



**ASHA**

American  
Speech-Language-Hearing  
Association

## Ad Hoc Committee on Recognition of Advanced Non-Clinical Practice

Final Report

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### Committee Members/Affiliations

**Sue T. Hale**, MS, CCC-SLP: Former chair and member of Ad Hoc Committee on Supervision, Retired Associate Professor, Vanderbilt University, Nashville

**Kristina Blaiser**, PhD, CCC-SLP: Special Interest Group 18, Telepractice, Associate Professor, Idaho State University, Meridian

**Judith Brasseur**, PhD, CCC-SLP: Supervision Specialty Certification Petitioner Group, Professor Emerita, California State University, Chico

**Shatonda Jones**, PhD, CCC-SLP: Continuing Education Board (CEB), Assistant Professor, Rockhurst University, Kansas City

**Nancy L. Nelson**, AuD, CCC-A: Ad Hoc Committee on Supervision Training, Clinical Professor Audiology, Indiana University, Bloomington

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**Barbara Rodriguez**, PhD, CCC-SLP: CFCC, Professor, Department of Speech and Hearing Sciences, and Interim Sr Vice Provost, University of New Mexico, Albuquerque

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**Arlene E. Carney**, PhD, CCC-A: Board Liaison, Vice President for Standards and Ethics in Audiology, Professor, University of Minnesota, Minneapolis

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## **Ad Hoc Committee on Recognition of Advanced Non-Clinical Practice**

### **Charge**

The charge of the Committee was to recommend appropriate mechanism(s) to recognize areas of advanced, non-clinical specialty practice. Additionally, the Committee was directed to consider potential avenues for such recognition, to include: a type of certificate, a specialized Award for Continuing Education (ACE), a program of professional specialty certification, or other mechanisms. The Committee also was asked to identify necessary changes to the charge of the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC), which oversees the Committee on Clinical Specialty Certification (CCSC), or other ASHA programs/units that might be affected as a result of its recommendations.

### **History**

In 2017, a group of ASHA members from SIG 11 (Administration and Supervision) petitioned the CFCC for recognition of supervision as an area of clinical specialty certification. The petition was not approved by the CCSC or CFCC, but it generated substantial discussion by the CCSC, CFCC, and other ASHA Committees/Boards/Councils.

During the October 2017 CFCC meeting, the CCSC presented a motion proposing a two-tier program that would continue its current charge for advanced clinical specialty certification and add a professional specialty certification program. The motion failed. At the time of consideration of the motion, a majority of the CFCC indicated that the current charge to the CFCC and tenets of the clinical specialty Certification program limited the scope of clinical specialty certifications to practitioners who provide direct client/patient services.

In more recent discussions, the CCSC and the CFCC agreed and recommended that there should be a mechanism to recognize advanced professional (i.e., non-clinical) specialty practice in areas such as supervision and perhaps other broader professional areas as well. As a result of those discussions, the Ad Hoc Committee on Recognition of Advanced Non-Clinical Practice was approved by ASHA's Board of Directors (BOD 28-2018) and was directed to identify mechanisms for such recognition in advanced non-clinical areas. The work of the Committee was to be completed by June 30, 2019, via a face-to-face meeting, conference calls, and on-line discussions.

The members of the Committee were appointed in order to provide a broad perspective on advanced non-clinical recognition in audiology and speech-language pathology. Ms. Hale was selected to serve as Committee Chair. She previously served on ASHA's Ad Hoc Committee on Supervision. The Committee included leadership from the petitioning group in supervision (Dr. Brasseur) and the Committee on Supervision Training (Dr. Nelson) as well as individuals with expertise and background in other non-clinical areas that might have an interest in submitting future petitions for recognition. Dr. Rodriguez and Dr. Blaiser represented the areas of bilingual service delivery and telepractice, respectively. Other Committee members represented ASHA Committees/Boards/Councils —including the CFCC/CCSC (Ms. Puntill) and the CEB (Dr. Jones)—that might be impacted by Committee recommendations. The ex officio, Dr. Paul, participated

on the Committee from her perspective as ASHA's Director, Clinical Issues in Speech-Language Pathology. The Committee also had the input of the two board liaisons, the Vice President for Standards and Ethics in Audiology (Dr. Carney) and the Vice President for Standards and Ethics in Speech-Language Pathology (Dr. Jacobson), who had engaged in previous discussions on the issue by the BOD and the CFCC.

### **Committee Discussions**

The Committee held two conference calls in 2018 and had a face-to-face meeting at the ASHA National Office on December 2–4. Throughout the discussions, National Office staff provided input regarding relevant history, current structures, and potential options for recognition models. Todd Philbrick and Gretchen Ehret from the Certification unit, Dr. Ellen Fagan from Continuing Education (retired in 2019), Janet Deppe from State National Relations, and Dr. Lemmietta McNeilly, Chief Staff Officer for Speech-Language Pathology, provided guidance to the Committee.

