

SIDE-BY-SIDE COMPARISON

2020 & 2027 ASHA SPEECH-LANGUAGE PATHOLOGY CERTIFICATION STANDARDS

Implementation: August 1, 2027

2020 Standards	2027 Standards	Rationale for updates
2020 Standard I: Degree	2027 Standard I: Qualifying Degree	Language clarified. No substantive change to the requirement.
The applicant for certification (hereafter, “applicant”) must have a master’s, doctoral, or other recognized post-baccalaureate degree.	The applicant for certification (hereafter, “applicant”) must have a master’s or a doctoral degree.	Language clarified. No substantive change to the requirement.
2020 Standard II: Education Program	2027 Standard II: Speech-Language Pathology Graduate Education Program	Language clarified. No substantive change to the requirement.
All graduate coursework and graduate clinical experience required in speech-language pathology must have been initiated and completed in a CAA-accredited program or in a program with CAA candidacy status.	All required speech-language pathology graduate coursework and graduate clinical practicum experience must have been initiated and completed in a CAA-accredited program, a program with CAA candidacy status, or an internationally equivalent program.	Language clarified. No substantive change to the requirement.
Standard II Implementation:	Standard II Implementation:	
The applicant’s program director or official designee must complete and submit a program director verification form. Applicants must submit an official graduate transcript that verifies the date on which the graduate degree was awarded. The official graduate transcript must be received by the ASHA National Office no later than one (1) year from the date on which the application was received. Verification of the applicant’s graduate degree is required before the CCC-SLP can be awarded.	<ul style="list-style-type: none"> The applicant’s program director or official designee must complete and submit a Program Director Verification Form. 	Language clarified. No substantive change to the requirement.
	<ul style="list-style-type: none"> The applicant must submit an official graduate transcript with a graduate degree conferral date—a letter from the college/university registrar will not be accepted. 	Language clarified. No substantive change to the requirement.

	<ul style="list-style-type: none"> The official graduate transcript must be received by the ASHA National Office no later than one (1) year from the date on which the application was received. 	Language clarified. No substantive change to the requirement.
<u>Applicants educated outside the United States or its territories must submit documentation that coursework 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.</u>	Applicants who were educated outside the United States or its territories must meet all certification standards. Coursework must be completed at a higher education institution that is regionally accredited or recognized by the appropriate regulatory authority for that country.	Language clarified. No substantive change to the requirement.
2020 Standard III: Program of Study	2027 Standard III: Program of Study	No change.
The applicant must have completed a program of study (a minimum of 36 semester credit hours at the graduate level) that includes academic coursework and supervised clinical experience sufficient in depth and breadth to achieve the specified knowledge and skills outcomes stipulated in Standards IV-A through IV-G and Standards V-A through V-C.	The applicant must have completed a program of study that includes a minimum of 36 semester credit hours at the graduate level. The program of study must include academic coursework and supervised clinical experience sufficient in depth and breadth to achieve the specified knowledge and skills outcomes specified in Standards IV-A through IV-G and Standards V-A through V-C.	Language clarified. No substantive change to the requirement.
Standard III Implementation:	Standard III 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.	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.	Implementation language was removed because of redundancy with Standards II and III.
2020 Standard IV: Knowledge Outcomes	2027 Standard IV: Knowledge Outcomes	No change.
	The applicant must have demonstrated knowledge of various topic areas. These knowledge outcomes consist of Standards IV-A through IV-H, which are described in detail in the subsections below.	Section introduction added for clarity.
2020 Standard IV-A	2027 Standard IV-A	

<p>The applicant must have demonstrated knowledge of statistics as well as the biological, physical, and social/behavioral sciences.</p>	<p>The applicant must have demonstrated knowledge of biology, chemistry or physics, social and/or behavioral sciences, and statistics and/or research methods.</p>	<p>"Research methods" was added as an option to increase the flexibility for applicants to meet the standard with relevant coursework.</p>
<p>Standard IV-A Implementation</p>	<p>Standard IV-A Implementation</p>	
<p>Standalone coursework in (a) biological sciences, (b) chemistry or physics, (c) social/behavioral sciences, and (d) statistics that fulfill non-communication-sciences-and-disorders-specific university requirements. Refer to the list of acceptable coursework for further details and to the following for general guidance.</p>	<p>Applicants must complete Standalone coursework academic coursework in (a) biology, (b) chemistry or physics, (c) social and/or behavioral sciences, and (d) statistics and/or research methods as follows:</p>	<p>Requirement updated. See below.</p>
<p>Biological sciences coursework provides knowledge in areas related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science).</p>	<p>Biology coursework provides knowledge in areas related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics).</p>	<p>No change.</p>
<p>Chemistry or physics coursework provides foundational knowledge in the areas below.</p>	<p>Chemistry or physics coursework provides foundational knowledge in the areas below.</p>	<p>No change.</p>
<p>Chemistry: Substances and compounds composed of atoms and molecules, and their structure, properties, behavior, as well as the changes that occur during reactions with other compounds. This knowledge contributes to better acquisition and synthesis of the underlying processes of speech and hearing science.</p>	<p>Chemistry: Substances and compounds that are composed of atoms and molecules, and their structure, properties, behavior, and the changes that occur during reactions with other compounds. This knowledge contributes to better acquisition and synthesis of the underlying processes of speech and hearing science.</p>	<p>No change.</p>
<p>Physics: Matter, energy, motion, and force. This knowledge contributes to better appreciation of the role of physics in everyday experiences and in today's society and technology.</p>	<p>Physics: Matter, energy, motion, and force. This knowledge contributes to a better appreciation of the role that physics plays in everyday experiences, society, and technology.</p>	<p>No change.</p>
<p>Social/behavioral sciences coursework provides knowledge in the analysis and investigation of human and animal behavior through controlled and naturalistic observation and disciplined scientific experimentation.</p>	<p>Social and/or behavioral sciences coursework provides knowledge in the analysis and investigation of human and animal behavior through controlled and naturalistic observation and disciplined scientific experimentation.</p>	<p>No change.</p>

Statistics coursework focuses on learning from data and measuring, controlling, and communicating uncertainty. It provides the navigation essential for controlling the course of scientific and societal advances.	Statistics and/or research methods coursework focuses on learning from data and from measuring, controlling, and communicating uncertainty. This coursework provides the knowledge essential for controlling the course of scientific and societal advances.	"Research methods" was added as an option to increase the flexibility for applicants to meet the standard with relevant coursework.
Coursework in research methodology in the absence of basic statistics is vital to speech-language pathology practices; however, it cannot be used to fulfill this requirement.	Coursework in research methodology in the absence of basic statistics is vital to speech-language pathology practices; however, it cannot be used to fulfill this requirement.	"Research methods" was added as an option to increase the flexibility for applicants to meet the standard with relevant coursework.
	At the discretion of the graduate program, one (1) course can be used to fulfill two (2) prerequisite content areas. However, prerequisite courses cannot be used toward satisfying the 36 minimum hours of graduate coursework.	An allowance for one course to count for two pre-requisite areas was added to increase flexibility for applicants to meet the standard with relevant coursework.
Program directors must evaluate the course descriptions or syllabi of any courses completed prior to students entering their programs to determine if the content provides foundational knowledge in the CFCC's guidance for acceptable coursework.	Program directors must evaluate course descriptions or syllabi to determine if the content provides the foundational knowledge outlined in the CFCC's guidance for acceptable coursework.	Language clarified. No substantive change.
2020 Standard IV-B	2027 Standard IV-B	No change.
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.	The applicant must have demonstrated knowledge of basic human communication and swallowing processes—including the appropriate acoustic, biologic, cultural, developmental, genetic, embryologic, linguistic, neurologic, and psychologic bases. The applicant must have demonstrated the ability to integrate information pertaining to typical and atypical human development across the life span.	Language clarified to align with current conventions. No substantive change.
2020 Standard IV-C	2027 Standard IV-C	No change.

