NOTICE

The Medical University of South Carolina Bulletin and CHP Student Policies and Procedures Handbook contain official university and college policies.

The Division of Speech-Language Pathology Student Handbook is intended to inform students about policy and procedures that are particularly important and specific to the graduate program in Speech-Language Pathology, and to provide helpful information.

The SLP Division Faculty will have regularly scheduled quarterly meetings as well as meetings as needed to monitor, assess, and discuss:
• issues that may arise pertaining to existing policies;
• issues identified by the faculty that may require the development of new or additional policies;
• the effectiveness of all written policies.

All records and actions of the committee can be accessed in the meeting minutes or the policy and procedure documents, which have been constructed and are maintained by the SLP Division Faculty.

Student Handbooks contain information intended to benefit students. They are not contracts. Student Handbooks are subject to change as University, College, Department, and Division policies may change.

Please seek advice on particular matters from your faculty advisor or the director for the Division of Speech-Language Pathology.

Students in the Division of Speech-Language Pathology are responsible for following the policies and procedures outlined in this handbook, those located in the Bulletin for the Medical University of South Carolina, and those in the CHP Student Policies and Procedures Handbook.

The complete Bulletin can be located at: http://www.musc.edu/bulletin/index.htm

The CHP Student Handbook can be located at:

For additional information or clarification, contact:

Heather Bonilha, PhD CCC-SLP
Associate Professor & Director
Division of Speech-Language Pathology
Dept. of Health Professions
College of Health Professions
Medical University of South Carolina
(843) 792-2527
bonilhah@musc.edu
The Profession: An Overview
- American Speech-Language-Hearing Association (ASHA)
- Praxis examination
- Certificate of Clinical Competence (CCC-SLP) & License to Practice
- South Carolina licensure
- South Carolina Speech-Language-Hearing Association (SCSHA)

SLP Program: Overview
- Mission
- Degree
- Certification and licensure
- Accreditation
- Student learning objectives (and see Appendices I, II, III)
- Content areas (and see Appendices I-IV)

Academic Curriculum (see also Clinical Education Handbook)
- Overview
- Knowledge and skills assessment
- Comprehensive examination
- Summary of requirements for graduation

Clinical Education Curricular Policies
- Clinical observation
- Clinical education
- Supervision during clinical education
- Patient welfare during clinical education
- Student clinician dress code
- Professional/courtesy titles

Attendance Policy
- Policy on attendance: classes and clinic
- Policy on attendance: examinations
- Faculty discretion

Academic Progress Guidelines
- Overview (see MUSC Bulletin and CHP Website)
- Faculty Advising
- Intervention Plan
- Important Note

**Documentation of Academic Progress and Clinical Education**
- Student Records
- Professional Self-Assessment

**Other Policies & Procedures**
- Non-discrimination
- Student Incident / Accident Report Form
- Professional Liability
- MUSC’s Professionalism and Standards of Conduct
- MUSC’s Honor Code
- Student Complaints
- Communication

**Important Summary Notes**

**APPENDICES**
- APPENDIX I: Standards and Implementation for the Certificate of Clinical Competence
- APPENDIX II: Curriculum
- APPENDIX III: Curriculum Mapping to Competencies
- APPENDIX IV: Communication Sciences and Disorders Course Descriptions *(subject to change)*
- APPENDIX VI: South Carolina Code of Laws: Speech Pathologists and Audiologists (Title 40, Chapter 67, reproduced in this Handbook); CHAPTER 115 Department of Labor, Licensing and Regulation—Board of Examiners in Speech/Language Pathology and Audiology (Statutory Authority: 1976 Code § 40–67–90)
- APPENDIX VII: Advising / Concern Documentation Form
THE PROFESSION OF SPEECH-LANGUAGE PATHOLOGY: AN OVERVIEW

American Speech-Language-Hearing Association (ASHA)

ASHA is a professional and scientific organization with a current membership of over 204,000. Members must hold (1) the master’s degree or equivalent with major emphasis in speech-language pathology, audiology or speech and hearing science; or (2) the master’s degree or its equivalent and present evidence of active research and performance in the field of human communication. The requirements for election to membership in ASHA may be waived in special instances by recommendation of the Committee on Membership and a majority vote of the Legislative Council. Website: [http://www.asha.org](http://www.asha.org) See standards in Appendix I.

Members of ASHA agree to abide by the Code of Ethics of ASHA (revised 2016; see Appendix V) [https://www.asha.org/Code-of-Ethics/](https://www.asha.org/Code-of-Ethics/)

ASHA’s website has a section devoted to information and resources for students. See: [http://www.asha.org/students/](http://www.asha.org/students/)

Journals and other professional practice materials can be accessed via ASHA’s website: [https://www.asha.org/publications/](https://www.asha.org/publications/)

Praxis Examination

Information about the Praxis examination and the application process can be obtained from: ASHA. The National Testing Service establishes dates for administration of Praxis II-Speech/Language Pathology. While students may take the Praxis at any time they choose, many students elect to take Praxis at the conclusion of their formal academic coursework.

American Speech-Language-Hearing Association (ASHA)
10801 Rockville Pike
Rockville, MD 20852-3279
Website: [https://www.asha.org/certification/praxis/](https://www.asha.org/certification/praxis/)
ASHA Action Center: Members 1-800-498-2071, Non-members 1-800-638-8255

For information and registration, go to the Educational Testing Service (ETS) website, and link to Praxis II.

