Model Regulations for State Licensure of Audiologists, Speech-Language Pathologists, and Audiology and Speech-Language Pathology Assistants
February 2016

§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, Speech-Language Pathologists, and Audiology and Speech-Language Pathology Assistants 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 Doctoral degree in audiology from a recognized educational institution.

Explanation
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.
whose program is accredited by the Council on Academic Accreditation (CAA);

b. Completion of 1,820 hours of supervised clinical practicum; and

c. Earned a passing score on the national examination in audiology administered by the Educational Testing Service (ETS).

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 Master’s degree or higher in speech-language pathology from a recognized educational institution whose program is accredited by the Council on Academic Accreditation (CAA);
   b. Completion of 400 hours of supervised clinical practicum, a minimum of 325 hours of which shall be completed at the graduate level;
   c. Completion of a 36-week full-time, or part-time equivalent, supervised clinical fellowship; and
   d. Earned a passing score on the national examination in speech-language pathology administered by the Educational Testing Service (ETS).

b. 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/

c. The national examination in audiology 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 (ETS) of Princeton, New Jersey.

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 on Academic Accreditation (CAA);
   b. 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 http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/
   d. 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 (ETS) of Princeton, New Jersey.
b. Completion of 400 hours of supervised clinical practicum, a minimum of 325 of which shall be completed at the graduate level;
c. Earned a passing score on the national examination in speech-language pathology administered by the Educational Testing Service (ETS); and
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 audiologist or speech-language pathologist 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 audiologist or speech-language pathologist is licensed or certified to practice and in good standing without restriction on their license, in the state from which the audiologist or speech-language pathologist provides telepractice services.
   c. The audiologist or speech-language pathologist has not had a license to practice audiology or speech-language pathology revoked, suspended, or restricted in any state or jurisdiction.
   d. The audiologist or speech-language pathologist 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.

5. Applicants for licensure as an audiology assistant shall meet the following requirements:
   a. Possess a high school diploma or its equivalent.
   b. Demonstrate knowledge and skills necessary for the performance of specific, assigned tasks.
   c. Provide written notification of the name of the ASHA-certified and state-licensed audiologist who is acting as his or her supervisor. Any change in supervision must be made in writing to the Board within 30 days.

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

C. Although Medicare is silent, we believe the intent was to include passing of the examination as part of the requirement for billing. See http://www.gpo.gov/fdsys/pkg/CFR-2010-title42-vol4/pdf/CFR-2010-title42-vol4-sec440-110.pdf


ASHA’s requirements are reflective of the knowledge and skills of an audiology technician with the
6. Applicants for licensure as a speech-language pathology assistant shall meet the following requirements:
   a. Associate degree or bachelor’s degree with an emphasis in speech-language pathology from an approved educational institution accredited by an accrediting body recognized by the U.S. Department of Education;
   b. Completion of a minimum of 100 hours of supervised clinical practicum, completed during the educational program or within the first year of employment; and
   c. Applicants must provide written notification of the name of the ASHA-certified and state-licensed speech-language pathologist who is acting as his or her supervisor. Any change in supervision must be made in writing to the Board within 30 days.

§104. Waiver of Requirements

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.

2. Individuals holding an unrestricted audiology or speech-language pathology license from another state are permitted to practice in this state for 5 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, speech-language pathologist, audiology assistant, or speech-language pathology assistant may be waived by the Board to those out-of-state audiologists, speech-language pathologists, audiology assistants, or speech-language pathology assistants 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 Department of Veterans Affairs.
   http://mycareeratva.va.gov/careers/career/064006

this state and shall abide by the American Speech-Language-Hearing Association Code of Ethics.

§105. Application and Documentation for Licensure

1. An application for a license to practice as an audiologist, speech-language pathologist, audiology assistant, or speech-language pathology assistant in this state shall be made upon such a form prescribed by the Board with the appropriate application fee.

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.

3. As required by §103 (1), (2), (3), or (6), 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.

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. Applicants for provisional licensure for postgraduate professional experience in speech-language pathology are exempt from this requirement.

5. Documentation requirements may be waived for audiologist or speech-language pathologist 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 veterans 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.

3. Clinical practicum hours are required for audiologists, speech-language pathologists, provisional licensure for speech-language pathologists, and speech-language pathology assistants. Speech-language pathology assistants can obtain their clinical practicum hours during their first employment.

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.
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 Certificate of Clinical Competence from the American Speech-Language-Hearing Association 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 3-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 (CEUs) must be directly related to the clinical practice of audiology or speech-language pathology. Dual licensees only need to accumulate 30 total CEUs, which can be earned in the field of either audiology or speech-language pathology.