<p>The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:</p>	<p>The applicant must have demonstrated knowledge of communication and swallowing disorders and differences—including the appropriate etiologies, characteristics, anatomic, physiologic, acoustic, cultural, developmental, linguistic, and psychological considerations in the following areas:</p>	<p>Language clarified. No substantive change.</p>
<p>Speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification</p>	<p>speech sound production—including articulation, motor planning and execution, phonology, and accent services</p>	<p>Language clarified. No substantive change.</p>
<p>Fluency and fluency disorders</p>	<p>stuttering, cluttering, and fluency</p>	<p>Requirement updated to include stuttering and cluttering which aligns with current practice trends.</p>
<p>Voice and resonance, including respiration and phonation</p>	<p>voice and resonance—including respiration, phonation, and upper airway</p>	<p>Requirement updated to include the upper airway which aligns with current practice trends.</p>
<p>Receptive and expressive language, including phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing</p>	<p>receptive and expressive language and literacy—including phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication</p>	<p>Language clarified. No substantive change.</p>
<p>Hearing, including the impact on speech and language</p>	<p>hearing—including structure and function of the auditory systems and the impact on speech, language, and communication</p>	<p>Requirement clarified to include structure and function of systems, and addition of the impact on communication which aligns with current practice trends.</p>
<p>Swallowing/feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span</p>	<p>swallowing/feeding—including anatomic, physiologic, and neurologic processes of oral, pharyngeal, laryngeal, respiratory, esophageal and gastrointestinal systems and related functions across the life span</p>	<p>Requirement clarified to include "neurologic processes." Removed "related functions across lifespan" as this is redundant with the first paragraph of the standard.</p>
<p>Cognitive aspects of communication, including attention, memory, sequencing, problem solving, and executive functioning</p>	<p>cognition and cognitive aspects of communication—including language organization, attention, memory, sequencing, problem solving, and executive function</p>	<p>Requirement clarified to include cognition and language organization which aligns with current practice trends.</p>

Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities	social aspects of communication	Language clarified.
Augmentative and alternative communication modalities	augmentative and alternative communication modalities	
Standard IV-C Implementation		
It is expected that coursework addressing the professional knowledge specified in this standard will occur primarily at the graduate level.	It is expected that coursework addressing the professional knowledge specified by these standards (Standards IV-B and IV-C) will occur primarily at the graduate level.	No change.
2020 Standard IV-D	2027 Standard IV-D	No change.
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 persons with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.	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 individuals with communication and swallowing disorders—including consideration of a person’s anatomy, physiology, neurology, psychology, development, language, and culture.	Language clarified. No substantive change.
2020 Standard IV-E	2027 Standard IV-E	No change.
The applicant must have demonstrated knowledge of standards of ethical conduct.	The applicant must have demonstrated knowledge of the principles and rules of the ASHA Code of Ethics (hereafter, “Code of Ethics”).	
Standard IV-E Implementation	Standard IV-E Implementation	
The applicant must have demonstrated knowledge of the principles and rules of the current ASHA Code of Ethics.	The applicant must have demonstrated knowledge of the principles and rules of the current ASHA Code of Ethics.	Implementation language was removed because of redundancy with language of Standard IV-E.
2020 Standard IV-F	2027 Standard IV-F	No change.
The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.	The applicant must have demonstrated knowledge of processes used in research and must know how to integrate research principles into evidence-based clinical practice.	Language clarified. No substantive change.

Standard IV-F Implementation	Standard IV-F 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 must have demonstrated the ability to relate research to clinical practice.	The applicant must have demonstrated (a) knowledge of the principles of basic and applied research and research design; (b) knowledge of how to access and critically review sources of research information; and (c) ability to relate research to clinical practice.	Language clarified. No substantive change.
2020 Standard IV-G	2027 Standard IV-G	No change.
The applicant must have demonstrated knowledge of contemporary professional issues.	The applicant must have demonstrated knowledge of contemporary professional issues that impact speech-language pathology practice.	Language clarified. No substantive change.
Standard IV-G Implementation	Standard IV-G Implementation	
The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues may include but are not limited to trends in professional practice; academic program accreditation standards; ASHA practice policies and guidelines; cultural competency and diversity, equity, and inclusion (DEI); educational legal requirements or policies; and reimbursement procedures.	“Contemporary professional issues” may include but are not limited to	Language clarified and formatted as a bulleted list.
	<ul style="list-style-type: none"> trends in professional and interprofessional practice (IPP) 	No change.
	<ul style="list-style-type: none"> service provision that aligns with the unique histories, values, and circumstances of individuals, families, and/or communities 	Added to align with current practice trends.
	<ul style="list-style-type: none"> telepractice and telesupervision 	Added to align with current practice trends.
	<ul style="list-style-type: none"> technology literacy 	Added to align with current practice trends.
	<ul style="list-style-type: none"> academic program accreditation standards 	
	<ul style="list-style-type: none"> ASHA practice policies and guidelines 	
	<ul style="list-style-type: none"> social determinants of health 	Added to align with current practice trends.
2020 Standard IV-H	2027 Standard IV-H	No change.

<p>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.</p>	<p>The applicant must have demonstrated knowledge of (a) entry-level and advanced certifications; (b) state licensure; (c) other relevant professional credentials; (d) billing and reimbursement; and (e) local, state, and federal regulations and policies relevant to professional practice including but not limited to Individuals with Disabilities Education Act (IDEA), Health Insurance Portability and Accountability Act (HIPAA), and Family Educational Rights and Privacy Act (FERPA).</p>	<p>Language updated to for clarity including addition of "billing and reimbursement" and current regulatory policies to reflect current practice trends.</p>
<p>2020 Standard V: Skills Outcomes</p>	<p>2027 Standard V: Skills Outcomes</p>	<p>No change.</p>
	<p>The applicant must have demonstrated skills in various topic areas and must have completed a program of study, all of which are described in the subsections below.</p>	<p>Section introduction added for clarity.</p>
<p>2020 Standard V-A</p>	<p>2027 Standard V-A</p>	<p>No change.</p>
<p>The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.</p>	<p>The applicant must have demonstrated skills in oral, written, and nonverbal communication for entry into professional practice.</p>	<p>Language clarified. No substantive change.</p>
<p>Standard V-A Implementation</p>	<p>Standard V-A Implementation</p>	
<p>Applicants are eligible to apply for certification once they have completed all graduate-level academic coursework and clinical practicum and have been judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards.</p>	<p>Applicants are eligible to apply for certification once they have completed all graduate-level academic coursework and clinical practicum and have been judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards.</p>	<p>Language removed because an applicant is not eligible for certification until all requirements of the standards are met.</p>

<p>The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with persons receiving services 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.</p>	<p>The applicant must have demonstrated communication skills that are sufficient for effective clinical and professional interactions. The applicant must have demonstrated the ability to write, comprehend, and use technology for technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.</p>	<p>The language was clarified and updated to reflect that the applicant must demonstrate the appropriate language skills for the practice setting and needs of the consumers.</p>
2020 Standard V-B	2027 Standard V-B	No change.
<p>The applicant must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:</p>	<p>The applicant must have completed a program of study that included practical experiences sufficient in breadth and depth to achieve the following skills outcomes:</p>	No change.
1. Evaluation	1. Evaluation	No change.
<p>a. Conduct screening and prevention procedures, including prevention activities.</p>	<p>a. Conduct screening procedures and prevention activities.</p>	Language clarified. No substantive change.
<p>b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.</p>	<p>b. Collect case history information—including social determinants of health—and integrate that information during the assessment process through collaboration with the individual receiving services, family members, care partners, and relevant professionals.</p>	Language updated and "social determinants of health" was added to reflect current practice trends.
<p>c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.</p>	<p>c. Select and implement appropriate evaluation procedures—such as behavioral observations, non-standardized and standardized assessments, and instrumental procedures.</p>	Language clarified. No substantive change.
<p>d. Adapt evaluation procedures to meet the needs of individuals receiving services.</p>	<p>d. Modify procedures during an evaluation to reflect the needs of the individual.</p>	Language clarified. No substantive change.