[https://www.ets.org/praxis/asha](https://www.ets.org/praxis/asha)
Students are required by the SLP program to 1) report when they register for the Praxis, 2) have the ETS send a copy of Praxis scores to the SLP program. The reason why we ask students to send Praxis scores to the SLP program is that **CFCC requires the program to have pass rates as part of program assessment.**

**Certificate of Clinical Competence (CCC-SLP)**

The Council for Clinical Certification (CFCC) is responsible for processing applications by individuals who have graduated from programs accredited by the Council of Academic Accreditation (CAA), and for awarding the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).

The requirements for certification (CCC-SLP) include:

- Successful completion of an accredited graduate communication sciences and disorders curriculum,
- Accrual of 400 hours of supervised clinical practicum experience or equivalent,
- A passing score on a national examination (“Praxis II” examination), and
- Successful completion of a post-graduate Clinical Fellowship (CF) year.

Upon successful completion of these three major requirements, post-graduates are awarded the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP). The CCC-SLP is ASHA’s way of informing the public that an individual has met minimum standards for clinical competence.

For more information about attaining your CCCS, please visit https://www.asha.org/certification/SLPCertification/

**License to Practice IMPORTANT**

Licensure requirements vary from state-to-state. If you anticipate working in a state other than South Carolina, be sure to check the licensure requirements for that State.

Potential differences include: 1) coursework credits, 2) clinical practicum (types, hours) and/or 3) your method of documenting achievement during your graduate studies.

For links to State licensure laws, go to: For links to State licensure laws, go to:

https://www.asha.org/advocacy/state/

**South Carolina Licensure**

In the State of South Carolina, most clinicians must be licensed to practice as speech-language pathologists or audiologists in the State of South Carolina. State licensure requirements can be obtained from: https://www.asha.org/advocacy/state/info/SC/licensure/
The South Carolina *Board of Examiners* has jurisdiction over all individuals who practice speech-language pathology in the State of South Carolina.

To access the SC licensure law: See Appendix VI in this Student Handbook, or contact:

SC Department of Labor, Licensing and Regulation  
Licensing and Regulation Board of Examiners/Speech-Language  
Pathology and Audiology  
110 Centerview Dr., Columbia SC 29210  
(803) 896-4655  
email: Speech@llr.sc.gov  
website: https://llr.sc.gov/aud/

**South Carolina Speech-Language-Hearing Association (SCSHA)**

The South Carolina Speech, Language and Hearing Association is a professional organization of scientists, clinicians, teachers and others who have common concerns and interests in the field of human communication disorders. The association is the official organization representing speech-language pathology and audiology in the State of South Carolina.

SLP students are encouraged to join SCSHA, and to attend the annual SCSHA convention which is held in February of each year.

SCSHA has six categories of members:

SCSHA  
P.O. Box 1782, Columbia, SC 29202  
Phone 803-764-5041  
Email ljohnson@mpastrategies.com  
Website: https://www.scsha.net
SLP PROGRAM OVERVIEW

Mission

The mission of the Masters of Science in Speech-Language Pathology program is to guide students in developing the knowledge and skills to be successful Speech-Language Pathologists (SLPs) who are well-prepared across the scope of practice, with the knowledge and skills to treat complex medically-based communication and swallowing disorders.

Degree

The Speech-Language Pathology curriculum leads to a Master of Science degree in Speech-Language Pathology. The program curriculum adheres to ASHA standards and is organized around specific competencies: diagnosis, management and treatment of communication, cognitive, hearing and swallowing disorders; anatomy and physiology; research methods (including quantitative, qualitative, and single-subject methodologies, as well as evidence-based practice); interdisciplinary practice; professional issues and ethics, the legal foundations of health care delivery and practice, and cultural awareness. The program is designed to insure that graduates possess the knowledge and abilities to perform competently and proficiently.

Student Learning Objectives

By the end of the program, students will demonstrate the knowledge and abilities necessary to:

1. Provide high quality services within the scope of practice of speech-language pathology;
2. Apply sound problem-solving and clinical reasoning skills to patient/client diagnosis, treatment, and management;
3. Work in a collegial and effective manner with colleagues and team members to manage patient’s/client’s communication, cognitive, hearing, and/or swallowing disorders;
4. Develop and implement quality control measures and individualized data-based methods to ensure that diagnostic and rehabilitation services are evidence based when possible;
5. Adhere to ASHA’s Code of Ethics;
6. Adhere to legal principles and institutional practices applicable to clinical practice with individuals with disabilities whom we serve in preschool settings, schools, private practices, hospitals, rehabilitation settings, and long-term care facilities.
Content Areas

By the end of the curriculum, the student will understand the theoretical bases and evidence supporting prevention, diagnosis, treatment, and management in core content areas:

- Articulation
- Fluency
- Voice and resonance, including respiration and phonation
- Receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities
- Hearing, including the impact on speech and language
- Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding: orofacial myofunction)
- Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
- Social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities)
- Communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies)

Students will also understand the theoretical bases and evidence supporting prevention, diagnosis, treatment, and management in additional medically-focused areas:

- Head & neck cancer
- Pediatric dysphagia
- Tracheostomy & ventilator dependence
- Craniofacial anomalies & genetic disorders

Certification and Licensure

The program’s academic coursework and clinical training meet the requirements for the American Speech-Language and Hearing Association (ASHA) Certificate of Clinical Competence (CCC) and state licensure. (State licensure laws vary from state-to-state, but most states recognize the ASHA CCC or its equivalent as prerequisite to clinical practice.)

