

Stricken language would be deleted from and underlined language would be added to the Code of Arkansas Rules.

Proposed Rulemaking

Title

Promulgated by:
Board of Examiners in Speech-Language Pathology and Audiology

Title 17. Professions, Occupations, and Businesses

Chapter XXXV. Board of Examiners in Speech-Language Pathology and Audiology, Department of Health

Subchapter A. Generally

Part 180. Board of Examiners in Speech-Language Pathology and Audiology Rules

Subpart 1. Organization and Procedures of the Board

17 CAR § 180-101. Officers.

(a) The officers of the Board of Examiners in Speech-Language Pathology and Audiology shall consist of a:

- (1) Chair;
- (2) Vice chair; and
- (3) Treasurer.

(b) Officers shall be elected by members, with elections to be held annually during the first sixty (60) days of each fiscal year.

17 CAR § 180-102. Committees.

Committees shall be appointed by the Chair of the Board of Examiners in Speech-Language Pathology and Audiology when such appointments are necessary.

17 CAR § 180-103. Meetings.

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(a) The Board of Examiners in Speech-Language Pathology and Audiology shall hold at least four (4) meetings annually, one (1) within sixty (60) days of the beginning of the fiscal year and one (1) before the end of the calendar year, at a time and place designated by the Chair of the Board of Examiners in Speech-Language Pathology and Audiology.

(b) Additional meetings may be called by the chair or upon a vote of the majority of the members.

(c) The chair shall designate the date, time, and place of each meeting of the board.

(d) Notice of the time and place of each additional meeting shall be transmitted to the board members and the press by the chair at least fifteen (15) days before the meeting is to be held.

(e) When the chair or a majority of the members calls a meeting under special circumstances, direct oral or telephone notification shall be given by the chair as soon as practical, pursuant to the Freedom of Information Act of 1967, Arkansas Code § 25-19-101 et seq., before the meeting is to be held.

17 CAR § 180-104. Per diem.

Each Board of Examiners in Speech-Language Pathology and Audiology member shall receive per diem and travel allowance as permitted by applicable state law to:

- (1) Attend board meetings; and
- (2) Conduct the official business of the board.

17 CAR § 180-105. Applicable law.

The Arkansas Administrative Procedure Act, Arkansas Code § 25-15-201 et seq., shall govern the Board of Examiners in Speech-Language Pathology and Audiology in all matters in which it is applicable.

17 CAR § 180-106. Communications with board.

All communications directed to the Board of Examiners in Speech-Language Pathology and Audiology must be in written form, as a matter of record, before official consideration will be given to any issue, request, or submission to the board.

17 CAR § 180-107. Forms.

The Board of Examiners in Speech-Language Pathology and Audiology shall have such forms as are required for the discharge of its responsibilities.

17 CAR § 180-108. Publication of names of speech-language pathologists and audiologists.

Following ~~July 1~~ November 1, each year the Board of Examiners in Speech-Language Pathology and Audiology shall publish complete lists of the names of all board-licensed speech-language pathologists and audiologists.

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17 CAR § 180-109. Applicants.

All applicants shall have access to the statutes and rules concerning ethical standards of practice and procedures established by the Board of Examiners in Speech-Language Pathology and Audiology.

Subpart 2. Requirements and Qualifications for Application and Licensure

17 CAR § 180-201. Licensure generally.

(a) Arkansas Code § 17-100-301 provides for licensure in either speech-language pathology or audiology independently.

(b)(1) To be licensed in speech-language pathology, an individual must have appropriate academic training and clinical experience in speech-language pathology.

(2) To be licensed in audiology, an individual must have appropriate academic training and clinical experience in audiology.

(3) Persons in the process of completing the clinical fellowship experience are eligible for provisional licensure only.

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(c)(1) To receive licensure in both areas, an individual must have appropriate academic training and clinical experience in each area.

(2) A degree in "speech-language and hearing" or "communicative disorders" does not, in itself, qualify an individual for licensure in both areas.

17 CAR § 180-202. Application.

(a)(1) Persons desiring licensure or provisional licensure may obtain the necessary application form from the Board of Examiners in Speech-Language Pathology and Audiology.

(2) The application must be accompanied by the nonrefundable non-refundable application fee.

(b)(1)(A) Persons entering the practice of speech-language pathology and/or audiology are required to submit the application for licensure within the first thirty (30) days of beginning practice.

(B) The board shall then review and act upon the application at the next regular board meeting.

(2) Any applicant who has submitted the completed application form, the application fee, and a copy of the current American Speech-Language-Hearing Association (ASHA) certified member card or a letter from ASHA specifying the date of certification and expiration date may legally practice until action is taken on the application at the next scheduled board meeting.

(3) Any applicant for provisional licensure who has submitted the completed application form, the application fee, and the plan for completion of the clinical fellowship experience signed by a supervisor who holds a valid Arkansas license in speech-language pathology or audiology may legally practice until action is taken on the application at the next scheduled board meeting.

(4)(A) Any applicant for a license in audiology who has submitted the completed application form, the application fee, and either a copy of the current certified member card or a letter from ASHA specifying the date of certification and

expiration date may legally practice until action is taken on the application at the next scheduled board meeting.

(B) In addition, any applicant for a license in audiology who has submitted the completed application form, the application fee, and either a letter from or the American Board of Audiology specifying the date of acceptance for certification and expiration may legally practice until action is taken on the application at the next scheduled board meeting.

(5) Any applicant for a license in audiology who has submitted the completed application form, the application fee, and letter from the university verifying completion of the AuD may legally practice until action is taken on the application at the next scheduled board meeting.

(c) Applicants for licensure in both speech-language pathology and audiology shall be required to submit a separate application for each area with the appropriate fee for each.

17 CAR § 180-203. Qualifications.

(a)(1) Applicants for licensure must hold a master's or doctoral degree in communicative disorders (speech-language pathology or audiology) that encompasses the specific educational requirements equal to those required by a national speech-language pathology and/or audiology accrediting body recognized by the United States Department of Education.

(2)(A) The applicant shall submit official transcripts (undergraduate/graduate/doctoral) from one (1) or more accredited colleges or universities denoting degree conferral.

(B) Transcripts should be sent directly to the Board of Examiners in Speech-Language Pathology and Audiology office from each college or university.

(3)(A) Until the official transcript is available from the university, the board will accept a statement signed by the university program director verifying completion of academic and clinical practicum requirements for the degree in speech-language pathology or audiology.

(B) The statement must include the date of degree conferral.

(b)(1) The board will accept proof of ASHA Certificate of Clinical Competence granted since January 1, 1993, as evidence of the required degree (subsection (a) of this section).

(2) This may be a letter verifying the date of certification from the American Speech-Language-Hearing Association.

(c)(1) Applicants for a license in audiology who have not obtained a doctorate in audiology, but hold a master's degree, shall submit evidence of no less than thirty-six (36) weeks of full-time professional experience or its part-time equivalent.

(2) This experience must be obtained under the supervision of one (1) or more audiologists who are licensed.

(d)(1)(A) Pursuant to Arkansas Code § 17-100-302, each applicant for a license in speech-language pathology shall submit evidence of no less than thirty-six (36) weeks of full-time professional experience or its part-time equivalent in the area for which a license is requested.

(B) This experience must be obtained under the supervision of one (1) or more speech-language pathologists who are licensed under the Licensure Act of Speech-Language Pathologists and Audiologists, Arkansas Code § 17-100-101 et seq.

(2)(A) This supervision must:

(i) Entail the personal and direct involvement of the supervisor in any and all ways that will permit him or her to evaluate the applicant's performance in professional clinical employment; and

(ii) Include some direct observation.

(B) The applicant and his or her supervisor must list and describe the methods of supervision employed.

(C) Specific information should be given regarding the:

(i) Professional activities supervised;

(ii) Number of supervisory contacts per month; and

(iii) Length of each supervisory contact.

(D) This experience must follow completion of the requirements listed in Arkansas Code § 17-100-302.

(3)(A) Thirty-six (36) weeks of full-time (thirty-five (35) hours per week) experience (or the equivalent part-time experience), totaling a minimum of one thousand two hundred sixty (1,260) hours.

(B) Part-time work can be completed, as long as the clinical fellow works more than five (5) hours per week.

(C) Working more than thirty-five (35) hours per week will not shorten the minimum requirement of thirty-six (36) weeks.

(4)(A) "Professional experience" shall be defined as:

- (i) Direct clinical work with clients;
- (ii) Consultation with parents or family;
- (iii) Record keeping related to client care; and
- (iv) Any other duties relevant to a clinical program in speech-language pathology and/or audiology.

(B) Time spent in administration, formal teaching, and research shall not be considered "professional employment" in this context.

17 CAR § 180-204. Provisional licensure.

(a) Persons who are in the process of completing the professional experience are eligible for provisional licensure only.

(b) Application must be made within thirty (30) days of beginning the professional experience.

(c) A provisional license is renewable annually, but will expire and shall not be renewed after thirty-six (36) months from the initiation of the professional experience.

(d) Each provisional licensee shall submit evidence of completion of the professional experience, signed by applicant and supervisor.

(e) Upon successful completion of the professional experience and written notification, the provisional status will be removed.

(f) Provisional licensees are entitled to all the rights and privileges of persons holding a license without provisional status except they must be supervised as outlined under 17 CAR § 180-203(d).

17 CAR § 180-205. Examination.

(a)(1) The Board of Examiners in Speech-Language Pathology and Audiology designates the professional area examination in speech-language pathology or the professional area examination in audiology, offered as part of the Praxis Examination in Speech-Language Pathology and Audiology by the Educational Testing Service (ETS), Princeton, New Jersey 08540, as the state licensure examination for speech-language pathologists and audiologists, respectively.

(2) Praxis shall set the pass/fail scores for each examination.