e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.	e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations.	No change.
f. Complete administrative and reporting functions necessary to support evaluation.	f. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records.	Language clarified and updated to reflect current practice trends.
	g. Communicate results and recommendations of the assessment with the individual receiving services, family members, care partners, and relevant professionals.	Added requirement for focus on professional communication skills and continuity of care.
g. Refer clients/patients for appropriate services.	h. Make referrals, as appropriate.	Language clarified. No substantive change.
2. Intervention	2. Intervention	No change.
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.	a. Develop setting-appropriate individualized treatment plans with measurable and achievable long-term goals and short-term objectives that target functional outcomes to meet the individual's needs. Collaborate with clients/patients and relevant others in the planning process.	Requirement updated to reflect focus on individualized care and specificity of goal writing. Removed language that was redundant with item H and Standard IV-B.3
b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.	b. Implement intervention plans that involve clients/patients and relevant others in the intervention process. Determine appropriate frequency, intensity, and duration of intervention to achieve functional outcomes.	Requirement updated to reflect focus on specificity of care plan. Removed language that was redundant with item H and Standard IV-B.
	c. Implement setting-appropriate treatment plans and procedures.	Requirement added to reflect focus on clinical reasoning in intervention plans and procedures.
c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.	d. Use appropriate materials and instrumentation for prevention and intervention.	Language clarified. No substantive change.
d. Measure and evaluate clients'/patients' performance and progress.	e. Measure and evaluate individual's performance and progress, including functional outcomes.	Language updated to reflect current practice trends.

e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.	f. Dynamically modify treatment plans, strategies, materials, instrumentation, and/or the environment , as appropriate, to meet the individual's needs .	Requirement updated with a focus on the importance of clinical agility to adjust to the needs of various factors that occur during service delivery to maximize the potential benefit of the service(s) provided.
f. Complete administrative and reporting functions necessary to support intervention.	g. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records.	Language updated to reflect current practice trends.
	h. Communicate all relevant information to support intervention.	Requirement added to encompass all means of communication with all relevant parties.
g. Identify and refer clients/patients for services, as appropriate.	i. Make referrals as appropriate.	Language clarified. No substantive change.
3. Interaction and Personal Qualities	3. Interaction and Personal Qualities	No change.
a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others.	a. Communicate effectively by recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of individuals, family members, care partners, and relevant others.	Language clarified. No substantive change.
b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.	b. Collaborate in the care management of individuals to ensure an interprofessional, team-based practice.	Language clarified. No substantive change.
c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.	c. Provide counseling regarding communication and swallowing disorders and differences to individuals, family members, care partners, and relevant others.	No change.
d. <u>Adhere to the ASHA Code of Ethics and behave professionally.</u>	d. Adhere to the Code of Ethics, and maintain high standards of professionalism.	No change.
Standard V-B Implementation	Standard V-B Implementation	

<p>The applicant must have acquired the skills listed in this standard and must have applied them across the nine major areas listed in Standard IV-C. These skills may be developed and demonstrated through direct clinical contact with individuals receiving services in clinical experiences, academic coursework, labs, simulations, and examinations, as well as through the completion of independent projects.</p>	<p>The applicant must have acquired demonstrate these skills across the nine (9) major areas listed in Standard IV-C; the applicant can achieve this through the following methods:</p>	<p>Language updated to reflect demonstration of knowledge during clinical practicum separately from acquiring academic knowledge as outlined in Standard IV. The section was reorganized into a bulleted list.</p>
	<ul style="list-style-type: none"> • direct clinical contact with individuals receiving services 	
	<ul style="list-style-type: none"> • labs 	
	<ul style="list-style-type: none"> • clinical simulations 	
	<ul style="list-style-type: none"> • practical examinations 	
	<ul style="list-style-type: none"> • completion of independent projects 	
<p>The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that the applicant 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.</p>	<p>The applicant must have obtained a variety of supervised clinical experiences in different work settings and with different populations so that the applicant can demonstrate skills within the 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.</p>	<p>Clarified language and removed information that is better defined in subsequent standards and in the glossary.</p>
<p>These experiences allow students to:</p>	<p>These supervised clinical experiences allow student clinicians to</p>	<p>Language clarified. No substantive change.</p>
<ul style="list-style-type: none"> • interpret, integrate, and synthesize core concepts and knowledge; 	<p>interpret, integrate, and synthesize core concepts and knowledge;</p>	<p>No change.</p>
<ul style="list-style-type: none"> • demonstrate appropriate professional and clinical skills; and 	<p>demonstrate appropriate professional and clinical skills; and</p>	<p>No change.</p>
<ul style="list-style-type: none"> • incorporate critical thinking and decision-making skills while engaged in prevention, identification, evaluation, diagnosis, planning, implementation, and/or intervention. 	<ul style="list-style-type: none"> • incorporate critical thinking and decision-making skills while engaged in prevention, identification, evaluation, diagnosis, planning, implementation, and/or intervention. 	<p>Language clarified to remove redundancy.</p>

<p>Supervised clinical experiences should include (a) interprofessional education and interprofessional collaborative practice and (b) experiences with related professionals that enhance the student’s knowledge and skills in an interdisciplinary, team-based, comprehensive service delivery model.</p>	<p>Supervised clinical experiences should include interprofessional education and interprofessional collaborative practice. and experiences with related professionals that enhance the student’s knowledge and skills in an interdisciplinary, team-based, comprehensive service delivery model.</p>	<p>Language clarified to remove redundancy.</p>
<p>Clinical simulations (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). These supervised experiences can be synchronous simulations (real-time) or asynchronous (not concurrent in time) simulations.</p>	<p>The use of clinical simulation (CS) can include standardized patients and/or simulation technologies—such as virtual patients, digitized mannequins, immersive reality, task trainers, and computer-based interactive experiences. To be considered CS, the activity must include all the following elements:</p>	<p>Requirements updated to provide additional guidance to applicants and graduate programs.</p>
	<ul style="list-style-type: none"> • clearly stated student learning outcomes 	<p>Requirements updated to provide additional guidance to applicants and graduate programs.</p>
	<ul style="list-style-type: none"> • a pre-brief, an introduction, or an orientation, which sets expectations for learning and outlines preparatory activities 	<p>Requirements updated to provide additional guidance to applicants and graduate programs.</p>
	<ul style="list-style-type: none"> • a valuable, reliable simulation that replaces real-world experience, including hands-on interaction with materials and immersion into the learning process 	<p>Requirements updated to provide additional guidance to applicants and graduate programs.</p>
	<ul style="list-style-type: none"> • a debrief with the clinical educator, reflecting upon the clinical experience 	<p>Requirements updated to provide additional guidance to applicants and graduate programs.</p>
	<ul style="list-style-type: none"> • an assessment that verifies the student has met stated learning outcomes 	<p>Requirements updated to provide additional guidance to applicants and graduate programs.</p>
<p>Clinical educators of clinical experiences must hold current ASHA certification 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 in order to count toward the student’s ASHA certification requirements.</p>	<p>Clinical educators of clinical experiences must hold current ASHA certification in the appropriate area of practice during the time of supervision. The supervised activities must be within the Scope of Practice in Speech-Language Pathology in order to count toward the student’s ASHA certification requirements.</p>	<p>No change.</p>