For links to State licensure laws, go to: https://www.asha.org/advocacy/state/

Accreditation

Speech-Language Pathology programs are accredited from the Council on Academic Accreditation (CAA) which is an independent accreditation board affiliated with the American Speech-Language-Hearing Association (ASHA).
The Master of Science in Speech-Language Pathology at the Medical University of South Carolina is an Applicant for Candidacy by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association, 2200 Research Boulevard, #310, Rockville, MD 20850, 800-498-2071 or 301-296-5700.

| Program standards are consistent with the Council for Clinical Certification (CFCC). |
| The CFCC governs your application for the Certificate of Clinical Certification in Speech-Language Pathology (CCC-SLP). |
Medical University of South Carolina  
Department of Health Professions  
Speech-Language Pathology Program

ACADEMIC CURRICULUM OVERVIEW

Overview of Curriculum

The Speech-Language Pathology program curriculum is 2-years in length, The curriculum spans 6 semesters and can be found at: https://chp.musc.edu/academics/speech-language-pathology/courses-curriculum and in Appendix II. Students in the SLP Program take comprehensive written and practical examinations during the fifth semester of the curriculum. Students are engaged in clinical practicum during each semester of the program. Appendix III details curriculum mapping of all courses to meet CAA and CFCC standards. Course descriptions can be located through the Office of Enrollment Management at the following website: https://education.musc.edu/students/enrollment/bulletin/colleges-and-degrees/health-professions/course-descriptions and below in Appendix I. 

All courses listed in the curriculum are required for successful completion of the Master of Science degree in Speech-Language Pathology. 

Depending on the availability of faculty and visiting lecturers, courses might, from time-to-time, be moved within the two-year sequence, or otherwise be adapted to accommodate curricular changes or unforeseen circumstances.

The curriculum is subject to change by agreement among the Speech-Language Pathology faculty and Program Director, pending review by the College of Health Professions Curriculum Committee as required. Students will be given written information about any changes, with as much advance notice as is possible. (This overview of the curriculum is not a contract.)

Knowledge and Skills Assessment

All students are expected to achieve student learning objectives relevant to knowledge and skill domains identified in the Standards for Clinical Certification. This involves verifying achievement of formative learning identified in course syllabi and the clinical educational program. Students’ achievement of relevant to knowledge and skill will be verified by each instructional faculty member.

Comprehensive Examinations

At the completion of the curriculum, students are required to take a summative comprehensive examination. The purpose of the comprehensive examination is to ensure that students have the knowledge and skills expected of Speech-Language Pathologists. This examination is also used to prepare students to be successful in their next steps towards CCCs, for the Praxis, externship and clinical fellowship year (CFY).
The comprehensive examination is a condition of graduation. Failure will result in an intervention (remediation) plan (e.g., to repeat a course) prior to graduation. If the intervention plan is not successful, the student may be deemed ineligible for graduation. The student would have an additional semester to demonstrate competency prior to graduation. During this semester, they would be in external practicum (unless there were other reasons to prevent the student from progressing to full-time practicum).

The comprehensive examination occurs during the fifth semester, the last semester of coursework, just prior to students’ transition to a full-time external practicum.
The SLP program offers a range of clinical experiences, during which students develop and refine the ability to apply theory to practice, and develop and refine problem solving and clinical abilities. The process is a “formative” one, in which students will gradually acquire clinical judgment, and will gradually be allowed to assume more independence in their rendering of clinical services (at the discretion of their supervising clinical educator).

Students are expected to work closely with clinical education supervisors—i.e., to incorporate supervisory feedback diligently—in order to provide excellent diagnostic, intervention and consultative services.

Clinical Observation

Students in the SLP Program are required to observe at least 25 hours of clinical services provided by certified speech-language pathologists and/or audiologists. Students may observe assessment and evaluation of cognitive, communication and swallowing disorders, speech and language therapy and client/patient counseling.

The clinical observation experiences allow students to become familiar with the client/patient/clinician interaction process, assessment and evaluation procedures, therapy planning, and therapy counseling techniques.

Student’s clinical observation placements are coordinated by the SLP program’s Director of Clinical Education. All observations must be documented on the Clinical Observation Form which can be obtained from the SLP program faculty.

The SLP Program dress code must be adhered to during clinical observation. All students must purchase a white lab coat to be worn while observing and working in hospitals and long-term care facilities. (See Dress Code below.)

Clinical Education

Clinical education is a vital part of the preparation of the students for the practice of speech-language pathology. The clinical education component of the curriculum—including observation and practicum experiences—is graded similar to all other coursework in the curriculum.

Clinical education starts early in the program – the first semester. The clinical practicum experience provides an opportunity for students to learn to provide speech-language pathology services in a closely supervised environment.

