



**STATE OF ARKANSAS**

**BOARD OF EXAMINERS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**

Pursuant to the authority vested in the State Board of Examiners in Speech-Language Pathology and Audiology, the said Board has promulgated and, by these presents, does hereby publish Rules and Regulations of the State Board of Examiners in Speech-Language Pathology and Audiology as authorized by Section 4 Act 277 of 1975 (Ark. Code Ann. § 17-100-202).

**EFFECTIVE: September 26, 2015**

SEAL

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## **SECTION 1. ORGANIZATION AND PROCEDURES OF THE BOARD**

- 1.1 The officers of the Board shall consist of a Chair, Vice Chair, and Treasurer. Officers shall be elected by members, with elections to be held annually during the first sixty (60) days of each fiscal year.
- 1.2 Committees shall be appointed by the Chair when such appointments are necessary.
- 1.3 The Board 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. Additional meetings may be called by the Chair or upon a vote of the majority of the members. The Chair shall designate the date, time, and place of each meeting of the Board. 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. 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 Arkansas Freedom of Information Act, before the meeting is to be held.
- 1.4 Each Board member shall receive per diem and travel allowance as permitted by applicable state law to attend Board meetings and to conduct the official business of the Board.
- 1.5 Ark. Code Ann. § 25-15-201 et seq. shall govern the Board in all matters in which it is applicable.
- 1.6 All communications directed to the Board 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.
- 1.7 The Board shall have such forms as are required for the discharge of its responsibilities.
- 1.8 Following July 1 each year the Board shall publish complete lists of the names of all ABESPA licensed speech-language pathologists and audiologists.
- 1.9 All applicants shall receive copies of the statutes and rules and regulations concerning ethical standards of practice and procedures established by the Board. All licensed speech-language pathologists and audiologists shall have access to any amendments.

## **SECTION 2. REQUIREMENTS AND QUALIFICATIONS FOR APPLICATION AND LICENSURE**

- 2.1 Ark. Code Ann. § 17-100-301 provides for licensure in either Speech-Language Pathology or Audiology independently.
- 2.2 To be licensed in speech-language pathology, an individual must have appropriate academic training and clinical experience in speech-language pathology; to be licensed in audiology, an individual must have appropriate academic training and clinical experience in audiology. Persons in the process of completing the clinical fellowship experience are eligible for provisional licensure only.

- 2.3 To receive licensure in both areas, an individual must have appropriate academic training and clinical experience in each area. A degree in "speech-language and hearing" or "communicative disorders" does not, in itself, qualify an individual for licensure in both areas.
- 2.4 Persons desiring licensure or provisional licensure may obtain the necessary application form from the Arkansas State Board of Examiners in Speech-Language Pathology and Audiology. The application must be accompanied by the non-refundable application fee.
- 2.5 Persons entering the practice of speech-language pathology and/or audiology are required to submit the application for licensure within the first 30 days of beginning practice. The Board shall then review and act upon the application at the next regular Board meeting.
- A. 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.
  - B. 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.
  - C. Any applicant for a license in Audiology who has submitted the completed application form, the application fee and either a copy of the current 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. In addition, any applicant for a license in audiology who has submitted the completed application form, the application fee, and either a letter from The American Academy of Audiology 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.
  - D. 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 Au.D. may legally practice until action is taken on the application at the next scheduled Board meeting.
- 2.6 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.
- 2.7 Applicants for licensure must hold a master's or doctoral degree in communicative disorders (speech language pathology or audiology) which 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.
- A. The applicant shall submit official transcripts (undergraduate/graduate/doctoral) from one or more accredited colleges or universities denoting degree conferral. Transcripts should be sent directly to the Board office from each college or university.

- B. 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. The statement must include the date of degree conferral.
- 2.8 The Board will accept proof of ASHA Certificate of Clinical Competence granted since January 1, 1993, as evidence of the required degree (Section 2.7). This may be a letter verifying the date of certification from the American Speech-Language-Hearing Association.
- 2.9 Applicants for a license in audiology who have not obtained a doctorate in audiology, but hold a masters degree shall submit evidence of no less than 36 weeks of full-time professional experience or its part-time equivalent. This experience must be obtained under the supervision of one or more audiologists who are licensed.
- 2.10 Pursuant to Ark. Code Ann. § 17-100-302, each applicant for a license in speech-language pathology shall submit evidence of no less than 36 weeks of full-time professional experience or its part-time equivalent in the area for which a license is requested. This experience must be obtained under the supervision of one or more speech-language pathologists who are licensed under the Act.
- A. This supervision must entail the personal and direct involvement of the supervisor in any and all ways that will permit him/her to evaluate the applicant's performance in professional clinical employment and must include some direct observation. The applicant and his/her supervisor must list and describe the methods of supervision employed. Specific information should be given regarding the professional activities supervised, the number of supervisory contacts per month, and the length of each supervisory contact. This experience must follow completion of the requirements listed in Ark. Code Ann. § 17-100-302.
  - B. 36 weeks of full-time (35 hours per week) experience (or the equivalent part-time experience), totaling a minimum of 1260 hours. Part-time work can be completed, as long as the clinical fellow works more than 5 hours per week. Working more than 35 hours per week will not shorten the minimum requirement of 36 weeks.
  - C. "Professional experience" shall be defined as direct clinical work with clients, consultation with parents or family, record keeping related to client care, and any other duties relevant to a clinical program in speech-language pathology and/or audiology. Time spent in administration, formal teaching, and research shall not be considered "professional employment" in this context.

#### 2.11 PROVISIONAL LICENSURE:

Persons who are in the process of completing the professional experience are eligible for provisional licensure only. Application must be made within thirty days of beginning the professional experience. A provisional license is renewable annually, but will expire and shall not be renewed after 36 months from the initiation of the professional experience. Each provisional licensee shall submit evidence of completion of the professional experience, signed by applicant and supervisor. Upon successful completion of the professional experience and written notification, the provisional status will be removed. 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 Section 2.10.