<p>A minimum of 9 months of full-time clinical experience with clients/patients, after being awarded the CCC, is required in order for a licensed and certified speech-language pathologist to supervise graduate clinicians for the purposes of ASHA certification. Individuals who have been clinical educators may consider their experience as "clinical" if (a) they are working directly with clients/patients being assessed, treated, or counseled for speech, language, fluency, cognition, voice, or swallowing function/disorder, or providing case management, and (b) they are the client's/patient's or individual's recognized provider and as such are ultimately responsible for their care management. Individuals whose experience includes only classroom teaching, research/lab work, CS debriefing, or teaching only clinical methods cannot count such experience as "clinical" unless it meets the criteria in (a) and (b).</p>	<p>A minimum of 9 months of full-time clinical experience with clients/patients, after being awarded the CCC, is required in order for a licensed and certified speech-language pathologist to supervise graduate clinicians for the purposes of ASHA certification. Individuals who have been clinical educators may consider their experience as "clinical" if (a) they are working directly with clients/patients being assessed, treated, or counseled for speech, language, fluency, cognition, voice, or swallowing function/disorder, or providing case management, and (b) they are the client's/patient's or individual's recognized provider and as such are ultimately responsible for their care management. Individuals whose experience includes only classroom teaching, research/lab work, CS debriefing, or teaching only clinical methods cannot count such experience as "clinical" unless it meets the criteria in (a) and (b).</p>	<p>Information moved to Standard V-E for clarity.</p>
<p>2020 Standard V-C</p>	<p>2027 Standard V-C</p>	<p>No change.</p>
<p>The applicant 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 guided clinical observation, and 375 hours must be spent in direct client/patient contact.</p>	<p>The applicant must complete a minimum of 400 clock hours of supervised clinical practicum in the practice of speech-language pathology that meets the requirements outlined in the implementation language. Twenty-five hours must be spent in guided clinical observation, and 375 hours must be spent in direct client/patient contact.</p>	<p>Requirement updated to make guided observation hours optional.</p>
<p>For Graduate Students Initiating Their Graduate Program On Or After January 1, 2023</p>	<p>For Graduate Students Initiating Their Graduate Program On Or After January 1, 2023</p>	<p>Removed language referencing previous updates within the 2020 standards.</p>
<p>Standard V-C Implementation</p>	<p>Standard V-C Implementation</p>	<p>The implementation language was reorganized into a bulleted list, and required hours are separated from optional hours. Each section was further clarified to remove redundancy.</p>

<p>The guided 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 clinician who holds current ASHA certification in the appropriate profession and who, after earning the CCC-SLP, has completed (a) a minimum of 9 months of post-certification, full-time experience (or its part-time equivalent) and (b) a minimum of 2 hours of professional development in the area of clinical instruction/supervision.</p>	<p>During the supervised clinical practicum experience, for purposes of ASHA certification, the applicant must adhere to the following requirements:</p>	
<p>Applicants should be assigned practicum only after they have acquired a knowledge base sufficient to qualify for such experience. Only direct contact (e.g., the individual receiving services must be present) with the individual or the individual's family in assessment, intervention, and/or counseling can be counted toward practicum. When counting clinical practicum hours for purposes of ASHA certification, only the actual time spent in sessions can be counted, and the time spent cannot be rounded up to the nearest 15-minute interval.</p>	<ul style="list-style-type: none"> • All activities that an applicant completes during the graduate clinical practicum experience must be 	
<p>Guided Clinical Observations</p>	<ul style="list-style-type: none"> ○ within the Scope of Practice in Speech-Language Pathology and 	
<p>Twenty-five (25) hours of guided clinical observation hours must be completed in the undergraduate or graduate program and generally precede direct contact with clients/patients. Guided clinical observations may occur simultaneously during the student's observation or afterwards through review and approval of the student's written reports or summaries. Students may use video recordings of client services for observation purposes. Examples of guided clinical observations with a clinical educator who holds the CCC-SLP may include but are not limited to the following activities:</p>	<ul style="list-style-type: none"> ○ supervised by a clinician who meets the requirements specified in Standard V-E. 	

debriefing of a video recording	<ul style="list-style-type: none"> An applicant should be assigned practicums only after they have acquired a knowledge base specific to the practice setting and population of that experience. 	No change.
discussion of therapy or evaluation procedures that had been observed	<ul style="list-style-type: none"> Only the actual time spent in sessions can be counted for clock hours, and the time spent cannot be rounded up to the nearest 15-minute interval. 	No change.
debriefings of observations that meet course requirements	<ul style="list-style-type: none"> Up to two (2) graduate student clinicians can actively participate in a session together and count the entire session for clock hours. 	This requirement was updated to provide flexibility for applicants and graduate programs.
written records of the observations	<ul style="list-style-type: none"> The applicant must maintain documentation of time spent in supervised clinical practicum clock hours, and the graduate program must verify this documentation in accordance with Standards III and IV. 	No change.
It is important to confirm that there was communication between the clinical educator and observer, rather than passive experiences where the student views sessions and/or videos. The student is encouraged to (a) observe live and recorded sessions across settings with individuals receiving services for a variety of disorders and (b) complete debriefing activities as described above. The graduate program will determine how the guided observation experience should be documented. Evidence of guided observations includes signatures from the clinical educator and documentation of hours, dates, and activities observed.		See "Optional: Guided Clinical Observations"
On-Site and In-Person Graduate Supervised Clinical Practicum	<i>How To Earn 400 Supervised Clinical Practicum Clock Hours</i>	This heading was added to the 2027 standards for clarity. The requirements for activities completed during the clinical practicum were updated for clarity.
A minimum of 250 hours of supervised clinical practicum within the graduate program must be acquired through on-site and in-person direct contact hours.	Required: Minimum of 250 Hours of Graduate Level, On-Site, In-Person, Direct Contact	No change.

<p>Although several students may be present in a clinical session at one time, each graduate student clinician may count toward the supervised clinical practicum only the time that they spent in direct contact with the client/patient or family during that session. Time spent in preparation for or in documentation of the clinical session may not be counted toward the supervised clinical practicum. The applicant must maintain documentation of their time spent in supervised clinical practicum, and this documentation must be verified by the program in accordance with Standards III and IV.</p>	<p>The graduate student, individual receiving services, and graduate clinical educator must be in the same location during the clinical session.</p>	<p>No change.</p>
	<p>Students can also earn up to 150 of the 400 minimum required clock hours through the following optional activities (see also Table 1.A for a summary):</p>	<p>This heading was added to the 2027 standards for clarity. The specific requirements for optional activities completed during the clinical practicum were updated for clarity.</p>
	<p><i>Optional: Non-Clinical Care Management (maximum of 50 clock hours)</i></p>	<p>This option was added to highlight the importance of non-clinical care management skills in the training of entry level providers, as well as to provide flexibility for applicants and graduate programs.</p>
	<p><i>At the discretion of the graduate program, the applicant may include up to 50 clock hours of non-clinical care management (e.g., note writing, report writing, test scoring with interpretation, chart reviews, interprofessional care conferences, programming augmentative and alternative communication [AAC] devices) without the individual receiving services or the care partner(s) present. These activities must be associated with the clinical services that the graduate student clinician provided.</i></p>	<p>This option was added to highlight the importance of non-clinical care management skills in the training of entry level providers, as well as to provide flexibility for applicants and graduate programs.</p>
	<p><i>Optional: Guided Clinical Observations (maximum of 25 clock hours)</i></p>	<p>Guided clinical observation hours were changed to be optional with a limit of 25 hours.</p>

