NOTE: The format used in this document is one example of regulatory formats. States may require that a specific organizational style be used in developing this kind of regulation.

NOTE: Drafters need to be aware of statutory interpretation in their states. Some states are permissive, meaning that activities or functions are permitted unless specifically prohibited in regulations. Other states are restrictive, meaning that unless the regulation specifically allows a function or activity it is prohibited. For example, in a restrictive state cerumen removal by audiologists would be prohibited unless the scope of practice in the regulation specifically includes it. Drafters in restrictive states need to be more concerned about specific language.

§101. Citation.
This chapter may be cited and referred to as the "Speech-Language Pathology and Audiology Regulations."

§102. Definitions.
1. As used in these regulations, the terms and phrases, which have not already been defined will have the meaning as set out in the State Licensure of Audiologists and Speech-Language Pathologists Act.

§103. Qualifications for Licensure
1. Applicants for licensure as an audiologist shall meet the following requirements:
   a. Certificate of Clinical Competence in Audiology from the American Speech-Language-Hearing Association; or
   b. Doctoral degree in audiology from a recognized educational institution whose program is accredited by the Council of Academic Accreditation (CAA);
   c. Completion of 1,820 hours of supervised clinical practicum; and
   d. Earned a passing score on the national examination in audiology
   c. When an individual moves from a bachelor's degree to a doctoral degree without a master's degree in between, the clinical practicum is completed pre-degree rather than post-degree. ASHA CCC requires 1,820 hours of supervised clinical practicum. See: http://www.asha.org/Certification/2012-Audiology-Certification-Standards/
   d. The national examination in Audiology is used by ASHA to satisfy the examination requirement for the Certificates of Clinical Competence and by all
2. Applicants for licensure as a speech-language pathologist shall meet the following requirements:
   a. Certificate of Clinical Competence in Speech-Language Pathology from the American Speech-Language-Hearing Association; or
   b. Master’s degree or higher in speech-language pathology from a recognized educational institution whose program is accredited by the Council of Academic Accreditation (CAA);
   c. Completion of 400 hours of supervised clinical practicum, a minimum of 325 hours shall be completed at the graduate level;
   d. Completion of a 36 week full-time, or part-time equivalent, supervised clinical fellowship; and
   e. Earned a passing score on the national examination in speech-language pathology administered by the Educational Testing Service (ETS).

3. Applicants for provisional licensure as a speech-language pathologist shall meet the following requirements:
   a. Master’s degree in speech-language pathology from a recognized educational institution whose program is accredited by the Council of Academic Accreditation (CAA);
   b. Completion of 400 hours of supervised clinical practicum, a minimum of 325 which shall be completed at the graduate level; and
   c. Earned a passing score on the national examination in speech-language pathology administered by the Educational Testing Service (ETS).

   c. ASHA CCC requires a minimum of 400 clock hours of supervised clinical practicum. At least 25 hours must have been spent in clinical observation and at least 375 clock hours must have been spent in direct client/patient contact. See:

   e. The national examination in Speech-Language Pathology is used by ASHA to satisfy the examination requirement for the Certificates of Clinical Competence and by all currently existing licensure boards to satisfy the examination requirement for state licensure. The national examinations are administered by the Educational Testing Service of Princeton, New Jersey.

   c. Although Medicare is silent, we believe the intent was to include passing of the exam as part of the requirement for billing.
d. A person holding a provisional license is authorized to practice speech-language pathology only while working under the mentorship of an ASHA-certified and state-licensed individual.

4. Applicants for limited licensure/registration for telepractice shall meet the following requirements.
   a. The speech-language pathologist or audiologist does not live in this state, does not have an office in this state and does not provide service in the physical presence of a client in this state;
   b. The speech-language pathologist or audiologist is licensed or certified to practice and in good standing without restriction on their license, in the state from which the speech language pathologist or audiologist provides telepractice services;
   c. The speech-language pathologist or audiologist has not had a license to practice speech-language pathology or audiology revoked, suspended or restricted in any state or jurisdiction;
   d. The speech-language pathologist or audiologist agrees to be subject to the state laws and the requirements of the Board.
   e. Telepractitioners shall comply with all laws, rules and regulations governing the maintenance of client records, including client confidentiality requirements, regardless of the state where the records of any client within this state are maintained and upon request shall furnish such records to the state upon request within the time frame set forth by the state.