4. The “continuing education unit (CEU)” is defined as 10 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 and ASHA-approved providers as well as additional providers approved by the Board; or
   b. Completion of coursework 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 1 semester hour of coursework.

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.

3. Some state licensing boards have additional continuing education requirements, such as requiring ethics or jurisprudence hours.
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 (three 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; and
   f. visiting exhibits, entertainment, recreational activities, social events, portions of meetings related to introductions, greetings, socials, or breaks, or travel.

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 who are considered partially or totally exempt must meet.

10. Licensees selected in a random annual audit conducted by the Board shall provide documentation as specified by the Board no later than 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 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 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 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 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.

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 fewer than five 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 audiologist or speech-language pathologist.

2. A mentoring audiologist or speech-language pathologist must have a minimum of two 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. Audiologists or speech-language pathologists may share the mentorship responsibility for provisional licensees, but each mentoring audiologist or speech-language pathologist 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 the 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 hours of direct, on-site observations.

§112. Scope of Practice for Speech-Language Pathology Assistants

1. Provided that the training, supervision, and planning are appropriate, tasks in the following areas of focus may be delegated to a speech-language pathology assistant:

   a. Service Delivery
      1) Self-identify as a speech-language pathology assistant to families, students, patients, clients, staff, and others. This may be done verbally, in writing, and/or with titles on name badges.
      2) Exhibit compliance with the Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) regulations, reimbursement requirements, and the speech-language pathology assistant’s responsibilities.
      3) Assist the speech-language pathologist with speech, language, and hearing screenings without clinical interpretation.
      4) Assist the speech-language pathologist during assessment of students, patients, and clients exclusive of administration and/or interpretation.
      5) Assist the speech-language pathologist with bilingual translation during screening and assessment activities exclusive of interpretation.
      6) Follow documented treatment plans or protocols developed by the supervising speech-language pathologist.
      7) Provide guidance and treatment via telepractice to students, patients, and clients.

5) ASHA’s guidance can be found in Knowledge and Skills Needed by Speech-Language Pathologists and Audiologists to Provide Culturally and Linguistically Appropriate Services (ASHA, 2004). Available from http://www.asha.org/policy.
who are selected by the supervising speech-language pathologist as appropriate for this service delivery model.

8) Document student, patient, and client performance (e.g., tallying data for the speech-language pathologist to use; preparing charts, records, and graphs) and report this information to the supervising speech-language pathologist.

9) Program and provide instruction in the use of augmentative and alternative communication devices.

10) Demonstrate or share information with patients, families, and staff regarding feeding strategies developed and directed by the speech-language pathologist.

11) Serve as interpreter for patients/clients/students and families who do not speak English.

12) Provide services, under the speech-language pathologist’s supervision, in another language for individuals who do not speak English and English-language learners.

b. Administrative Support
   1) Assist with clerical duties, such as preparing materials and scheduling activities, as directed by the speech-language pathologist.
   2) Perform checks and maintenance of equipment.
   3) Assist with departmental operations (scheduling, recordkeeping, safety/maintenance of supplies and equipment).

c. Prevention and Advocacy
   1) Present primary prevention information to individuals and groups known to be at risk for communication disorders and other appropriate groups; promote early identification and early intervention activities.
   2) Advocate for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal, cultural, and linguistic barriers.
   3) Provide information to emergency response agencies for individuals who have communication and/or swallowing disorders.
   4) Advocate at the local, state, and national levels for improved public policies affecting access to services and research funding.
5) Support the supervising speech-language pathologist in research projects, in-service training, public relations programs, and marketing programs.
6) Participate actively in professional organizations.

2. The speech-language pathology assistant should not engage in the following:
   a. represent himself or herself as a speech-language pathologist;
   b. perform standardized or nonstandardized diagnostic tests, formal or informal evaluations, or swallowing screenings/checklists;
   c. perform procedures that require a high level of clinical acumen and technical skill (e.g., vocal tract prosthesis shaping or fitting, vocal tract imaging, and oral pharyngeal swallow therapy with bolus material);
   d. tabulate or interpret results and observations of feeding and swallowing evaluations performed by SLPs;
   e. participate in formal parent conferences, case conferences, or any interdisciplinary team without the presence of the supervising SLP or other designated SLP;
   f. provide interpretative information to the student/patient/client, family, or others regarding the patient/client status or service;
   g. write, develop, or modify a student’s, patient’s, or client’s treatment plan in any way;
   h. assist with students/patients/clients without following the individualized treatment plan prepared by the certified SLP and/or without access to supervision;
   i. sign any formal documents (e.g., treatment plans, reimbursement forms, or reports; the speech-language pathology assistant should sign or initial informal treatment notes for review and co-sign with the supervising SLP as requested);
   j. select students/patients/clients for service;
   k. discharge a student/patient/client from services;
   l. make referrals for additional service;
   m. disclose clinical or confidential information either orally or in writing to anyone other than the supervising speech-language pathologist (the speech-language pathology assistant must comply with current HIPAA and FERPA guidelines) unless mandated by law;
   n. develop or determine the swallowing strategies or precautions for patients, family, or staff;
   o. treat medically fragile students/patients/clients independently; or
p. design or select augmentative and alternative communication (AAC) systems or devices.