	<p>At the discretion of the graduate program, applicants may include up to 25 clock hours of observation of activities within the Scope of Practice in Speech-Language Pathology that are followed by a guided debrief with a clinical educator who meets the requirements specified in Standard V-E.</p>	<p>Guided clinical observation hours were changed to be optional with a limit of 25 hours.</p>
<p>Telepractice Graduate Supervised Clinical Practicum</p>	<p>These observation hours can occur at the undergraduate or graduate level. Debrief activities that occur simultaneously during the student's observation can count toward the total observation time. Debrief activities that occur after the observation cannot count toward the total observation time. The guided debrief can occur through discussion and/or through review and approval of the student's written reports or summaries. Students can use video recordings of clinical services for observation purposes, and the guided debrief must occur between the clinical educator and the student observer.</p>	<p>No change.</p>
<p>Undergraduate Supervised Clinical Practicum</p>	<p><i>Optional: Undergraduate Supervised Clinical Practicum (maximum of 50 clock hours)</i></p>	<p>No change.</p>
<p>At the discretion of the graduate program, up to 50 hours of on-site and in-person direct contact hours obtained at the undergraduate level may be counted toward the 400-hour supervised clinical practicum requirement.</p>	<p>At the discretion of the graduate program, the applicant may count clock hours obtained at the undergraduate level through on-site, in-person, direct contact. This can include supervised clinical practicum hours earned while enrolled in an undergraduate communication sciences and disorders (CSD) program or in a speech-language pathology assistant (SLPA) program.</p>	<p>No change.</p>
<p>Clinical Simulations (CS)</p>	<p><i>Optional: Clinical Simulation (maximum of 75 clock hours)</i></p>	<p>No change.</p>

<p>At the discretion of the graduate program, up to 75 direct contact hours may be obtained through CS. Only the time spent in active engagement with 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 as clinical clock hours.</p>	<p>At the discretion of the graduate program, the applicant may obtain clock hours through CS. The only hours that an applicant can count are those in which they actively engage with CS. Debriefing activities cannot be included as clock hours. (See Standard V-B.)</p>	
	<p><i>Optional: Telepractice (maximum of 125 hours)</i></p>	<p>No change.</p>
<p>At the discretion of the graduate program and when permitted by the employer/practicum site and by prevailing regulatory body/bodies—and when deemed appropriate for the client/patient/student and the applicant’s skill level—the applicant may provide services via telepractice. The clinical educator/supervisor who is responsible for the client/patient/student and graduate student should be comfortable, familiar, and skilled in providing and supervising services that are delivered through telepractice. Provided that these conditions are met, telepractice may be used to acquire up to 125 contact hours, in addition to those earned through guided clinical observations (25 hours) or on-site and in-person direct contact hours (250 hour minimum).</p>	<p>At the discretion of the graduate program, the applicant may obtain direct contact hours through telepractice. The clinical educator/supervisor is responsible for ensuring that services align with applicable regulations.</p>	<p>Language clarified. No substantive change.</p>
<p>2020 Standard V-D</p>	<p>2027 Standard V-D</p>	<p>No change.</p>
<p>At least 325 of the 400 clock hours of supervised clinical experience must be completed while the applicant is enrolled in graduate study in a program accredited in speech-language pathology by the CAA.</p>	<p>The applicant must complete at least 325 of the required 400 clock hours of supervised clinical practicum while they are enrolled in graduate study in a CAA-accredited speech-language pathology program.</p>	<p>Language clarified. No substantive change.</p>
<p>Standard V-D Implementation</p>	<p>Standard V-D Implementation</p>	

<p>A minimum of 325 clock hours of supervised clinical practicum must be completed while the student is enrolled in the graduate program. At the discretion of the graduate program, hours obtained at the undergraduate level may be used to satisfy the remainder of the requirement.</p>	<p>A minimum of 325 clock hours of supervised clinical practicum must be completed while the student is enrolled in the graduate program. At the discretion of the graduate program, hours obtained at the undergraduate level may be used to satisfy the remainder of the requirement.</p>	<p>The implementation language was removed due to redundancy.</p>
<p>2020 Standard V-E</p>	<p>2027 Standard V-E</p>	<p>No change.</p>
<p>Supervision of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession and who, after earning the CCC-A or CCC-SLP, has completed (1) a minimum of 9 months of full-time clinical experience (or its part-time equivalent), and (2) a minimum of 2 hours of professional development in clinical instruction/supervision.</p>	<p>Supervision of students must be provided by a clinical educator who meets all of the following requirements prior to and throughout the time as a clinical educator:</p>	<p>Language was clarified and the section was reorganized into a bulleted list. No substantive changes.</p>
	<ul style="list-style-type: none"> • holds ASHA certification in the appropriate profession 	<p>No change.</p>
	<ul style="list-style-type: none"> • has a minimum of 9 months of full-time clinical* experience (or its part-time equivalent) since earning ASHA certification 	<p>No change.</p>
	<ul style="list-style-type: none"> • has completed a minimum of 2 hours of professional development in clinical instruction, supervision, and/or mentorship after being awarded ASHA certification and prior to supervising a student 	<p>No change.</p>
	<p>* An SLP's experience is considered "clinical" if they are the recognized provider of direct care and care management for the individual receiving services. An SLP whose experience includes classroom teaching, research/lab work, CS debriefing, or teaching only clinical methods cannot count these experiences as clinical unless they are the recognized provider of direct care and care management for the individual receiving services.</p>	<p>No change. This language previously appeared in 2020's Standard V-B.</p>

<p>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 individual receiving services.</p>	<p>The amount of direct supervision provided during each practicum placement must be</p>	<p>Language was clarified and the section was reorganized into a bulleted list. No substantive changes.</p>
	<ul style="list-style-type: none"> • at least 25% of the student clinician’s total contact with each individual receiving services; 	<p>No change.</p>
	<ul style="list-style-type: none"> • commensurate with the student clinician’s knowledge, skills, and experience; 	<p>No change.</p>
	<ul style="list-style-type: none"> • provided throughout the practicum experience; and 	<p>No change.</p>
	<ul style="list-style-type: none"> • sufficient to ensure the welfare of the individual who is receiving services. 	<p>No change.</p>
<p>Standard V-E Implementation</p>	<p>Standard V-E Implementation</p>	

<p>Beginning January 1, 2020, clinical educators and clinicians who are involved in the preparation of student clinicians, and who provide guided observation and supervision of clinical practicum hours, must (a) hold the CCC-A or CCC-SLP, (b) have completed a minimum of 9 months of full-time (or its part-time equivalent) clinical experience while ASHA certified, and (c) complete 2 hours of professional development/continuing education in clinical instruction/supervision. The professional development/continuing education must be completed after being awarded ASHA certification and prior to the supervision of a student. Direct supervision must be in real time. A clinical educator must be available and on site to consult with a student who is providing clinical services to the clinical educator's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills.</p>	<p>Beginning January 1, 2020, clinical educators and clinicians who are involved in the preparation of student clinicians, and who provide guided observation and supervision of clinical practicum hours, must (a) hold the CCC-A or CCC-SLP, (b) have completed a minimum of 9 months of full-time (or its part-time equivalent) clinical experience while ASHA certified, and (c) complete 2 hours of professional development/continuing education in clinical instruction/supervision. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills. Direct supervision must be in real time.</p>	<p>Language was removed and clarified due to redundancy. No substantive change.</p>
<p>In the case of CS, asynchronous supervision must include debriefing activities that are commensurate with a minimum of 25% of the clock hours earned for each simulated individual receiving services.</p>	<p>A clinical educator must be available and on site to consult with a student providing on-site, in-person clinical services. A clinical educator must be available either virtually or in-person with a graduate student providing telepractice. Asynchronous supervision for CS must include debriefing activities that are commensurate with a minimum of 25% of the clock hours for each case.</p>	<p>Language was added for clarity. No substantive change.</p>
<p>2020 Standard V-F</p>	<p>2027 Standard V-F</p>	<p>No change.</p>

