II
- Complete all EOT documentation; monitor clinical clock hours acquired and needed in E*VALUE

LEVEL III
Second-Year Graduate Students third trimester
- Externship site approximately 30 hour a week placement
  - Intervention
  - Evaluation
- Attend Clinical Staff Meetings
- Attend Midterm Meetings (phone or online)
- Complete all appropriate clinic documentation; monitor clinical clock hours acquired and needed in E*VALUE
SCOPE OF PRACTICE IN SPEECH-LANGUAGE PATHOLOGY

AD HOC COMMITTEE ON THE SCOPE OF PRACTICE IN SPEECH-LANGUAGE PATHOLOGY


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Scope of Practice in Speech-Language Pathology

This scope of practice document is an official policy of the American Speech-Language-Hearing Association (ASHA) defining the breadth of practice within the profession of speech-language pathology. This document was developed by the ASHA Ad Hoc Committee on the Scope of Practice in Speech-Language Pathology. Committee members were Mark DeRuiter (chair), Michael Campbell, Craig Coleman, Charlette Green, Diane Kendall, Judith Montgomery, Bernard Rousseau, Nancy Swigert, Sandra Gillam (board liaison), and Lemmiitta McNeilly (ex officio). This document was approved by the ASHA Board of Directors on February 4, 2016 (BOD 01-2016). The BOD approved a revision in the prevention of hearing section of the document on May 9, 2016 (Motion 07-2016).
• Introduction
• Statement of Purpose
• Definitions of Speech-Language Pathologist and Speech-Language Pathology
• Framework for Speech-Language Pathology Practice
• Domains of Speech-Language Pathology Service Delivery
• Speech-Language Pathology Service Delivery Areas
• Domains of Professional Practice
• References
• Resources

INTRODUCTION

The Scope of Practice in Speech-Language Pathology of the American Speech-Language-Hearing Association (ASHA) includes the following: a statement of purpose, definitions of speech-language pathologist and speech-language pathology, a framework for speech-language pathology practice, a description of the domains of speech-language pathology service delivery, delineation of speech-language pathology service delivery areas, domains of professional practice, references, and resources.

The speech-language pathologist (SLP) is defined as the professional who engages in professional practice in the areas of communication and swallowing across the life span. Communication and swallowing are broad terms encompassing many facets of function. Communication includes speech production and fluency, language, cognition, voice, resonance, and hearing. Swallowing includes all aspects of swallowing, including related feeding behaviors. Throughout this document, the terms communication and swallowing are used to reflect all areas. This document is a guide for SLPs across all clinical and educational settings to promote best practice. The term individuals is used throughout the document to refer to students, clients, and patients who are served by the SLP.

As part of the review process for updating the Scope of Practice in Speech-Language Pathology, the committee revised the previous scope of practice document to reflect recent advances in knowledge and research in the discipline. One of the biggest changes to the document includes the delineation of practice areas in the context of eight domains of speech-language pathology service delivery: collaboration; counseling; prevention and wellness; screening; assessment; treatment; modalities, technology, and instrumentation; and population and systems. In addition, five domains of professional practice are delineated: advocacy and outreach, supervision, education, research and administration/leadership.

Service delivery areas include all aspects of communication and swallowing and related areas that impact communication and swallowing: speech production, fluency, language, cognition, voice, resonance, feeding, swallowing, and hearing. The practice of speech-language pathology continually evolves. SLPs play critical roles in health literacy; screening, diagnosis, and treatment of autism spectrum disorder; and use of the International Classification of Functioning, Disability and Health (ICF; World Health Organization [WHO], 2014) to develop functional goals and collaborative practice. As
technology and science advance, the areas of assessment and intervention related to communication and swallowing disorders grow accordingly. Clinicians should stay current with advances in speech-language pathology practice by regularly reviewing the research literature, consulting the Practice Management section of the ASHA website, including the Practice Portal, and regularly participating in continuing education to supplement advances in the profession and information in the scope of practice.

**STATEMENT OF PURPOSE**

The purpose of the *Scope of Practice in Speech-Language Pathology* is to

1. delineate areas of professional practice;
2. inform others (e.g., health care providers, educators, consumers, payers, regulators, and the general public) about professional roles and responsibilities of qualified providers;
3. support SLPs in the provision of high-quality, evidence-based services to individuals with communication, feeding, and/or swallowing concerns;
4. support SLPs in the conduct and dissemination of research; and
5. guide the educational preparation and professional development of SLPs to provide safe and effective services.

The scope of practice outlines the breadth of professional services offered within the profession of speech-language pathology. Levels of education, experience, skill, and proficiency in each practice area identified within this scope will vary among providers. An SLP typically does not practice in all areas of clinical service delivery across the life cycle. As the ASHA Code of Ethics specifies, professionals may practice only in areas in which they are competent, based on their education, training, and experience.

This scope of practice document describes evolving areas of practice. These include interdisciplinary work in both health care and educational settings, collaborative service delivery wherever appropriate, and telehealth/telepractice that are effective for the general public.