Depending on the stage of clinical education, students will be responsible for obtaining pertinent case history information, planning, executing evaluation and treatment, and documenting session
Clinical clock hours obtained during these experiences will be applied toward the 400-hour requirement mandated by ASHA.

The SLP Director of Clinical Education will arrange all clinical practicum experiences. Students will be required to meet with the clinical coordinator at the end of each semester for an evaluation.

Students will advance through the clinical education curricula depending on their successful completion of prior academic and clinical coursework.

**Supervision During Clinical Education**
The clinical education experience of each student will be carefully monitored. Our program incorporates a paired one-credit didactic course with each semester of clinical experience. Each week, competencies and goals related to knowledge and skill development will be identified. Achievement of goals will be reflected in signed supervisory hours, case reports, and student reflections. The program will build on a common clinical preceptor model, such as that used in nursing programs, that monitors specific skill development, utilizes case reports, and emphasizes the importance of student reflection in clinical education.

For the vast majority of clinical sites, there will be 100% supervision (per billing regulations). When students advance in non-medical sites, a supervisor may deem them capable of having reduced supervision (never below 25%).

In all instances, clinical supervisors have the responsibility and authority to ensure that patient needs are prioritized before student experiences/hour acquisition. Supervisors are expected to adjust the amount of direct supervision and the nature of clinician/student/patient involvement to meet the needs of the individual receiving services.

**Patient Welfare During Clinical Education**
In all instances, the care delivered by the student and clinician educator team will be in accordance with recognized standards of ethical practice and relevant state and federal regulations. Each clinical supervisor must ensure that standards of ethical practice and relevant state and federal regulations are compiled with in the clinic in which they serve, including HIPAA regulations. Professional standards and regulations are provided in this handbook, and all MUSC students are required to adhere to Professionalism and Standards of Conduct (available here: https://education.musc.edu/students/enrollment/bulletin/policies-and-guidelines/professionalism-and-standards-of-conduct). The Code of Ethics and relevant regulations will be covered in the Professional Issues sequence and in other didactic courses, as appropriate.

Students who fail to adhere to professionalism standards will undergo the same intervention process as students who fail to adhere to academic standards, except in egregious cases. Students can be dismissed from MUSC for unprofessional conduct. Notification regarding concerns will be provided in writing to students as appropriate throughout the semester.
**Student Clinician Dress Code**

When observing, evaluating, or treating patients, students are expected to dress and behave in a professional manner. Dress according to the needs to your patient (i.e., when working with a cerebral palsied child who requires positioning, wear clothes that give you the necessary freedom of movement needed), but ensure a professional appearance.

First impressions are lasting impressions, so pay particular attention to your dress for evaluations. For example, in the adult outpatient setting, men should wear ties, and women should wear professional attire.

Clothing items and accessories which look particularly non-professional are not permitted. Examples include:

- Jeans
- Shorts
- Loose shirt tails
- Athletic shoes^ 
- Halter tops
- Overalls
- Tank tops
- Open-toe shoes
- Tight pants (e.g., leggings)
- Sweat suits, sweatshirts
- Casual oversize shirts
- Torn or stained clothes
- Tight shirts
- Sun dresses
- Strapless dresses
- Miniskirts (more than 2” above the knee)

*When working with equipment or leaning over patients, students should pull long hair back.

^Athletic shoes may be considered appropriate with scrubs in some settings. The Director of Clinical Education and your clinical supervisor can offer guidance.

Practicum supervisors have the prerogative of requiring certain dress codes that are more (or less) stringent than the guidelines above, depending on the context (e.g., children, adults, setting, etc.).

**Professional / Courtesy Titles**

As a matter of professional courtesy, all students in the graduate program are required to address faculty, staff, and clinical supervisors by title or other appropriate form of address:

Dr.
Professor
Ms., Mrs. or Mr.

First names are not appropriate, unless the student is invited to do so by the faculty member or supervisor. For example, a supervisor working with a child may prefer to a title and first name (e.g., “Ms. Diane”).

Similarly, adult clients and parents should be addressed as Ms., Mrs. or Mr. It is not appropriate to address adult clients by first name unless invited to do so.
Medical University of South Carolina  
Department of Health Professions  
Speech-Language Pathology Program

ATTENDANCE POLICY

Because the Speech-Language Pathology Program is designed to prepare individuals for professional practice, all classroom and clinic educational experiences, as well as other mandatory lectures or experiences (required from time-to-time, at the discretion of the faculty) are required for satisfactory completion of the masters degree.

Policy on Attendance: Classes, Clinic, Related Activities, and Examinations

Students are expected to be in attendance on the MUSC campus for graduate coursework and other required curricular (academic and clinical) activities, mid-term examinations, and final examinations as follows:
- Monday through Friday, 8:00 a.m. to 5:00 p.m.
- During the regular semester, including final examination week.
- From time-to-time (to be announced in advance), students may be asked to attend weekend courses, or to participate in courses or clinical activities in the evenings.

Unless otherwise stipulated by the instructional faculty, students who have matriculated in the Speech-Language Pathology Program are required to attend all classes—interdisciplinary classes, as well as SLP classes—unless an emergency or unforeseen illness (affecting oneself or a family member) occurs.

