

# AGREEMENT FOR THE MUTUAL RECOGNITION OF PROFESSIONAL ASSOCIATION CREDENTIALS 2022

BETWEEN

THE AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION



SPEECH-LANGUAGE & AUDIOLOGY CANADA



THE IRISH ASSOCIATION OF SPEECH AND LANGUAGE THERAPISTS



THE NEW ZEALAND SPEECH-LANGUAGE THERAPISTS' ASSOCIATION  
INCORPORATED



THE ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS



THE SPEECH PATHOLOGY ASSOCIATION OF AUSTRALIA LIMITED



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# THE AGREEMENT

This Agreement, supersedes the Mutual Recognition Agreement 2008 which superseded the Mutual Recognition Agreement 2004 is made this 8th day of June, 2022 for mutual recognition of the substantial equivalence of the below-specified status of certification or full membership of the following associations: the American Speech-Language-Hearing Association, Speech-Language & Audiology Canada, the Irish Association of Speech and Language Therapists, the New Zealand Speech-Language Therapists' Association (Incorporated), the Royal College of Speech and Language Therapists, and the Speech Pathology Association of Australia Limited.

<i>Association</i>	<i>Status</i>
American Speech-Language-Hearing Association (ASHA)	Certificate of Clinical Competence - Speech-Language Pathology (CCC-SLP) <sup>1</sup>
Speech-Language & Audiology Canada (SAC)	SAC Certified Speech-Language Pathologist (S-LP(C)) <sup>2</sup>
Irish Association of Speech and Language Therapists (IASLT)	Full Member <sup>3</sup>
New Zealand Speech-language Therapists' Association (Incorporated) (NZSTA)	Full Member <sup>4</sup> (with the exception of those who graduated before 1993)
Royal College of Speech and Language Therapists (RCSLT)	Certified Member (Cert MRCSLT) <sup>5</sup>
The Speech Pathology Association of Australia Limited (Speech Pathology Australia)	Certified Practising Speech Pathologist (CPSP) <sup>6</sup>

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<sup>1</sup> See Glossary of Terms entry No. 3 'Certificates of Clinical Competence (CCC)'

<sup>2</sup> See Glossary of Terms entry No. 5 'Certified Member of SAC, S-LP(C)'

<sup>3</sup> See Glossary of Terms entry No. 10 'Full Member of IASLT'

<sup>4</sup> See Glossary of Terms entry No. 11 'Full Member of NZSTA'

<sup>5</sup> See Glossary of Terms entry No. 6 'Certified Member of RCSLT (Cert MRCSLT)'

<sup>6</sup> See Glossary of Terms entry No. 7 'Certified Practising Speech Pathologist (CPSP)'

## PREAMBLE

The Signatory Associations<sup>7</sup> agree that many benefits exist to the international community in establishing a transparent, robust, and professionally and ethically sound basis for mutual recognition by one Signatory Association of the requirements for certification<sup>8</sup> or full membership<sup>9</sup> of speech-language pathologists<sup>10</sup> granted by other Signatory Associations. These benefits include:

- Assisting the academic community, continuing education providers, industry, regulatory authorities and the public by identifying common standards of clinical competence.
- Facilitating the ongoing exchange of knowledge as it relates to such issues as research, continuing professional development, emerging technologies, and other aspects of professional practice.
- Promoting greater international understanding of the role of speech-language pathologists.
- Improving the mobility of individuals with approved credentials for employment.
- Responding to respective governmental interests in reducing trade barriers.
- Streamlining the mutual recognition process for individuals who are credentialed by the Signatory Associations.
- Providing a process for the inclusion of other professional associations from interested countries in the mutual recognition of qualifications and credentials for speech-language pathologists.

Whereas, within their respective jurisdictions, the Signatory Associations are the nationally recognised professional associations<sup>11</sup> for the profession of speech-language pathology; and

Whereas, the Signatory Associations have programmes of certification and/or attaining full membership or ascertaining eligibility for certification or full membership that have gained acceptance and recognition within their respective countries and that, in accordance with certain specified standards, recognise individuals within the field of speech-language pathology as having obtained the basic education, knowledge and competencies determined necessary to provide independent clinical services in the field; and

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<sup>7</sup> See Glossary of Terms entry No. 21 ‘Signatory Association(s)’

<sup>8</sup> See Glossary of Terms entry No. 4 ‘Certification’

<sup>9</sup> See Glossary of Terms entry No. 12 ‘Full Membership’

<sup>10</sup> See Glossary of Terms entry No. 22 ‘Speech-Language Pathologist’

<sup>11</sup> See Glossary of Terms entry No. 18 ‘Professional Association’

Whereas, the Signatory Associations recognise that increased trade and mobility between the United States of America, Canada, Ireland, New Zealand, the United Kingdom, and Australia has increased the need for, and desirability of, speech-language pathologists of one Association to obtain recognition by another Association; and

Whereas the Signatory Associations recognise that national, state, or provincial/territorial licensing or registration<sup>12</sup> may be required for practice in a particular jurisdiction whether or not an individual practitioner is certified or holds full membership or eligibility for certification or full membership; and

Whereas the Signatory Associations recognise that this Agreement does not apply to such licensing or registration; and

Whereas the Signatory Associations further recognise that all individuals applying under this Agreement will, in addition to the terms addressed in this Agreement, also need to meet any other legal or other requirements that may be imposed through immigration standards or national, state, or provincial/territorial laws; and