<p>Supervised practicum must include experience with individuals across the life span and from various cultural and linguistic backgrounds. Practicum must include experience with individuals with various types and severities of communication and/or related disorders, differences, and disabilities.</p>	<p>Supervised clinical practicum must include assessment and intervention experiences with individuals across the life span and from various cultural/linguistic backgrounds. Practicum must include experience with individuals who have various types and severities of communication and/or related disorders, differences, and disabilities named in Standard IV-C.</p>	<p>Language was added for clarity. No substantive change.</p>
<p>Standard V-F Implementation</p>	<p>Standard V-F Implementation</p>	
<p>The applicant must demonstrate direct clinical experiences with individuals in both assessment and intervention across the lifespan from the range of disorders and differences named in Standard IV-C.</p>	<p>The applicant must demonstrate direct clinical experiences with individuals in both assessment and intervention across the lifespan from the range of disorders and differences named in Standard IV-C.</p>	<p>The implementation language was removed due to redundancy.</p>
<p>2020 Standard IV: Assessment</p>	<p>2027 Standard IV: Assessment</p>	<p>No change.</p>
<p>The applicant must have passed the national examination adopted by ASHA for purposes of certification in speech-language pathology.</p>	<p>The applicant must have passed the national examination adopted by ASHA for purposes of certification in speech-language pathology.</p>	<p>No change.</p>
<p>Standard VI Implementation</p>	<p>Standard VI Implementation</p>	
<p>Results of the Praxis® Examination in Speech-Language Pathology must be submitted directly to ASHA from the Educational Testing Service (ETS). The certification standards require that a passing exam score 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, then the applicant will be required to reapply for certification under the standards in effect at that time.</p>	<p>Results of the Praxis® Examination in Speech-Language Pathology must be submitted directly to ASHA from the Educational Testing Service (ETS). The certification standards require that the applicant earns a passing exam no earlier than 5 years prior to submission of the application and no later than 2 years following receipt of the application. If the applicant does not successfully pass the exam and report the results within the 2-year application period, then the applicant's certification file will be closed. If the applicant passes the exam or reports the results at a later date, then the applicant must reapply for certification under the standards that are in effect at that time.</p>	<p>No change.</p>

2020 Standard VII: Speech-Language Pathology Clinical Fellowship	2027 Standard VII: Speech-Language Pathology Clinical Fellowship	No change.
The applicant must successfully complete a Speech-Language Pathology Clinical Fellowship (CF).	The applicant must successfully complete a speech-language pathology clinical fellowship (CF; also known as “the CF experience”).	No change.
Standard VII Implementation	Standard VII Implementation	
The CF experience can be initiated only after completing all graduate credit hours, academic coursework, 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 on which the application for certification is received. Once the CF application process has been initiated, it must be completed within 48 months of the initiation date. Applicants completing multiple CFs experiences must complete the CF experiences related to the application within 48 months of the date on which the first CF was initiated. Applications will be closed if CF experiences are not completed within the 48-month timeframe or are not submitted to ASHA within 90 days after the 48-month deadline. If an application is closed, then the Clinical Fellow may reapply for certification and must meet the standards that are in effect at the time of re-application. CF experiences more than 5 years old at the time of application will not be accepted.	The applicant can initiate the CF experience only after completing all of the graduate credit hours, academic coursework, and clinical experiences required to meet the knowledge and skills delineated in Standards IV and V.	The implementation language was clarified and reorganized into a bulleted list. No substantive changes.

<p>The CF must be completed under the mentorship of a clinician who has met the qualifications described in Standard VII-B before serving as the CF mentor. It is the Clinical Fellow’s responsibility to identify a CF mentor who meets ASHA’s certification standards. Should the mentoring SLP not meet the qualifications described in Standard VII-B before the start of the CF experience, the Clinical Fellow will be awarded credit only for that portion of time during which the mentoring SLP met all qualifications. Therefore, it is incumbent upon the Clinical Fellow to verify the mentoring SLP’s status before and periodically throughout the CF experience. Family members or individuals who are related in any way to the Clinical Fellow may not serve as mentoring SLPs to that Clinical Fellow.</p>	<p>The applicant must initiate the CF experience within 24 months of the date that ASHA receives the application for certification. Once the CF experience is initiated, it must be completed within 48 months of the initiation date, and it can include multiple jobs and/or mentors. An application will be closed if the applicant does not complete the CF experience within the 48-month timeframe or if the applicant does not submit it to ASHA within 90 days after the 48-month deadline. If an application is closed, then the Clinical Fellow can re-apply for certification—when doing so, they must meet the standards that are in effect at the time of re-application.</p>	
	<p>CF experiences that are more than 5 years old at the time of application will not be accepted. The applicant must complete the CF under the mentorship of a clinician who has met the requirements of Standard VII-B; this is required of the clinician before they can serve as the CF mentor. The Clinical Fellow</p>	
	<ul style="list-style-type: none"> • is responsible for identifying a CF mentor who meets the supervision requirements and 	
	<ul style="list-style-type: none"> • cannot count any hours earned during the time that the CF mentor does not meet all supervision requirements. 	
	<p>Therefore, it is the Clinical Fellow’s responsibility to verify the mentor’s status before—and periodically throughout—the CF experience.</p>	
	<p>In accordance with Principle III, Rule B of the Code of Ethics individuals who have a personal, professional, financial, or other interest or relationship to a Clinical Fellow may not serve as the CF mentor.</p>	<p>Citation added for transparency.</p>
<p>2020 Standard VII-A: The CF Experience</p>	<p>2027 Standard VII-A: The CF Experience</p>	<p>No change.</p>

<p>The CF must consist 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 <i>Scope of Practice in Speech-Language Pathology</i>. The CF must consist of no less than 36 weeks of full-time professional experience or its part-time equivalent.</p>	<p>The CF experience must consist of clinical service activities that foster continued professional growth and integration of knowledge, skills, and tasks of clinical practice in speech-language pathology that are consistent with those described in ASHA’s current <i>Scope of Practice in Speech-Language Pathology</i>. The CF experience must consist of a minimum of the following:</p>	<p>Language updated to clarify the role of the Clinical Fellow as a professional. The section was reorganized into a bulleted list. There were no substantive changes to the requirements.</p>
	<ul style="list-style-type: none"> • 36 weeks of professional experience (at least 5 hours per week) 	<p>No change.</p>
	<ul style="list-style-type: none"> • 1,260 hours of professional work 	<p>No change.</p>
	<ul style="list-style-type: none"> • Three (3) segments representing approximately one third of the total CF experience 	<p>No change.</p>
<p>Standard VII-A Implementation</p>	<p>Standard VII-A Implementation</p>	
<p>At least 80% of the Clinical Fellow’s major responsibilities during the CF experience must be 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.</p>	<p>At least 80% of the Clinical Fellow’s major responsibilities during the CF experience must fall within those that are (a) listed in the Scope of Practice in Speech-Language Pathology and (b) related to clinical practice and the management process for individuals who exhibit communication and/or swallowing disabilities.</p>	<p>Language clarified without substantive change.</p>
<p><i>Full-time professional experience</i> is defined as 35 hours per week, culminating in a minimum of 1,260 hours. Part-time experience should be at least 5 hours per week; anything less than that will not meet the CF requirement and cannot be counted toward completion of the experience. Similarly, work in excess of 35 hours per week cannot be used to shorten the CF to less than 36 weeks.</p>	<p>The Clinical Fellow cannot</p>	<p>The section was reorganized into a bulleted list.</p>
	<ul style="list-style-type: none"> • count any weeks consisting of fewer than 5 hours of professional experience, or 	<p>No change.</p>
	<ul style="list-style-type: none"> • shorten the experience to fewer than 36 weeks by working more than 35 hours per week. 	<p>No change.</p>