- 2.12 The Board designates the professional area examination in Speech-Language Pathology or the professional area examination in Audiology, offered as part of the National 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. The Board has set a passing score for the professional area examination of 600 if taken prior to September 1, 2014. If taken after that date the passing score for speech-language pathology is 162 and 170 for audiology. The Board shall periodically review, and may alter pass-fail criteria of scores on the examination approved by the Board. Arrangements and fees for all examinations are the responsibility of the applicant. It shall be the responsibility of the applicant to assure that his/her score in the appropriate area examination is made available by ETS to the Board. The Board may defer a decision on an application until it has considered the examination score.
- 2.13 The Board may waive the examination and grant a license to any applicant who holds the Certificate of Clinical Competence of the American Speech-Language-Hearing Association in the area for which s/he is applying for licensure, provided that the current requirements for such certification are equivalent to or greater than those for licensure under the Act. It shall be the responsibility of the applicant to furnish proof of his/her ASHA certification to the Board. This may be a clear photocopy of the certified member card or its current equivalent. An applicant for licensure in audiology may provide a letter from either The American Academy of Audiology or The American Board of Audiology in lieu of the ASHA Certificate in Clinical Competence provided the requirements for certification in these organizations are equivalent to or greater than those for licensure under the Act.
- 2.14 An applicant for licensure under the reciprocity provision of the Ark. Code Ann. § 17-100-304 may be so licensed if s/he possesses a current license in speech-language pathology and/or audiology from another state which maintains professional standards considered by the Board to be equivalent to those set forth in the Act. Evidence of such licensure shall be provided by the applicant and substantiated by the Board.
- 2.15 Oral interviews may be required under the provisions of these Rules and Regulations.
- 2.16 An applicant licensed in another state shall provide verification of good standing from the licensing Board of every state where currently or previously licensed.

### **SECTION 3. PROCESSING OF APPLICATIONS**

- 3.1 All application materials for licensure, accompanied by the non-refundable application fee, shall be submitted to the Board office.
- 3.2 A quorum of the Board as required by Ark. Code Ann. §17-100-203 shall deliberate on each application for licensure. Action on the application shall require a majority vote of the members present.

### **SECTION 4. FEES**

- 4.1 Application fee: \$ 140.00

A non-refundable application fee (see Ark. Code Ann. § 17-100-303) of one hundred forty dollars (\$140.00) shall be submitted with each application for licensure.

#### 4.2 Renewal Fee: \$ 80.00 or \$120.00 dual licensure

The renewal fee of a single license shall be eighty (\$80.00) annually or one hundred twenty dollars (\$120.00) for dual licensure. The license expires at midnight on June 30 of each year. Failure to pay the renewal fee on or before July 15 of the current licensure period shall render the license invalid Ark. Code Ann. § 17-100-305. It is the responsibility of each licensee to remit his/her renewal fee even if s/he fails to receive a renewal notice.

#### 4.3 Late renewal penalty:

- A. The late renewal penalty shall be one hundred dollars (\$100.00), effective July 16, two hundred dollars (\$200.00) effective August 16, three hundred dollars (\$300.00) effective September 16, four hundred dollars (\$400.00) effective October 16, five hundred dollars (\$500.00) effective November 16. The late fee shall not exceed five hundred dollars (\$500.00) Ark. Code Ann. § 17-100-308.
- B. Licenses shall be renewed within two (2) years of expiration upon payment of the renewal fee and the late renewal penalty Ark. Code Ann. § 17-100-305. After that period, and for the next three (3) years, renewal is subject to Board review.
- C. After five (5) years of the initial expiration, the license is not subject to renewal Ark. Code Ann. § 17-100-305.
- D. Licenses renewed after July 15 in the year of expiration will be effective the day after postmark. (Also see Section 6.1) The individual shall not engage in the practice of speech-language pathology or audiology until the license is renewed.

#### 4.4 Inactive Status/Reactivation fee(s): \$40.00

- A. A one time fee of forty dollars (\$40.00) shall be charged a speech-language pathologist or audiologist, otherwise qualified and licensed by the Board, to place his/her license on inactive status. If inactive status is requested more than 30 days after expiration, late fees apply as set out in Section 4.3. Request for inactive status must be made to the Board in writing. The individual shall not engage in the practice of speech-language pathology and/or audiology in a non-exempt facility in Arkansas while his/her license is inactive.
- B. An individual wishing to regain active status shall notify the Board in writing, submit documentation of CPEs for each year the license was inactive (maximum of 50 hours for a single license or 75 hours for dual licensure), and submit the balance (\$40) of the full renewal fee. Applicant may not resume practice until s/he receives notification of reactivation from the Board office.

#### 4.5 Fees related to continuing education-See Section 9.7

## **SECTION 5. LICENSES**

- 5.1 The license, renewable annually, Ark. Code Ann. § 17-100-305, in speech-language pathology and/or audiology shall be issued to all applicants who meet the requirements for licensure under the provisions of the Act and who pay to the Board the prescribed license fees.
- 5.2 Licenses expire at 12 midnight on June 30th of each year if not renewed. Payment and continuing education (if required) must be postmarked or submitted through the website no later than July 15 or the individual must cease practice until written notification of license renewal is received from the Board.
- 5.3 The speech-language pathologist and/or audiologist shall practice under the provisions of the Act only in the professional areas (s) in which s/he is licensed by the Board.
- 5.4 Pursuant to Ark. Code Ann. § 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 and regulations of this Board.
- 5.5 Licenses are the property of the Board. Any licensee whose license is suspended or revoked under the provisions of Ark. Code Ann. § 17-100-307 shall return the license to the Board.