Speech-language pathology is a dynamic profession, and the overlapping of scopes of practice is a reality in rapidly changing health care, education, and other environments. Hence, SLPs in various settings work collaboratively with other school or health care professionals to make sound decisions for the benefit of individuals with communication and swallowing disorders. This *interprofessional collaborative practice* is defined as “members or students of two or more professions associated with health or social care, engaged in learning with, from and about each other” (Craddock, O’Halloran, Borthwick, & McPherson, 2006, p. 237). Similarly, “interprofessional education provides an ability to

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**Scope of Practice in Speech-Language Pathology**

share skills and knowledge between professions and allows for a better understanding, shared values, and respect for the roles of other healthcare professionals” (Bridges et al., 2011, para. 5).

This scope of practice does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. However, it may serve as a model for the development or modification
of licensure laws. Finally, in addition to this scope of practice document, other ASHA professional resources outline practice areas and address issues related to public protection (e.g., A guide to disability rights law and the Practice Portal). The highest standards of integrity and ethical conduct are held paramount in this profession.

DEFINITIONS OF SPEECH-LANGUAGE PATHOLOGIST AND SPEECH-LANGUAGE PATHOLOGY

_Speech-language pathologists_, as defined by ASHA, are professionals who hold the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), which requires a master’s, doctoral, or other recognized postbaccalaureate degree. ASHA-certified SLPs complete a supervised postgraduate professional experience and pass a national examination as described in the ASHA certification standards, (2014). Demonstration of continued professional development is mandated for the maintenance of the CCC-SLP. SLPs hold other required credentials where applicable (e.g., state licensure, teaching certification, specialty certification).

Each practitioner evaluates his or her own experiences with preservice education, practice, mentorship and supervision, and continuing professional development. As a whole, these experiences define the scope of competence for each individual. The SLP should engage in only those aspects of the profession that are within her or his professional competence.

SLPs are autonomous professionals who are the primary care providers of speech-language pathology services. Speech-language pathology services are not prescribed or supervised by another professional. Additional requirements may dictate that speech-language pathology services are prescribed and required to meet specific eligibility criteria in certain work settings, or as required by certain payers. SLPs use professional judgment to determine if additional requirements are indicated. Individuals with communication and/or swallowing disorders benefit from services that include collaboration by SLPs with other professionals.

The profession of speech-language pathology contains a broad area of speech-language pathology practice that includes both speech-language pathology service delivery and professional practice domains. These domains are defined in subsequent sections of this document and are represented schematically in Figure 1.

DEFINITIONS OF SPEECH-LANGUAGE PATHOLOGIST AND SPEECH-LANGUAGE PATHOLOGY

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Scope of Practice in Speech-Language Pathology
Figure 1. Schematic representation of speech-language pathology practice, including both service delivery and professional domains.

FRAMEWORK FOR SPEECH–LANGUAGE PATHOLOGY PRACTICE

The overall objective of speech-language pathology services is to optimize individuals’ abilities to communicate and to swallow, thereby improving quality of life. As the population of the United States continues to become increasingly diverse, SLPs are committed to the provision of culturally and linguistically appropriate services and to the consideration of diversity in scientific investigations of human communication and swallowing.

An important characteristic of the practice of speech-language pathology is that, to the extent possible, decisions are based on best available evidence. ASHA defines evidence-based practice in speech-language pathology as an approach in which current, high-quality research evidence is integrated with practitioner expertise, along with the client’s values and preferences (ASHA, 2005). A high-quality basic and applied research base in communication sciences and disorders and related disciplines is essential to providing evidence-based practice and high-quality services. Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders is a means to strengthen research collaboration and improve services. ASHA has provided a resource for evidence-based research via the Practice Portal.

The scope of practice in speech-language pathology comprises five domains of professional practice and eight domains of service delivery.

Professional practice domains:

- advocacy and outreach
- supervision
Scope of Practice in Speech-Language Pathology

- education
- administration/leadership
- research

Service delivery domains

- Collaboration
- Counseling
- Prevention and Wellness
- Screening
- Assessment
- Treatment
- Modalities, Technology, and Instrumentation
- Population and Systems

SLPs provide services to individuals with a wide variety of speech, language, and swallowing differences and disorders within the above-mentioned domains that range in function from completely intact to completely compromised. The diagnostic categories in the speech-language pathology scope of practice are consistent with relevant diagnostic categories under the WHO’s (2014) ICF, the American Psychiatric Association’s (2013) Diagnostic and Statistical Manual of Mental Disorders, the categories of disability under the Individuals with Disabilities Education Act of 2004 (see also U.S. Department of Education, 2004), and those defined by two semiautonomous bodies of ASHA: the Council on Academic Accreditation in Audiology and Speech-Language Pathology and the Council for Clinical Certification in Audiology and Speech-Language Pathology.

The domains of speech-language pathology service delivery complement the ICF, the WHO’s multipurpose health classification system (WHO, 2014). The classification system provides a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the breadth of the role of the SLP in the prevention, assessment, and habilitation/rehabilitation of communication and swallowing disorders and the enhancement and scientific investigation of those functions. The framework consists of two components: health conditions and contextual factors.

HEALTH CONDITIONS

Body Functions and Structures: These involve the anatomy and physiology of the human body. Relevant examples in speech-language pathology include craniofacial anomaly, vocal fold paralysis, cerebral palsy, stuttering, and language impairment.