§113. Supervision Requirements for Speech-Language Pathology Assistant

1. A supervising speech-language pathologist must have a minimum of two years of full-time professional speech-language pathology employment following the attainment of their Certificate of Clinical Competence from the American Speech-Language-Hearing Association and state license.

2. Speech-language pathologists may share the supervision responsibility for speech-language pathology assistants, but each supervising speech-language pathologist shall not supervise more than two full-time equivalent speech-language pathology assistants in any setting or combination thereof.

3. Supervision Requirements for the Speech-Language Pathology Assistant:
   a. First 90 workdays: A total of at least 30% supervision, including at least 20% direct and 10% indirect supervision, is required weekly. Direct supervision of student, patient, and client care should be no less than 20% of the actual student, patient, and client contact time weekly for each speech-language pathology assistant. During each week, data on every student, patient, and client seen by the speech-language pathology assistant should be reviewed by the supervisor.
   b. After first 90 workdays: The amount of supervision can be adjusted if the supervising speech-language pathologist determines the speech-language pathology assistant has met appropriate competencies and skill levels with a variety of communication and related disorders.
   c. Minimum ongoing supervision must always include documentation of direct supervision provided by the speech-language pathologist to each student, patient, or client at least every 60 calendar days.
   d. A minimum of one hour of direct supervision weekly and as much indirect supervision as needed to facilitate the delivery of quality services must be maintained.
   e. Documentation of all supervisory activities, both direct and indirect, must be accurately recorded.
   f. Provide 100% direct supervision for medically fragile students, patients, or clients.

g. Direct supervision means on-site, in-view observation and guidance while a clinical activity is performed by the assistant. This includes the supervising speech-language pathologist viewing and communicating with the speech-language pathology assistant via telecommunication technology in real time as the speech-language pathology assistant provides clinical services. Direct supervision does not include reviewing a taped session at a later time.

h. Indirect supervision does not require the speech-language pathologist to be physically present or available via telecommunication in real time while the speech-language pathology assistant is providing services. Indirect supervisory activities may include demonstration tapes, record review, review and evaluation of audio- or videotaped sessions, and/or supervisory conferences that may be conducted by telephone and/or live, secure webcam via the Internet. The speech-language pathologist will review each treatment plan as needed for timely implementation of modifications.

i. Supervisors must notify the client, and the client’s parent or guardian, in writing if services are provided by a speech-language pathology assistant. A client’s parent or guardian must provide written acknowledgment of having received such notification.

j. If the supervising speech-language pathologist has an extended absence, arrangements must be made for alternative supervision of the speech-language pathology assistant.

§114. Scope of Practice for Audiology Assistants

1. Provided that the training, supervision, and planning are appropriate, tasks in the following areas of focus may be delegated to an audiology assistant:
   a. greeting and escorting patients;
   b. scheduling patients;
   c. packaging and mailing earmold orders, device repairs, and manufacturer/lab returns;
   d. maintaining inventories of supplies and checking function of equipment;
   e. performing checks on hearing aids and other amplification devices;
   f. performing troubleshooting and minor repairs to hearing aids, earmolds, and other amplification devices;
g. cleaning hearing aids and other amplification devices;

h. performing electroacoustic analysis of hearing aids and other amplification devices;

i. instructing patients in proper use and care of hearing aids and other amplification devices;

j. demonstrating alerting and assistive listening devices;

k. instructing patients in proper ear hygiene;

l. assisting audiologists in treatment programs;

m. assisting audiologists with setup and technical tasks;

n. preparing materials for ear impressions;

o. maintaining and restocking test and treatment rooms;

p. performing equipment maintenance and biological checks;

q. conducting hearing and tympanometric screening on older children and adults (without interpretation);

r. conducting otoacoustic emission screening;

s. performing nondiagnostic otoscopy;

t. performing pure-tone audiologic reassessment on established patients;

u. preparing the patient for videonystagmography /electronystagmography or evoked testing;

v. assisting audiologists in hearing testing of pediatric patients;

w. performing pure-tone hearing screening and universal newborn hearing screening tests;

x. performing infection control duties within the clinic/service;

y. assisting patients in completing case history or other relevant forms;

z. interacting with hearing instrument manufacturers/suppliers regarding status of orders/repairs; and

aa. serving as translators, interpreters, and/or cultural brokers, when needed.