Whereas, the Signatory Associations, having utilised a mutually agreed set of negotiating principles, processes and terminology to examine the practice of the professions in the respective countries including codes of ethics, scopes of practice, degree of autonomy; and

Whereas the Signatory Associations, having utilised a mutually agreed set of negotiating principles, processes and terminology to examine the certification standards of ASHA, SAC, RCSLT and Speech Pathology Australia and the standards for obtaining full membership of IASLT and NZSTA, including required academic and clinical education in accordance with the Home association's programmatic standards, accreditation of academic programmes in each Home association's respective country, degree titles, clinical experience, and assessment mechanisms; and

Whereas the Signatory Associations, having utilised a mutually agreed set of negotiating principles and processes and terminology to examine the certification processes of ASHA, SAC, RCSLT and Speech Pathology Australia and the processes for obtaining full membership of IASLT and NZSTA for determining initial recognition, maintenance, and renewal including the surveillance mechanisms of each of the Signatory Associations; and

Whereas, the Signatory Associations determine that within the terms and conditions set forth below, the certification process of ASHA, SAC, RCSLT and Speech Pathology Australia and the process for obtaining full membership of IASLT and NZSTA and standards of each organisation provide a substantially equivalent determination of an individual's preparation for certification or full membership for the Signatory Associations where the applicant received their qualifications and credentials to practice from an accredited education program in Australia, Canada, Ireland, New Zealand, the United Kingdom or the United States of America; and

Whereas, the Signatory Associations desire to provide a mechanism by which individuals who are recognized by one Association can, through mutual recognition and subject to conditions specified below, obtain initial certification (ASHA, SAC, RCSLT and Speech Pathology Australia) and/or eligibility for initial certification (Speech Pathology Australia) or full membership (IASLT and NZSTA) by the other Associations;

Whereas, the Signatory Associations agree that the New Association<sup>13</sup> will provide rules and procedures for the continued recognition of the credentials of an individual who obtains initial certification or eligibility for certification or full membership of the New Association by virtue of this MRA; and

Whereas, the Signatory Associations agree that the individual shall adhere to any certification or membership maintenance requirements as specified by their Home Association, including requirements for reinstatement, recertification, or reapplication;

Now therefore, the Signatory Associations agree to the following:

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<sup>12</sup> See Glossary of Terms entry No. 15 'Licensure/Registration'

<sup>13</sup> See Glossary of Terms entry No. 17 'New Association'

# CONDITIONS

## 1. Programme of Mutual Recognition Established

The Signatory Associations hereby endorse each other's certification/full membership requirements in the field of speech-language pathology under terms and conditions set forth below as providing substantially equivalent determination for recognition, and provide procedures by which certificate holders, certified members, or full members of the Signatory Associations can apply for expedited certification (ASHA, SAC, RCSLT, and Speech Pathology Australia) or full membership (IASLT and NZSTA) from the other Signatory Associations.

## 2. Eligible Applicants to the Mutual Recognition Agreement (MRA)<sup>14</sup> In order to obtain mutual recognition, an individual must fall within the specified categories below of the Home Association<sup>15</sup> and be in 'good standing'<sup>16</sup>, as defined by each Home Association, at the time of application to a New Association.

The specified categories are:

American Speech-Language-Hearing Association (ASHA) – Certificate of Clinical Competence - Speech-Language Pathology (CCC-SLP)<sup>17</sup>

Speech-Language & Audiology Canada (SAC) – Certified Speech-Language Pathologist (S-LP(C))<sup>18</sup>

Irish Association of Speech and Language Therapists (MIASLT) – Full Member<sup>19</sup>

New Zealand Speech-language Therapists' Association (Incorporated) (NZSTA) – Full Member<sup>20</sup> (with the exception of those who graduated before 1993)

Royal College of Speech and Language Therapists (RCSLT) – Certified Member (Cert MRCSLT)<sup>21</sup>

Speech Pathology Association of Australia Limited (Speech Pathology Australia) – Certified Practising Speech Pathologist (CPSP)<sup>22</sup>. Provisional CPSP are not eligible.

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<sup>14</sup> See Glossary of Terms entry No. 16 'Mutual Recognition Agreement (MRA)'

<sup>15</sup> See Glossary of Terms entry No. 14 'Home Association'

<sup>16</sup> See Glossary of Terms entry No. 13 'Good Standing'

<sup>17</sup> See Glossary of Terms entry No. 3 'Certificates of Clinical Competence (CCC)'

<sup>18</sup> See Glossary of Terms entry No. 5 'Certified Member of SAC, S-LP(C)'

<sup>19</sup> See Glossary of Terms entry No. 10 'Full Member of IASLT'

<sup>20</sup> See Glossary of Terms entry No. 11 'Full Member of NZSTA'

<sup>21</sup> See Glossary of Terms entry No. 6 'Certified Member of RCSLT (Cert MRCSLT)'

<sup>22</sup> See Glossary of Terms entry No. 7 'Certified Practising Speech Pathologist (CPSP)'

### **3. Applications**

Speech-language pathologists who desire to obtain certification (ASHA, SAC, RCSLT, and Speech Pathology Australia) or full membership (IASLT and NZSTA) from another Signatory Association must apply to the New Association's national office. The application must include:

- The application form and applicable fees of the New Association.
- A letter of good standing<sup>23</sup> from the applicant's Home Association attesting that the applicant holds current certification (ASHA, SAC, RCSLT, and Speech Pathology Australia) or full membership (IASLT and NZSTA) with the Home Association.
- A signed declaration of disclosure by the applicant regarding any convictions for criminal offences, any findings of professional misconduct, incompetence, or incapacity in relation to the profession and any pending charges before any disciplinary board related to the practice of the profession, if and to the extent that such release of information is consistent with the applicable policies and procedures of the Signatory Association and the law of that country.
- A signed statement of consent to allow all disciplinary boards to share information regarding any convictions and disciplinary actions including any that may arise subsequent to the application against the individual and pending charges, if such release of information is consistent with the applicable policies and procedures of the Signatory Association and the law of that country.
- Any additional requirements specified by the New Association in section 4 below.

The application may include:

- Demonstration and/or documentation of language proficiency necessary for competent clinical practice in the country to which the applicant is applying.

### **4. Additional Requirements**

*A. ASHA requires MRA applicants from the Associations specified below to provide the following:*

1. For applicable members<sup>24</sup> of IASLT, NZSTA, RCSLT, and Speech Pathology Australia: Evidence of passing the ASHA-approved national certification examination.



2. For applicable members of SAC who were awarded SAC certification on or before 12/31/2020 and/or who have passed the SAC Certification Exam:

2a. Completion of an ASHA Clinical Fellowship under the supervision of an ASHA- certified speech-language pathologist or documented evidence of a minimum of 1,260 post-graduate hours of clinical experience (the equivalent of 36 weeks of professional employment as a speech-language pathologist at 35 hours per week) supervised by an individual who is ASHA-certified (CCC-SLP) or who is an SAC Certified Speech-Language Pathologist S-LP(C). During this clinical experience, these applicants will need to have demonstrated successful achievement of the skills identified in the current Clinical Fellowship Skills Inventory instrument.

3. For applicable members of SAC awarded SAC certification on or after 1/1/2021 and/or who have not passed the SAC Certification Exam:

3a. Evidence of passing the ASHA-approved national certification examination. Exam scores are valid for exactly 5 years from the date the examination was passed.

3b. Completion of an ASHA Clinical Fellowship (CF) or documented evidence of a minimum of 1,260 post-graduate hours of clinical experience (the equivalent of 36 weeks of professional clinical employment as a speech-language pathologist at 35 hours per week) supervised by an individual who is ASHA-certified (CCC-SLP) or who is an SAC Certified Speech-Language Pathologist (S-LP(C)). During this clinical experience, these applicants will need to demonstrate successful achievement of the skills identified in the current Clinical Fellowship Skills Inventory instrument.

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<sup>23</sup> See Glossary of Terms entry No. 13 ‘Good Standing’

<sup>24</sup> See Glossary of Terms entry No. 1 ‘Applicable Members’

<sup>25</sup> See Glossary of Terms entry No. 8 ‘Clinical Fellowship (also known as CF)’

*B. SAC requires MRA applicants from the Associations specified below to provide the following:*

1. For applicable members of RCSLT: Evidence of demonstrated competency in dysphagia assessment, diagnosis and management, either through evidence of specific courses passed or prior experience. Acceptable evidence includes completion of the Dysphagia Training and Competency Framework at a Level C signed by a RCSLT member. For members who graduated prior to 2015, the Dysphagia Training and Competency Framework is not sufficient on its own and needs to be supplemented with other evidence to demonstrate dysphagia competency. For members who graduated after 2015, the Dysphagia Training and Competency Framework at a Level C signed by a RCSLT member is sufficient.

*C. IASLT requires MRA applicants from the Associations specified below to provide the following:*

1. For applicable members of SAC: documented evidence of having completed at least one year of clinical practice as a speech and language therapist. A year of clinical practice is defined as a calendar year of continuous employment in clinical practice, with a minimum of 1,000 hours in that year.
2. For applicable members of ASHA and SAC: Evidence of recency of practice – 1,000 hours of clinical practice, and/or conducting clinical research or college/university teaching within the previous five years.
3. For applicable members of ASHA certificate holders who graduated with a master's degree in speech-language pathology prior to 1998, and members of SAC who were clinically certified prior to 1999: Demonstrated competency<sup>26</sup> in dysphagia assessment, diagnosis and management, either through evidence of specific courses passed or prior experience.
4. For applicable members of RCSLT: Demonstrated competency in dysphagia assessment, diagnosis and management, either through evidence of specific courses passed or prior experience. Acceptable evidence would include completion of the Dysphagia Training and Competency Framework at a Level C signed by a RCSLT member. For members who graduated prior to 2015 the Dysphagia Training and Competency Framework is not sufficient on its own and will need to be supplemented with other evidence. For members who graduated after 2015 the Dysphagia Training and Competency Framework at a Level C signed by a RCSLT member is sufficient