	The CF experience can include more than one job, CF mentor, or setting, and each must fulfill the requirements for time and mentorship.	No change.
	Any CF experience segment that begins on or after August 1, 2027, can include up to 100% telepractice and up to 100% telesupervision.	Requirement updated to reflect current practice trends and to increase the flexibility for applicants to complete the CF experience.
For CF experiences beginning on or after January 1, 2023: When permitted by the employer and prevailing regulatory body/bodies and deemed appropriate for the client/patient/student and Clinical Fellow’s skill level, up to 25% of the direct client/patient contact hours may be earned through telepractice. (See Standard VII-B for guidelines for use of telesupervision.)	For CF experiences beginning on or after January 1, 2023: When permitted by the employer and prevailing regulatory body/bodies and deemed appropriate for the client/patient/student and Clinical Fellow’s skill level, up to 25% of the direct client/patient contact hours may be earned through telepractice. (See Standard VII-B for guidelines for use of telesupervision.)	Language referring to updates made to apply to the previous (2020) standards removed for clarity.
For CF experiences beginning on or before December 31, 2022: When permitted by the employer and prevailing regulatory body/bodies and deemed appropriate for the Clinical Fellow's skill level and the recipients of care, up to 100% of the direct client/patient contact hours may be earned through telepractice. (See Standard VII-B for guidelines for use of telesupervision.)	For CF experiences beginning on or before December 31, 2022: When permitted by the employer and prevailing regulatory body/bodies and deemed appropriate for the Clinical Fellow's skill level and the recipients of care, up to 100% of the direct client/patient contact hours may be earned through telepractice. (See Standard VII-B for guidelines for use of telesupervision.)	Language referring to updates made to apply to the previous (2020) standards removed for clarity.
Similar to on-site, in-person care, the CF mentor must be available to assist as needed to meet the needs of the students/clients/patients/caregivers and to support the Clinical Fellow in providing safe and ethical care.	Similar to on-site, in-person care, the CF mentor must be available to assist as needed to meet the needs of the students/clients/patients/caregivers and to support the Clinical Fellow in providing safe and ethical care.	Language referring to updates made to apply to the previous (2020) standards removed for clarity.
2020 standard VII-B Mentorship	2027 standard VII-B Mentorship	No change.

<p>The Clinical Fellow must receive ongoing mentoring and formal evaluations by the CF mentor. Mentorship must be provided by a clinician who holds the CCC-SLP and who, after earning the CCC-SLP, has completed (1) a minimum of 9 months of full-time clinical experience (or its part-time equivalent), and (2) a minimum of 2 hours of professional development/continuing education in clinical instruction/supervision.</p>	<p>The Clinical Fellow must receive ongoing mentoring by the CF mentor. Mentorship must be provided by a clinician who meets all the following requirements:</p>	<p>Language clarified without substantive change. This section was reorganized into a bulleted list.</p>
	<ul style="list-style-type: none"> • holds a current CCC-SLP 	<p>No change.</p>
	<ul style="list-style-type: none"> • completed a minimum of 9 months of full-time clinical* experience (or its part-time equivalent) while ASHA certified. has completed a minimum of 2 hours of professional development in clinical instruction, supervision, and/or mentorship after being awarded ASHA certification and prior to mentoring a Clinical Fellow. 	<p>No change.</p>
	<p>* An SLP’s experience is considered “clinical” if they are the recognized provider of direct care and care management for the individual receiving services. An SLP whose experience includes classroom teaching, research/lab work, CS debriefing, or teaching only clinical methods cannot count these experiences as clinical unless they are the recognized provider of direct care and care management for the individual receiving services.</p>	<p>No change.</p>
<p>Standard VII-B Implementation</p>	<p>Standard VII-B Implementation</p>	
<p>CF mentors for ASHA certification must (a) hold the CCC-A or CCC-SLP, (b) have completed a minimum of 9 months of full-time (or its part-time equivalent) clinical experience while ASHA certified, and (c) complete 2 hours of professional development/continuing education in clinical instruction/supervision. The Clinical Fellow may not count any hours earned toward the CF experience until their mentor has met all supervisory requirements.</p>	<p>CF mentors for ASHA certification must (a) hold the CCC-A or CCC-SLP, (b) have completed a minimum of 9 months of full-time (or its part-time equivalent) clinical experience while ASHA certified, and (c) complete 2 hours of professional development/continuing education in clinical instruction/supervision. The Clinical Fellow cannot count any hours earned during the time that the CF mentor does not meet all CF mentorship requirements.</p>	<p>Removed redundant language. No substantive change to requirements.</p>

	Mentorship during the CF experience is intended to (a) provide the mentor with adequate information to score the Clinical Fellowship Skills Inventory (CFSI) and (b) allow the mentor to provide guidance and feedback to further the Clinical Fellow's expertise for both clinical and professional skill sets. Therefore, the CF mentor must be available to consult with the Clinical Fellow who provides clinical services.	Language added for clarity.
	<i>Two Types of CF Mentorship</i>	Section header added for clarity.
Direct observation must be in real time. A mentor must be available to consult with the Clinical Fellow who is providing clinical services. Direct observation of clinical practice is intended to provide guidance and feedback and to facilitate the Clinical Fellow's independent use of essential clinical skills.	The CF mentor must provide a minimum of 6 hours of direct observation and 6 hours of mentorship during each segment of the CF experience to effectively rate skills listed in the CFSI and validate the hours and weeks worked by the Clinical Fellow.	The implementation was clarified. This section was reorganized into a bulleted list.
Mentoring must include on-site, in-person observations and other monitoring activities, which may be completed by correspondence, review of video and/or audio recordings, evaluation of written reports, telephone conferences with the Clinical Fellow, or evaluations by professional colleagues with whom the Clinical Fellow works. (See below for guidelines on the use of telesupervision.) The CF mentor and the Clinical Fellow must participate in regularly scheduled formal evaluations of the Clinical Fellow's progress during the CF experience. The Clinical Fellow must receive ongoing mentoring and formal evaluations by the CF mentor.	Direct observation of clinical practice must	
The amount of direct supervision provided by the CF mentor must be commensurate with the Clinical Fellow's knowledge, skills, and experience, and must not be less than the minimum required direct contact hours. Supervision must be sufficient to ensure the welfare of the individual(s) receiving services.	<ul style="list-style-type: none"> occur in real time via either in-person or virtual platforms (up to 6 hours of direct observation can occur in 1 day) and 	

<p>The mentoring SLP must engage in no fewer than 36 supervisory activities during the CF experience and must include 18 on-site observations of direct client contact at the Clinical Fellow's work site (1 hour = one (1) on-site observation; a maximum of six (6) on-site observations may be accrued in 1 day). At least six (6) on-site observations must be conducted during each third of the CF experience. Direct observations must consist of the Clinical Fellow engaging in screening, evaluation, assessment, and/or habilitation/rehabilitation activities.</p>	<ul style="list-style-type: none"> • consist of the Clinical Fellow engaging in screening, evaluation, assessment, and/or habilitation/rehabilitation activities. 	
<p>Additionally, supervision must include 18 other monitoring activities. <i>Other monitoring activities</i> include but are not limited to review of documentation written by the Clinical Fellow, conferences between the CF mentor and the Clinical Fellow, discussions with professional colleagues of the Clinical Fellow, and so forth, and may be completed by correspondence, telephone, or review of video and/or audio tapes. At least six (6) other monitoring activities must be conducted during each third of the CF experience.</p>	<p>Mentorship can include but is not limited to</p>	
	<ul style="list-style-type: none"> • reviewing documentation written by the Clinical Fellow, 	
	<ul style="list-style-type: none"> • meeting with the Clinical Fellow to promote development of clinical skills, 	
	<ul style="list-style-type: none"> • reviewing video and/or audio recordings, 	
	<ul style="list-style-type: none"> • providing feedback and guidance after clinical observation, and 	
	<ul style="list-style-type: none"> • engaging in didactic learning activities 	