## **SECTION 6. INACTIVE STATUS, REACTIVATION OR REINSTATEMENT**

- 6.1 Individuals who have inactive status and who are seeking reactivation or reinstatement 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:
  - A. Submit a written letter of request for reactivation or reinstatement.
  - B. Furnish evidence of completion of the number of hours of acceptable continuing professional education (CPE) computed by multiplying ten (10) times the number of years the licensee has held an inactive or invalid license, not to exceed 50 hours or if dually licensed fifteen (15) hours times the number of years the licensee held an inactive or invalid license, not to exceed seventy-five (75) hours.
  - C. Pay appropriate fees stated in Section 4.4

## **SECTION 7. DISCIPLINARY ACTION**

- 7.1 The license of any speech-language pathologist or audiologist may be suspended or revoked by the Board upon proof that s/he has violated any part of Ark. Code Ann. § 17-100-307.
- 7.2 The Board shall follow the provisions of the Administrative Procedures Act in investigating any charges brought against a licensed speech-language pathologist or audiologist.

- 7.3 Charges against a licensed speech-language pathologist or audiologist shall be in the form of a written statement describing the specific violations of ethical practice, or of the provisions of the Act, or of these Rules and Regulations. The statement must be signed and filed with the Board office.
- 7.4 The individual against whom a charge has been filed shall have the right to appear before the Board in person or by counsel. S/he may present witnesses and evidence in his/her behalf and examine witnesses.
- 7.5 If, after a hearing, the Board determines that the individual has committed any act which constitutes grounds for disciplinary action, the Board may:
- a. Refuse to issue or renew a license;
  - b. Revoke a license;
  - c. Suspend a license
  - d. Administer a public reprimand
  - e. Impose a civil penalty not to exceed \$1000.00 per infraction
  - f. Require additional continuing education in a specified area
  - g. Require community service hours in a specified field
  - h. Impose sanctions pursuant to other applicable state laws
- 7.6 To suspend or revoke a license, a majority of the Board members present must vote in favor of that action.
- 7.7 The individual charged shall be notified of any Board decision(s) by certified or registered mail immediately following the conclusion of the proceedings. Upon suspension or revocation of a license, the license must be returned to the Board.
- 7.8 When an individual's license has been suspended or revoked, the Board may take legal action to enforce its decision.
- 7.9 No sooner than five (5) years after the date of revocation of a license, a person may again apply for licensure. The Board may accept or reject an application for licensure and may impose additional requirements. To reinstate a license, a majority of the Board members present must vote in favor of that action.
- 7.10 This article applies to SLP-Assistants and SLP-Aides as provided by Section 13.17
- 7.11 In order for a licensee to complete a penalty of community service as a sanction, the following restrictions must be applied:
- A. The total number of hours of assigned service must be documented by the person supervising the site where the service was performed.
  - B. The site where community service is provided must be separate from the licensee's place of business.

- C. The Board 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.
- D. Minor infractions of the ABESPA law or Rules and Regulations may be removed from the licensee's record after two (2) years. Minor infractions include, but are not limited to, failure to apply within 30 days of beginning practice, failure to respond to a request for information within the required time, or practicing without a license following expiration if renewed within 30 days or less. Any sanction which includes revocation of the license shall remain on the licensee's record.

## **SECTION 8. CODE OF ETHICS**

### **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.

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.

#### **8.1 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 services competently.
- B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.

- C. Individuals shall not discriminate in the delivery of professional services on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.
- D. Individuals shall not misrepresent the credentials of assistants, technicians, or support personnel and shall inform those they serve professionally of the name and professional credentials of persons providing services.
- E. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed.
- F. Individuals shall evaluate the effectiveness of services rendered and of products dispensed and shall provide services or dispense products only when benefit can reasonably be expected.
- G. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
- H. Individuals shall not evaluate or treat speech, language, or hearing disorders solely by correspondence.
- I. Individuals shall maintain adequate documentation regarding diagnosis and intervention, and contact time of professional services rendered, and products dispensed and shall allow access to these records when appropriately authorized.
- J. Individuals shall not reveal, without authorization, any professional or personal information about the person served professionally, unless required by law to do so, or unless doing so is necessary to protect the welfare of the person or the community.
- K. Individuals shall not charge for services not rendered, nor shall they misrepresent, in any fashion, services rendered or products dispensed. For purposes of this Code of Ethics, misrepresentation includes any untrue statement or statements that are likely to mislead. Misrepresentation also includes the failure to state any information that is material and that ought, in fairness, to be considered.
- L. Individuals shall use persons in research or as subjects of teaching demonstrations only with their informed consent.
- M. Individuals whose professional services are adversely affected by substance abuse or a health-related condition shall seek professional assistance and, when appropriate, withdraw from the affected areas of practice.

## 8.2 Principle of Ethics II:

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

### *Rules of Ethics*

- A. Individuals shall engage in the provision of clinical services only when they hold the appropriate license or when they are in the licensure process. If applying for a provisional license, the applicant must be supervised by an individual who holds an appropriate Arkansas license in the appropriate area under the Act.
- B. Individuals shall engage in only those aspects of the professions that are within the scope of their competence, considering their level of education, training, and experience.
- C. Individuals shall continue their professional development throughout their careers.
- D. Individuals shall delegate the provision of clinical services only to persons who are licensed or to persons in the licensure process who are appropriately supervised. The provision of support services may be delegated to registered speech-language pathology assistants as stipulated in Section 13.
- E. Individuals shall prohibit any of their professional staff from providing services that exceed the staff member's competence, considering the staff member's level of education, training, and experience.
- G. Individuals shall ensure that all equipment used in the provision of services is in proper working order and is properly calibrated.

### 8.3 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, or experience.
- B. Individuals shall not participate in professional activities that constitute a conflict of interest.
- C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal financial interest.
- D. Individuals shall not misrepresent diagnostic information, services rendered, or products dispensed or engage in any scheme or artifice to defraud in connection with obtaining reimbursement for such services or products.
- E. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, and about professional services.

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

#### 8.4 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 prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
- B. Individuals shall not engage in dishonesty, fraud, deceit, misrepresentation, sexual harassment, or any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- C. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- D. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- E. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
- F. Individuals shall not discriminate in their relationship with colleagues, students, and members of allied professions on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.
- G. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board.
- H. Individuals shall cooperate fully with the Arkansas Board of Examiners in Speech-Language Pathology and Audiology in its investigation and adjudication of matters related to this Code of Ethics.
- I. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.