Please note:
- The faculty, at his/her discretion, may require written verification of the medical or emergency situation.
- Absences due to social events, airline tickets, or other non-academic reasons are not acceptable, and are likely to reflect negatively on the student’s grade and/or in the student’s Professional Behavior Evaluation.
- Repeated failure to adhere to professional behavior can lead to dismissal from the program, per University and College guidelines (see MUSC Bulletin).

Faculty Discretion

Regarding any departures or exceptions to this policy: Each professor or clinical education instructional faculty will articulate any particular attendance policies in the course outline, or other timely written notice to students.

Faculty have discretion to make exceptions in individual circumstances.
ACADEMIC PROGRESS GUIDELINES

The academic progress and grading are governed by policies in the MUSC Bulletin and in the College of Health Professions Student Handbook. These policies apply to all speech-language pathology students, with these qualifications:

1. Students must remain in satisfactory academic standing.
2. The Speech-Language Pathology faculty will serve as the de facto “Academic Progress Committee,” and will meet at the end of each semester to discuss issues of academic progress and professional behavior of all students in the program.
3. The Program Director, in consultation with the rest of the SLP faculty, as appropriate, will make all final determinations regarding academic progress, probation and/or remediation.
4. Notification regarding academic progress will occur in writing as soon as possible after grade reports are available from the Office of Enrollment Management.
5. Students placed on academic probation in any semester will have an intervention (remediation) plan in place often including a requirement of meeting with counselors at the Center for Academic Excellence.
6. Any student wishing to appeal a decision regarding academic progress may appeal to the Dean of the College of Health Professions per the University’s academic review/appeal policy.

Faculty Advising
Students in the MUSC SLP Program are assigned a faculty advisor upon beginning the program. The contribution that faculty advisors make is an essential part of SLP education. Advisors are important role models, mentors, and advocates for our students as they experience the challenges and triumphs of their professional education. Division faculty advisors give valuable input into helping students prepare for their professional role as a speech-language pathologist. They serve as resources for academic guidance, professional performance, technical skills/standards, school/life balance, career advising, as well as other areas. Students will meet twice a semester with their faculty advisor. The Advising / Concern Documentation form (Appendix VII) will be used to provide a record of meetings and determine any needs for intervention.

Intervention Plans
Should an advisor, instructor, or supervisor identify an area requiring intervention, and intervention plan will be developed. This intervention plan will be documented and have defined objectives and timelines including successful completion of the plan or other outcome. The intervention plan will be signed and dated and placed in the student’s file with a copy provided to the student. At a minimum, the Advising / Concern Documentation form (Appendix VII) will be completed and compliance with recommendations will be verified.

Important Note Regarding Academic and Clinical Education Progress
Classroom and clinical education components of your curriculum go hand-in-hand. Advancement in the program is dependent on satisfactory completion of academic and clinical education course work, as well as satisfactory professional development.
Medical University of South Carolina  
Department of Health Professions  
Speech-Language Pathology Program

DOCUMENTATION OF ACADEMIC PROGRESS 
AND CLINICAL EDUCATION

All faculty members in the Speech-Language Pathology Program are committed to working collegially with each student to help assure the student’s success in the program, both academically and professionally. Each student, in turn, has the responsibility of adhering to university, college, and program policies and guidelines regarding academic and professional expectations in order to assure his/her individual success and/or resolution of difficulties as they arise.

Student Records

Documentation of students’ academic progress and clinical observations and practicum hours are kept secure in the Speech-Language Pathology Division. Each student has a file which contains the following:

1. Admissions information (admissions letter, academic transcripts, admissions transcript(s) evaluation, letters of recommendation, miscellaneous admissions information).

2. Academic information (Tracking Form for Speech-Language Pathology Students, registration forms, grade reports from the Office of Enrollment Services, other official documentation from the Office of Enrollment Services, transcript evaluations for ASHA certification).

3. Evaluation information (Professional Self-Assessment, scores from the Praxis Examination).

4. Clinical information (documentation of clinical education assignments, a copy of computerized form used for documenting and tracking clinical practicum clock hours, copies of clinical education practicum evaluations, documentation of clinical clock hours for ASHA certification).

5. Miscellaneous (correspondence/information regarding academic status, letters to students regarding academic matters, letters of recognition, academic awards letters, etc.).

Professional Self-Assessment Form
Speech-Language Pathology students must meet with their faculty advisor at least twice a year for a Professional Behavior evaluation.

The Professional Self-Assessment form is used to assess students’ development of learning maturity, academic progress, communication abilities, and personal characteristics. Satisfactory evaluations and progress on the professional behavior evaluation are required for continuation in the SLP Program.

When the advisor and/or student identify issues that require attention or remediation, a written intervention plan must be developed, and forwarded to the Program Director.

Failure to make satisfactory progress in addressing the issues is grounds for dismissal from the SLP Program.

The Student Services Coordinator maintains copies of all the academic information on behalf of the Program Director.

The Director of Clinical Education of the SLP program maintains files of all the clinical information.