**D. NZSTA requires MRA applicants from the Associations specified below to provide the following:**

1. For applicable members of SAC and SPA: Documented evidence of having completed a year of supervised<sup>27</sup> clinical speech-language therapy practice in the country of certification. Clinical practice is defined as no less than 36 weeks of full time clinical practice of at least 30 hours per week paid employment. Employment as an administrator, educator, researcher or any combination of these is not sufficient for the initial year of clinical practice in the country of certification.
2. For applicable members of ASHA and SAC: Evidence of recency of practice – 1,000 hours of speech-language therapy practice within the previous five (5) years. Speech-language therapy practice is defined as: being engaged in the activities of speech-language therapy as a practitioner, administrator, educator, researcher or any combination of these and receiving remuneration for those activities.
3. For applicable members of ASHA certificate holders who graduated with a master's degree in speech-language pathology prior to 1998, and certified members of SAC who have been clinically certified prior to 1999: Demonstrated competency<sup>28</sup> in dysphagia assessment, diagnosis and management, either through evidence of specific courses passed or prior experience.
4. For applicable members of IASLT who graduated prior to 2011: Demonstrated competency<sup>29</sup> in dysphagia assessment, diagnosis and management, either through evidence of specific courses passed or prior experience.
5. For applicable members of RCSLT: Demonstrated competency<sup>30</sup> in dysphagia assessment, diagnosis and management, either through evidence of specific courses passed or prior experience. Acceptable evidence would include completion of the Dysphagia Training and Competency Framework at a Level C signed by a RCSLT member. For members who graduated prior to 2015 the Dysphagia Training and Competency Framework is not sufficient on its own and will need to be supplemented with other evidence. For members who graduated after 2015 the Dysphagia Training and Competency Framework at a Level C signed by a RCSLT member is sufficient

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<sup>26</sup> See Glossary of Terms entry No. 9 'Competency'

<sup>27</sup> See Glossary of Terms entry No. 23 'Supervised Clinical Practice (NZSTA)'

*E. RCSLT requires MRA applicants from the Associations specified below to provide the following:*

1. For applicable members of SAC. Documented evidence of having completed a year of clinical practice as a speech and language therapist in the country of certification. A year of clinical practice is defined as a calendar year of continuous employment as a speech and language therapist in the country of certification with a minimum of 18 hours per week. Employment as an administrator, researcher or educator will not satisfy this requirement.
2. For applicable members of ASHA and SAC: Evidence of recency of practice – 1,000 hours of speech and language therapy practice within the previous five (5) years. Speech and language therapy practice is defined as being engaged in the activities of speech and language therapy as a practitioner, speech and language therapy or allied health administrator, educator, researcher or any combination of these and receiving remuneration for those activities.
3. For applicable members of ASHA, SAC, NZSTA and Speech Pathology Australia: Evidence of satisfactory completion of the initial year of monitored practice in the UK is required for on-going certification<sup>31</sup>.

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<sup>28</sup> See Glossary of Terms entry No. 9 ‘Competency’

<sup>29</sup> See Glossary of Terms entry No. 9 ‘Competency’

<sup>30</sup> See Glossary of Terms entry No. 9 ‘Competency’

<sup>31</sup> See Glossary of Terms entry No. 19 ‘RCSLT Certification’

*F. Speech Pathology Australia requires MRA applicants from the Associations specified below to provide the following:*

1. For applicable members of SAC: Documented proof of having completed a year of speech pathology practice since graduation in the country of certification. A year of clinical practice is defined as a minimum of 1,000 hours of speech pathology practice over a period of no less than 12 months. Speech pathology practice is defined as being engaged in the activities of speech pathology as a practitioner, administrator, educator, researcher or any combination of these and receiving remuneration for those activities.
2. For applicable members of SAC: Evidence of recency of practice – 1,000 hours of speech pathology practice (see F. 1. above), within the previous five (5) years.
3. For ASHA certificate holders: completion of ASHA approved Clinical Fellowship within the last five (5) years or 1,000 hours speech pathology practice (see F. 1. above) within the previous five (5) years.
4. For applicable members of ASHA certificate holders who graduated with a master's degree in speech-language pathology prior to 1998, and SAC certified members who were certified prior to 1999: Demonstrated competency in dysphagia assessment, diagnosis and management, either through evidence of specific courses passed or prior experience.
5. For applicable members of IASLT who graduated prior to 2011: Demonstrated competency<sup>32</sup> in dysphagia assessment, diagnosis and management, either through evidence of specific courses passed or prior experience.
6. For applicable members of RCSLT: Demonstrated competency<sup>33</sup> in dysphagia assessment, diagnosis and management, either through evidence of specific courses passed or prior experience. Acceptable evidence would include completion of the Dysphagia Training and Competency Framework at a Level C signed by a RCSLT member. For members who graduated prior to 2015 the Dysphagia Training and Competency Framework is not sufficient on its own and will need to be supplemented with other evidence. For members who graduated after 2015 the Dysphagia Training and Competency Framework at a Level C signed by a RCSLT member is sufficient

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<sup>32</sup> See Glossary of Terms entry No. 9 'Competency'

<sup>33</sup> See Glossary of Terms entry No. 9 'Competency'