## **SECTION 9. CONTINUING PROFESSIONAL EDUCATION (CPE)**

- 9.1 Continuing Professional Education in Speech-Language Pathology and Audiology Ark. Code Ann. § 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. The licensee must participate in CPE activities of at least ten (10) clock hours for each license period. At least five (5) of these hours must be in Content Area I. Dual licensees must complete fifteen (15) clock hours with a minimum of five (5) hours in each discipline from Content Area I. Renewal of a license shall be contingent upon the licensee fulfilling the CPE requirements, submitting an annual CPE report, and maintaining evidence for possible audit. (See Section 13.10 A.6 for SLP assistant requirements)

The Board does not pre-approve continuing education programs. It is the licensee's responsibility to obtain continuing education which meets the guidelines specified in this rule. The Board retains final authority for acceptance of any educational activity submitted by the licensee to meet requirements. Continuing education can be obtained through (1) live presentations (2) college courses {one credit hour = 15 clock hours} (3) online activities, or (4) self study. Self study is defined as any activity completed by the licensee alone such as a book, video, or online activity that does not require a test. Any re-play of a live conference is also considered self study. The self study report must be completed for these activities. The Board retains final authority for acceptance of any educational activity submitted by the licensee to meet requirements.

### **CONTENT AREA I:**

- (a) Anatomic and physiologic bases for the normal development and use of speech, language, communication, swallowing, and hearing and balance
- (b) Physical bases and processes of the production and perception of speech, language, communication, swallowing, and hearing and balance
- (c) Linguistic and psycho-linguistic variables related to normal development and use of speech, language and hearing
- (d) Technological, biomedical, engineering and instrumentation information related to basic communication processes and swallowing
- (e) Various types of disorders of communication, their manifestations, classification and cause
- (f) Evaluation skills, including procedures, techniques, and instrumentation for assessment
- (g) Principles and procedures in habilitation and rehabilitation of communication disorders and swallowing
- (h) Principles in diagnosis and rehabilitation/treatment of balance, vestibular disorders, and cerumen

### **CONTENT AREA II: (Must relate to the practice of Speech-Language Pathology and/or Audiology)**

- (a) Regulations and implementation of federal and/or state regulated programs
- (b) service delivery such as telepractice, group versus individual services, use of support staff, service to underserved populations
- (c) Ethical practices
- (d) Supervision related to speech-language pathology and audiology students, clinical fellows and speech-language pathology assistants
- (e) Related disciplines which interface with delivery of speech-language pathology and audiology services

- (f) Reimbursement issues
  - (g) Behavior management/training courses
- 9.2 Each licensee will file a report of Continuing Professional Education each year with the renewal fee.
- 9.3 Annually, the Board will select licensees for audit. During an audit, the Board will request verification of CPEs submitted, including information regarding date, content, attendance, and number of hours. It is the responsibility of the licensee to maintain records to substantiate compliance. The Board shall be the final authority on acceptance of any educational activity submitted by the licensee to meet requirements. Failure to substantiate Continuing Professional Education hours, when audited, may result in disciplinary action. 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
  - D. Certificates of attendance, including registry transcripts or CE tally sheets
- 9.4 Provisional and full licensees are not required to complete a report of continuing professional education and will not be audited during the initial licensing year, but will need to submit the report to document a minimum of ten (10) hours for the next licensing period (7/1 to 6/30). 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.
- 9.5 Individuals who have inactive status are not required to submit a CPE report
- 9.6 The Board will accept, but not be limited to the following activities, that fall within Content Areas I and II:
- A. Attending scientific or educational lectures, workshops, teleseminars, seminars, college courses, interactive videos, or online courses.
  - B. Independent study of journals, books, videotapes, audiotapes, or online courses.
  - C. Any CPE offered through national speech pathology and/or audiology organizations.
- 9.7 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 by a specified date.
  - B. Licensees who submit audit materials after the deadline will be assessed a \$50.00 per month late penalty.
  - C. A committee of the Board will review the audit materials and make recommendations for action to the full Board.
  - D. Failure to comply with the audit request will result in formal disciplinary action.

## **SECTION 10. RULES AND REGULATIONS FOR AUDIOLOGISTS WHO DISPENSE HEARING AIDS**

- 10.1 The facility shall include EITHER a sound room of appropriate size which meets or exceeds ANSI standards of ambient noise levels for test environments OR instruments for the measurement of hearing aid performance on the ear of the patient. Equipment shall also include instruments for the electroacoustic measurement of hearing aid characteristics. All equipment will be calibrated and maintained annually.
- 10.2 Prior to hearing aid fitting
- A. All patients under the age of 12 months who have failed three (3) screenings in the absence of indicators of external and/or middle ear abnormalities, should receive a battery of audiological tests to minimally include a case history, high frequency tympanometry, otoacoustic emissions (OAE), and click and toneburst auditory brainstem responses (ABR). For those patients five months of age or older, developmentally appropriate behavioral assessment is also recommended.
  - B. All patients 12 to 24 months should receive a battery of audiological tests to minimally include a case history, otoscopy, tympanometry and behavioral pure-tone threshold assessment appropriate to the patient's developmental abilities. Acoustic reflex testing, OAE, and ABR, although not mandatory, are also considered appropriate to the test protocol. These tests should not, however, replace behavioral threshold assessment unless the patient is physically or developmentally unable to perform behavioral testing.
  - C. All patients 25 months and older should receive a battery of audiological tests to minimally include a case history, otoscopy, tympanometry, pure-tone air and bone conduction, speech reception threshold and word recognition assessment. Measures of acoustic reflexes and loudness discomfort levels, although not mandatory, are considered appropriate to the testing protocol. Exceptions to this battery include patients who are physically or developmentally unable to perform these tasks.
- 10.3 Evaluation of hearing aids must be performed with the hearing aids on the patient. This shall be accomplished EITHER in sound field OR with instruments which objectively measure hearing aid performance with appropriate prescriptive techniques to account for the different means of programming the hearing aid (linear versus nonlinear, digital versus analog). The preferred verification method of fitting is to use probe microphone measures in conjunction with the patient's ear, ear mold, and personal amplification system. 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. A prescriptive measure addressing gain should be in place to address the possibility of over- or underestimating gain until the patient is five (5) years of age.
- 10.4 First time hearing aid users under the age of 18 years MUST receive medical clearance from the otolaryngologist within 6 months prior to being fitted with a hearing aid. First time hearing aid users 18 years or older MUST be advised of the desirability of medical clearance and should be referred to a physician, preferably one specializing in disorders of the ear. However, adult patients may choose

to waive medical clearance. A written waiver of medical clearance must be included in the patient's record.