The Program Director and Director of Clinical Education consult with instructional and supervisory faculty members during the year to assure that the appraisal processes are fair. Students are encouraged to consult frequently with their assigned Faculty Advisor, any other faculty member, or the Program Director.
Non-discrimination
The University Chief Diversity Officer (CDO) is responsible for the leadership and management of the University’s strategic diversity initiatives and multi-faceted diversity programs. The CDO works directly with the six colleges, research, and support business units to further MUSC’s values, priorities, mission, and vision. The CDO and her staff are responsible for working collaboratively with internal and external community stakeholders including students, faculty, and staff to ensure that organizational priorities and goals pertaining to equity, inclusion, and excellence are institutionalized, sustained, and measured in order to “create an inclusive experience for the lives we touch.” The University CDO reports to the Executive Vice President for Finance and Operations and serves on the President’s University Leadership Council. Individuals can report an incident relating to harassment or discrimination to the Department of Diversity, Equity, and Inclusion by completion of an online form. This form may be submitted anonymously.

The Prohibited Discrimination, Harassment, and Sexual Misconduct Policy can be found at https://education.musc.edu/leadership/diversity

All members of the MUSC community (student, faculty, or staff) can make an external complaint by filing a Title IX complaint with the US Department of Education, Office for Civil Rights (“OCR”).

Instructions on how to file a complaint are provided on the MUSC website, https://education.musc.edu/leadership/diversity/title-ix/reporting-prohibited-conduct
To file a complaint with OCR all members of the MUSC community are instructed on this webpage to visit the OCR website.

Student Incident / Accident Report Form
An accident or incident is defined as any situation in which an injury may have occurred to a student. A reportable injury that results from the accident or incident is one that requires a student to completely stop participating in an activity or one in which a student displays obvious physical harm and/or requires first aid or medical attention.

A student who has incurred a reportable injury (as defined above) should complete the ACORD form (https://www.carc.musc.edu/acord/) and then report to Student Health Services during his/her normal class day on the day of the injury. In the event that a faculty member is not present when a reportable injury occurs to a student, the injured student should report the injury to his/her faculty advisor or to the Speech-Language Pathology Division Director.

Professional Liability
All students are required to hold professional liability insurance throughout their tenure as a student at MUSC. It is the student’s responsibility to ensure continued coverage through annual renewal of their policy.

**Professionalism and Standards of Conduct**

In 2018, the University adopted Professionalism and Standards of Conduct for all MUSC students. The University’s Professionalism and Standards of Conduct are aligned with the enterprise’s values of compassion, collaboration, respect, integrity and innovation and may be found at https://education.musc.edu/students/enrollment/bulletin/policies-and-guidelines/professionalism-and-standards-of-conduct. In addition, the College of Health Professions in which the Speech Language Pathology program is housed, has its own professionalism standards that supplement the University’s. The College of Health Professions professionalism standards can be found in the CHP Student Policies and Procedures Handbook. https://chp.musc.edu/current-students/college-and-program-handbooks New students are made aware of professionalism standards and expectations at orientation.

To ensure academic integrity, students are made aware of and bound by the MUSC Student Honor Code upon admission. The Student Honor Code may be found at https://education.musc.edu/students/enrollment/bulletin/honor-code. The Student Honor Code as well as procedures for submitting an honor code violation are presented at orientation. Students are also required to complete an online training module annually indicating they understand and agree to adhere to the Honor Code at all times.

To ensure professional ethics, students are made aware of and bound by ASHA’s Code of Ethics. The students will complete training in ethics during their first semester of the program and indicate their understanding of and agreement to adhere to ASHA’s Code of Ethics at all times. The Code of Ethics will be included in the program’s student handbook.

**MUSC Honor Code**

All students of the Medical University of South Carolina are bound by the Honor Code. It is the student’s responsibility to know rules and regulations governing the Honor Code and the processes governing the Honor Code. The Honor Code and information about the process can be found at: http://academicdepartments.musc.edu/esl/studentprograms/honorcode/

Examples of violations may include:

- accessing non-permitted information sources during an exam.
- posting questions from an exam on a shared page or with other students.
- completing individual assignments in groups.
- plagiarism.
- using protected course information without permission.

**Student Complaints**

To file a complaint to MUSC, refer to the CHP Student Policies and Procedures Manual for the complaint process and the MUSC Student Complaint Form.

To file a complaint to Council on Academic Accreditation (CAA), refer to the information on the CAA website. https://caa.asha.org/programs/complaints/
Communication
Communication with faculty is strongly encouraged and may occur through a variety of methods. Students may make an appointment with faculty, and / or contact faculty by email. Faculty frequently communicate with students by email, and students should check their MUSC email account several times a day, and on weekends. In an expedient situation, phone messages can be left for faculty by calling the faculty member’s office phone published in a course syllabus.
Medical University of South Carolina  
Department of Health Professions  
Speech-Language Pathology Program  

IMPORTANT SUMMARY NOTES

Students who graduate from MUSC with a Master of Science degree in Speech-Language Pathology must apply to the Council for Clinical Certification in order to receive the Certificate of Clinical Competence—Speech-Language Pathology (CCC-SLP).