## **5. Result of Application**

- a. Recognition of credentials will be granted to the applicant by the New Association if all requirements are met as set out in Sections 3 and 4 of this Agreement or if the New Association grants an exception as defined in writing.
- b. Recognition bestows:
  1. ASHA Certification with the option of also becoming a member of ASHA.
  2. Certified Membership of SAC.
  3. Full Membership of IASLT.
  4. Full Membership of NZSTA.
  5. Certified Membership of RCSLT.
  6. Certified Practising Speech Pathologist (full CPSP) of Speech Pathology Australia
- c. Individuals recognised by the New Association shall have the same rights and privileges and be subject to the same responsibilities, obligations, and restrictions as all other certified individuals or full members of the New Association. All disputes concerning the administration of the application process under this Agreement, including a decision to grant or deny certification, full membership or eligibility for certification or full membership, shall be resolved solely by the New Association.
- d. Once recognition is obtained under this Agreement, the individual's status of certification, full membership or eligibility for certification or full membership status is not contingent upon the Signatory Association's current status in this Agreement nor upon maintenance of membership with the Home Association.
- e. In the event that the individual's status of certification or full membership with their Home Association is terminated, the individual must follow their Home Association's policies and procedures for reinstatement.
- f. There is no provision under this Agreement for any appeal process. If an applicant fails to be recognised by the New Association, the Home Association may request from the New Association, with permission from the applicant, a statement of reasons for the rejection. Where this occurs, the New Association may supply a statement, if the policies and procedures of the New Association and the law of the country permits. This does not constitute an appeal on behalf of the applicant and the Home Association will not act as an advocate for the applicant.

## **6. Effective Date of Agreement**

This Agreement shall be effective from 8 June, 2022.

## **7. Term of this Agreement and Provision for Terminating the Agreement**

This Agreement will be renewed automatically on January 1 each year. A Signatory Association may withdraw from the Agreement at any time by providing 12 months written notice to the other Signatory Associations. The Agreement will continue until all Signatory Associations that have not withdrawn agree in writing to terminate the Agreement, unless a notice to the contrary is issued by any of the Signatory Associations.

## **8. Changes to the Standards of a Signatory Association**

In the event of a change in standards or conditions for certification or full membership by a Signatory Association, that Signatory Association shall notify the other Signatory Associations in writing (with confirmed receipt) of the change and subsequent recommended changes, if any, to the conditions of the Agreement, as soon as possible. Where possible, this should be at least one (1) year prior to the effective date of change. In the event that the timing of the implementation of a change prevents the Signatory Association giving notice of one (1) year, that Signatory Association shall give as much notice as possible and, whenever possible, provide the other Signatory Associations with the means whereby the principles and conditions of the Agreement may be maintained.

Within 180 days from the receipt of the written notification of change, the other Signatory Associations shall:

- a. Determine whether or not the reported changes require a renegotiation of the conditions of the Agreement,
- b. Respond to the recommended changes in the conditions of the Agreement, and
- c. Notify the Signatory Association providing a recommended course of action.

If a written response is not received from a Signatory Association within the time period, it will be assumed that the Signatory Association accepts the recommended changes.

Areas where changes may be considered to affect the standards or conditions of the Agreement include, but are not limited to:

- a. The degree of autonomy of the Association and/or the profession.
- b. The code of ethics and enforcement procedures.
- c. The scope of practice of the profession.

- d. The certification standards (ASHA, SAC, RCSLT, and Speech Pathology Australia) or requirements for full membership (IASLT and NZSTA) regarding level of academic preparation, including:
  - i. Programs and processes of establishing and applying the certification/full membership standards.
  - ii. Academic and clinical education, experience and assessment mechanisms and processes and procedures.
  - iii. Accreditation of academic programmes.
- e. The requirement for, and conditions of, continuing professional development.

## **9. Notification of Results of Disciplinary Action**

The Signatory Associations agree to share all information regarding any pending charges, convictions and disciplinary actions against the applicant, including any that may arise subsequent to the application, if such release of information is consistent with the applicable policies and procedures of the Signatory Association and the laws of the country.

## **10. Representation of the Signatories**

Each person executing this Agreement on behalf of ASHA, SAC, IASLT, NZSTA, RCSLT, and Speech Pathology Australia represents and warrants that he or she is duly authorised on behalf of the respective Signatory Association to execute the Agreement.

## **11. Successors and Predecessors**

This Agreement shall be binding on the successors and assigns of each party hereto and references to Associations, Boards, Councils or Committees thereof shall be deemed to include any successor Association, Board, Council, or Committee.

## **12. Amendment or Modifications**

This Agreement can be amended or modified in writing only and signed by a duly authorised representative(s) of each of the Signatory Associations.

## **13. Monitoring of the Agreement**

Each Signatory Association will have the responsibility for systematically monitoring and evaluating the implementation of this Agreement. Each Signatory Association will report annually to the other Signatory Associations on the number of applications received from each Signatory Association, including information on the number of applications accepted for certification, full membership or eligibility for certification or full membership, the number not approved and, if the policies and procedures of the Association and the law of the country permits, the reasons for their not being approved. Information on the monitoring and evaluation may be shared with other



interested parties on request, if the policies and procedures of the Association and the law of the country permits.

#### **14. Addition of Parties to the Agreement**

Other national associations or other national governmentally recognised certification bodies who wish to become parties to this Agreement may petition one or more of the Signatory Associations.

It is a requirement of the Agreement that any association or certification body that wishes to become party to this Agreement will present documented evidence that the Association or certification body is the leading recognised authority for setting and applying speech-language pathologist certification standards or speech pathology professional membership requirements in that country.

The Association or certification body will have to demonstrate substantial equivalence to those parties covered in the Agreement in the following domains:

- a. The degree of autonomy of the Association and/or the profession.
- b. The programs and processes of establishing and applying certification/full membership.
- c. The code of ethics and enforcement procedures.
- d. The scope of practice of the profession.
- e. The certification/full membership standards regarding level of academic and clinical preparation, including:
  - i. Academic and clinical education, experience, and assessment mechanisms.
  - ii. Accreditation of academic programmes.
- f. The requirement for, and conditions of, continuing professional development.