	The Clinical Fellow and CF mentor must participate in regularly scheduled formal evaluations of the Clinical Fellow's progress during the CF experience. The CF mentor must document and verify a Clinical Fellow's clinical and professional skills using the CFSI at the end of each segment of the CF experience. This report must be signed and dated by both the Clinical Fellow and the CF mentor.	The CFSI is now required to be completed at the end of each segment with the goal of fostering meaningful feedback with a consistent tool in order to maximize the benefit of the professional mentorship.
Use of Telesupervision for Mentorship	Use of Telesupervision for Mentorship	Language removed because the same mentorship requirements apply across all modalities of service delivery and mentorship.
For mentorship of CF experiences beginning on or after January 1, 2023: At least six (6) direct care observations are required per segment. Of those, mentoring must include at least three (3) on-site and in-person. Of the remaining three (3) direct observations, optional use of real-time, interactive video and audio-conferencing technology (telesupervision) are permitted.	For mentorship of CF experiences beginning on or after January 1, 2023: At least six (6) direct care observations are required per segment. Of those, mentoring must include at least three (3) on-site and in-person. Of the remaining three (3) direct observations, optional use of real-time, interactive video and audio-conferencing technology (telesupervision) are permitted.	Language removed because the same mentorship requirements apply across all modalities of service delivery and mentorship.
If the Clinical Fellow began their CF experience on or before December 31, 2022: Although the CFCC prefers that the six (6) direct observations per segment be completed on site and in person, use of virtual observation may be used in place of on-site, and in-person observations of Clinical Fellows by CF mentors. The use of real-time telesupervision may be used when the CF is providing teletherapy with remote students/clients/patients/caregivers or with in-person care.	If the Clinical Fellow began their CF experience on or before December 31, 2022: Although the CFCC prefers that the six (6) direct observations per segment be completed on site and in person, use of virtual observation may be used in place of on-site, and in-person observations of Clinical Fellows by CF mentors. The use of real-time telesupervision may be used when the CF is providing teletherapy with remote students/clients/patients/caregivers or with in-person care.	Language removed because the same mentorship requirements apply across all modalities of service delivery and mentorship.
2020 Standard VII-C: Clinical Fellowship Outcomes	2027 Standard VII-C: Clinical Fellowship Outcomes	No change.
The Clinical Fellow must demonstrate knowledge and skills consistent with the ability to practice independently.	The Clinical Fellow must demonstrate knowledge and skills consistent with the ability to practice independently those specified within the Scope of Practice in Speech-Language Pathology and the Code of Ethics.	Language updated to reflect that the Clinical Fellow is an independent professional working toward earning ASHA certification and credentials.

At the completion of the CF experience, the applicant must have acquired and demonstrated the ability to:	At the end of the third and/or final segment[1] of the CF experience, the Clinical Fellow must	Language clarified and reorganized into a bulleted list. No substantive change.
integrate and apply theoretical knowledge;	<ul style="list-style-type: none"> complete the requirements outlined in Standard VII-A 	
evaluate their strengths and identify their limitations;	<ul style="list-style-type: none"> earn a score of 2 or 3 across all skills on the CFSI 	
refine clinical skills within the <i>Scope of Practice in Speech-Language Pathology</i> ; and	<ul style="list-style-type: none"> receive a positive recommendation for certification from the CF mentor(s). 	
apply the ASHA <i>Code of Ethics</i> to independent professional practice.	If the Clinical Fellow does not earn a score of 2 or 3 across all skills on the CFSI at the end of the third and/or final segment the CF experience can extend until such time as the Clinical Fellow meets the requirements. (For more information, see Guide to the ASHA Clinical Fellowship Experience).	
In addition, upon completion of the CF, the applicant must demonstrate the ability to perform clinical activities accurately, consistently, and independently and to seek guidance as necessary.	In addition, upon completion of the CF, the applicant must demonstrate the ability to perform clinical activities accurately, consistently, and independently and to seek guidance as necessary.	Language removed to due to redundancy with the skills assessed on the CFSI tool. No substantive change to requirement.
The CF mentor must document and verify a Clinical Fellow's clinical skills using the Clinical Fellowship Skills Inventory (CFSI) as soon as the Clinical Fellow successfully completes the CF experience. This report must be signed by both the Clinical Fellow and CF mentor.	The CF mentor must document and verify a Clinical Fellow's clinical skills using the Clinical Fellowship Skills Inventory (CFSI) as soon as the Clinical Fellow successfully completes the CF experience. This report must be signed by both the Clinical Fellow and CF mentor.	Language removed to due to redundancy with the skills assessed on the CFSI tool. No substantive change to requirement.
2020 Standard VIII: Certification Maintenance	2020 Standard VIII: Certification Maintenance	No change.
Individuals holding certification must earn and report at least 30 professional development hours (PDHs), which are equivalent to 3.0 ASHA continuing education units (CEUs), during their 3-year certification maintenance interval, adhere to the Code of Ethics, and pay annual dues and fees to renew their certification.	Certificate holders must demonstrate continued professional development for maintenance of the CCC-SLP.	The language of Standard VII was simplified, with the specific requirements now reflected within the implementation language.
The 30 PDHs must include the following:		
Content Area 1: 1 PDH in ethics		

Content Area 2: 2 PDHs in topics that strengthen the ability of ASHA-certified individuals to		
provide services that align with the unique histories, values, and circumstances of individuals, families, and communities, and/or		
enhance capacity for self-reflection, adaptability, and collaboration with colleagues, students, externs, Clinical Fellows, assistants, professionals, care partners, and others, as appropriate.		
Individuals who do not renew their certification can reinstate their certification by meeting the reinstatement requirements that are in place at the time of their reinstatement application.		
	Individuals holding certification must	
	<ul style="list-style-type: none"> • earn and report at least 30 professional development hours (PDHs) during the 3-year certification maintenance interval, 	No change.
	<ul style="list-style-type: none"> • adhere to the Code of Ethics, and 	No change.
	<ul style="list-style-type: none"> • pay annual certification fees to renew certification. 	No change.
	The 30 PDHs must include the following content areas:	
	<ul style="list-style-type: none"> • Content Area 1: One (1) PDH in ethics 	No change.
	<ul style="list-style-type: none"> • Content Area 2: Two (2) PDHs in topics that strengthen the ability of ASHA-certified individuals to provide services that 	No change.
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ align with the unique histories, values, and circumstances of individuals, families, and communities and/or 	No change.
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ enhance capacity for self-reflection, adaptability, and collaboration with colleagues, students, externs, Clinical Fellows, assistants, 	No change.

	professionals, care partners, and others, as appropriate.	
If certification maintenance requirements are not met within the 3-year interval, along with submission of applicable compliance documentation, then certification will expire.	ASHA-certified individuals who do not renew certification can reinstate certification by meeting the reinstatement requirements that are in place at the time of reinstatement application. If maintenance of certification is not accomplished within the 3-year interval, then certification will expire.	No change.