4. A limited license/registration for telepractice is included to ensure that any provider outside of the state who provides services inside the state have the education and qualifications to do so.

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<tr>
<th>§104. Waiver of Requirements</th>
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<tr>
<td>1. The Board may waive the requirements for an applicant who otherwise meets the standards for licensure and who holds a current unrestricted license from another state with equivalent standards or who holds a Certificate of Clinical Competence from the American Speech-Language-Hearing Association.</td>
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<th>§104. Waiver of Requirements</th>
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<tr>
<td>1. ASHA’s Certificate of Clinical Competence is recognized in the majority of states for the purposes of reciprocity or interim practice and, for that reason, may aid the practitioner who moves or wishes to work in another state. In recognizing the CCC for the purposes of reciprocity or interim practice, states appreciate the scientific validity and high standards of the credential.</td>
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2. Individuals holding an unrestricted speech-language pathology or audiology license from another state are permitted to practice in this state for five consecutive days within each renewal period upon proof of current license submitted to the Board’s office 10 days prior to the scheduled activity.

3. In a public health emergency, declared as such by the governor of this state, the requirement for a state license as an audiologist or speech-language pathologist may be waived by the board to those out-of-state audiologists or speech-language pathologists, whose licenses, certifications or registrations are current and unrestricted in another jurisdiction of the United States, for a period of time not to exceed the duration of the public health emergency. Individuals seeking to provide services on a voluntary basis shall meet all of the qualifications for licensure in this state and shall abide by the American Speech-Language-Hearing Association Code of Ethics.

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<tr>
<th>§105. Application and Documentation for Licensure</th>
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<tr>
<td>1. An application for a license to practice as an audiologist or speech-language pathologist in this state shall be made upon such a form prescribed by the Board with the appropriate application fee.</td>
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<tr>
<td>2. Official transcripts shall be sent to the Board directly from the academic institution from which the academic requirements were earned. The Board may accept an official sealed transcript from the applicant or official confirmation from the registrar, via letter or electronic transmission.</td>
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<td>3. As required by §103 (1), (2) or (3), documentation of supervised clinical practicum hours shall be submitted on appropriate academic institution forms and signed by a clinical supervisor or director and submitted directly to the Board.</td>
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<tr>
<td>4. Documentation of 36 week full-time, or part-time equivalent months of postgraduate professional employment/experience for speech-language pathologists shall be submitted directly to the Board in writing on official letterhead of the employer, and signed by the supervising speech-language pathologist.</td>
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<th>§105. Application and Documentation for Licensure</th>
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<tr>
<td>2. Types of activities that may fall under this section may include trainings, and teaching.</td>
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<tr>
<td>3. Clinical practicum hours are required for audiologists, speech-language pathologists, and provisional licensure for speech-language pathologists.</td>
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<tr>
<td>4. Applicants for provisional licensure are exempt from this requirement as they obtain their postgraduate professional employment/experience in speech-language pathology during the 36 weeks of full-time or part-time equivalent employment.</td>
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</table>
pathologist. Applicants for provisional licensure for post-graduate professional experience in speech-language pathology are exempt from this requirement.

5. Documentation requirements may be waived for speech-language pathologists and audiologists who submit verification of a current unrestricted license from another state with equivalent standards or the Certificate of Clinical Competence from the American Speech-Language-Hearing Association.