Activity and Participation: Activity refers to the execution of a task or action. Participation is the involvement in a life situation. Relevant examples in speech-language pathology include difficulties with swallowing safely for independent feeding, participating actively in class, understanding a medical prescription, and accessing the general education curriculum.
**CONTEXTUAL FACTORS**

**Environmental Factors:** These make up the physical, social, and attitudinal environments in which people live and conduct their lives. Relevant examples in speech-language pathology include the role of the communication partner in augmentative and alternative communication (AAC), the influence of classroom acoustics on communication, and the impact of institutional dining environments on individuals’ ability to safely maintain nutrition and hydration.

**Personal Factors:** These are the internal influences on an individual’s functioning and disability and are not part of the health condition. Personal factors may include, but are not limited to, age, gender, ethnicity, educational level, social background, and profession. Relevant examples in speech-language pathology might include an individual’s background or culture, if one or both influence his or her reaction to communication or swallowing.

The framework in speech-language pathology encompasses these health conditions and contextual factors across individuals and populations. **Figure 2** illustrates the interaction of the various components of the ICF. The health condition component is expressed on a continuum of functioning. On one end of the continuum is intact functioning; at the opposite end of the continuum is completely compromised function. The contextual factors interact with each other and with the health conditions and may serve as facilitators or barriers to functioning. SLPs influence contextual factors through education and advocacy efforts at local, state, and national levels.

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**Scope of Practice in Speech-Language Pathology**
Figure 2. Interaction of the various components of the ICF model. This model applies to individuals or groups.

**DOMAINS OF SPEECH–LANGUAGE PATHOLOGY SERVICE DELIVERY**

The eight domains of speech-language pathology service delivery are collaboration; counseling; prevention and wellness; screening; assessment; treatment; modalities, technology, and instrumentation; and population and systems.

**COLLABORATION**

SLPs share responsibility with other professionals for creating a collaborative culture. Collaboration requires joint communication and shared decision making among all members of the team, including the individual and family, to accomplish improved service delivery and functional outcomes for the individuals served. When discussing specific roles of team members, professionals are ethically and
Scope of Practice in Speech-Language Pathology

legally obligated to determine whether they have the knowledge and skills necessary to perform such services. Collaboration occurs across all speech-language pathology practice domains.

As our global society is becoming more connected, integrated, and interdependent, SLPs have access to a variety of resources, information technology, diverse perspectives and influences (see, e.g., Lipinsky, Lombardo, Dominy, & Feeney, 1997). Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders is a means to strengthen research collaboration and improve services. SLPs

• educate stakeholders regarding interprofessional education (IPE) and interprofessional practice (IPP) (ASHA, 2014) principles and competencies;
• partner with other professions/organizations to enhance the value of speech-language pathology services;
• share responsibilities to achieve functional outcomes;
• consult with other professionals to meet the needs of individuals with communication and swallowing disorders;
• serve as case managers, service delivery coordinators, members of collaborative and patient care conference teams; and
• serve on early intervention and school pre-referral and intervention teams to assist with the development and implementation of individualized family service plans (IFSPs) and individualized education programs (IEPs).

COUNSELING

SLPs counsel by providing education, guidance, and support. Individuals, their families and their caregivers are counseled regarding acceptance, adaptation, and decision making about communication, feeding and swallowing, and related disorders. The role of the SLP in the counseling process includes interactions related to emotional reactions, thoughts, feelings, and behaviors that result from living with the communication disorder, feeding and swallowing disorder, or related disorders.

SLPs engage in the following activities in counseling persons with communication and feeding and swallowing disorders and their families:

• empower the individual and family to make informed decisions related to communication or feeding and swallowing issues.
• educate the individual, family, and related community members about communication or feeding and swallowing disorders.
• provide support and/or peer-to-peer groups for individuals with disorders and their families.
• provide individuals and families with skills that enable them to become self-advocates.
• discuss, evaluate, and address negative emotions and thoughts related to communication or feeding and swallowing disorders.
• refer individuals with disorders to other professionals when counseling needs fall outside of those related to (a) communication and (b) feeding and swallowing.

PREVENTION AND WELLNESS

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SLPs are involved in prevention and wellness activities that are geared toward reducing the incidence of a new disorder or disease, identifying disorders at an early stage, and decreasing the severity or impact of a disability associated with an existing disorder or disease. Involvement is directed toward individuals who are vulnerable or at risk for limited participation in communication, hearing, feeding and swallowing, and related abilities. Activities are directed toward enhancing or improving general well-being and quality of life. Education efforts focus on identifying and increasing awareness of risk behaviors that lead to communication disorders and feeding and swallowing problems. SLPs promote programs to increase public awareness, which are aimed at positively changing behaviors or attitudes.

Effective prevention programs are often community based and enable the SLP to help reduce the incidence of spoken and written communication and swallowing disorders as a public health and public education concern.

Examples of prevention and wellness programs include, but are not limited to, the following:

• **Language impairment:** Educate parents, teachers and other school-based professionals about the clinical markers of language impairment and the ways in which these impairments can impact a student’s reading and writing skills to facilitate early referral for evaluation and assessment services.

• **Language-based literacy disorders:** Educate parents, school personnel, and health care providers about the SLP’s role in addressing the semantic, syntactic, morphological, and phonological aspects of literacy disorders across the lifespan.

• **Feeding:** Educate parents of infants at risk for feeding problems about techniques to minimize long-term feeding challenges.