- 10.5 Appropriate educational counseling relative to use, care and maintenance of the amplification device will be provided at the time the device is fitted. Rehabilitation and management, including appropriate referrals, should be provided.
- 10.6 The patient must be given a minimum of 30 days to achieve user satisfaction. If satisfaction is unattainable during this period and the device is returned in satisfactory condition, moneys paid for the device shall be refunded. Terms of the 30 day user satisfaction agreement, including non-refundable professional fees, will be fully explained at the time of fitting. The patient must be provided with information required by federal and state guidelines relative to the device(s) dispensed.
- 10.7 Fitting outside of the dispensing facility is considered acceptable when the testing protocol outlined in Section 10.1, 10.2, 10.3 and 10.4 is met.
- 10.8 The Arkansas Board of Examiners in Speech-Language Pathology and Audiology may periodically request written documentation regarding adherence to these rules and regulations from the dispensing audiologists.

## **SECTION 11. 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 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 which may be applied to some areas within the scope of practice. Notwithstanding, these rules strictly govern 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.

- 11.1 The practice of speech-language pathology includes:

- A. providing prevention, screening, consultation, assessment and diagnosis, treatment, intervention, management, counseling, and follow-up services for disorders of:
  - 1. speech (i.e., articulation, fluency, resonance, and voice including aeromechanical components of respiration);
  - 2. 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;
  - 3. 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);
  - 4. cognitive aspects of communication (e.g., attention, memory, problem solving, executive functions);
  - 5. sensory awareness related to communication, swallowing, or other upper aerodigestive functions.
- B. Establishing augmentative and alternative communication techniques and strategies including developing, selecting, and prescribing of such systems and devices (e.g., speech generating devices).
- C. 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).
- D. Screening hearing of individuals who can participate in conventional pure-tone air conduction methods, as well as screening for middle ear pathology through screening tympanometry for the purpose of referral of individuals for further evaluation and management.
- E. 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.
- F. 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). This does not include sensory devices used by individuals with hearing loss or other auditory perceptual deficits.
- G. 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.
- H. Educating and counseling individuals, families, co-workers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication, swallowing, or other upper aerodigestive concerns.

- I. 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.
- J. Collaborating with and providing referrals and information to audiologists, educators, and health professionals as individual needs dictate.
- K. Addressing behaviors (e.g., perseverative or disruptive actions) and environments (e.g., seating, positions for swallowing safety or attention, communication opportunities) that affect communication, swallowing, or other upper aerodigestive functions.
- L. 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).
- M. 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.

11.2. The practice of audiology includes:

- A. Facilitating the conservation of auditory system function; developing and implementing environmental and occupational hearing conservation programs;
- B. Screening, identifying, assessing and interpreting, diagnosing, preventing, and rehabilitating peripheral and central auditory and vestibular system dysfunctions;
- C. Providing and interpreting behavioral and (electro) physiological measurements of auditory and vestibular & facial nerve functions;
- D. Selecting, fitting, programming, and dispensing of amplification, assistive listening and alerting devices and other systems (e.g., implantable devices) and providing training in their use;
- E. Providing aural rehabilitation and related counseling services to individuals with hearing loss and their families;
- F. Screening of speech-language and other factors affecting communication function;
- G. Interpreting results, implementing, and monitoring newborn hearing screening programs;
- H. Providing consultation to educators, industry, consumers, and families and the general public about the hearing and balance systems, hearing loss, and hearing conservation;
- I. 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;
- J. Providing education and administration in audiology and professional education programs.

- K. Cerumen management to prevent obstructions of the external ear canal and of amplification devices.

## **SECTION 12. TELEPRACTICE**

### 12.1 Guidelines for Use of Telepractice

- A. Services delivered via telecommunication technology must be equivalent to the quality of services delivered face-to-face, i.e. in-person.
- B. Telepractice services must conform to professional standards including, but not limited to: Code of Ethics, scope of practice, professional policy documents and other relevant federal, state and institutional policies and requirements.
- C. Telepractitioners must have the knowledge and skills to competently deliver services via telecommunication technology by virtue of education, training and experience.
- D. The use of technology, e.g. equipment, connectivity, software, hardware and network shall address the unique needs of each client.
- E. Telepractice service delivery includes the responsibility for calibration of clinical instruments in accordance with standard operating procedures and the manufacturer's specifications.
- F. The telepractitioner is responsible for assessing the client's candidacy for telepractice including behavioral, physical and cognitive abilities to participate in services provided via telecommunications.
- G. At a minimum, notification of telepractice services should be provided to the client, the guardian, the caregiver and the multi-disciplinary team, if appropriate. The notification could include but not be limited to: the right to refuse telepractice services, options for service delivery, and instructions on filing and resolving complaints.
- H. Telepractitioners shall comply with all laws, rules and regulations governing the maintenance of client records, including client confidentiality requirements, regardless of the state where the records of any client within this state are maintained.
- I. Telepractitioners located out-of-state may provide services to persons in this state providing they meet the requirements in Section 5 of the ABESPA Rules and Regulations and apply for an Arkansas license within the first 30 days of practice.

### 12.2 Limitations of Telepractice Services

- A. Telepractice services may not be provided by correspondence only, e.g. mail, email, faxes, although they may be adjuncts to telepractice.