(3) Arrangements and fees for all examinations are the responsibility of the applicant.

(4) It shall be the responsibility of the applicant to assure that his or her score in the appropriate area examination is made available by ETS to the Board of Examiners in Speech-Language Pathology and Audiology.

(5) The Board of Examiners in Speech-Language Pathology and Audiology may defer a decision on an application until it has considered the examination score.

(b)(1) The Board of Examiners in Speech-Language Pathology and Audiology may waive the examination and grant a license to any applicant who is certified by either the American Speech-Language-Hearing Association or the American Board of Audiology in the area for which he or she is applying for licensure, provided that the current requirements for such certification are equivalent to or greater than those for licensure under the Licensure Act of Speech-Language Pathologists and Audiologists, Arkansas Code § 17-100-101 et seq.

(2)(A) It shall be the responsibility of the applicant to furnish proof of his or her certification to the Board of Examiners in Speech-Language Pathology and Audiology.

(B) This may be a clear photocopy of the certified member card or its current equivalent.

17 CAR § 180-206. Reciprocity.

(a)(1) An applicant for licensure under the reciprocity provision of Arkansas Code § 17-100-304 may be so licensed if he or she possesses a current license in speech-language pathology and/or audiology from another state that maintains professional standards considered by the Board of Examiners in Speech-Language Pathology and Audiology to be equivalent to those set forth in the Licensure Act of Speech-Language Pathologists and Audiologists, Arkansas Code § 17-100-101 et seq.

(2) Evidence of such licensure shall be provided by the applicant and verified by the staff of the Board of Examiners in Speech-Language Pathology and Audiology.

(b) Oral interviews may be required under the provisions of this part.

(c) An applicant licensed in another state shall provide verification of good standing from the licensing board of every state where currently and previously licensed.

17 CAR § 180-207. Prelicensure criminal background check.

(a)(1) Pursuant to Acts 2019, No. 990, an individual may petition for a prelicensure determination of:

(A) Whether the individual's criminal record will disqualify the individual from licensure; and

(B) Whether a waiver may be obtained.

(2) The individual must obtain the prelicensure criminal background check petition form from the Board of Examiners in Speech-Language Pathology and Audiology.

(b) The Director of the Board of Examiners in Speech-Language Pathology and Audiology will respond with a decision in writing to a completed petition within a reasonable time.

(c) The response will state the reasons for the decision.

(d) All decisions in response to the petition will be determined by the information provided by the individual.

(e) Any decision made in response to a prelicensure criminal background check petition is not subject to appeal.

(f) The board will retain a copy of the petition and response, and it will be reviewed during the formal application process.

17 CAR § 180-208. Waiver request.

(a) If an individual has been convicted of an offense listed in Arkansas Code § 17-3-102(a), except those permanently disqualifying offenses found in subsection (e), the Board of Examiners in Speech-Language Pathology and Audiology may waive disqualification of a potential applicant or revocation of a license based on the conviction if a request for a waiver is made by an:

- (1) Affected applicant for a license; or
- (2) Individual holding a license subject to revocation.

(b) The board may grant a waiver upon consideration of the following, without limitation:

- (1) The age at which the offense was committed;
- (2) The circumstances surrounding the offense;
- (3) The length of time since the offense was committed;
- (4) Subsequent work history since the offense was committed;
- (5) Employment references since the offense was committed;
- (6) Character references since the offense was committed;
- (7) Relevance of the offense to the occupational license; and
- (8) Other evidence demonstrating that licensure of the applicant does not pose

a threat to the health or safety of the public.

(c) A request for a waiver, if made by an applicant, must:

- (1) Be in writing; and
- (2) Accompany the completed application and fees.

(d) The board will respond with a decision in writing and will state the reasons for the decision.

(e) An appeal of a determination under this section will be subject to the Arkansas Administrative Procedure Act, Arkansas Code § 25-15-201 et seq.

17 CAR § 180-209. Automatic licensure for military.

(a) As used in this section:

(1) "Automatic licensure" means the granting of occupational licensure without an individual's having met occupational licensure requirements provided under Title 17 of the Arkansas Code or by this part; and

(2) "Uniformed service veteran" means a former member of the uniformed services discharged under circumstances other than dishonorable.

(b) The Board of Examiners in Speech-Language Pathology and Audiology shall grant automatic licensure to an individual who is the holder in good standing of a license with a similar scope of practice issued by another state, territory, or district of the United States and is:

(1) A uniformed service member stationed in the State of Arkansas;

(2) A uniformed service veteran who resides in or establishes residency in the State of Arkansas; or

(3) The spouse of:

(A) A person under subdivision (b)(1) or (2) of this section;

(B) A uniformed service member who is assigned a tour of duty that excludes the uniformed service member's spouse from accompanying the uniformed service member and the spouse relocates to this state; or

(C) A uniformed service member who is killed or succumbs to his or her injuries or illness in the line of duty if the spouse establishes residency in the state.

(c) The board shall grant such automatic licensure upon receipt of all of the below:

(1) Payment of the initial licensure fee;

(2) Evidence that the individual holds a license with a similar scope of practice in good standing in another state; and

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(3) Evidence that the applicant is a qualified applicant under subsection (b) of this section.

(d) The expiration date of a license for a deployed uniformed service member or spouse will be extended for one hundred eighty (180) days following the date of the uniformed service member's return from deployment.

(e) A full exemption from continuing education requirements will be allowed for a deployed uniformed service member or spouse until one hundred eighty (180) days following the date of the uniformed service member's return from deployment.

(f) The board shall accept relevant and applicable uniformed service education, training, national certification, or service-issued credential toward licensure qualifications or requirements when considering an application for initial licensure of an individual listed in Arkansas Code § 17-4-104.

Subpart 3. Processing of Applications

17 CAR § 180-301. Processing of applications.

(a) All application materials for licensure, accompanied by the nonrefundable application fee, shall be submitted to the Board of Examiners in Speech-Language Pathology and Audiology office.

(b)(1) To expedite the licensure process, the board delegates to the Director of the Board of Examiners in Speech-Language Pathology and Audiology the authority to issue licenses to applicants who meet the requirements of the board's statutes and rules.

(2) When necessary, the director may refer certain applications to the board for decision.

Subpart 4. Fees

17 CAR § 180-401. Application fee.

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(a) **Application fee: \$100.** A ~~nonrefundable~~non-refundable application fee (see Arkansas Code § 17-100-303) of one hundred dollars (\$100) shall be submitted with each application for licensure.

(b) The Board of Examiners in Speech-Language Pathology and Audiology shall waive the application fee if the applicant:

(1) Is receiving assistance through the:

(A) Arkansas Medicaid Program;

(B) Supplemental Nutrition Assistance Program;

(C) Special Supplemental Nutrition Program for Women, Infants, and Children;

(D) Temporary Assistance for Needy Families Program; or

(E) Lifeline Assistance Program;

(2) Was approved for unemployment within the last twelve (12) months; or

(3) Has an income that does not exceed two hundred percent (200%) of the federal poverty income guidelines.

17 CAR § 180-402. Renewal fee.

(a) **Renewal fee: \$60.00 or \$85.00 dual licensure.** The renewal fee of a single license shall be sixty dollars (\$60.00) annually or eighty-five dollars (\$85.00) for dual licensure.

(b) The license expires at midnight on ~~June 30~~October 31 of each year.

(c) Failure to pay the renewal fee on or before ~~July 15~~November 15 shall render the license invalid (Arkansas Code § 17-100-305).

(d) It is the responsibility of each licensee to remit his or her renewal fee even if he or she fails to receive a renewal notice.

17 CAR § 180-403. Late renewal penalty.

(a) The late renewal penalty shall be:

(1) One hundred dollars (\$100) if renewed between ~~July~~November 16 – ~~December 31~~April 30 of the year within six (6) months of expiration;

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(2) Two hundred dollars (\$200) if renewed between ~~January-May 1~~ –~~July~~ November 15 ~~of the~~ within one (1) year of expiration; or

(3) Three hundred dollars (\$300) if renewed on or after ~~July~~ November 16 of the year following expiration.

(b)(1) Licenses shall be renewed within two (2) years of expiration upon payment of the:

(A) Renewal fee; and

(B) Late renewal penalty.

(2) After that period, and for the next three (3) years, renewal is subject to:

(A) Board of Examiners in Speech-Language Pathology and Audiology review; and

(B) Payment of the renewal fee and the late renewal penalty.

(c) After five (5) years of the initial expiration:

(1) The license shall not be renewed, per Arkansas Code § 17-100-305; and

(2) The individual must apply for a new license.

(d) The individual shall not engage in the practice of speech-language pathology or audiology until the license is renewed.

17 CAR § 180-404. Inactive status/reactivation fee.

(a) **Inactive status/reactivation fees: \$40.00.** A one-time fee of forty dollars (\$40.00) shall be ~~charged~~charged to a speech-language pathologist or audiologist, otherwise qualified and licensed by the Board of Examiners in Speech-Language Pathology and Audiology, to place his or her license on inactive status.

(b)(1) If inactive status is requested more than thirty (30) days after expiration, late fees apply as set out in 17 CAR § 180-403.

(2) Request for inactive status must be made to the board in writing.

(3) The individual shall not engage in the practice of speech-language pathology and/or audiology in Arkansas while his or her license is inactive.

(c)(1) An individual wishing to regain active status shall:

(A) Provide the information required by 17 CAR § 180-601(a); and

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(B) Submit the balance (forty dollars (\$40.00)) of the full renewal fee.

(2) Applicant may not resume practice until he or she receives notification of reactivation from the board office.

17 CAR § 180-405. Continuing education.

For fees related to continuing education, see 17 CAR § 180-906.