With direction from its charge, the Committee considered a variety of means to provide recognition for advanced non-clinical practice. The Committee reviewed specialty recognition programs for a number of other professions, including physical therapy, occupational therapy, dentistry, physician assistants, pharmacy, and nursing. The Committee also reviewed certification models in the professions of audiology and speech-language pathology administered by other organizations, such as the American Academy of Audiology and the Academy of Neurologic Communication Disorders and Sciences. The other professions and organizations used advanced clinical recognition models almost exclusively, but the review provided guidance in the required amounts/types of continuing education, assessments of skills and knowledge, and administrative structures for such recognition.

In response to its charge, the Committee considered a number of potential models for recognition. Models that were discussed included recognition/certificate programs, badges, a Specialty ACE, and professional specialty certification. The Committee determined that both the recognition and certificate programs did not have sufficient rigor or oversight to make them valuable to the holder or employer. Although badge programs have become quite popular in the digital arena, they do not have rigorous criteria, and badges do not hold the level of recognition that the Committee views as appropriate. The Committee made an early decision to examine and gather input on two options: (a) a Specialty ACE and (b) a professional specialty certification.

The Committee was strongly influenced by previous efforts to establish professional recognition in the area of supervision. The Committee recognized the history of ad hoc committee work and the submission of a petition for specialty certification in supervision as key factors influencing the CFCC and the BOD in establishing the current committee. However, the Committee accepted its charge and the vision of recommending a mechanism with broad application to other areas of professional endeavor.

### **Specialty ACE**

The Specialty ACE was identified as a mechanism that could provide individuals with a means to develop knowledge in a particular area across the career path. The Specialty ACE was judged to be an award that an employer would value or possibly require for individuals in a specific area of professional endeavor. In providing input to the Committee, Dr. Ellen Fagan, Director of Continuing Education (retired in 2019), indicated that a Specialty ACE would be achievable with minor modifications to the current Continuing Education Program. A Specialty ACE could be established for clinical and professional (e.g., supervision, telepractice) areas of practice and would be available to professionals at any stage of their career. The Specialty ACE potentially could be used as a pathway toward advanced clinical or professional specialty certification.

The mechanism for creating a Specialty ACE currently exists. All ASHA CE–approved program offerings require a single code that delineates the primary subject matter of the program. Participation in programs under a particular code could be captured for each individual. If a Specialty ACE was offered in an area such as supervision or telepractice, the Continuing Education Board (CEB) could work with stakeholders to determine the required number of units/hours to be completed, timelines for completion, required level of instruction (introductory, intermediate, advanced), process of renewal, and so forth. Those guidelines could then be implemented through the Continuing Education Registry. If a subject code did not exist for an area of desired recognition, the CEB could work with interested stakeholders to establish the needed subject code. The Committee thought that the Specialty ACE could be a valuable step in a continuum of professional recognition. The establishment of the Specialty ACE would require approval by ASHA’s BOD.

### **Specialty Certification**

Since its current iteration in 2014, the CFCC—through its CCSC—has administered a program of Clinical Specialty Certification. A *clinical specialty* is one that has a definable population of clients/patients whose needs require a distinct body of knowledge, skills, and experience. Currently, approved clinical specialty areas exist for intraoperative monitoring ([American Audiology Board of Intraoperative Monitoring](#)), child language and language disorders ([American Board of Child Language and Language Disorders](#)), fluency and fluency disorders ([American Board of Fluency and Fluency Disorders](#)), and swallowing and swallowing disorders ([American Board of Swallowing and Swallowing Disorders](#)). Clinical Specialty Certification programs are in the approval process for augmentative and alternative communication, autism, and voice and upper airway disorders. Petitioning groups complete a Stage I application, on which they provide a broad overview of the area of specialization along with rationales as to its uniqueness from other clinical areas.

Once the Stage I application is approved, the petitioning group submits a Stage II application, which is more detailed and describes mechanisms for application, leadership, and testing. Following Stage II approval, the petitioning group becomes incorporated as a board, completes a practice analysis study and peer review, creates its assessment mechanism, and provides the direct administration of the program. The process from initial application to establishing a specialty board can take 3–5 years. Petitioning groups and boards in the later stages of creating their specialty certification are eligible to apply for grants offered by ASHA to offset the costs of

the process. Ultimately, the boards are sustained by board-certified member dues, CE activities, and re-certification. The CCSC provides oversight and receives annual reports from its active boards.