- B. Interstate and intrastate telepractice may be limited by the state, state licensure boards, federal or reimbursement laws and policies.
- C. Audio and video quality should be sufficient to deliver services that are equivalent to in-person.

### 12.3 Service Delivery Models

- A. Telehealth may be delivered in a variety of ways as set out in this section.
  - (1) Store-and-forward model/electronic transmission which is an asynchronous electronic transmission of stored clinical data from one location to another.
  - (2) Clinician interactive model is a synchronous, real time interaction between the provider and client or consultant that may occur via telecommunication links.
  - (3) Self-monitoring/testing model refers to when the client or consultant receiving the services provides data to the provider without a facilitator present at the site of the client or consultant.
  - (4) Live versus stored data refers to the actual data transmitted during the telepractice. Both live, real-time and stored clinical data may be included during the telepractice.

### 12.4 Supervision

- A. Supervision of assistants may be done through telepractice as long as client confidentiality can be maintained.
- B. Supervision rules shall remain the same as those stated for assistants.

## **SECTION 13. RULES AND REGULATIONS GOVERNING REGISTRATION OF SPEECH-LANGUAGE PATHOLOGY ASSISTANTS**

- 13.1 The purpose of this document is to set minimum qualifications for the registration of speech-language pathology assistants by the Arkansas Board of Examiners in Speech-Language Pathology and Audiology (ABESPA) as specified in Ark. Code Ann. §17-100-103 to -104. Regulations for their registration and supervision are also established.
- 13.2 The provisions of this section 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.
- 13.3 This document also provides for the Arkansas Department of Education (ADE), in accordance with its statutory, general supervision authority over public agencies which provide educational services to children with disabilities birth to twenty-one years of age, in conjunction with the Department of Human Services (DHS), Developmental Disabilities Services (DDS), to regulate speech-language pathology assistants and aides performing duties in such programs. ABESPA approved the 1999 ADE guidelines for registration, training, scope of responsibilities, supervision, and review of these individuals. Any proposed revisions to the guidelines will be submitted to ABESPA for approval. The ADE will provide ABESPA, 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.

- 13.4 The utilization of speech-language pathology-aides in other practice settings is prohibited unless specifically approved by ABESPA for study purposes.
- 13.5 Nothing in these rules and regulations prohibits other individuals from performing non-clinical duties such as patient transport or positioning, room preparation, construction, preparation or repair of treatment materials, or clerical activities.
- 13.6 Nothing in these rules and regulations shall be construed as preventing or restricting a person who provides parenting and daily living skills for enrichment purposes from performing as “direct care staff” at residential programs, such as Human Development Centers, or as “paraprofessionals” who provide direct student supervision and instructional support to classroom teachers in public agencies providing educational services to children, such as public schools.
- 13.7 For all purposes, ABESPA retains regulatory authority for speech-language pathology services, unless specifically exempted by statute. The Board may at any time, for good cause, revoke all exceptions and exemptions, granted in these rules and regulations; and at such time may require registration of all SLP-Assistants and SLP-Aides through ABESPA.

#### 13.8 DEFINITIONS

- A. **SPEECH-LANGUAGE PATHOLOGY ASSISTANT** - A speech-language pathology assistant (SLP-Assistant) is an individual who, following academic and on-the-job training, performs tasks as prescribed, directed, and supervised by licensed speech-language pathologists.
- B. **SPEECH-LANGUAGE PATHOLOGY AIDE** - A speech-language pathology aide (SLP-Aide) is 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.
- C. **SUPERVISING SPEECH-LANGUAGE PATHOLOGIST** - 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 Section 2.10) may be approved by ABESPA as a supervising speech-language pathologist.
- D. **DIRECT SUPERVISION** - Direct supervision means on-site, in-view observation and guidance by a speech-language pathologist while an assigned clinical activity is performed by a speech language pathology assistant or speech-language pathology aide.
- E. **INDIRECT SUPERVISION** - Indirect supervision means those activities other than direct observation and guidance conducted by a speech-language pathologist that may include demonstration, record review, review and evaluation of audio or videotaped sessions, and/or interactive television.
- F. **SCREENING** - A pass-fail procedure to identify people who may require further assessment.

### 13.9 REGISTRATION OF SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

- A. Individuals desiring to register as a speech-language pathology assistant under Act 826 of 1995, § 2, codified at Ark. Code Ann. § 17-100-202(b)(2) must submit an application for registration to ABESPA, except that, individuals will register with the ADE who desire to perform the duties of a speech-language pathology assistant in a public agency, or a community program licensed by DHS, DDS, which provides educational services to children with disabilities birth to twenty-one years of age under the general supervision of the ADE. Further, Section 13.9, subsections B, C, and D shall not apply to those individuals. Therefore, if an assistant is working in a public agency only, the assistant will register with the ADE. If an assistant is working in a public agency and another agency, the assistant will register with ABESPA. In this instance, ABESPA will collaborate with ADE to determine approval. The ABESPA application must be completed by both the prospective supervising speech-language pathologist and the prospective assistant. The prospective assistant and supervisor must attend an initial training session prior to registration approval.
- B. This application must be approved before employment of the SLP-Assistant can begin. At no time may an SLP-Assistant work without both a current approved registration and approved supervisor.
- 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 personal data, employment and nature of professional practice, social security number, other state licenses and certifications held, disciplinary proceedings, felony and misdemeanor convictions.
    - (b) educational background including an original or certified copy of transcript(s) showing evidence of a bachelor's degree in speech-language pathology or required academic training as specified in Requirements for a Speech-Language Pathology-Assistant, Section 13.10, subsection A.2.
    - (c) documentation of thirty (30) clinical practicum hours as a SLP-Assistant trainee signed by the Chair of the speech-language pathology department at the educational institution that provided this training. *This requirement is applicable only to individuals without a bachelor's degree in speech-language pathology.*
    - (d) a statement that the applicant for SLP-Assistant and supervising speech-language pathologist have read Ark. Code Ann. §17-100-103 to -104 and the Board rules, and that they agree to abide by them.
    - (e) a statement that the applicant understands that fees submitted in the registration process are non-refundable.
    - (f) the dated signature of the applicant.
  2. The non-refundable application fee (See section 13.14)
  3. A supervisory responsibility statement form obtained from the Board office which 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 (CFY), of the supervising speech-language pathologist.
  - (c) a statement that the supervisor is responsible for notifying the Board office within 10 working days of any change in the supervisory arrangements.
  - (d) a list of facilities in which the SLP-Assistant will be utilized. The location of work settings must be kept current. Any change must be reported in writing to ABESPA within twenty-one (21) days. Based on information received, the Board may limit the number of practice sites.
  - (e) the dated signature of the supervisor
- D. If the application process for registration is not completed within twelve (12) months, the application shall be considered abandoned and a new application must be submitted.