Subpart 5. Licenses

17 CAR § 180-501. Licenses generally.

(a) The license, renewable annually, Arkansas Code § 17-100-305, in speech-language pathology and/or audiology shall be issued to all applicants who:

(1) Meet the requirements for licensure under the provisions of the Licensure Act of Speech-Language Pathologists and Audiologists, Arkansas Code § 17-100-101 et seq.; and

(2) Pay to the Board of Examiners in Speech-Language Pathology and Audiology the prescribed license fees.

(b)(1) Licenses expire at midnight on ~~June 30~~October 31 of each year if not renewed.

(2) Payment and continuing education (if required) must be postmarked or submitted through the website no later than ~~July~~November 15 or the individual must cease practice until written notification of license renewal is received from the board.

(c) The speech-language pathologist and/or audiologist shall practice under the provisions of the Licensure Act of Speech-Language Pathologists and Audiologists only in the professional area or areas in which he or she is licensed by the board.

(d) Pursuant to Arkansas Code § 17-100-107, the board will take legal action against any person not licensed by the board or any licensee who engages in the practice of speech-language pathology or audiology as herein defined in violation of state law and rules of this board.

(e)(1) Licenses are the property of the board.

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(2) Any licensee whose license is suspended or revoked under the provisions of Arkansas Code § 17-100-307 shall return the license to the board.

Subpart 6. Inactive Status or Reactivation

17 CAR § 180-601. Inactive status or reactivation generally.

(a) Individuals who have inactive status and who are seeking reactivation of a license shall, prior to engaging in the practice of speech-language pathology or audiology in the State of Arkansas, satisfy the following requirements:

(1) Submit a written letter of request for reactivation;

(2)(A) Furnish evidence of completion of the number of hours of acceptable continuing professional education computed by multiplying ten (10) times the number of years the licensee has held an inactive or invalid license, not to exceed fifty (50) hours, or, if dually licensed, fifteen (15) hours times the number of years the licensee held an inactive license, not to exceed seventy-five (75) hours.

(B) At least half of the hours must be in Content I;

(3) Pay appropriate fees stated in 17 CAR § 180-404; and

(4)(A) Submit a letter of good standing from any other jurisdiction in which the individual has been practicing while on inactive status.

(B) The Board of Examiners in Speech-Language Pathology and Audiology may verify an applicant's standing online or via telephone.

(b) An individual who meets the conditions established in Arkansas Code § 17-1-107 and can demonstrate that the individual passed the applicable examination or examinations with scores sufficient for licensure at the time the individual's initial license was issued shall not be required to retake the examination or examinations in order to be licensed.

Subpart 7. Disciplinary Action

17 CAR § 180-701. Suspension or revocation.

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The license of any speech-language pathologist, speech-language pathology assistant, or audiologist may be suspended or revoked by the Board of Examiners in Speech-Language Pathology and Audiology upon proof that he or she has violated any part of Arkansas Code § 17-100-307.

17 CAR § 180-702. Procedure.

(a) The Board of Examiners in Speech-Language Pathology and Audiology shall follow the provisions of the Arkansas Administrative Procedure Act, Arkansas Code § 25-15-201 et seq., in bringing disciplinary action against a licensed:

- (1) Speech-language pathologist;
- (2) Audiologist; or
- (3) Speech-language pathology assistant.

(b)(1) Charges against a licensed speech-language pathologist, SLPA, or audiologist shall be in the form of a written statement describing the specific violations of:

- (A) Ethical practice; or
- (B) The provisions of the Licensure Act of Speech-Language Pathologists and Audiologists, Arkansas Code § 17-100-101 et seq., or this part.

- (2) The statement must be signed and filed with the board office.

17 CAR § 180-703. Hearing.

(a)(1) The individual against whom a charge has been filed shall have the right to appear before the Board of Examiners in Speech-Language Pathology and Audiology in person or by counsel.

- (2) He or she may:
 - (A) Present witnesses and evidence in his or her behalf; and
 - (B) Examine witnesses.

(b) If, after a hearing, the board determines that the individual has committed any act which constitutes grounds for disciplinary action, the board may:

- (1) Refuse to issue or renew a license;
- (2) Revoke a license;

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- (3) Suspend a license;
 - (4) Issue a reprimand;
 - (5) Impose a civil penalty not to exceed one thousand dollars (\$1,000) per infraction;
 - (6) Require additional continuing education in a specified area;
 - (7) Require community service hours in a specified field; or
 - (8) Impose sanctions pursuant to other applicable state laws.
- (c) To suspend or revoke a license, a majority of the board members present must vote in favor of that action.

17 CAR § 180-704. Decision of board.

- (a) The individual charged shall be notified of any Board of Examiners in Speech-Language Pathology and Audiology decision or decisions by certified or registered mail immediately following the conclusion of the proceedings.
- (b) Upon suspension or revocation of a license, the license must be returned to the board.

17 CAR § 180-705. Enforcement.

When an individual's license has been suspended or revoked, the Board of Examiners in Speech-Language Pathology and Audiology may take legal action to enforce its decision.

17 CAR § 180-706. Reapplication.

- (a) No sooner than five (5) years after the date of revocation of a license, a person may again apply for licensure.
- (b) The Board of Examiners in Speech-Language Pathology and Audiology may:
- (1) Accept or reject an application for licensure; and
 - (2) Impose additional requirements.

17 CAR § 180-707. Sanctions.

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In order for a licensee to complete a penalty of community service as a sanction, the following restrictions must be applied:

(1) The total number of hours of assigned service must be documented by the person supervising the site where the service was performed;

(2) The site where community service is provided must be separate from the licensee's place of business;

(3) The Board of Examiners in Speech-Language Pathology and Audiology reserves the right to evaluate and either accept or reject the documented hours presented to them as evidence of completion of the punishment as judged by the restrictions above; and

(4)(A) Minor infractions of the board's law or rules may be removed from the licensee's record after two (2) years.

(B) Minor infractions include, but are not limited to:

(i) Failure to apply within thirty (30) days of beginning practice;

(ii) Failure to respond to a request for information within the required time; or

(iii) Practicing without a license following expiration if renewed within thirty (30) days or less.

(C) Any sanction that includes revocation of the license shall remain on the licensee's record.

Subpart 8. Code of Ethics

17 CAR § 180-801. Code of Ethics.

(a) Preamble.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations in the professions of speech-language pathology and audiology. This code of ethics sets forth the fundamental principles and rules considered essential to this purpose.

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Every licensee and applicant shall abide by this Code of Ethics. Any action that violates the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to responsibility to persons served, to the public, and to the professions of speech-language pathology and audiology.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

(b) Principle of Ethics I:

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally.

Rules of Ethics.

A. Individuals shall provide all clinical services and scientific activities competently.

B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.

C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race or ethnicity, sex, gender identity/gender expression, age, religion, national origin, sexual orientation, disability, culture, language, or dialect.

D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any

others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.

E. Individuals who hold an Arkansas license may delegate tasks related to the provision of clinical services to aides, SLPAs, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the licensed individual.

F. Individuals who hold an Arkansas license shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, SLPAs, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

G. Individuals who hold an Arkansas license may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the licensed individual.

H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.

I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.

J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.

K. Individuals who hold an Arkansas license shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee – directly or by implication – the results of any treatment or procedure.

M. Individuals who hold an Arkansas license shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.

N. Individuals who hold an Arkansas license shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with this rule, professional standards, and state and federal laws.

O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.

R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.

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T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

(c) Principle of Ethics II:

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence.

Rules of Ethics.

A. Individuals who hold an Arkansas license shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their licensure status, education, training, and experience.

B. Individuals who engage in research shall comply with all institutional, state, and federal rules that address any aspects of research, including those that involve human participants and animals.

C. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.

D. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's licensure or registration status, competence, education, training, and experience.

E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.

F. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.

G. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

(d) Principle of Ethics III:

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions.

Rules of Ethics.

A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.

B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.

C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.

D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.

E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.

F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services products and when reporting research shall adhere to prevailing professional standards and shall not contain misrepresentations.

G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

(e) Principle of Ethics IV:

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of allied professions. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

Rules of Ethics.

A. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.

B. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

C. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.

D. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.

E. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

F. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.

G. Individuals shall not discriminate in their relationship with colleagues, SLPAs, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender/identity, gender/expression, age, religion, national origin, sexual orientation, culture, language, dialect, socioeconomic status, or disability.

H. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to

inform the Board of Examiners in Speech-Language Pathology and Audiology through its established procedures.

I. Individuals making and responding to complaints shall comply fully with the policies of the Board of Examiners in Speech-Language Pathology and Audiology in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.

J. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.

K. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.

L. Applicants for licensure and individuals making disclosures shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.

M. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, SLPAs, students, or research participants.

N. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.

O. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.

P. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.

R. Individuals shall comply with local, state, and federal laws applicable to professional practice, research ethics, and the responsible conduct of research.

S. Individuals who have been convicted, been found guilty, or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm, or the threat of physical harm to the person or property of another, or (2) any felony, shall self-report by notifying the Board of Examiners in Speech-Language Pathology and Audiology in writing within 30 days of the conviction, plea, or finding of guilt.

Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to the Board of Examiners in Speech-Language Pathology and Audiology within 30 days of self-reporting.

T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying the Board of Examiners in Speech-Language Pathology and Audiology in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to the Board of Examiners in Speech-Language Pathology and Audiology within 30 days of self-reporting.

Subpart 9. Continuing Professional Education (CPE)

17 CAR § 180-901. Continuing professional education generally.

(a)(1) Continuing professional education in speech-language pathology and audiology, Arkansas Code § 17-100-306, shall consist of a series of planned learning experiences beyond the educational programs that have led to the degree that qualifies one for licensure.

(2)(A) The licensee must participate in CPE activities of at least ten (10) clock hours for each license period.

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(B) At least five (5) of these hours must be in Content Area I.