• **Stroke prevention:** Educate individuals about risk factors associated with stroke

• **Serve on teams:** Participate on mult tiersed systems of support (MTSS)/response to intervention (RTI) teams to help students successfully communicate within academic, classroom, and social settings.

• **Fluency:** Educate parents about risk factors associated with early stuttering.

• **Early childhood:** Encourage parents to participate in early screening and to collaborate with physicians, educators, child care providers, and others to recognize warning signs of developmental disorders during routine wellness checks and to promote healthy communication development practices.

• **Prenatal care:** Educate parents to decrease the incidence of speech, hearing, feeding and swallowing, and related disorders due to problems during pregnancy.

• **Genetic counseling:** Refer individuals to appropriate professionals and professional services if there is a concern or need for genetic counseling.
Environmental change: Modify environments to decrease the risk of occurrence (e.g., decrease noise exposure).

Vocal hygiene: Target prevention of voice disorders (e.g., encourage activities that minimize phonotrauma and the development of benign vocal fold pathology and that curb the use of smoking and smokeless tobacco products).

Hearing: Educate individuals about risk factors associated with noise-induced hearing loss and preventive measures that may help to decrease the risk.

Concussion/traumatic brain injury awareness: Educate parents of children involved in contact sports about the risk of concussion.

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Accent/dialect modification: Address sound pronunciation, stress, rhythm, and intonation of speech to enhance effective communication.

Transgender (TG) and transsexual (TS) voice and communication: Educate and treat individuals about appropriate verbal, nonverbal, and voice characteristics (feminization or masculinization) that are congruent with their targeted gender identity.

Business communication: Educate individuals about the importance of effective business communication, including oral, written, and interpersonal communication.

Swallowing: Educate individuals who are at risk for aspiration about oral hygiene techniques.

SCREENING

SLPs are experts at screening individuals for possible communication, hearing, and/or feeding and swallowing disorders. SLPs have the knowledge of—and skills to treat—these disorders; they can design and implement effective screening programs and make appropriate referrals. These screenings facilitate referral for appropriate follow-up in a timely and cost-effective manner. SLPs

- select and use appropriate screening instrumentation;
- develop screening procedures and tools based on existing evidence;
- coordinate and conduct screening programs in a wide variety of educational, community, and health care settings;
- participate in public school MTSS/RTI team meetings to review data and recommend interventions to satisfy federal and state requirements (e.g., Individuals with Disabilities Education Improvement Act of 2004 [IDEIA] and Section 504 of the Rehabilitation Act of 1973);
- review and analyze records (e.g., educational, medical);
- review, analyze, and make appropriate referrals based on results of screenings;
- consult with others about the results of screenings conducted by other professionals; and
- utilize data to inform decisions about the health of populations.

ASSESSMENT
Speech-language pathologists have expertise in the differential diagnosis of disorders of communication and swallowing. Communication, speech, language, and swallowing disorders can occur developmentally, as part of a medical condition, or in isolation, without an apparent underlying medical condition. Competent SLPs can diagnose communication and swallowing disorders but do not differentially diagnose medical conditions. The assessment process utilizes the ICF framework, which includes evaluation of body function, structure, activity and participation, within the context of environmental and personal factors. The assessment process can include, but is not limited to, culturally and linguistically appropriate behavioral observation and standardized and/or criterion-referenced tools; use of instrumentation; review of records, case history, and prior test results; and interview of the individual and/or family to guide decision making. The assessment process can be carried out in collaboration with other professionals. SLPs

- administer standardized and/or criterion-referenced tools to compare individuals with their peers;

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- review medical records to determine relevant health, medical, and pharmacological information;
- interview individuals and/or family to obtain case history to determine specific concerns;
- utilize culturally and linguistically appropriate assessment protocols;
- engage in behavioral observation to determine the individual's skills in a naturalistic setting/context;
- diagnose communication and swallowing disorders;
- use endoscopy, videofluoroscopy, and other instrumentation to assess aspects of voice, resonance, velopharyngeal function and swallowing;
- document assessment and trial results for selecting AAC interventions and technology, including speech-generating devices (SGDs);
- participate in meetings adhering to required federal and state laws and regulations (e.g., IDEIA [2004] and Section 504 of the Rehabilitation Act of 1973);
- document assessment results, including discharge planning;
- formulate impressions to develop a plan of treatment and recommendations; and
- discuss eligibility and criteria for dismissal from early intervention and school-based services.

**TREATMENT**

Speech-language services are designed to optimize individuals’ ability to communicate and swallow, thereby improving quality of life. SLPs develop and implement treatment to address the presenting symptoms or concerns of a communication or swallowing problem or related functional issue. Treatment establishes a new skill or ability or remediates or restores an impaired skill or ability. The ultimate goal of therapy is to improve an individual's functional outcomes. To this end, SLPs

- design, implement, and document delivery of service in accordance with best available practice appropriate to the practice setting;
- provide culturally and linguistically appropriate services;
• integrate the highest quality available research evidence with practitioner expertise and individual preferences and values in establishing treatment goals;
• utilize treatment data to guide decisions and determine effectiveness of services;
• integrate academic materials and goals into treatment;
• deliver the appropriate frequency and intensity of treatment utilizing best available practice;
• engage in treatment activities that are within the scope of the professional’s competence;
• utilize AAC performance data to guide clinical decisions and determine the effectiveness of treatment; and
• collaborate with other professionals in the delivery of services.