2. The audiology assistant should not engage in the following:

   a. determining case selection or evaluation protocols;

   b. interpreting observations or data into diagnostic statements of clinical management strategies or procedures;

   c. participating in team or case conferences, or on any interdisciplinary team, without the presence of the supervising audiologist or an audiologist designated by the supervising audiologist;

   d. writing, developing, or modifying a patient’s individualized treatment plan;
e. assisting with patients without following the treatment plan prepared by the audiologist or without proper supervision;

f. composing or signing any formal documents (e.g., treatment plans, reimbursement forms, or reports)—progress notes written by audiology assistants may be reviewed and co-signed by the supervising audiologist, subject to local facility policy;

g. transmitting or disclosing clinical information, either orally or in writing, to anyone, including the patient, without the approval of the supervising audiologist;

h. selecting patients for treatment services or discharging patients from treatment services;

i. counseling or consulting with the patient, family, or others regarding the patient status or service or making referrals for additional services; or

j. referring to themselves either orally or in writing with a title other than one determined by the supervising audiologist.

§115. Supervision Requirements for Audiology Assistant

1. A supervising audiologist must have a minimum of two years of full-time professional audiology employment following the attainment of their Certificate of Clinical Competence from the American Speech-Language-Hearing Association and state license.

2. The supervising audiologist is responsible for determining the level of supervision that is required based on the activities that are delegated to the assistant, the skills of the assistant, and the clinical setting. On some occasions, multiple levels of supervision are utilized. Permissible levels of supervision for audiology assistants include the following direct and indirect services.

a. Direct: The supervising audiologist is present in the same room while the audiology assistant is engaged in direct health care activities.

b. Indirect: The supervising audiologist is in the same physical area and is immediately accessible to the audiology assistant. The supervising audiologist meets and interacts with patients/clients as needed. The audiology assistant and supervising audiologist discuss, plan, or review evaluation and treatment. Area supervision is available only when the audiology assistant has been formally assigned a graduated level of responsibility commensurate with this type of supervision. This level is synonymous with direct supervision.

c. General: Services are furnished by the audiology assistant under the supervising audiologist’s
guidance. The supervising audiologist’s presence is not required during services, but the supervising audiologist must be immediately available by phone or pager and able to be physically present as needed. The supervisor will review each treatment plan as needed for timely implementation of modifications.

§116. 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 and modified barium swallow. 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.

§117. Telepractice Service Delivery

1. Definitions
   a. As contained in this section, the following terms have the meanings indicated unless the context otherwise required.
   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 audiology and/or speech-language pathology 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 audiologist or speech-language pathologist delivering the service is located at the time the service is provided via telecommunications.

§116. Evaluation of Swallowing and Voice


§117. 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 must 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 multidisciplinary 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, e-mail, fax—although they may be in connection with telepractice.
b. Interstate and intrastate telepractice may be limited by the state, state licensure boards, and 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.

§118. Interstate Telepractice

1. Definitions

“Interstate Telepractice” means:

a. The application of telecommunications technology to deliver audiology and/or speech-language pathology 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 an audiologist or speech-language pathologist 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 10 clients annually.

e. Definitions provided in Section 117.01, 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 an audiologist or speech-language pathologist located outside of the state who provides such consultations or services upon request to a person licensed in this state;

b. The provision of audiology or speech-language pathology services across state lines during a declared state of emergency if no charge is made for the assistance;

c. Services provided by an audiologist or speech-language pathologist in another jurisdiction to faculty, researchers, clinicians, and/or students for the purposes of research or teaching of communication disorders; or

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 audiologist or speech-language pathologist licensed to practice in this state who violates the provisions of the Model Bill for State Licensure of Audiologists, Speech-Language Pathologists, and Audiology and Speech-Language Pathology Assistants while engaging in the practice of audiology or speech-language pathology 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 health care information, and continuing education. Telepractice, regardless of where the service is rendered or delivered, constitutes the practice of audiology or speech-language pathology and shall require state licensure.

§119. 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 the American Speech-Language-Hearing Association and other pertinent professional associations.