As you near graduation, it is your responsibility to process the ASHA membership and certification application forms, and state licensure applications. It is imperative that you do the following:

Before starting classes:

- Read and understand the College of Health Professions (CHP) Student Policies and Procedures Handbook https://chp.musc.edu/current-students/college-and-program-handbooks, and the SLP Program Handbook (and other materials provided by the SLP Program),
- Read and understand the Standards for Clinical Certification (Appendix I)

During your first semester and throughout your graduate program:

- Develop good study habits; use the Center for Academic Excellence for skill development or tutoring if you need it; work closely with your faculty; attend class; work hard; develop your theoretical knowledge, clinical abilities, and professional attributes; achieve 3.0 overall; and take all other steps necessary to succeed in your MUSC graduate program;

- Recognize that your clinical education is an integral part of your graduate education and you are required to perform in practicum settings at a level commensurate with your experience; and, you must demonstrate knowledge, abilities, and appropriate professional attributes in your practicum experiences.

Before, or soon after graduation:

- Obtain employment that will allow you to complete the Clinical Fellowship (CF),
- Before, or soon after graduation: Take and pass the national Praxis examination,
- **Remember:** Ask NTS to send your Praxis score to the SLP program.
Summary of Requirements for Graduation

- Cumulative grade point average of 3.0;
- Successful completion of all courses in the curriculum;
- Verification that student learning objectives are achieved relative to defined knowledge and skills domains in
  - Academic coursework and
  - Clinical education;
- Satisfactory professional behavior;
- Successful completion of comprehensive examinations.

Best wishes for a rewarding graduate school experience,
From the SLP faculty.
APPENDIX I

Standards and Implementation for the Certificate of Clinical Competence in Speech-Language Pathology (effective January 1, 2020)

https://www.asha.org/Certification/2020-SLP-Certification-Standards/

https://www.asha.org/certification/SLPCertification/
2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology

Effective Date: January 1, 2020

Introduction

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) is a semi-autonomous credentialing body of the American Speech-Language-Hearing Association (ASHA). The charges to the CFCC are to define the standards for clinical certification; to apply those standards in granting certification to individuals; to have final authority to withdraw certification in cases where certification has been granted on the basis of inaccurate information; and to administer the certification maintenance program.

A Practice and Curriculum Analysis of the Profession of Speech-Language Pathology was conducted in 2017 under the auspices of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the CFCC. The survey analysis was reviewed by the CFCC, and the following standards were developed to better fit current practice models.

The 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) go into effect on January 1, 2020. View the SLP Standards Crosswalk [PDF] and consult Changes to Speech-Language Pathology Standards for more specific information on how the standards will change.

Terminology

Clinical educator: Refers to and may be used interchangeably with supervisor, clinical instructor, and preceptor

Individual: Denotes clients, patients, students, and other recipients of services provided by the speech-language pathologist.

Citation


The Standards for the CCC-SLP are shown in bold. The CFCC implementation procedures follow each standard.
Standard I—Degree

The applicant for certification (hereafter, “applicant”) must have a master's, doctoral, or other recognized post-baccalaureate degree.

Standard II—Education Program

All graduate coursework and graduate clinical experience required in speech-language pathology must have been initiated and completed in a CAA-accredited program or in a program with CAA candidacy status.

Implementation: The applicant’s program director or official designee must complete and submit a program director verification form. Applicants must submit an official graduate transcript or a letter from the registrar that verifies the date on which the graduate degree was awarded. The official graduate transcript or letter from the registrar must be received by the ASHA National Office no later than one (1) year from the date on which the application was received. Verification of the applicant’s graduate degree is required before the CCC-SLP can be awarded.

Applicants educated outside the United States or its territories must submit documentation that coursework was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants outside the United States or its territories must meet each of the standards that follow.

Standard III: Program of Study

The applicant must have completed a program of study (a minimum of 36 semester credit hours at the graduate level) that includes academic coursework and supervised clinical experience sufficient in depth and breadth to achieve the
specified knowledge and skills outcomes stipulated in Standards IV-A through IV-G and Standards V-A through V-C.

Implementation: The minimum of 36 graduate semester credit hours must have been earned in a program that addresses the knowledge and skills pertinent to the ASHA Scope of Practice in Speech-Language Pathology.

Standard IV: Knowledge Outcomes

Standard IV-A

The applicant must have demonstrated knowledge of statistics as well as the biological, physical, and social/behavioral sciences.

Implementation: Coursework in statistics as well as in biological, physical, and social/behavioral sciences that is specifically related to communication sciences and disorders (CSD) may not be applied for certification purposes to this category unless the course fulfills a general the university requirement in the statistics, biology, physical science, or chemistry areas.

Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). Chemistry and physics are important for the foundational understanding of the profession of speech-language pathology. For all applicants who apply beginning January 1, 2020, courses that meet the physical science requirement must be in physics or chemistry. Program directors must evaluate the course descriptions or syllabi of any courses completed prior to students entering their programs to determine if the content provides foundational knowledge in physics or chemistry. Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. A stand-alone course in statistics is required. Coursework in research methodology in the absence of basic statistics cannot be used to fulfill this requirement.

Standard IV-B

The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

Standard IV-C

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies,
characteristics, and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

- Speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification
- Fluency and fluency disorders
- Voice and resonance, including respiration and phonation
- Receptive and expressive language, including phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing
- Hearing, including the impact on speech and language
- Swallowing/feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span
- Cognitive aspects of communication, including attention, memory, sequencing, problem solving, and executive functioning
- Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities
- Augmentative and alternative communication modalities

Implementation: It is expected that coursework addressing the professional knowledge specified in this standard will occur primarily at the graduate level.