MODALITIES, TECHNOLOGY, AND INSTRUMENTATION

SLPs use advanced instrumentation and technologies in the evaluation, management, and care of individuals with communication, feeding and swallowing, and related disorders. SLPs are also involved in the research and development of emerging technologies and apply their knowledge in the use of advanced instrumentation and technologies to enhance the quality of the services provided. Some examples of services that SLPs offer in this domain include, but are not limited to, the use of

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• the full range of AAC technologies to help individuals who have impaired ability to communicate verbally on a consistent basis—AAC devices make it possible for many individuals to successfully communicate within their environment and community;
• endoscopy, videofluoroscopy, fiber-optic evaluation of swallowing (voice, velopharyngeal function, swallowing) and other instrumentation to assess aspects of voice, resonance, and swallowing;
• telehealth/telepractice to provide individuals with access to services or to provide access to a specialist;
• ultrasound and other biofeedback systems for individuals with speech sound production, voice, or swallowing disorders; and
• other modalities (e.g., American Sign Language), where appropriate.

POPULATION AND SYSTEMS

In addition to direct care responsibilities, SLPs have a role in (a) managing populations to improve overall health and education, (b) improving the experience of the individuals served, and, in some circumstances, (c) reducing the cost of care. SLPs also have a role in improving the efficiency and effectiveness of service delivery. SLPs serve in roles designed to meet the demands and expectations of a changing work environment. SLPs

• use plain language to facilitate clear communication for improved health and educationally relevant outcomes;
• collaborate with other professionals about improving communication with individuals who have communication challenges;
• improve the experience of care by analyzing and improving communication environments;
• reduce the cost of care by designing and implementing case management strategies that focus on function and by helping individuals reach their goals through a combination of direct intervention, supervision of and collaboration with other service providers, and engagement of the individual and family in self-management strategies;
• serve in roles designed to meet the demands and expectations of a changing work environment;
• contribute to the management of specific populations by enhancing communication between professionals and individuals served;
• coach families and early intervention providers about strategies and supports for facilitating prelinguistic and linguistic communication skills of infants and toddlers; and
• support and collaborate with classroom teachers to implement strategies for supporting student access to the curriculum.

**SPEECH-LANGUAGE PATHOLOGY SERVICE DELIVERY AREAS**

This list of practice areas and the bulleted examples are not comprehensive. Current areas of practice, such as literacy, have continued to evolve, whereas other new areas of practice are emerging. Please refer to the [ASHA Practice Portal](http://www.asha.org) for a more extensive list of practice areas.

1. **Fluency**
   - Stuttering
   - Cluttering

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2. **Speech Production**
   - Motor planning and execution
   - Articulation
   - Phonological
3. **Language**—Spoken and written language (listening, processing, speaking, reading, writing, pragmatics)
   - Phonology
   - Morphology
   - Syntax
   - Semantics
   - Pragmatics (language use and social aspects of communication)
   - Prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)
   - Paralinguistic communication (e.g., gestures, signs, body language)
   - Literacy (reading, writing, spelling)
4. **Cognition**
   - Attention
   - Memory
   - Problem solving
   - Executive functioning
5. **Voice**
   - Phonation quality
   - Pitch
   - Loudness
   - Alaryngeal voice

6. **Resonance**
   - Hypernasality
   - Hyponasality
   - Cul-de-sac resonance
   - Forward focus

7. **Feeding and Swallowing**
   - Oral phase
   - Pharyngeal phase
   - Esophageal phase
   - Atypical eating (e.g., food selectivity/refusal, negative physiologic response)

8. **Auditory Habilitation/Rehabilitation**
   - Speech, language, communication, and listening skills impacted by hearing loss, deafness
   - Auditory processing

**Potential etiologies of communication and swallowing disorders include**

- neonatal problems (e.g., prematurity, low birth weight, substance exposure);
- developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention-deficit disorder, intellectual disabilities, unspecified neurodevelopmental disorders);
- disorders of aerodigestive tract function (e.g., irritable larynx, chronic cough, abnormal respiratory patterns or airway protection, paradoxical vocal fold motion, tracheostomy);

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- oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral motor dysfunction);
- respiratory patterns and compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease);
- pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence);
- laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis);
- neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebrovascular accident, dementia, Parkinson's disease, and amyotrophic lateral sclerosis);
- psychiatric disorder (e.g., psychosis, schizophrenia);
- genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome); and
- Orofacial myofunctional disorders (e.g., habitual open-mouth posture/nasal breathing, orofacial habits, tethered oral tissues, chewing and chewing muscles, lips and tongue resting position).
This list of etiologies is not comprehensive.

**Elective services include**

- Transgender communication (e.g., voice, verbal and nonverbal communication);
- Preventive vocal hygiene;
- Business communication;
- Accent/dialect modification; and
- Professional voice use.

This list of elective services is not comprehensive.

**DOMAINS OF PROFESSIONAL PRACTICE**

This section delineates the domains of professional practice—that is, a set of skills and knowledge that goes beyond clinical practice. The domains of professional practice include advocacy and outreach, supervision, education, research, and administration and leadership.