### 13.10 REQUIREMENTS FOR A SPEECH-LANGUAGE PATHOLOGY ASSISTANT

A. A speech-language pathology assistant must:

1. Complete a bachelor's degree in speech-language pathology **OR**
2. Complete a speech-language pathology assistant training program culminating in an Associate Degree from an institution accredited by the Arkansas Department of Higher Education. Programs must meet the specified curriculum content and fieldwork experience listed below. Applicants from out of state will be reviewed on a case-by-case basis to ensure equivalency.

a. Curriculum Content

The curriculum must be consistent with the ASHA-approved Criteria for the Registration of Speech-Language Pathology Assistants (Section III-A)

The curriculum content must include 60 semester credit hours with the following content:

- ⇒20-40 semester credit hours in general education
- ⇒20-40 semester credit hours in technical content areas
- ⇒a minimum of 100 clock hours fieldwork experience\*

b. General education (20-40 semester credit hours)

The general education sequence should include, but is not limited to, the following:

- ⇒Oral and written communication
- ⇒Mathematics
- ⇒Computer applications
- ⇒Social and natural sciences

c. Technical knowledge (20-40 semester credit hours)

Course content must provide students with knowledge and skills to assume the job responsibilities and core technical skills for speech-language pathology assistants, and must include the following:

- ⇒ overview of normal processes of communication
- ⇒ overview of communication disorders
- ⇒ instruction in assistant-level service delivery practices
- ⇒ instruction in workplace behaviors
- ⇒ cultural and linguistic factors in communication
- ⇒ observation
- ⇒ fieldwork experiences

d. The program describes how course content provides instruction in the following workplace behaviors of the speech-language pathology assistant:

- ⇒ relating to clients/patients in a supportive manner
- ⇒ following supervisor's instructions
- ⇒ maintaining confidentiality and other appropriate workplace behaviors
- ⇒ communicating in oral and written forms
- ⇒ following health and safety precautions

#### \*Fieldwork Experience

The minimum of 100 hours of fieldwork experience must provide the student with opportunities for carrying out speech-language pathology assistant responsibilities. This training must be supervised by a speech-language pathologist who holds a current and valid license from ABESPA or the ASHA Certificate of Clinical Competence (CCC) in Speech-Language Pathology. These experiences are not intended to develop independent practice.

3. Complete and sign an application for registration. An assistant may not begin work before the registration application has been approved nor may the SLP-Assistant continue work after the registration has expired.
4. 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.
5. Wear a name tag at all times during employment identifying title as registered speech-language pathology assistant. The title must contain the entire word "assistant" and not an abbreviation. Facilities may apply to ABESPA for exemption from this requirement.
6. Meet continuing education requirements which total at least one (1) hour for every month of registration (maximum of ten [10] hours per fiscal year). Activities must pertain to the Scope of Responsibilities of the assistant (Section 13.15). At least 1/2 of the hours must fall within Content Area I as defined below:

#### Content Area I for Assistants

- (a) Anatomic and physiologic bases for the normal development and use of speech, language and hearing and balance
- (b) Physical bases and processes of the production and perception of speech, language and hearing

- (c) Linguistic and psycho-linguistic variables related to normal development and use of speech, language and hearing
- (d) Technological, biomedical, engineering and instrumentation information which would enable expansion of knowledge in the basic communication processes
- (e) Various types of disorders of communication, their manifestations, classification and cause
- (f) Principles in habilitation and rehabilitation of communication disorders

Content Area II for Assistants

- (a) Regulations and implementation of federal and/or state regulated programs
- (b) Service delivery models
- (c) Ethical practices
- (d) Related disciplines which interface with delivery of speech-language pathology and audiology services
- (e) Reimbursement issues
- (f) Technology training that will enhance clerical skills (i.e. computer programs, software education, etc.)
- (g) Technology training that will enhance use of technology to assist in making augmentative/assistive devices (i.e. Boardmaker, PECS, etc.)

### 13.11 REQUIREMENTS FOR A SUPERVISING SPEECH-LANGUAGE PATHOLOGIST

A. A supervising speech-language pathologist:

1. 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 (CFY). The Board reserves the right to decline or delay approval of registration if the licensed SLP has prior or pending disciplinary action against him or her. An individual with a provisional license may not supervise an assistant. However, an individual exempted from licensure under Ark. Code Ann. § 17-100-104, subsection 4 and who holds a Master's Degree in Speech-Language Pathology and a valid certificate/license issued by the Arkansas State Board of Education prior to August 1, 1997, shall not be required to procure ABESPA licensure in order to supervise speech-language pathology assistants and aides. Individuals who are issued initial speech-language pathology certification/licensure by the Arkansas State Board of Education after August 1, 1997, shall be required to hold ABESPA licensure in order to supervise speech-language pathology assistants and aides.
2. May not supervise more than two (2) full-time or three (3) part-time assistants. (Three part-time assistants may not exceed the number of hours for two full-time assistants or 80 hours.) Based on information received, the Board may limit the number of supervisors.
3. Must institute a training program for each assistant encompassing all the procedures to be performed. Documentation of such training in formal substance acceptable to ABESPA shall be retained in the assistant's file.
4. Must inform the consumer about the use of an assistant and document informed consent.