(3) Dual licensees must complete fifteen (15) clock hours with a minimum of five (5) hours in each discipline from Content Area I.

(4) Renewal of a license shall be contingent upon the licensee:

- (A) Fulfilling the CPE requirements;
- (B) Submitting an annual CPE report; and
- (C) Maintaining evidence for possible audit.

(5) See 17 CAR § 180-1310(d) for SLPA requirements.

(b)(1) The Board of Examiners in Speech-Language Pathology and Audiology may preapprove continuing education programs.

(2) It is the licensee's responsibility to obtain continuing education that meets the guidelines specified in this part.

(3) The board retains final authority for acceptance of any educational activity submitted by the licensee to meet requirements.

(4) Continuing education can be obtained through:

- (A) Live presentations;
- (B) College courses (one (1) credit hour equals fifteen (15) clock hours);
- (C) Online activities with written documentation of completion; or
- (D)(i)(a) Self-study.

(b) "Self-study" is defined as any activity completed by the licensee alone, such as a book or video.

(c) Any replay of a live conference is also considered self-study.

(ii) The board's self-study report (available online) must be completed for these activities.

(5) The board retains final authority for acceptance of any educational activity submitted by the licensee to meet requirements.

17 CAR § 180-902. Content Area I.

Content Area I:

(1) Anatomic and physiologic bases for the normal development and use of:

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- (A) Speech;
- (B) Language;
- (C) Communication;
- (D) Swallowing;
- (E) Hearing; and
- (F) Balance/vestibular systems;

(2) Physical bases and processes of the production and perception of:

- (A) Speech;
- (B) Language;
- (C) Communication;
- (D) Swallowing;
- (E) Hearing; and
- (F) Balance/vestibular systems;

(3) Linguistic and psycho-linguistic variables related to normal development and use of:

- (A) Speech;
- (B) Language; and
- (C) Hearing;

(4) Technological, biomedical, engineering, and instrumentation information related to:

- (A) Basic communication processes;
- (B) Swallowing;
- (C) Balance/vestibular disorders; and
- (D) Cerumen management;

(5) Various types of communication disorders, swallowing disorders, and balance/vestibular disorders and their:

- (A) Manifestations;
- (B) Classifications; and
- (C) Causes;

(6) Evaluation skills, including procedures, techniques, and instrumentation for assessment; and

(7) Principles and procedures in habilitation and rehabilitation of:

- (A) Communication disorders;
- (B) Swallowing; and
- (C) Balance/vestibular disorders.

17 CAR § 180-903. Content Area II.

Content Area II (must relate to the practice of speech-language pathology and/or audiology):

(1) Regulations and implementation of federal and/or state regulated programs;

(2) Service delivery, such as:

- (A) Telepractice;
- (B) Group versus individual services; and
- (C) Use of support staff;

(3) Ethical practices;

(4) Supervision related to:

- (A) Speech-language pathology and audiology students;
- (B) Clinical fellows;
- (C) SLPAs; and
- (D) Aides;

(5) Related disciplines that interface with delivery of speech-language pathology and audiology services;

(6) Reimbursement issues; and

(7) Behavior management.

17 CAR § 180-904. Renewal.

Each licensee will file a report of continuing professional education each year with the renewal fee.

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17 CAR § 180-905. Report — Audit.

(a)(1) Annually, the Board of Examiners in Speech-Language Pathology and Audiology will select licensees for audit.

(2) During an audit, the board may request verification of CPEs submitted, including information regarding:

- (A) Date;
- (B) Content;
- (C) Attendance; and
- (D) Number of hours.

(3) It is the responsibility of the licensee to maintain records to substantiate compliance.

(4) The board shall be the final authority on acceptance of any educational activity submitted by the licensee to meet requirements.

(5) Failure to substantiate continuing professional education hours, when audited, may result in disciplinary action.

(6) Documentation may include, but is not limited to the following:

- (A) Program notes, outlines, or hand-outs;
- (B) Independent study notes on the self-study report;
- (C) Transcripts from college/university courses; and
- (D) Certificates of attendance, including registry transcripts or CE tally sheets.

(b)(1) Provisional and full licensees:

(A) Are not required to complete a report of continuing professional education; and

(B) Will not be audited during the initial licensing year.

(2) However, a licensee in a clinical fellowship that lasts longer than one (1) year shall submit a continuing professional education report that documents a minimum of ten (10) hours for the licensing period that follows that first year.

(3) There is no exemption for the year in which the provisional license is converted to a full license unless it occurs in the initial licensing year.

(c) Individuals who have inactive status are not required to submit a CPE report.

(d) The board will accept, but not be limited to, the following activities that fall within Content Areas I and II:

(1) Attending scientific or educational:

- (A) Lectures;
- (B) Workshops;
- (C) Webinars;
- (D) Seminars;
- (E) College courses; or
- (F) Online courses;

(2) Independent study of:

- (A) Journals;
- (B) Books;
- (C) Videotapes;
- (D) Audiotapes; or
- (E) Online courses; and

(3) Any CPE offered through national speech pathology and/or audiology organizations.

17 CAR § 180-906. Notification of audit and penalties.

(a) A notice will be sent to all audited licensees advising that documentation must be in the possession of the Board of Examiners in Speech-Language Pathology and Audiology by a specified date.

(b) Licensees who submit audit materials after the deadline will be assessed a fifty-dollar per month late penalty.

(c) A committee of the board will:

- (1) Review the audit materials; and
- (2) Make recommendations for action to the full board.

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(d) Failure to comply with the audit request will result in formal disciplinary action.

Subpart 10. Rules for Audiologists Who Dispense Hearing Aids

17 CAR § 180-1001. Facility and equipment.

(a) The facility shall include either:

(1) A sound room of appropriate size that meets or exceeds ANSI standards of ambient noise levels for test environments; or

(2) Instruments for the measurement of hearing aid performance on the ear of the patient.

(b) Equipment shall also include instruments for the electroacoustic measurement of hearing aid characteristics.

(c) All equipment shall be calibrated and maintained annually.

17 CAR § 180-1002. Prior to hearing aid fitting.

(a)(1) All patients under the age of twelve (12) months who have failed two (2) screenings in the absence of indicators of external and/or middle ear abnormalities should receive a battery of audiological tests to minimally include:

- (A) A case history;
- (B) High frequency tympanometry;
- (C) Otoacoustic emissions (OAE); and
- (D) Click and toneburst auditory brainstem responses (ABR).

(2) For those patients five (5) months of age or older, developmentally appropriate behavioral assessment is also recommended.

(b)(1) All patients twelve (12) to twenty-four (24) months should receive a battery of audiological tests to minimally include:

- (A) A case history;
- (B) Otoscopy;
- (C) Tympanometry; and

(D) Behavioral pure-tone threshold assessment appropriate to the patient's developmental abilities.

(2)(A) Acoustic reflex testing, OAE, and ABR, although not mandatory, are also considered appropriate to the test protocol.

(B) These tests should not, however, replace behavioral threshold assessment unless the patient is physically or developmentally unable to perform behavioral testing.

(c)(1) All patients twenty-five (25) months and older should receive a battery of audiological tests to minimally include:

- (A) A case history;
- (B) Otoscopy;
- (C) Tympanometry;
- (D) Pure-tone air and bone conduction;
- (E) Speech reception threshold; and
- (F) Word recognition assessment.

(2) Measures of acoustic reflexes and loudness discomfort levels, although not mandatory, are considered appropriate to the testing protocol.

(3) Exceptions to this battery include patients who are physically or developmentally unable to perform these tasks.

17 CAR § 180-1003. Evaluation.

(a)(1) Evaluation of hearing aids must be performed with the hearing aids on the patient.

(2) This shall be accomplished either:

- (A) In sound field; or
- (B) With instruments that objectively measure hearing aid performance

with appropriate prescriptive techniques to account for the different means of programming the hearing aid.

(3) The preferred verification method of fitting is to use probe microphone measures in conjunction with the patient's:

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- (A) Ear;
- (B) Ear mold; and
- (C) Personal amplification system.

(4) A real-ear-to-coupler difference (RECD) can be obtained and probe tube measurement performed in a coupler if a patient is unwilling to tolerate probe microphone measurement in the ear.

(5) A prescriptive measure addressing gain should be in place to address the possibility of overestimating or underestimating gain until the patient is five (5) years of age.

(b)(1) First-time hearing aid users under the age of eighteen (18) years must receive medical evaluation and clearance from an otolaryngologist within six (6) months prior to being fitted with a hearing aid.

(2) First-time hearing aid users eighteen (18) years or older must be advised of the desirability of a medical evaluation.

(3) First-time hearing aid users eighteen (18) years or older should be referred to a physician, preferably one specializing in disorders of the ear if any of the following conditions are present:

- (A) Visible deformities of the ear since birth or from injury;
- (B) Fluid, pus, or blood coming out of the ear within the previous three (3) months;
- (C) Sudden, quickly worsening, or fluctuating hearing loss within the previous three (3) months;
- (D) Dizziness;
- (E) Hearing loss in only one (1) ear or a large difference in hearing between ears;
- (F) Ear wax build up or feeling that something is in the ear canal;
- (G) Pain or discomfort in the ear; or
- (H) Tinnitus or ringing in one (1) or both ears.

17 CAR § 180-1004. Educational counseling.

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(a) Appropriate educational counseling relative to use, care, and maintenance of the amplification device will be provided at the time the device is fitted.

(b) Rehabilitation and management, including appropriate referrals, should be provided.

17 CAR § 180-1005. Satisfaction agreement.

(a) The patient must be given a minimum of thirty (30) days to achieve user satisfaction.

(b) If satisfaction is unattainable during this period and the device is returned in satisfactory condition, moneys paid for the device shall be refunded.