**ADVOCACY AND OUTREACH**

SLPs advocate for the discipline and for individuals through a variety of mechanisms, including community awareness, prevention activities, health literacy, academic literacy, education, political action, and training programs. Advocacy promotes and facilitates access to communication, including the reduction of societal, cultural, and linguistic barriers. SLPs perform a variety of activities, including the following:

- Advise regulatory and legislative agencies about the continuum of care. Examples of service delivery options across the continuum of care include telehealth/telepractice, the use of technology, the use of support personnel, and practicing at the top of the license.
- Engage decision makers at the local, state, and national levels for improved administrative and governmental policies affecting access to services and funding for communication and swallowing issues.

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- Advocate at the local, state, and national levels for funding for services, education, and research.
- Participate in associations and organizations to advance the speech-language pathology profession.
- Promote and market professional services.
- Help to recruit and retain SLPs with diverse backgrounds and interests.
- Collaborate on advocacy objectives with other professionals/colleagues regarding mutual goals.
- Serve as expert witnesses, when appropriate.
- Educate consumers about communication disorders and speech-language pathology services.
Advocate for fair and equitable services for all individuals, especially the most vulnerable.
Inform state education agencies and local school districts about the various roles and responsibilities of school-based SLPs, including direct service, IEP development, Medicaid billing, planning and delivery of assessment and therapy, consultation with other team members, and attendance at required meetings.

SUPERVISION

Supervision is a distinct area of practice; is the responsibility of SLPs; and crosses clinical, administrative, and technical spheres. SLPs are responsible for supervising Clinical Fellows, graduate externs, trainees, speech-language pathology assistants, and other personnel (e.g., clerical, technical, and other administrative support staff). SLPs may also supervise colleagues and peers. SLPs acknowledge that supervision is integral in the delivery of communication and swallowing services and advances the discipline. Supervision involves education, mentorship, encouragement, counseling, and support across all supervisory roles. SLPs possess service delivery and professional practice skills necessary to guide the supervisee; apply the art and science of supervision to all stakeholders (i.e., those supervising and being supervised), recognizing that supervision contributes to efficiency in the workplace; seek advanced knowledge in the practice of effective supervision; establish supervisory relationships that are collegial in nature; support supervisees as they learn to handle emotional reactions that may affect the therapeutic process; and establish a supervisory relationship that promotes growth and independence while providing support and guidance.

EDUCATION

SLPs serve as educators, teaching students in academic institutions and teaching professionals through continuing education in professional development formats. This more formal teaching is in addition to the education that SLPs provide to individuals, families, caregivers, decision makers, and policy makers, which is described in other domains. SLPs serve as faculty at institutions of higher education, teaching courses at the undergraduate, graduate, and postgraduate levels; mentor students who are completing academic programs at all levels;

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SLPs provide academic training to students in related disciplines and students who are training to become speech-language pathology assistants; and provide continuing professional education to SLPs and to professionals in related disciplines.

RESEARCH
SLPs conduct and participate in basic and applied/translational research related to cognition, verbal and nonverbal communication, pragmatics, literacy (reading, writing and spelling), and feeding and swallowing. This research may be undertaken as a facility-specific effort or may be coordinated across multiple settings. SLPs engage in activities to ensure compliance with Institutional Review Boards and international laws pertaining to research. SLPs also collaborate with other researchers and may pursue research funding through grants.

**ADMINISTRATION AND LEADERSHIP**

SLPs administer programs in education, higher education, schools, health care, private practice, and other settings. In this capacity, they are responsible for making administrative decisions related to fiscal and personnel management; leadership; program design; program growth and innovation; professional development; compliance with laws and regulations; and cooperation with outside agencies in education and healthcare. Their administrative roles are not limited to speech-language pathology, as they may administer programs across departments and at different levels within an institution. In addition, SLPs promote effective and manageable workloads in school settings, provide appropriate services under IDEIA (2004), and engage in program design and development.

**REFERENCES**


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**RESOURCES**


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CODE OF ETHICS


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ASHA Code of Ethics

PREAMBLE

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as "The Association") has been committed to a framework of common principles and standards of practice since ASHA's inception in 1925. This commitment was formalized in 1952 as the Association's first Code of Ethics. This Code has been modified and adapted as society and the professions have changed. The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions.

The ASHA Code of Ethics is a framework and focused guide for professionals in support of day-to-day decision making related to professional conduct. The Code is partly obligatory and disciplinary and partly aspirational and descriptive in that it defines the professional's role. The Code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is applicable to the following individuals:
• a member of the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
• a member of the Association not holding the Certificate of Clinical Competence (CCC)
• a nonmember of the Association holding the Certificate of Clinical Competence (CCC)
• an applicant for certification, or for membership and certification

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one’s professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

**TERMINOLOGY**


*advertising* – Any form of communication with the public about services, therapies, products, or publications.

*conflict of interest* – An opposition between the private interests and the official or professional responsibilities of a person in a position of trust, power, and/or authority.

*crime* – Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another. For more details, see the "Disclosure Information“ section of applications for ASHA certification found on www.asha.org/certification/AudCertification/ and www.asha.org/certification/SLPCertification/.