Under the current structure, all specialty certification boards must meet the following tenets:

1. The specialty area is unique from and does not critically overlap the scope of an existing specialty certification.
2. The specialty area affects a definable population of clients/patients whose needs require a distinct body of knowledge, skills, and experience.
3. The specialty area represents a distinct and definable body of knowledge and skills, grounded in basic applied research as well as in principles derived from professional practice.
4. The specialty area is one in which individual practitioners currently practice and/or are required for delivery of services to clients/patients.
5. The specialty area has mechanisms for acquisition of the required knowledge, skills, and experience.

The CFCC determined that professional specialty certification is not within the current scope of its charge or the charge of the CCSC. In order for a Committee recommendation for a program of advanced professional specialty certification to be implemented, the charge and title of the CFCC would need to be changed through the ASHA Bylaws, as would the tenets for clinical specialty certification. Once approved, the CFCC would determine the procedures to implement its expanded charge.

Although the CFCC saw a clear distinction between clinical and professional certification, the current Ad Hoc Committee believes that it would be important to define *professional specialty* in order to make recommendations. A professional specialty would have a definable area of practice that includes shared methodology, interests, skills, and knowledge applicable to a broad population of clinical activities or disorders. Professional specialty areas might include—but would not be limited to—supervision, telepractice, and bilingual service delivery.

### **Recommendations**

The Ad Hoc Committee on Recognition of Advanced Non-Clinical Practice recommends the following actions to the ASHA BOD:

#### **Recommendation 1**

Establish a Specialty ACE through a charge to the CEB. The CEB should solicit input from Special Interest Groups as to which groups would wish to request the Specialty ACE in currently existing subject areas. The Specialty ACE program should include both clinical and professional areas. The CEB, working with stakeholders, would determine the number of continuing education units/clock hours required, the renewal period, and the level of instruction required for the Specialty ACE. If new subject codes are needed for areas of professional endeavor, stakeholders in those areas of specialization should be engaged to determine appropriate content for applicable CE courses.

## Recommendation 2

Establish a specialty certification program for areas of advanced professional practice.

## Recommendation 3

Modify the Association Bylaws to expand the title and charge of the CFCC to read as follows (recommended changes shown in italics):

NOTE: The Ad Hoc Committee on Recognition of Advanced Non-Clinical Practice is proposing that an additional program, Advanced Professional Specialty Certification, be part of the charge of the CFCC (with a proposed title change; see language below). The Committee suggests including all programs of the CFCC in the proposed bylaws changes. Therefore, the BOD and the CFCC may want to consider amending the Bylaws to reflect the upcoming Assistant Certification Program (as proposed in the language below; italics indicate changes to the existing language).

### **8.1 Council for Certification in Audiology and Speech-Language Pathology**

The Association, by action of the Board of Directors, shall establish and maintain certification *programs for entry-level clinical certification, advanced clinical specialty certification, advanced professional specialty certification, and assistant certification*. The Association shall establish the Council for *Certification in Audiology and Speech-Language Pathology (CFC)*, which shall define the standards for *ASHA's certification programs*, apply those standards *to applicants for certification*, and make essential certification decisions as listed in the semi-autonomous entities agreement.

The *CFC* will accept, process, and rule on applications submitted for *creation of clinical and professional specialty boards* and will monitor each specialty *certification Board* in the implementation of mechanisms to verify *(1) compliance with specialty certification requirements, (2) fair and efficient administration of specialist standards and documentation requirements for each applicant, and (3) the procedures for appeals*.

Members of the *CFC* shall be appointed following policies established by the *CFC*. The *CFC* shall have final authority to establish and revise the standards for *ASHA's certification programs* and to suspend or withdraw *certification of audiologists, speech-language pathologists, and assistants* in cases where *certification* was granted on the basis of inaccurate information or where *it is found that* the individuals fail to comply with the certification maintenance requirements. Subject to the application of established appeal procedures, all decisions of the *CFC*, including those above—as well as initial denial, suspension, withdrawal, or reinstatement of certification—shall be final. The *CFC* authorizes the Board of Ethics to apply the Code of Ethics to certificate holders for violations and *to impose sanction(s)*.

## Recommendation 4

Establish a procedural handbook for specialty certification in advanced non-clinical practice with tenets that recognize that non-clinical practice may be an overarching or broad endeavor used with a variety of populations. The professional specialty certification would reflect expertise in skills and knowledge within a broad but identifiable area (examples include but are

not limited to supervision, telepractice, and bilingual service delivery). Even though the distinction is being made between clinical specialty certification and professional specialty certification, the professional areas would be clinically related to the audiology and speech-language pathology practices. The Committee does not envision professional specialty certification in areas that are strictly professional and that do not have a clinical aspect to them, such as leadership, management, or marketing.

#### Recommendation 5

Although the CFC will have autonomy in creating the professional specialty certification program, the Committee recommends that the CFC continue to oversee all specialty certifications, with two separate committees within the CFC being identified—one for advanced clinical specialty certifications and the other for professional specialty certifications.