(c) Terms of the thirty-day user satisfaction agreement, including nonrefundable professional fees, will be fully explained at the time of fitting.

(d) The patient must be provided with information required by federal and state guidelines relative to the device or devices dispensed.

17 CAR § 180-1006. Fitting outside of facility.

Fitting outside of the dispensing facility is considered acceptable when the testing protocol outlined in 17 CAR §§ 180-1001 – 180-1003 is met.

17 CAR § 180-1007. Documentation.

The Board of Examiners in Speech-Language Pathology and Audiology may periodically request written documentation regarding adherence to this part from the dispensing audiologists.

Subpart 11. Scope of Practice

17 CAR § 180-1101. Scope of Practice — Preamble.

The purpose of this statement is to define the scope of practice of speech-language pathology and audiology in order to (1) inform persons of activities for which licensure in the appropriate area is required, and (2) to educate health-care and education

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professionals, consumers, and members of the general public of the services offered by speech-language pathologists and audiologists as qualified providers.

The scope of practice defined here, and the areas specifically set forth, are part of an effort to establish the broad range of services offered within the profession. It is recognized, however, that levels of experience, skill, and proficiency with respect to the activities identified within the scope of practice will vary among the individual providers. Similarly, it is recognized that related fields and professions may have knowledge, skills, and experience that may be applied to some areas within the scope of practice. Notwithstanding, this part strictly governs the practice described herein of speech-language pathology and audiology. By defining the scope of practice of speech-language pathologists and audiologists, there is no intention to exclude members of other professions or related fields from rendering services in common practice areas for which they are competent by virtue of their respective disciplines.

Finally, it is recognized that speech-language pathology and audiology are dynamic and continuously developing practice areas. In setting forth some specific areas as included with the scope of practice, there is no intention that the list be exhaustive or that other, new, or emerging areas be precluded from being considered as within the scope of practice.

17 CAR § 180-1102. Practice of speech-language pathology.

The practice of speech-language pathology includes:

(1) Providing prevention, screening, consultation, assessment and diagnosis, treatment, intervention, management, counseling, and follow-up services for disorders of:

(A) Speech (i.e., articulation, fluency, resonance, and voice, including aeromechanical components of respiration);

(B) Language (i.e., phonology, morphology, syntax, semantics, and pragmatic/social aspects of communication), including comprehension and expression in

oral, written, graphic, and manual modalities, language processing, preliteracy, and language-based literacy skills, including phonological awareness;

(C) Swallowing or other upper aerodigestive functions, such as infant feeding and aeromechanical events (evaluation of esophageal function is for the purpose of referral to medical professionals);

(D) Cognitive aspects of communication (e.g., attention, memory, problem solving, executive functions); and

(E) Sensory awareness related to communication, swallowing, or other upper aerodigestive functions;

(2) Establishing augmentative and alternative communication techniques and strategies, including developing, selecting, and prescribing of such systems and devices (e.g., speech-generating devices);

(3) Providing services to individuals with hearing loss and their families/caregivers (e.g., auditory training, speechreading, speech and language intervention secondary to hearing loss, visual inspection and listening checks of amplification devices for the purpose of troubleshooting, including verification of appropriate battery voltage);

(4) Screening hearing of individuals who can participate in conventional pure-tone air conduction methods, screening with otoacoustic emissions, and for middle ear pathology through screening tympanometry for the purpose of referral of individuals for further evaluation and management;

(5) Using instrumentation (e.g., videofluoroscopy, EMG, nasendoscopy, stroboscopy, computer technology) to observe, collect data, and measure parameters of communication and swallowing, or other upper aerodigestive functions in accordance with the principles of evidence-based practice;

(6)(A) Selecting, fitting, and establishing effective use of prosthetic/adaptive devices for communication, swallowing, or other upper aerodigestive functions (e.g., tracheoesophageal prostheses, speaking valves, electrolarynges).

(B) This does not include sensory devices used by individuals with hearing loss or other auditory perceptual deficits;

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(7) Collaborating in the assessment of central auditory processing disorders and providing intervention where there is evidence of speech, language, and/or other cognitive communication disorders;

(8) Educating and counseling individuals, families, coworkers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about:

(A) Communication;

(B) Swallowing; or

(C) Other upper aerodigestive concerns;

(9) Advocating for individuals through community awareness, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal barriers;

(10) Collaborating with and providing referrals and information to audiologists, educators, and health professionals as individual needs dictate;

(11) Addressing behaviors (e.g., perseverative or disruptive actions) and environments (e.g., seating, positions for swallowing safety or attention, communication opportunities) that affect:

(A) Communication;

(B) Swallowing; or

(C) Other upper aerodigestive functions;

(12) Providing services to modify or enhance communication performance (e.g., accent modification, transgendered voice, care and improvement of the professional voice, personal/professional communication effectiveness); and

(13) Recognizing the need to provide and appropriately accommodate diagnostic and treatment services to individuals from diverse cultural backgrounds and adjust treatment and assessment services accordingly.

17 CAR § 180-1103. Practice of audiology.

The practice of audiology includes:

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(1) Facilitating the conservation of auditory system function and developing and implementing environmental and occupational hearing conservation programs;

~~(2) Screening, identifying, assessing and interpreting, diagnosing, preventing, and rehabilitating peripheral and central auditory and peripheral and central vestibular system dysfunctions;~~
Evaluating, diagnosing, managing, and treating auditory or vestibular conditions in the human ear

(3) Providing and interpreting behavioral and (electro) physiological measurements of auditory and vestibular and facial nerve functions;

~~(4) Selecting, fitting, programming, and dispensing~~
Prescribing, ordering, selling, dispensing, or fitting of hearing aids, of amplification, assistive listening and alerting devices, and other systems (e.g., implantable devices) to an individual for the correction or relief of a condition for which hearing aids are worn and providing training in their use;

(5) Providing aural rehabilitation and related counseling services to individuals with hearing loss and their families;

~~(6) Prescribing, ordering, selling, dispensing, or externally fitting a sound processor, to:~~

~~(a) An osseointegrated device for the correction or relief of a condition for which osseointegrated devices are worn; or~~

~~(b) A cochlear implant for the correction or relief of a condition for which cochlear implants are worn.~~

"Sound processor" means a nonsurgical, external unit that attaches to an internal osseointegrated device or cochlear implant.

~~(67)~~ Screening of speech-language, cognition, and other factors affecting communication function;

~~(78)~~ Interpreting results, implementing, and monitoring newborn hearing screening programs;

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~~(89)~~ Providing consultation to educators, industry, consumers, and families and the general public about the hearing and balance systems, hearing loss, and hearing conservation;

~~(910)~~ Advocating for individuals through community awareness, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal barriers;

~~(1011)~~ Providing education and administration in audiology and professional education programs; and

~~(1112) Cerumen management to prevent obstructions of the external ear canal and of amplification devices. Removing a foreign body or cerumen from the external auditory canal;.~~

~~_____ (13) Conducting health screenings;~~

~~_____ (14) Ordering but not interpreting cultures and bloodwork testing solely as relating to the auditory or vestibular conditions in the human ear;~~

~~_____ (15) Ordering and performing in-office non-radiographic testing of the external auditory canal solely for the evaluation of hearing and balance disorders; and~~

~~_____ (16) Ordering but not interpreting radiographic imaging solely as relating to the auditory or vestibular conditions in the human ear.~~

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The practice of audiology does not include:

~~_____ (1) Surgery using an instrument, including a laser, scalpel, needle, cautery, cryoprobe, or suture, in which human tissue is cut, burned, vaporized, removed, or otherwise permanently altered by mechanical means, laser, ionizing radiation, ultrasound, or other means;~~

~~_____ (2) Osseointegrated device surgery;~~

~~_____ (3) Cochlear implant surgery;~~

~~_____ (4) The preparation, operation, or performance of radiographic imaging; or~~

~~_____ (5) The use or interpretation of cultures, bloodwork testing, or radiographic imaging to diagnose or treat.~~

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Subpart 12. Telepractice

17 CAR § 180-1201. Definitions.

As used in this subpart:

(1) "Distant site" means the location of the licensee delivering services through telepractice at the time the services are provided;

(2)(A) "Originating site" means a site at which a patient is located at the time healthcare services are provided to him or her by means of telepractice.

(B) "Originating site" includes the home of a patient;

(3)(A) "Professional relationship" means at a minimum a relationship established between a licensee and a patient when:

(i) The licensee has previously conducted an in-person examination of the patient and is available to provide appropriate follow-up care, when necessary, at medically necessary intervals;

(ii) The licensee personally knows the patient and the patient's relevant health status through an ongoing personal or professional relationship and is available to provide appropriate follow-up care, when necessary, at therapeutically necessary intervals;

(iii) The treatment is provided by a licensee in consultation with, or upon referral by, another healthcare professional who has an ongoing professional relationship with the patient and who has agreed to supervise the patient's treatment, including follow-up care;

(iv) An on-call or cross-coverage arrangement exists with the patient's regular treating healthcare professional or another healthcare professional who has established a professional relationship with the patient;

(v) A relationship established under rules of the Arkansas State Medical Board may be utilized for telepractice certification; or

(vi)(a) The licensee has access to a patient's personal health record maintained by a healthcare professional and uses any technology deemed appropriate

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by the licensee, including the telephone, with a patient located in Arkansas to diagnose and treat the patient.

(b) For purposes of this subchapter, a health record may be created with the use of telepractice, consists of relevant clinical information required to treat a patient, and is reviewed by the licensee who meets the same standard of care for a telepractice visit as an in-person visit.