*diminished decision-making ability* – Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.
fraud – Any act, expression, omission, or concealment—the intent of which is either actual or constructive—calculated to deceive others to their disadvantage.

impaired practitioner – An individual whose professional practice is adversely affected by addiction, substance abuse, or health-related and/or mental health–related conditions.

individuals – Members and/or certificate holders, including applicants for certification.

informed consent – May be verbal, unless written consent is required; constitutes consent by persons served, research participants engaged, or parents and/or guardians of persons served to a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks.

jurisdiction – The “personal jurisdiction” and authority of the ASHA Board of Ethics over an individual holding ASHA certification and/or membership, regardless of the individual’s geographic location.

know, known, or knowingly – Having or reflecting knowledge.

may vs. shall – May denotes an allowance for discretion; shall denotes no discretion.

misrepresentation – Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false or erroneous (i.e., not in accordance with the facts); any statement made with conscious ignorance or a reckless disregard for the truth.

negligence – Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s);

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ASHA Code of Ethics

failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

nolo contendere – No contest.

plagiarism – False representation of another person’s idea, research, presentation, result, or product as one’s own through irresponsible citation, attribution, or paraphrasing; ethical misconduct does not include honest error or differences of opinion.

publicly sanctioned – A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

reasonable or reasonably – Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

self-report – A professional obligation of self-disclosure that requires (a) notifying ASHA Standards and Ethics and (b) mailing a hard copy of a certified document to ASHA Standards and Ethics (see term above). All self-reports are subject to a separate ASHA Certification review process, which, depending on the seriousness of the self-reported information, takes additional processing time.
shall vs. may – Shall denotes no discretion; may denotes an allowance for discretion.

support personnel – Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders).

telepractice, teletherapy – Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service.

written – Encompasses both electronic and hard-copy writings or communications.

**PRINCIPLE OF ETHICS I**

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

**RULES OF ETHICS**

6. Individuals shall provide all clinical services and scientific activities competently.
7. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.

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**ASHA Code of Ethics**

- Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and
are appropriately supervised. The responsibility for the welfare of those being served remains with
the certified individual.

- Individuals shall obtain informed consent from the persons they serve about the nature and possible
  risks and effects of services provided, technology employed, and products dispensed. This obligation
  also includes informing persons served about possible effects of not engaging in treatment or not
  following clinical recommendations. If diminished decision-making ability of persons served is
  suspected, individuals should seek appropriate authorization for services, such as authorization from a
  spouse, other family member, or legally authorized/appointed representative.

- Individuals shall enroll and include persons as participants in research or teaching demonstrations
  only if participation is voluntary, without coercion, and with informed consent.

- Individuals shall accurately represent the intended purpose of a service, product, or research
  endeavor and shall abide by established guidelines for clinical practice and the responsible conduct
  of research.

- Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of
  services provided, technology employed, and products dispensed, and they shall provide services or
  dispense products only when benefit can reasonably be expected.

- Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or
  by implication—the results of any treatment or procedure.

- Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-
  based clinical judgment, keeping paramount the best interests of those being served.

- Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely
  by correspondence, but may provide services via telepractice consistent with professional standards
  and state and federal regulations.

- Individuals shall protect the confidentiality and security of records of professional services provided,
  research and scholarly activities conducted, and products dispensed. Access to these records shall be
  allowed only when doing so is necessary to protect the welfare of the person or of the community, is
  legally authorized, or is otherwise required by law.

- Individuals shall protect the confidentiality of any professional or personal information about
  persons served professionally or participants involved in research and scholarly activities and may
disclose confidential information only when doing so is necessary to protect the welfare of the
  person or of the community, is legally authorized, or is otherwise required by law.

- Individuals shall maintain timely records and accurately record and bill for services provided and
  products dispensed and shall not misrepresent services provided, products dispensed, or research
  and scholarly activities conducted.

- Individuals whose professional practice is adversely affected by substance abuse, addiction, or other
  health-related conditions are impaired practitioners and shall seek professional assistance and, where
  appropriate, withdraw from the affected areas of practice.

- Individuals who have knowledge that a colleague is unable to provide professional services with
  reasonable skill and safety shall report this information to the appropriate authority, internally if a
  mechanism exists and, otherwise, externally.
• Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

**PRINCIPLE OF ETHICS II**

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

**RULES OF ETHICS**

• Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.

• Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.

• Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.

• Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.

• Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member’s certification status, competence, education, training, and experience.

• Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member’s independent and objective professional judgment.

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**ASHA Code of Ethics**

• Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.

• Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

**PRINCIPLE OF ETHICS III**

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

**RULES OF ETHICS**
• Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
• Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
• Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.
• Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
• Individuals’ statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
• Individuals’ statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.
• Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

PRINCIPLE OF ETHICS IV

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions’ self-imposed standards.

RULES OF ETHICS

• Individuals shall work collaboratively, when appropriate, with members of one’s own profession and/or members of other professions to deliver the highest quality of care.
• Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.

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ASHA Code of Ethics

• Individuals’ statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
• Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual’s fitness to serve persons professionally.
• Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
• Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
• Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
• Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.

• Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.

• Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor’s consent.

• Individuals shall reference the source when using other persons’ ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.

• Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.

• Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.

• Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.

• Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

• Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.

• Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.

• Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.

• Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical
ASHA Code of Ethics

harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.