§106. Licensure of Veteran’s or Active Military Personnel; Licensing of Military Spouses

1. Expedited application of licensure shall be granted to individuals who are veteran’s or active military personnel or to a military spouse licensed, certified or registered in another jurisdiction.

   a. Applications shall be submitted in accordance with §105.
   b. Applicants shall submit with the application a copy of current military-issued identification and military orders.
   c. Applicants who are the spouse of military personnel shall submit with the application a copy of current military-issued identification, marriage license, and an affidavit attesting that applicant is married to military personnel.

§107. License Renewals

1. The Board shall set fees for licensure renewals. Such fees will be published and available upon request. Licensee will be notified of renewal fees with their notification of renewal.

2. Licensees with their ASHA Certificate of Clinical Competence may show proof of maintenance to fulfill the requirements of this section.

3. Licensees shall participate in continuing professional education activities of at least 30 clock hours for each three-year renewal period. Continuing education hours may not be carried over from one licensure period to another. Twenty-five continuing education hours or 2.5 continuing education units (CEU) must be directly related to the clinical practice

3. Some state licensing boards have additional continuing education requirements, such as requiring ethics or jurisprudence hours.
of audiology or speech-language pathology. Dual licensees only need to accumulate 30 total CEUs which can be earned in either the field of audiology or speech-language pathology.

4. The Continuing Education Unit (CEU) is defined as ten contact hours of participation in a pre-planned, organized continuing education/learning experience under responsible sponsorship, capable directions and qualified instructors. Ten contact hours equals 1.0 CEUs. “Clock hour” means 60 minutes of time spent involved in a documented learning activity.

5. Continuing education hours may be earned from:
   a. The American Speech-Language-Hearing Association (ASHA) and ASHA approved providers as well as additional providers approved by the Board; or
   b. Completion of course work at a regionally or nationally accredited university in an area related to the science and practice of audiology or speech-language pathology. Fifteen clock hours or 1.5 CEUs equals one semester hour of course work.
   c. A course not approved by an organization listed in this section must be reviewed and approved by the Board at least 60 days prior to attendance or participation in the activity.

6. The licensing period is three years from the first day of the month in which the licensee is initially licensed. Hereafter the renewal date is every 36 months (3 years) from the initial licensing date.

7. Individuals applying for initial licensure within a licensing term must accrue continuing education hours on a prorated scale. Written notification of required hours will be sent to the applicant at the time of licensure.

8. Activities not acceptable for meeting renewal requirements include:
   a. meetings for the purpose of policy decisions;
   b. orientation to specific work-site such as organizational structure, processes and procedures;
   c. serving on committees or boards;
   d. serving in a leadership function;
   e. committee, board or legislative meetings;
   f. visiting exhibits, entertainment, recreational activities, social events,
9. The Board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, officially declared disasters and so forth. The board will determine the renewal requirements that individuals must meet who are considered partially or totally exempt.

10. Licensees selected in a random annual audit conducted by the board shall provide documentation as specified by the Board no later than forty-five (45) days of receiving notification of the audit.

§108. Licensee records

1. The licensee shall retain records on the specified form issued by the Board with all supporting documentation for a period of four (4) years following the renewal of an active license.

2. Records in the form of an official transcript from an approval agency or approved organization recognized by the Board will meet the Board’s documentation requirements.

§109. Lapsed or Inactive License

1. When a license is not renewed by the expiration date, the Board may consider reinstatement of a license for up to five (5) years from the date of expiration. In addition to payment of the back renewal fee and a reinstatement fee, the licensee shall provide documentation of having completed the continuing education hours for the period in which the license has been inactive.

2. When a license has lapsed for more than five (5) years, the Board may require the applicant to submit a recent passing score on the national examination in audiology or speech-language pathology administered by the Educational Testing Service (ETS).

3. When a licensee has notified the board that they will not be actively practicing during a period of not greater than five (5) years, the Board may waive any payment of back renewal fees or reinstatement fees so long as the licensee provides documentation of having completed the continuing education hours for the period in which the license has been inactive.