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(B) "Professional relationship" does not include a relationship between a licensee and a patient established only by the following:

- (i) An internet questionnaire;
- (ii) An email message;
- (iii) Patient-generated medical history;
- (iv) Text messaging;
- (v) A facsimile machine; or
- (vi) Any combination of means listed in subdivisions (3)(B)(i) – (v) of

this section;

(4) "Remote patient monitoring" means the use of synchronous or asynchronous electronic information and communication technology to collect personal health information and medical data from a patient at an originating site that is transmitted to a licensee at a distant site for use in the treatment and management of medical conditions that require frequent monitoring;

(5) "Store-and-forward technology" means the asynchronous transmission of a patient's medical information from a healthcare professional at an originating site to a licensee at a distant site;

(6) "Telepractice" includes store-and-forward technology and remote patient monitoring; and

(7) "Telepractice service" means the application of telecommunication technology equivalent in quality to services delivered face-to-face to deliver speech-language pathology or audiology services, or both, at a distance for assessment, intervention or consultation, or both.

17 CAR § 180-1202. Appropriate use of telepractice.

(a) A professional relationship must be established in accordance with this subpart before the delivery of services via telepractice.

(b) If a decision is made to provide healthcare services through telepractice, the licensee accepts responsibility and liability for the care of the patient.

(c) The practice of speech-language pathology or audiology via telepractice shall be held to the same standards of care as traditional in-person encounters.

(d) Once a professional relationship is established, a licensee may provide healthcare services through telepractice, including interactive audio, if the healthcare services:

(1) Are within the licensee’s scope of practice; and

(2) Otherwise meet the requirements of the Board of Examiners in Speech-Language Pathology and Audiology’s statutes and this part.

(e) A licensee shall follow applicable state and federal law, rules, and regulations for:

(1) Informed consent;

(2) Privacy of individually identifiable health information;

(3) Medical recordkeeping and confidentiality; and

(4) Fraud and abuse.

17 CAR § 180-1203. Delivery of services via telepractice.

(a) The licensee must obtain a detailed explanation of the patient's condition from the patient or the patient's treating healthcare professional.

(b) If follow-up care is indicated, the licensee must agree to provide or arrange for such follow-up care.

(c) The licensee must keep a documented record of services provided via telepractice just as the licensee would for an in-person encounter.

(d)(1) At the patient's request, the licensee must make available to the patient an electronic or hardcopy version of the patient's record documenting the encounter.

(2) Additionally, unless the patient declines to consent, the licensee must forward a copy of the record of the encounter to the patient's regular treating healthcare professional if that healthcare professional is not the same one delivering the service via telepractice.

(e) Services must be delivered in a transparent manner, including providing access to information identifying the licensee in advance of the encounter, with licensure and board certifications, as well as patient financial responsibilities.

(f)(1) If the patient, at the recommendation of the licensee, needs to be seen in person, the licensee must:

(A) Arrange to see the patient in person; or

(B) Direct the patient to their regular treating healthcare professional or other appropriate provider if the patient does not have a treating healthcare professional.

(2) Such recommendation shall be documented in the patient's treatment record.

(g) All healthcare professionals providing care via telepractice to a patient located within the State of Arkansas shall be licensed by the Board of Examiners in Speech-Language Pathology and Audiology.

17 CAR § 180-1204. Supervision.

(a) Supervision of SLPAs may be done through telepractice as long as client confidentiality can be maintained.

(b) Supervision rules shall remain the same as those stated for SLPAs.

Subpart 13. Rules Governing Registration of Speech-Language Pathology Assistants

17 CAR § 180-1301. Purpose.

The purpose of this subpart is to set minimum qualifications for the registration and supervision of speech-language pathology assistants by the Board of Examiners in

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Speech-Language Pathology and Audiology as specified in Arkansas Code §§ 17-100-103 and 17-100-104.

17 CAR § 180-1302. Applicability.

The provisions of this subpart shall not apply to any student, intern, or trainee performing speech-language pathology services while completing supervised clinical experience as part of an accredited college or university training program.

17 CAR § 180-1303. Definitions.

As used in this subpart:

(1)(A) "Direct supervision" means on-site, in-view observation and guidance by a speech-language pathologist while an assigned activity is performed by support personnel.

(B) Direct supervision performed by the SLP may include, but is not limited to, the following:

(i) Observation of a portion of the screening or treatment procedures performed by the SLPA;

(ii) Coaching the SLPA; and

(iii) Modeling for the SLPA.

(C) The supervising SLP must be physically present during all services provided to a medically fragile client by the SLPA (e.g., general and telepractice).

(D)(i) The SLP can view and communicate with the patient and SLPA live via real-time telepractice technology to supervise the SLPA, giving the SLP the opportunity to provide immediate feedback.

(ii) This does not include reviewing a taped session later;

(2) "Indirect supervision" means those activities other than direct observation and guidance conducted by a speech-language pathologist that may include:

(A) Demonstration;

(B) Record review;

(C) Review and evaluation of audio or videotaped sessions; and/or

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(D) Interactive television;

(3) "Screening" means a pass-fail procedure to identify people who may require further assessment;

(4) "SLPA" is an abbreviation for speech-language pathology assistant;

(5) "Speech-language pathology aide (SLP-aide)" means an individual with a high school diploma and on-the-job training who performs tasks as prescribed, directed, and supervised by licensed speech-language pathologists;

(6) "Speech-language pathology assistant" means an individual who, following academic and on-the-job training, performs tasks as prescribed, directed, and supervised by licensed speech-language pathologists; and

(7) "Supervising speech-language pathologist" means a speech-language pathologist who holds a current Arkansas license and has two (2) years of professional experience as a speech-language pathologist, following successful completion of the clinical fellowship experience (see 17 CAR § 180-203(d)) may be approved by the Board of Examiners in Speech-Language Pathology and Audiology as a supervising speech-language pathologist.

17 CAR § 180-1304. Regulation by Division of Elementary and Secondary Education.

(a) This subpart also provides for the Division of Elementary and Secondary Education, in accordance with its statutory general supervision authority over public agencies that provide educational services to children with disabilities from birth to twenty-one (21) years of age, in conjunction with the Division of Developmental Disabilities Services of the Department of Human Services, to regulate speech-language pathology assistants and aides performing duties in such programs.

(b) The Division of Elementary and Secondary Education will provide the Board of Examiners in Speech-Language Pathology and Audiology, upon request, any reports and/or records with regard to these individuals in the performance of their duties as may be necessary to ensure compliance with established standards.

17 CAR § 180-1305. Prohibitions.

The utilization of speech-language pathology aides in other practice settings is prohibited unless specifically approved by the Board of Examiners in Speech-Language Pathology and Audiology for study purposes.

17 CAR § 180-1306. Nonclinical duties.

Nothing in this subpart prohibits other individuals from performing nonclinical duties such as:

- (1) Patient transport or positioning;
- (2) Room preparation;
- (3) Construction, preparation, or repair of treatment materials; or
- (4) Clerical activities.

17 CAR § 180-1307. Direct care staff — Paraprofessionals.

Nothing in this subpart shall be construed as preventing or restricting a person who provides parenting and daily living skills for enrichment purposes from performing as:

- (1) Direct care staff at residential programs, such as human development centers; or
- (2) Paraprofessionals who provide direct student supervision and instructional support to classroom teachers in public agencies providing educational services to children, such as public schools.

17 CAR § 180-1308. Board’s regulatory authority.

(a) For all purposes, the Board of Examiners in Speech-Language Pathology and Audiology retains regulatory authority for speech-language pathology services, unless specifically exempted by statute.

(b) The board may at any time, for good cause, revoke all exceptions and exemptions granted in these rules, and at such time may require registration of all SLPAs and SLP-aides through the board.

17 CAR § 180-1309. Registration of speech-language pathology assistants.

(a)(1) To register as an SLPA under Arkansas Code § 17-100-202(b)(2), an individual shall submit an application for registration to the Board of Examiners in Speech-Language Pathology and Audiology.

(2)(A) An individual shall register with the Division of Elementary and Secondary Education if that individual intends to perform the duties of an SLPA in a public agency that provides educational services to children with disabilities from birth to twenty-one (21) years of age under the general supervision of the division.

(B) Subsections (b) – (d) of this section shall not apply to those individuals.

(b)(1)(A) This application must be approved before employment of the SLPA can begin.

(B) At no time may an SLPA work without both:

- (i) A current approved registration; and
- (ii) An approved supervisor.

(2) The board application shall be completed by both the prospective SLP supervisor and the prospective SLPA.

(3) The prospective SLP supervisor and the prospective SLPA must attend an initial training session prior to registration approval.

(c) The following must be submitted in the registration process:

(1) An application obtained from the board office, which shall contain:

(A) Specific information regarding:

- (i) Personal data;
- (ii) Employment and nature of professional practice;
- (iii) Social Security number;
- (iv) Other state licenses and certifications held;
- (v) Disciplinary proceedings; and
- (vi) Felony and misdemeanor convictions;

(B) Educational background including an original or certified copy of a transcript or transcripts showing evidence of a bachelor's degree in speech-language pathology or required academic training as specified in 17 CAR § 180-1310(a)(2);

(C) A statement that the applicant for SLPA and supervising speech-language pathologist:

(i) Have read Arkansas Code §§ 17-100-103 and 17-100-104 and this part; and

(ii) Agree to abide by them;

(D) A statement that the applicant understands that fees submitted in the registration process are nonrefundable; and

(E) The dated signature of the applicant; and

(2) A supervisory responsibility statement form obtained from the board office that contains:

(A) The name, address, employer, area of licensure, and license number of the supervisor;

(B) The employment history substantiating at least two (2) years of clinical experience, after completion of the clinical fellowship experience, of the supervising speech- language pathologist;

(C) A statement that the supervisor is responsible for notifying the board office within ten (10) working days of any change in the supervisory arrangements;

(D)(i) A list of facilities in which the SLPA will be utilized.

(ii) The location of work settings must be kept current.

(iii) Any change must be reported in writing to the board within twenty-one (21) days.