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APPENDIX D

KEY CONCEPTS ACROSS COURSES

Terms compared/contrasted with:

<table>
<thead>
<tr>
<th>Term</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation (certification, licensure)</td>
<td>Diagnostic/diagnosis (evaluation, test)</td>
</tr>
<tr>
<td>Antecedent events (consequent events, model, respond, stimulus, response)</td>
<td>Discourse (conversation, narration, exposition)</td>
</tr>
<tr>
<td>Articulation (phonology)</td>
<td>Diversity</td>
</tr>
<tr>
<td>Assessment/assess (evaluation, test, diagnostic)</td>
<td>Dysfluency (stuttering, cluttering)</td>
</tr>
<tr>
<td>Best practices (evidence-based practice, treatment validity)</td>
<td>Dynamic assessment (mediated learning, scaffolding)</td>
</tr>
<tr>
<td>Certification (accreditation, licensure)</td>
<td>Elicited (spontaneous)</td>
</tr>
<tr>
<td>Clinical Reasoning</td>
<td>Ethnicity (culture, race)</td>
</tr>
<tr>
<td>Cluttering (dysfluency, stuttering)</td>
<td>Executive Functions (meta-cognition)</td>
</tr>
<tr>
<td>Cognition</td>
<td>Evidence/evaluate (diagnostic/test)</td>
</tr>
<tr>
<td>Communication (speech, language, literacy)</td>
<td>Evidence-Based Practice (treatment validity, best practices)</td>
</tr>
<tr>
<td>Confidentiality (HIPAA)</td>
<td>Exposition (conversation, discourse, narration)</td>
</tr>
<tr>
<td>Conversation (discourse, narration, exposition)</td>
<td>Functional</td>
</tr>
<tr>
<td>Consequent events (antecedent events, model, respond, stimulus, response)</td>
<td>Grammar (syntax, morphology)</td>
</tr>
<tr>
<td>Culture (ethnicity, race)</td>
<td>Group (team)</td>
</tr>
<tr>
<td>Decision trees</td>
<td>HIPAA (confidentiality)</td>
</tr>
<tr>
<td>Deixis</td>
<td>Incidence (prevalence)</td>
</tr>
<tr>
<td></td>
<td>Intervention (therapy, treatment)</td>
</tr>
<tr>
<td>Concept</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
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</tr>
<tr>
<td>Know (learn, think, understand)</td>
<td>Non-verbal (literate, oral, verbal)</td>
</tr>
<tr>
<td>Language (communication, literacy, speech)</td>
<td>Oral (literate, non-verbal, verbal)</td>
</tr>
<tr>
<td>Lateral Thinking (Vertical Thinking, Radiant Thinking)</td>
<td>Percent (percentile)</td>
</tr>
<tr>
<td>Learn (know, think, understand)</td>
<td>Percentile (percent)</td>
</tr>
<tr>
<td>Learning outcomes (goals, objectives)</td>
<td>Phonology (articulation)</td>
</tr>
<tr>
<td>Levels of Evidence</td>
<td>Professional Reasoning</td>
</tr>
<tr>
<td>Licensure</td>
<td>Preferred Practice Patterns (WHO International Classification of Functioning)</td>
</tr>
<tr>
<td>Literacy (reading)</td>
<td>Pragmatics</td>
</tr>
<tr>
<td>Literate (non-verbal, oral, verbal)</td>
<td>Prevalence (incidence)</td>
</tr>
<tr>
<td>Mediated learning (dynamic assessment)</td>
<td>Professional(ism)</td>
</tr>
<tr>
<td>Meta-cognition (Executive Functions)</td>
<td>Race (culture, ethnicity)</td>
</tr>
<tr>
<td>Meta-communication (meta-cognition, meta-linguistics, meta-pragmatics)</td>
<td>Radiant Thinking (Vertical Thinking, Lateral Thinking)</td>
</tr>
<tr>
<td>Meta-linguistics (meta-cognition, meta-pragmatics, meta-communication)</td>
<td>Reading (literacy)</td>
</tr>
<tr>
<td>Meta-pragmatics (meta-cognition, meta-linguistics, meta-communication)</td>
<td>Respond (antecedent events, consequent events, model, stimulus, response)</td>
</tr>
<tr>
<td>Meta-Skills (meta-cognition, meta-linguistics, meta-pragmatics, meta-communication)</td>
<td>Scholar (student)</td>
</tr>
<tr>
<td>Model (antecedent events, consequent events, respond, stimulus, response)</td>
<td>Scope of Practice (ASHA)</td>
</tr>
<tr>
<td>Modular assessment (synergistic assessment)</td>
<td>Semantics (lexicon, vocabulary)</td>
</tr>
<tr>
<td>Morphology (grammar, syntax)</td>
<td>Speech (communication, language, literacy)</td>
</tr>
<tr>
<td>Multicultural</td>
<td>Speech-Language Pathologist (therapist)</td>
</tr>
<tr>
<td>Narration (conversation, discourse, exposition)</td>
<td>Spontaneous (elicited)</td>
</tr>
<tr>
<td></td>
<td>Standard Score</td>
</tr>
<tr>
<td></td>
<td>Student (scholar)</td>
</tr>
</tbody>
</table>
Stuttering (cluttering, dysfluency)
Synergistic assessment (modular assessment)
Syntax (grammar)
Team (group)
Test (diagnostic, evaluation)
Therapist (speech-language pathologist)
Therapy (intervention, treatment)
Think (know, learn, understand)

Knowledge comes, but wisdom lingers
—Alfred Lord Tennyson