5. Must provide and document appropriate supervision of the assistant.
  6. Is required to maintain original documents for three (3) years and submit within thirty (30) days when requested by the Board.
- B. Although the speech-language pathologist may delegate specific tasks to the speech-language pathology assistant, 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. The legal and ethical responsibility cannot be delegated.

### 13.12 SUPERVISION GUIDELINES FOR A SPEECH-LANGUAGE PATHOLOGY ASSISTANT

- A. A total of at least 30% direct and indirect supervision is required and must be documented for the first ninety (90) workdays. (For a 40 hour work week, this would be 12 hours for both direct and indirect supervision.) Documented direct supervision of patient/client care shall be required no less than 20% of the actual patient/client contact time weekly for each speech-language pathology assistant. During each week, data on every patient/client seen by the speech-language pathology assistant must be reviewed by the supervisor. In addition, the 20% direct supervision must be scheduled so that all patients/clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) must be alternated to ensure that all patients/clients receive direct contact with the speech-language pathologist at least once every two (2) weeks. Information obtained during direct supervision must include data relative to (a) agreement (reliability) between the assistant 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.
- B. Indirect supervision is required no less than 10% of the actual patient/client contact time and may include demonstration, record review, review and evaluation of audio or videotaped sessions, interactive television, and/or supervisory conferences that may be conducted by telephone. Treatment data must be reviewed at least weekly or every five (5) sessions for each case. The speech-language pathologist will review each plan of care as needed for timely implementation of modifications.
- C. After the initial ninety (90) day work period, the amount of supervision may be adjusted depending on the competency of the assistant, the needs of the patients/clients served, and the nature of the assigned tasks. The minimum is 20% documented supervision, with no less than 10% being direct supervision. (For a 40-hour work week, this is 8 hours of supervision, at least 4 of which is direct supervision.) Supervision days and time of day (morning/afternoon) must be alternated to ensure that all patients/clients receive direct contact with the speech-language pathologist at least once every two (2) weeks.
- D. A supervising speech-language pathologist must be able to be reached by personal contact, phone, pager, or other immediate means at all times when direct patient/client care is being rendered. 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 speech-language pathology assistant may not perform direct patient/client care until a qualified and licensed speech-

language pathologist has been designated as the speech-language pathology assistant's supervisor and ABESPA has advised approval of the change.

- E. Whenever the SLP-Assistant's performance is judged by the supervising speech-language pathologist to be unsatisfactory over two (2) consecutive observations, the SLP-Assistant shall be retrained in the necessary skills and direct observations shall be increased to 50% of all clinical sessions until the SLP-Assistant's performance is judged to be satisfactory, through written documentation, over two (2) consecutive observations.

### 13.13 ANNUAL AUDIT

On or before January 30 of each calendar year, at least ten percent (10%) of the assistants currently registered will be audited by ABESPA. The SLP-Assistants audited will be chosen in a random manner.

### 13.14 PENALTIES \*

- A. A civil penalty of up to \$1,000.00 per violation in addition to revocation or suspension may be imposed on a registrant and/or supervisor if:
  - 1. registrant begins work as a SLP-Assistant 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 the following section titled "Scope of Responsibility of the Speech-Language Pathology Assistant";
  - 3. registrant practices without adequate supervision;
  - 4. registrant and/or supervisor fails to notify ABESPA of change (supervisor, schedule, work setting, etc).
- B. A penalty of \$200.00 per month to a maximum of \$1000.00 may be incurred by the supervising speech-language pathologist for failure to submit supervision documents upon request by ABESPA.

### 13.15 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. Provide routine maintenance/generalization tasks as prescribed by the supervising speech-language pathologist. The SLP shall be solely responsible for performing all tasks associated with the assessment and diagnosis of communication and swallowing disorders, for design of all intervention plans, and for 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 #2 above.
  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.
  9. Participate with the speech-language pathologist in research projects, in-service training, and public relations programs.
- B. There is a potential for possible misuse of the speech-language pathology assistant, particularly when responsibilities are delegated by administrative staff or nonclinical staff without the knowledge and approval of the supervising speech-language pathologist. Therefore, the speech-language pathology assistant should not perform any task without the express knowledge and approval of the supervising speech-language pathologist.

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.

The SLP-Assistant 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/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 Supervision Guidelines);

7. Sign any formal documents (e.g., treatment plans, reimbursement forms, or reports) (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 diagnosis, prognosis, treatment, and progress;
13. Represent himself or herself as a speech-language pathologist.

#### 13.16 EXCLUSIVE RESPONSIBILITIES OF THE SUPERVISING SPEECH-LANGUAGE PATHOLOGIST

- 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. Represent the speech-language pathology team in all collaborative, interprofessional, interagency meetings, correspondence, and reports. 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 determining patient/client selection for inclusion/exclusion in the case load, and dismissing patients/clients from treatment.
- G. Communicate with patients/clients, parents, and family members about diagnosis, prognosis, treatment plan and progress.
- H. Conduct diagnostic evaluations, assessments, or appraisals, and interpret obtained data in reports.
- I. Review each treatment plan with the assistant at least weekly or 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.
- M. Sign all formal documents (e.g., treatment plans, reimbursement forms, reports). The supervisor should indicate on documents that the assistant performed certain activities.
- N. Review and sign all informal progress notes prepared by the assistant.
- O. Provide ongoing training to the assistant on the job.
- P. Provide and document appropriate supervision of the assistant.
- Q. Ensure that the assistant only performs tasks that are within the scope of responsibility of the speech-language pathology assistant.
- R. Participate in the performance appraisal of the speech-language pathology assistant.

#### 13.17 REVOCATION, SUSPENSION, AND DENIAL OF REGISTRATION OF SLP-ASSISTANTS AND SUPERVISORS

- A. The Board 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, assistant, or supervisor, the Board will adhere to the provisions of Section 7 of the rules and regulations.