Entry into the Agreement will require a unanimous vote by all of the parties to the Agreement. Bilateral agreements cannot be used by virtue of having established substantial equivalence with one of the Signatory Associations for entry to certification/full membership to another association through this Agreement.

## 15. Contact details

### a. Web sites of Associations

For information about the Signatory Associations, the website addresses are:

ASHA	<a href="http://www.asha.org">www.asha.org</a>
SAC	<a href="http://www.sac-oac.ca">www.sac-oac.ca</a>
IASLT	<a href="http://www.iaslt.ie">www.iaslt.ie</a>
NZSTA	<a href="http://www.speechtherapy.org.nz">www.speechtherapy.org.nz</a>
RCSLT	<a href="http://www.rcslt.org">www.rcslt.org</a>
Speech Pathology Australia	<a href="http://www.speechpathologyaustralia.org.au">www.speechpathologyaustralia.org.au</a>

### b. Notices

Any notice or other communication required or permitted to be given hereunder shall be in writing and shall be delivered in person, transmitted by telecopy or sent by registered mail, charges pre-paid, addressed as follows:

#### 1. If to the American Speech-Language-Hearing Association:

**Contact:** Chief Executive Officer and Chief Certification Officer

**Address:** American Speech-Language-Hearing Association

2200 Research Boulevard, Rockville, Maryland 20850-3289

United States of America

**Tel:** + 1 301 296 5738

**Fax:** + 1 301 296 8569

**Email:** [certification@asha.org](mailto:certification@asha.org)

#### 2. If to Speech-Language & Audiology Canada:

**Contact:** Chief Executive Officer

**Address:** Speech-Language & Audiology Canada

1000-1 Nicholas Street, Ottawa ON K1N 7B7, Canada

**Tel:** + 1 613 567 9968

**Fax:** + 1 613 567 2859

**Email:** [membership@sac-oac.ca](mailto:membership@sac-oac.ca)

#### 3. If to the Irish Association of Speech and Language Therapists

**Contact:** Chairperson

**Address:** Suite 108 The Capel Building, Mary's Abbey, Dublin

**Tel:** + 353 1 872 8082

**Email:** [info@iaslt.ie](mailto:info@iaslt.ie)

#### 4. If to the New Zealand Speech-language Therapists' Association:

**Contact:** President

**Address:** New Zealand Speech-language Therapists' Association, P.O. Box

302 469, North Harbour, Auckland 0751, New Zealand

**Tel:** +64 9 475 0214

**Email:** [admin@speechtherapy.org.nz](mailto:admin@speechtherapy.org.nz)

5. If to the Royal College of Speech and Language Therapists:

**Contact:** Chief Executive Officer

**Address:** Royal College of Speech and Language Therapists  
2 White Hart Yard, London, SE1 1NX, United Kingdom

**Tel:** + 44 20 7378 1200

**Fax:** + 44 20 7403 7254

**Email:** [info@rcslt.org](mailto:info@rcslt.org)

6. If to the Speech Pathology Association of Australia Limited:

**Contact:** Chief Executive Officer

**Address:** Speech Pathology Association of Australia Limited  
Level 1/114 William Street, Melbourne, VIC 3000, Australia

**Fax:** + 61 39 642 4922

**Email:** [office@speechpathologyaustralia.org.au](mailto:office@speechpathologyaustralia.org.au)

## 16. Counterparts

The Signatory Associations may execute this Agreement in counterparts, and all such counterparts shall constitute an original and all of which taken together shall constitute one and the same instrument.

## GLOSSARY OF TERMS

1. **Applicable Members:** ASHA Certificate Holders, Certified Members of SAC, RCSLT and Certified Practising Member of Speech Pathology Australia or Full Members of IASLT and NZSTA.
2. **ASHA Definition of Supervision:** Direct supervision must be in real time and must be no less than 25% of the student's total contact with each client/patient. (This requirement applies only to student supervision during clinical practicum, but not to the Clinical Fellowship experience.)  
Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence.
3. **Certificates of Clinical Competence (CCC):** The American Speech-Language-Hearing Association's (ASHA's) Certificate of Clinical Competence (CCC) is a voluntary credential and designates the holder as an individual who has met the established standards necessary to provide independent clinical services and to supervise the clinical practice of student trainees, clinicians who do not hold certification, and support personnel. The certificate can be obtained by an individual who meets specific requirements in each of the following areas: graduate degree, academic course work, clinical practicum, and supervised postgraduate clinical experience. Holders must also pass the ASHA approved national examination in speech-language pathology. Holders of the CCC-SLP must abide by ASHA's Code of Ethics, which incorporates the highest standards of integrity and ethical principles, pay an annual fee, and meet the professional development requirements (30 contact hours or 3 CEUs over a three- (3) year period) to maintain their certification. Certificate holders may or may not choose to be members of ASHA.
4. **Certification:** This designation is used by ASHA, SAC, RCSLT and Speech Pathology Australia.
5. **Certified Member of SAC, S-LP(C):** This is the trademark used by speech-language pathologists who are certified by Speech-Language & Audiology Canada (SAC). Certified professionals must be full members of SAC. Full members of SAC hold a Master's degree in speech-language pathology from an accredited Canadian program or equivalent. Certification with SAC is a voluntary process and is not a license to practice. To maintain certification status, members must pay annual membership dues and accumulate a minimum of 45 hours of continuing education equivalents (CEEs) over a three- (3) year cycle. Members of the association must abide by the Code of Ethics and by-laws and policies of SAC.