(iv) Based on information received, the board may limit the number of practice sites; and

(E) The dated signature of the supervisor.

(d) If the application process for registration is not completed within twelve (12) months:

(1) The application shall be considered abandoned; and

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(2) A new application must be submitted.

17 CAR § 180-1310. Requirements for a speech-language pathology assistant.

(a) An SLPA shall:

(1) Complete a bachelor's degree in communication sciences and disorders from a regionally or nationally accredited institution and twenty-five (25) hours of observation, which is described in subdivision (b)(2)(B)(ii)(f) of this section;

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(2) Complete an SLPA program (two-year minimum) that meets the requirements described in subsection (b) of this section, from a regionally or nationally accredited institution (e.g., an associate's degree from a community college, a technical training program, a certificate program, or a bachelor's degree) and one hundred (100) hours of fieldwork; or

(3) C-SLPA from ASHA.

(b)(1)(A) An SLPA program under subdivision (a)(2) of this section shall meet the specified curriculum content and fieldwork experience listed below.

(B) Applicants from out-of-state will be reviewed on a case-by-case basis to ensure equivalency.

(2) **Curriculum content.** The curriculum content shall include, unless otherwise permitted by the Board of Examiners in Speech-Language Pathology and Audiology, sixty (60) semester credit hours with the following content:

(A)(i) General education (twenty (20) to forty (40) semester credit hours).

(ii) The general education sequence should include, but is not limited to, coursework in:

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(a) Oral and written communication skills demonstrated to meet the level of workplace standards expected for the field of speech-language pathology;

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(b) Mathematics, including at least one (1) course in:

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(1) General mathematics;

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(2) Business mathematics;

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(4) Algebra;

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(5) Statistics; or

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(6) Higher-level mathematics;

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(c) Technology, including:

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(1) Computer literacy;

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(2) Word processing;

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(3) Web-based applications; or

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(4) Managing digital audio and video files; and

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(d) Social and natural sciences, including psychology, sociology,

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biology, and/or human anatomy and physiology, physics or other sciences, as applicable; and

(B)(i) Technical knowledge (twenty (20) to forty (40) semester credit hours).

(ii) Course content must provide students with background information in communication disorders, technical knowledge to assume the job responsibilities, and core technical skills for SLPAs and shall include the following:

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(a) Overview of normal processes of communication, including:

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(1) Normal speech, language, communication, and hearing

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development;

(2) Phonetics; and

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(3) Communication across the lifespan;

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(b) Overview of communication disorders, including:

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(1) Introduction/survey to communication disorders; and

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(2) Coursework in both speech disorders and language

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disorders;

(c) Instruction in assistant-level service delivery practices,

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including:

(1) Technical procedures for SLPAs;

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(2) Ethics for the practice of speech-language pathology;

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(3) Procedures and processes about assisting the speech-language pathologist;

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(d) Instruction in workplace behaviors, including:

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(1) Relating verbally and nonverbally to clients/caregivers in a pragmatic, supportive, and appropriate manner that considers the development, educational, cultural, and communication needs of these individuals;

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(2) Accepting and implementing the supervisor's feedback and instructions and seeking clarification as needed;

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(3) Maintaining confidentiality and ensuring the security of client information and records at all times;

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(4) Communicating effectively in oral and written formats that conform to speech-language pathology workplace standards of intelligibility and legibility and are consistent with state and federal rules and regulations and instructions from the supervising speech-language pathologist; and

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(5) Following health and safety precautions, including universal precautions and other workplace procedures designed to provide a safe environment for clients and others;

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(e) Cultural and linguistic factors in communication, including one (1) or more of the following:

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(1) Language and culture;

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(2) Interpersonal communication (verbal and nonverbal);

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(3) Sign language and other manually coded systems; and

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(4) Bilingualism or other multicultural issues; and

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(f)(1) Observation.

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(2) Observation experiences include direct, on-site observation of an ASHA-certified speech-language pathologist.

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(3) Additional observation experiences may include preapproved (by the supervising speech-language pathologist) on-site or video observation of an ASHA-certified speech-language pathologist.

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(3) **Fieldwork experience.**

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(A) This training shall be supervised by a speech-language pathologist who holds:

- (i) A current and valid license from the board; or
- (ii) The ASHA Certificate of Clinical Competence in speech-language pathology.

(B) These experiences are not intended to develop independent practice.

(c) Additional requirements:

(1) An SLPA shall not begin work before the registration application has been approved nor may the SLPA continue work after the registration has expired;

(2) An SLPA shall be employed in a setting in which direct and indirect supervision are provided on a regular and systematic basis by an approved supervising speech-language pathologist; and

(3)(A) An SLPA shall wear a name tag at all times during employment identifying title as registered speech-language pathology assistant.

(B) The title must contain the entire word "assistant" and not an abbreviation.

(C) Facilities may apply to the board for exemption from this requirement.

(d) **Continuing education.**

(1)(A)(i) An SLPA shall meet continuing education requirements that total at least one (1) hour for every month of registration (maximum of ten (10) hours per fiscal year).

(ii) Activities must pertain to the scope of responsibilities of the assistant (17 CAR § 180-1315).

(iii) At least five (5) of the hours must fall within Content Area I as defined below.

(B) Content Area I for assistants:

(i) Normal development and use of:

(a) Speech;

(b) Language; and

(c) Hearing;

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(ii)(a) Speech-therapy treatment strategies for communicative disorders, such as:

- (1) Stuttering;
- (2) Language;
- (3) Articulation;
- (4) Feeding; and
- (5) Augmentative/alternative communication.

(b) **Note.**

- (1) SLPAs do not develop treatment plans.
- (2) They follow treatment plans developed by the

supervising speech-language pathologist;

(iii)(a) Evaluation techniques for communicative disorders such as:

- (1) Stuttering;
- (2) Language;
- (3) Articulation;
- (4) Feeding; and
- (5) Augmentative/alternative communication.

(b) **Note.**

- (1) SLPAs do not conduct or interpret evaluations.
- (2) They may assist the supervising speech-language

pathologist in evaluations/screenings;

(iv)(a) Treatment and evaluation of reading and writing difficulties as they relate to communication.

(b) **Note.**

- (1) SLPAs do not conduct or interpret evaluations.
- (2) They may assist the supervising speech-language

pathologist in evaluations/screenings; and

(v) Various types of disorders of communication and their:

- (a) Manifestations;
- (b) Classification; and

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(c) Cause.

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(C) Content Area II for assistants:

- (i) Rules and regulations and implementation of federal and/or state regulated programs;
- (ii) Service delivery models;
- (iii) Ethical practices;
- (iv) Related disciplines that interface with delivery of speech-language pathology and audiology services;
- (v) Reimbursement issues;
- (vi) Technology training that will enhance clerical skills or service delivery (i.e., computer programs, software education, scheduling, documentation, etc.);
- (vii) Related disciplines that interface with delivery of speech-language pathology services;
- (viii) Confidentiality issues such as HIPAA and FERPA;
- (ix) Mandated reporter training; and
- (x) Behavior management.

(2)(A) The board may preapprove continuing education programs.

(B) It is the SLPA's responsibility to obtain continuing education that meets the guidelines specified in this section.

(C) The board retains final authority for acceptance of any educational activity submitted by the SLPA to meet requirements.

(D) Continuing education can be obtained through:

- (i) Live presentations;
- (ii) College courses (one (1) credit hour equals fifteen (15) clock hours); or
- (iii) Online activities with written documentation of completion.

(E) Any replay of a live conference is also considered an online activity.

17 CAR § 180-1311. Requirements for a supervising speech-language pathologist.

(a) A supervising speech-language pathologist:

(1)(A) Must be licensed as a speech-language pathologist in the state of Arkansas and have two (2) years of full-time professional speech-language pathology experience, after completion of the paid professional experience.

(B) The Board of Examiners in Speech-Language Pathology and Audiology reserves the right to decline or delay approval of registration if the licensed SLP has prior or pending disciplinary action against him or her.

(C)(i) An individual with a provisional license may not supervise an assistant.

(ii) However, an individual exempted from licensure under Arkansas Code § 17-100-104(4) and who holds a master's degree in speech-language pathology and a valid certificate/license issued by the State Board of Education prior to August 1, 1997, shall not be required to procure Board of Examiners in Speech-Language Pathology and Audiology licensure in order to supervise speech-language pathology assistants and aides.

(iii) Individuals who are issued initial speech-language pathology certification/licensure by the State Board of Education (or Division of Elementary and Secondary Education) after August 1, 1997, shall be required to hold Board of Examiners in Speech-Language Pathology and Audiology licensure in order to supervise speech-language pathology assistants and aides;

(2)(A) May not supervise more than two (2) full-time or three (3) part-time assistants.

(B) Three (3) part-time assistants may not exceed the number of hours for two (2) full-time assistants or eighty (80) hours.

(C) Based on information received, the Board of Examiners in Speech-Language Pathology and Audiology may limit the number of supervisors;

(3)(A) Must institute a training program for each SLPA encompassing all the procedures to be performed.

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(B) Documentation of such training in formal substance acceptable to the Board of Examiners in Speech-Language Pathology and Audiology shall be retained in the assistant's file;

(4) Must inform the consumer about the use of an SLPA and document informed consent;

(5) Must provide and document appropriate supervision of the SLPA; and

(6) Is required to maintain original documents for three (3) years and submit within thirty (30) days when requested by the Board of Examiners in Speech-Language Pathology and Audiology.

(b)(1) Although the speech-language pathologist may delegate specific tasks to the SLPA, the legal (i.e., professional liability) and ethical responsibility to the patient/client for all services provided or omitted must remain the full responsibility of the supervising speech-language pathologist.

(2) The legal and ethical responsibility cannot be delegated.