§109. Lapsed License

1. A lapsed license is one in which the licensee has not notified the Board that the licensee will not be renewing their license.

3. An inactive license is one in which the licensee has notified the Board that they will not be actively practicing for a period of time less than five (5) years.
§110. Suspended or Revoked License

1. A suspended license is subject to expiration and may be renewed, but such renewal shall not entitle the licensee, while the license remains suspended and until it is reinstated, to engage in the licensed activity, or any other conduct or activity in violation of the order by which the license was suspended.

2. If a license is revoked on disciplinary grounds the Board may allow a licensee to apply for reinstatement after its expiration. The licensee, as a condition of reinstatement, shall meet license requirements for new licensees and shall pay a reinstatement fee that shall equal the renewal fee in effect on the last regular renewal date immediately preceding the date of reinstatement, plus any additional fees set by the Board or file a new application for licensure and meet all the qualifications and fees for a new license.

§111. Mentorship Requirements for Provisional Licensure

1. Provisional licensees are required to be mentored by an ASHA certified and state licensed speech-language pathologist.

2. A mentoring speech-language pathologist or audiologist must have a minimum of two (2) years of full-time employment following the attainment of their Certificate of Clinical Competence from the American Speech-Language-Hearing Association and state license.

3. The mentor must engage in direct and indirect observation of the mentee in order to monitor, observe, evaluate, and make suggestions for improvement regarding the mentee’s professional employment.

4. Speech-language pathologists or audiologists may share the mentorship responsibility for provisional licensees, but each mentoring speech-language pathologist or audiologist shall complete and submit the necessary mentorship forms.

5. Mentorship records, including mentoring logs and other documentation of mentorship, shall be maintained by both the mentor and mentee. Documentation of mentorship or evidence of their Certificate of Clinical Competence from the American Speech-Language-Hearing Association may be requested by the Board.
6. The direct mentorship of the licensee, whether employed full-time or part-time, shall include a minimum of eighteen (18) hours of direct, on-site observations.

**§112. Evaluation of Swallowing and Voice**

A licensed speech-language pathologist may perform any non-medical assessment and treatment related to voice and swallowing function using any procedure designated for that purpose. Examples of such procedures include, but are not limited to, fiberoptic endoscopic examination of swallowing (FEES) and modified barium swallow (MBS). A licensed speech-language pathologist shall not perform a procedure unless he or she has received training and is competent to perform these procedures.

A licensed speech-language pathologist must have protocols in place for emergency medical backup when performing voice and swallowing procedures.

**§113. Telepractice Service Delivery**

1. **Definitions**
   a. As contained in this section, the following terms have the meanings indicated unless the context otherwise requires.
   b. **Terms Defined:**
      1) “Patient” or “client” means a consumer of telepractice services.
      2) “Telepractitioner” means an audiologist or speech-language pathologist who provides telepractice services.
      3) “Telepractice Service” means the application of telecommunication technology to deliver speech-language pathology and/or audiology services at a distance for assessment, intervention and/or consultation.
      4) “Telepractice” means telehealth, telespeech, teleSLP or teleaudiology when used separately or together.
      5) “Consultation” means collaborating with a primary service provider to assist with evaluation or management.
      6) “Clinician Site” means the site at which the speech-language pathologist or audiologist delivering the service is located at the time the service is provided via telecommunications.

**§112. Evaluation of Swallowing and Voice**


**§113. Telepractice Service Delivery**

ASHA defines telepractice as the application of telecommunications technology to delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation. ASHA's position is that telepractice is an appropriate model of service delivery for the professions of speech-language pathology and audiology. Telepractice may be used to overcome barriers of access to services caused by distance, unavailability of specialists and/or subspecialists, and impaired mobility.
7) “Client/Patient Site” means the location of the patient or client at the time the service is being delivered via telecommunications.

8) “Facilitator” means the individual at the client site who facilitates the telepractice service delivery at the direction of the audiologist or speech-language pathologist.