6. **Certified Member of RCSLT (Cert MRCSLT):** A designation that may be used by a speech and language therapist who has been granted certification by the Royal College of Speech and Language Therapists (RCSLT). Certified members will have met the requirements for newly qualified practitioners and practitioners that are returning to practice, they will have maintained currency of practice, and will have demonstrated a commitment to maintaining competence and expertise through continuing education and a personal programme of continuing professional development.
  
7. **Certified Practising Speech Pathologist (CPSP):** A designation that may be used by a speech pathologist, who is a member of the Speech Pathology Association of Australia Limited. (Speech Pathology Australia), who practises full- or part-time and who has met the requirements of the Professional Self Regulation (PSR) program of continuing professional development or education. To be qualified to use the title of Certified Practising Speech Pathologist and the post-nominal initials of CPSP, the speech pathologist must have participated in and met the requirements of the program for at least one (1) year. Newly qualified speech pathologists are provided with Provisional CPSP and to move to Full CPSP must meet the professional development requirements, undertake clinical supervision mentoring or peer support for a minimum of one hour per month in a calendar year and undertake Speech Pathology Australia's independent study resources in Evidence Based Practice and Ethics Education. Consistent with the mutual recognition of credentials under the MRA, successful applicants to Speech Pathology Australia will be eligible for immediate certified status and use of the post-nominals CPSP, and will be conferred this status upon joining the Association and making payment of the Certified Practising Membership fee. Continuing eligibility to use the post-nominals of CPSP is dependent upon members demonstrating that they have successfully met the requirements of the PSR program throughout the year when they renew their membership annually. Provisional CPSP members are not eligible to apply under the MRA.
  
8. **Clinical Fellowship (also known as CF):** ASHA's Clinical Fellowship is a postgraduate professional clinical experience that is closely supervised by an individual who is ASHA-certified, or otherwise qualified as described in Section 4 of the Agreement above, and meets all requirements established by ASHA. Professional and clinical experience includes direct patient contact, consultations, record keeping, or any other duties relevant to a bona fide program of clinical work. Time spent in supervision of students, academic teaching, and research, as well as administrative activity that does

not deal directly with patient management, may not be counted as professional experience in this context.

The CF is defined as a minimum of 36 weeks full-time professional employment at 35 hours per week, or a total of 1,260 hours. Part-time experience also is acceptable; however, professional employment of less than 5 hours per week may not be used to fulfill any part of this requirement. At least 80% of the Clinical Fellowship work week must be in direct client contact (assessment, diagnosis, evaluation, screening, habilitation, or rehabilitation) related to the management process. A formal evaluation of the clinical performance must be completed by the qualified supervisor, as described above, using the current Clinical Fellowship Skills Inventory (CFSI), demonstrating successful achievement of the skills identified in the assessment instrument.

9. **Competency:** Competency is the demonstrated ability to apply knowledge and/or skills and where relevant, demonstrated personal attributes, as defined in the certification scheme (standards). (ISO/IEC Guide 2 (2004), Standardization and related activities-General vocabulary).
10. **Full Member of IASLT (MIASLT):** A speech and language therapist who meets recency of practice requirements (i.e. 1,000 hours of clinical practice within the previous five (5) years) and who provides evidence of continuing professional development according to the standards and procedures of the IASLT, and has signed up to and agreed to be bound by the Code of Ethics of the IASLT. Newly qualified speech and language therapist may apply for New Graduate Membership of IASLT and may progress to Full Membership following (a) at least 12 months of clinical practice, that is, one full IASLT membership year (on average 1,550 hours) of which a minimum of 800 hours are closely supervised, and (b) a signed declaration by the service SLT manager confirming the required hours and indicating that the required competencies have been achieved.
11. **Full Member of NZSTA:** An individual who is engaged in the activities of speech-language therapy as a practitioner, administrator, educator, researcher or any combination thereof, for which they will receive payment during any part of the year. A Full Member has demonstrated competency in communication and swallowing disorders; has met the New Graduate, Overseas Applicant and Return to Practice requirements; demonstrates a commitment to ongoing professional development by meeting the continuing professional development requirements and is bound by the NZSTA Principles & Rules of Ethics. For the specific purposes of MRA Full Members of the NZSTA who graduated prior to 1993 will be excluded from the agreement.