17 CAR § 180-1312. Supervision guidelines for a speech-language pathology assistant.

(a)(1)(A) A total of at least thirty percent (30%) direct and indirect supervision is required and must be documented for the first forty-five (45) work days.

(B) For thirty (30) hours of direct client contact this would be nine (9) hours for both direct and indirect supervision.

(2) Documented direct supervision of patient/client care shall be required no less than twenty percent (20%) of the actual patient/client contact time weekly for each SLPA.

(3) During each week, data on every patient/client seen by the SLPA must be reviewed by the supervisor.

(4) In addition, the twenty percent (20%) direct supervision must be scheduled so that all patients/clients seen by the SLPA are directly supervised in a timely manner.

(5) Supervision days and time of day (morning/afternoon) may be alternated to ensure that all patients/clients receive direct contact with the speech-language pathologist at least once every two (2) weeks.

(6) Information obtained during direct supervision must include data relative to:

(A) Agreement (reliability) between the SLPA and the supervisor on correct/incorrect recording of target behavior;

(B) Accuracy in implementation of screening and treatment procedures;

(C) Accuracy in recording data; and

(D) Ability to interact effectively with the patient/client.

(7) After the first forty-five (45) work days, the amount of supervision can be adjusted if the supervising speech-language pathologist determines the SLPA has met appropriate competencies and skill levels with a variety of communication and related disorders.

(8) Minimum ongoing supervision must always include documentation of client contact provided by the SLP to each student, patient, or client at least every thirty (30) calendar days.

(9) A minimum of one (1) hour of direct supervision weekly, or a minimum of ten percent (10%) (for SLPAs treating less than ten (10) hours per week) and as much indirect supervision as needed to facilitate delivery of quality services must be maintained.

(10) Documentation of all supervisory activities, both direct and indirect, must be accurately recorded.

(11) Further, one hundred percent (100%) supervision of SLPAs for medically fragile students, patients, or clients is required.

(b)(1) Indirect supervision does not require the supervising speech-language pathologist to be physically present or available via telecommunication in real time while the SLPA is providing services.

(2) Indirect supervisory activities may include:

(A) Demonstration tapes;

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- (B) Record review;
- (C) Review and evaluation of audiotaped or videotaped sessions; and/or
- (D) Supervisory conferences that may be conducted by telephone and/or

live, secure webcam via the internet.

(3) The speech-language pathologist will review each plan of care as needed for timely implementation of modifications.

(4) After the initial forty-five-day work period, the amount of supervision may be adjusted depending on the:

- (A) Competency of the assistant;
- (B) Needs of the patients/clients served; and
- (C) Nature of the assigned tasks.

(c)(1) A supervising speech-language pathologist must be able to be reached by personal contact, phone, or other immediate means at all times when direct patient/client care is being rendered.

(2) If, for any reason (i.e., extended leave, illness, change of jobs), the supervisor is no longer available to provide the level of supervision stipulated, the SLPA may not perform direct patient/client care until a qualified and licensed speech-language pathologist has been designated as the SLPA's supervisor and the Board of Examiners in Speech-Language Pathology and Audiology has advised approval of the change.

17 CAR § 180-1313. Annual audit.

(a) On or before January 30 of each calendar year, at least ten percent (10%) of the assistants currently registered will be audited by the Board of Examiners in Speech-Language Pathology and Audiology.

(b) The SLPAs audited will be chosen in a random manner.

17 CAR § 180-1314. Penalties.

(a) A civil penalty of up to one thousand dollars (\$1,000) per violation in addition to revocation or suspension may be imposed on a registrant and/or supervisor if:

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(1) Registrant begins work as an SLPA before they are technically approved for registration or continues to work after the registration has expired;

(2) Registrant practices outside the scope of responsibility as set forth in 17 CAR § 180-1315, scope of responsibilities of the speech-language pathology assistant;

(3) Registrant practices without adequate supervision; or

(4) Registrant and/or supervisor fails to notify the Board of Examiners in Speech-Language Pathology and Audiology of change (supervisor, schedule, work setting, etc.).

(b) A penalty of two hundred dollars (\$200) per month to a maximum of one thousand dollars (\$1,000) may be incurred by the supervising speech-language pathologist for failure to submit supervision documents upon request by the board.

17 CAR § 180-1315. Scope of responsibilities of the speech-language pathology assistant.

(a) Provided that the training, supervision, documentation, and planning are appropriate (i.e., consistent with these guidelines), the following tasks may be designated to a speech-language pathology assistant:

(1) Conduct speech-language screenings (without interpretation) following specified screening protocols developed by the supervising speech-language pathologist;

(2)(A) Provide routine maintenance/generalization tasks as prescribed by the supervising speech-language pathologist.

(B) The SLP shall be solely responsible for:

(i) Performing all tasks associated with the assessment and diagnosis of communication and swallowing disorders;

(ii) Designing all intervention plans; and

(iii) Directly implementing such plans through the acquisition stage of intervention;

(3) Follow documented treatment plans or protocols developed by the supervising speech-language pathologist, not to exceed the activities delineated in subdivision (a)(2) of this section;

(4) Perform pure-tone hearing screenings (without interpretation);

(5) Document patient/client progress toward meeting established objectives as stated in the treatment plan, and report this information to the supervising speech-language pathologist;

(6) Assist the speech-language pathologist during assessment of patients/clients, such as those judged to be difficult to test;

(7) Assist with informal documentation (e.g., tallying notes for the speech-language pathologist to use), prepare materials, and assist with other clerical duties as directed by the speech-language pathologist;

(8) Perform checks and maintenance of equipment; and

(9) Participate with the speech-language pathologist in:

(A) Research projects;

(B) In-service training; and

(C) Public relations programs.

(b)(1) There is a potential for possible misuse of the SLPA, particularly when responsibilities are delegated by administrative staff or nonclinical staff without the knowledge and approval of the supervising speech-language pathologist.

(2) Therefore, the SLPA should not perform any task without the express knowledge and approval of the supervising speech-language pathologist.

(3) An individual's communication or related disorder or other factors may preclude the use of services from anyone other than a licensed speech-language pathologist.

(c) The SLPA may not:

(1) Perform standardized or non-standardized diagnostic tests, formal or informal evaluation, or interpret test results;

(2) Perform intervention tasks associated with skill acquisition;

(3) Participate in parent conferences, case conferences, or in any interdisciplinary team without the presence of the supervising speech-language pathologist or other ASHA-certified speech- language pathologist designated by the supervising speech-language pathologist;

(4) Provide patient/client or family counseling;

(5) Write, develop, or modify a patient's/client's individualized treatment plan in any way;

(6) Assist with patients/clients without following the individualized treatment plan prepared by the speech-language pathologist or without access to supervision (see 17 CAR § 180-1312, supervision guidelines for a speech-language pathology assistant);

(7)(A) Sign any formal documents (e.g., treatment plans, reimbursement forms, or reports).

(B) The assistant may sign treatment notes for review and co-signature by the supervising professional;

(8) Select patients/clients for services;

(9) Discharge a patient/client from services;

(10) Disclose clinical or confidential information either orally or in writing to anyone not designated by the supervising speech-language pathologist;

(11) Make referrals for additional services;

(12) Communicate with the patient/client, family, or others regarding any aspect of the patient/client status regarding:

(A) Diagnosis;

(B) Prognosis;

(C) Treatment; and

(D) Progress; or

(13) Represent himself or herself as a speech-language pathologist.

17 CAR § 180-1316. Exclusive responsibilities of the supervising speech-language pathologist.

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(a) Complete initial supervision training prior to accepting an assistant for supervision and upgrade supervision training on a regular basis.

(b) Participate significantly in hiring the assistant.

(c) Document preservice training and credentials of the assistant.

(d) Inform patients/clients and families about the level (professional vs. support personnel), frequency, and duration of services as well as supervision.

(e)(1) Represent the speech-language pathology team in all collaborative, interprofessional, interagency meetings, correspondence, and reports.

(2) This would not preclude the assistant from attending meetings along with the speech-language pathologist as a team member or drafting correspondence and reports for editing, approval, and signature by the speech-language pathologist.

(f) Make all clinical decisions, including:

(1) Determining patient/client selection for inclusion/exclusion in the case load;
and

(2) Dismissing patients/clients from treatment.

(g) Communicate with patients/clients, parents, and family members about:

(1) Diagnosis;

(2) Prognosis;

(3) Treatment plan; and

(4) Progress.

(h) Conduct diagnostic evaluations, assessments, or appraisals, and interpret obtained data in reports.

(i) Review each treatment plan with the assistant at least:

(1) Weekly; or

(2) Every five (5) sessions.

(j) Delegate specific tasks to the assistant while retaining legal and ethical responsibility for all patient/client services provided or omitted.

(k) Prepare an individualized treatment plan and make modifications prior to or during implementation.

(l) Discuss the case with or refer the patient/client to other professionals.

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(m)(1) Sign all formal documents (e.g., treatment plans, reimbursement forms, reports).

(2) The supervisor should indicate on documents that the SLPA performed certain activities.

(n) Review and sign all informal progress notes prepared by the SLPA.

(o) Provide ongoing training to the SLPA on the job.

(p) Provide and document appropriate supervision of the SLPA.

(q) Ensure that the SLPA only performs tasks that are within the scope of responsibility of the SLPA.

(r) Participate in the performance appraisal of the speech-language pathology assistant.

17 CAR § 180-1317. Revocation, suspension, and denial of registration of speech-language pathology assistants and supervisors.

(a) The Board of Examiners in Speech-Language Pathology and Audiology reserves the right to decline or delay approval of application for supervisory status if the licensed SLP has prior or pending disciplinary action against him or her.

(b) In any adverse action concerning a registrant, SLPA, or SLP supervisor, the board will adhere to the provisions of 17 CAR § 180-701 et seq.