2. Guidelines for Use of Telepractice
   a. Services delivered via telecommunication technology must be equivalent to the quality of services delivered face-to-face, i.e. in-person.
   b. Telepractice services must conform to professional standards including, but not limited to: Code of Ethics, scope of practice, professional policy documents and other relevant federal, state and institutional policies and requirements.
   c. Telepractitioners must have the knowledge and skills to competently deliver services via telecommunication technology by virtue of education, training and experience.
   d. The use of technology, e.g. equipment, connectivity, software, hardware and network compatibility, must be appropriate for the service being delivered and be able to address the unique needs of each client.
   e. Telepractice service delivery includes the responsibility for calibration of clinical instruments in accordance with standard operating procedures and the manufacturer’s specifications.
   f. The telepractitioner is responsible for assessing the client’s candidacy for telepractice including behavioral, physical and cognitive abilities to participate in services provided via telecommunications.
   g. At a minimum, notification of telepractice services should be provided to the client, the guardian, the caregiver and the multi-disciplinary team, if appropriate. The notification could include but not be limited to: the right to refuse telepractice services, options for service delivery, and instructions on filing and resolving complaints.
   h. Telepractitioners shall comply with all laws, rules and regulations governing the maintenance of client records, including client confidentiality requirements, in the state where the client is receiving services, regardless of the state where the records of any client within this state are maintained.
3. Limitations of Telepractice Services
   a. Telepractice services may not be provided by correspondence only, e.g., mail, email, faxes, although they may be in connection with telepractice.
   b. Interstate and intrastate telepractice may be limited by the state, state licensure boards, federal or reimbursement laws and policies.
   c. Audio and video quality shall be sufficient to deliver services that are equivalent to in-person service delivery.

§114. Interstate Telepractice

1. Definitions
   Telepractice across state lines means:
   a. The application of telecommunications technology to deliver speech-language pathology and/or audiology services at a distance for assessment, intervention and/or consultation, to a client in this state.
   b. Consultation means collaborating with a primary service provider to assist with evaluation or management.
   c. Consultant means a speech-language pathologist or audiologist who provides consultations to a primary service provider in this state.
   d. Episodic means consultations or services provided on an irregular or infrequent basis. Irregular or infrequent means less than once a month or the provision of services to fewer than ten clients annually.
   e. Definitions provided in Section 113.01, Telepractice Service Delivery, are applicable here.

2. Exemptions
   Requirements for a limited license/registration do not apply to:
   a. Episodic services or consultation provided by a speech-language pathologist or audiologist located outside of the state who provides such consultations or services upon request to a person licensed in this state;
   b. The provision of speech-language pathology or audiology services across state lines during a declared state of emergency if no charge is made for the assistance;
   c. Services provided by a speech-language pathologist or audiologist in another jurisdiction to faculty, researchers, clinicians and/or students for the purposes of research or teaching of communication disorders.
   d. Informal consultation performed outside the context of a contractual relationship and on
an irregular or infrequent basis without direct or indirect compensation.

3. Sanctions
   a. Any person who violates the provisions of this article is subject to the laws of this state.
   b. Nothing shall restrict the Board’s authority to discipline any speech-language pathologist or audiologist licensed to practice in this state who violate the provisions of Model Bill for State Licensure of Audiologists and Speech-Language Pathologists, while engaging in the practice of speech-language pathology or audiology in this or any other state.

4. License Required
Licensed audiologists and speech-language pathologists can provide telepractice services through telephonic, electronic, or other means including diagnosis, consultation, treatment, transfer of healthcare information and continuing education. Telepractice regardless of where the service is rendered or delivered constitutes the practice of speech-language pathology or audiology and shall require state licensure.

§115. Code of Ethics
A licensee shall adhere to the standards set forth in the then-current Code of Ethics of the American Speech-Language-Hearing Association and Code of Ethics adopted by the state licensure board. Any final judgment or sanction by a licensure board should be reported to ASHA and other pertinent professional associations.