12. **Full Membership:** This designation is used by IASLT and NZSTA per this agreement.
13. **Good Standing:** Definitions of ‘good standing’ could include such requirements as adherence to by-laws and/or codes of ethical conduct, past competent professional practice, not subject to disciplinary action, current with all dues or fees, or any other conditions specified by the Home Association. The Signatory Associations may have different definitions of ‘good standing’. Each Signatory Association is required to include its definition of ‘good standing’ in letters issued to applicants.
14. **Home Association:** The applicant’s current professional association.
15. **Licensure/Registration:** Legal requirements and process for determining minimum criteria for eligibility, granting licences, registering qualified individuals and protecting the public with respect to the practice of the trade or profession requiring a licence/registration. Licensure/registration denotes to the public that the person who has been granted licence/registration meets the requirements established by the jurisdiction for granting licences or registrations to practise the profession in that jurisdiction, and deemed necessary to protect the public.
- In the USA, speech-language pathologists need to be licensed in most states and the District of Columbia, and such licensing requirements differ across the individual states.
  - In Canada, nine (9) provinces have regulatory bodies for speech-language pathologists. .
  - In Ireland, speech and language therapists must be registered with CORU: Ireland’s Health & Social Care Professionals Council [www.coru.ie](http://www.coru.ie)
  - In New Zealand there are currently no licensing or regulatory requirements for speech-language therapists.
  - In the UK, all speech-language pathologists are required to be registered with the Health and Care Professions Council.
  - In Australia, speech pathologists are required to have a Medicare Provider number to work in private practice and to receive payment for some government funded programs. Only Certified Members who hold full Certified Practising Speech Pathologists (CPSP) status are eligible for a Medicare provider number. There are currently no licensing or regulatory requirements for speech-language pathologists across the states and territory.
16. **Mutual Recognition Agreement (MRA):** The first Mutual Recognition Agreement was reached in 2004 between ASHA, SAC, RCSLT and Speech Pathology Australia. NZSTA and IASLT were incorporated into the agreement in 2008. In this agreement the acronym MRA has been kept. It is synonymous with *Agreement for the Mutual Recognition of Professional Association Credentials*.

17. **New Association:** One of the professional associations in this Agreement to which an applicant is applying.
18. **Professional Association:** A body in which membership is based on common occupational interests. In this agreement, all signatories are professional associations and not licensing bodies. Certification and membership are voluntary in these professional associations. Activities may include advocacy on behalf of members and the public, qualification approval, organization of conferences, conventions and educational events, publication of position papers and journals for support to their members, accreditation of academic programmes, and establishment of codes of ethics.
19. **RCSLT Certification:** In the UK certification is granted initially for one (1) year only. Should an aspect of practice not meet the standard of competence expected after the year of monitored practice, the applicant will be offered an opportunity to undertake additional supervision, education, or assessment, which must be satisfactorily completed or passed for continued certification.
20. **Regulatory Body:** An organization that has legislated authority to carry out the governing legislation for a profession to protect the public. Regulatory bodies can be referred to as licensing or registering bodies.
21. **Signatory Association(s):** One or more of the professional associations that have executed this Agreement and agreed to abide by its terms.
22. **Speech-Language Pathologist (SLP, S-LP):** Includes the terms speech and language therapist (SLT), speech-language therapist (SLT), and speech pathologist (SP). Speech-language pathology includes the terms speech and language therapy, speech-language therapy, and speech pathology.
23. **Professional Supervision (NZSTA):** The NZSTA states that all members must be engaged in professional supervision throughout the entirety of their career in order to comply with the NZSTA Principles & Rules of Ethics. Supervision can be broadly classified as individual professional supervision, peer group supervision, cultural supervision, and/ or interprofessional supervision. For applicants from SAC, supervision must be provided by a SAC Certified Speech-Language Pathologist. For applicants from Speech Pathology Australia, supervision must be provided by a Speech Pathology Australia Certified Practising Speech Pathologist. Documented evidence of successful completion of supervision is required. This evidence must include a supervisor's report and a summary of supervisory activities.



## SIGNATURES

**Signed:**



**Name:** Judy Rudebusch Rich

**Title:** President

**Designation:** ASHA

**Date:** 1 June 2022

**Signed:**



**Name:** Vicki R. Deal-Williams

**Title:** Chief Executive Officer

**Designation:** ASHA

**Date:** 1 June 2022



**ASHA**

American  
Speech-Language-Hearing  
Association

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**Signed:**



**Name:** Shari Linde

**Title:** Chair

**Designation:** SAC

**Date:** 5 May 2022

**Signed:**



**Name:** Dawn Wilson

**Title:** Chief Executive Officer

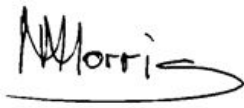
**Designation:** SAC

**Date:** 5 May 2022



Speech-Language & Audiology Canada  
Orthophonie et Audiologie Canada  
Communicating care | La communication à coeur

**Signed:**



**Name:** Marijke Morris

**Title:** Chairperson and Director

**Designation:** IASLT

**Date:** 11 May 2022

**Signed:**



**Name:** Fiona Hill

**Title:** Company Secretary

**Designation:** IASLT

**Date:** 11 May 2022



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**Signed:**



**Name:** Katrina McGarr and Emma Quigan

**Title:** President

**Designation:** NZSTA

**Date:** 11 May 2022

**Signed:**



**Name:** Siobhan Molloy

**Title:** Executive Director

**Designation:** NZSTA

**Date:** 11 May 2022



**Signed:**



**Name:** Mary Heritage

**Title:** Chair

**Designation:** RCSLT

**Date:** 3 May 2022

**Signed:**



**Name:** Kamini Gadhok

**Title:** CEO

**Designation:** RCSLT

**Date:** 3 May 2022



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**Signed:**



**Name:** Tim Kittel

**Title:** National President

**Designation:** Speech Pathology Australia

**Date:** 6 May 2022

**Signed:**



**Name:** Gail Mulcair

**Title:** Chief Executive Officer

**Designation:** Speech Pathology Australia

**Date:** 6 May 2022