Standard IV-D

For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for persons with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

Standard IV-E

The applicant must have demonstrated knowledge of standards of ethical conduct.

Implementation: The applicant must have demonstrated knowledge of the principles and rules of the current ASHA Code of Ethics.

Standard IV-F
The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.

Implementation: The applicant must have demonstrated knowledge of the principles of basic and applied research and research design. In addition, the applicant must have demonstrated knowledge of how to access sources of research information and must have demonstrated the ability to relate research to clinical practice.

**Standard IV-G**

The applicant must have demonstrated knowledge of contemporary professional issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, educational legal requirements or policies, and reimbursement procedures.

**Standard IV-H**

The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.

**Standard V: Skills Outcomes**

**Standard V-A**

The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

Implementation: Applicants are eligible to apply for certification once they have completed all graduate-level academic coursework and clinical practicum and have been judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards.

The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with persons receiving services and relevant others. For oral communication, the applicant must have demonstrated speech and language skills in English, which, at a minimum, are consistent with ASHA's current position statement on students and professionals who speak English with accents and nonstandard dialects. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence in English.
Standard V-B

The applicant must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. Evaluation
   a. Conduct screening and prevention procedures, including prevention activities.
   b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
   c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
   d. Adapt evaluation procedures to meet the needs of individuals receiving services.
   e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
   f. Complete administrative and reporting functions necessary to support evaluation.
   g. Refer clients/patients for appropriate services.

2. Intervention
   a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
   b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.
   c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
   d. Measure and evaluate clients'/patients' performance and progress.
   e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
   f. Complete administrative and reporting functions necessary to support intervention.
   g. Identify and refer clients/patients for services, as appropriate.

3. Interaction and Personal Qualities
   a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others.
   b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.
   c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
   d. Adhere to the ASHA Code of Ethics, and behave professionally.

Implementation: The applicant must have acquired the skills listed in this standard and must have applied them across the nine major areas listed in Standard IV-C. These skills may be developed and demonstrated through direct clinical contact with individuals.
receiving services in clinical experiences, academic coursework, labs, simulations, and examinations, as well as through the completion of independent projects.

The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that the applicant can demonstrate skills across the ASHA Scope of Practice in Speech-Language Pathology. Supervised clinical experience is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech-Language Pathology.

These experiences allow students to:

- interpret, integrate, and synthesize core concepts and knowledge;
- demonstrate appropriate professional and clinical skills; and
- incorporate critical thinking and decision-making skills while engaged in prevention, identification, evaluation, diagnosis, planning, implementation, and/or intervention.

Supervised clinical experiences should include interprofessional education and interprofessional collaborative practice, and should include experiences with related professionals that enhance the student’s knowledge and skills in an interdisciplinary, team-based, comprehensive service delivery model.

Clinical simulations (CS) may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). These supervised experiences can be synchronous simulations (real-time) or asynchronous (not concurrent in time) simulations.

Clinical educators of clinical experiences must hold current ASHA certification in the appropriate area of practice during the time of supervision. The supervised activities must be within the ASHA Scope of Practice in Speech-Language Pathology in order to count toward the student’s ASHA certification requirements.

A minimum of 9 months of full-time clinical experience with clients/patients, after being awarded the CCC, is required in order for a licensed and certified speech-language pathologist to supervise graduate clinicians for the purposes of ASHA certification. Individuals who have been clinical educators may consider that as "clinical" experience (1) if they are working directly with clients/patients and clinical students, and (2) if they are the patients' recognized provider and as such are ultimately responsible for the care of the clients/patients with whom the student clinicians are working. Individuals whose experience includes only classroom teaching, research/lab work, teaching only clinical methods, or working with only CS, cannot count such experience as "clinical."
Standard V-C

The applicant must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in guided clinical observation, and 375 hours must be spent in direct client/patient contact.

Implementation: Guided clinical observation hours generally precede direct contact with clients/patients. Examples of guided observations may include but are not limited to the following activities: debriefing of a video recording with a clinical educator who holds the CCC-SLP, discussion of therapy or evaluation procedures that had been observed, debriefings of observations that meet course requirements, or written records of the observations. It is important to confirm that there was communication between the clinical educator and observer, rather than passive experiences where the student views sessions and/or videos. It is encouraged that the student observes live and recorded sessions across settings with individuals receiving services with a variety of disorders and completes debriefing activities as described above. Evidence of guided observations may include documentation of hours, dates, activities observed, and signatures from the clinical educator.

The guided observation and direct client/patient contact hours must be within the ASHA Scope of Practice in Speech-Language Pathology and must be under the supervision of a clinician who holds current ASHA certification in the appropriate profession and who, after earning the CCC-SLP, has completed (1) a minimum of 9 months of post-certification, full-time experience and (2) a minimum of 2 hours of professional development in the area of clinical instruction/supervision. Guided clinical supervision may occur simultaneously during the student’s observation or afterwards through review and approval of the student’s written reports or summaries. Students may use video recordings of client services for observation purposes.

Applicants should be assigned practicum only after they have acquired a base of knowledge sufficient to qualify for such experience. Only direct contact (e.g., the individual receiving services must be present) with the individual or the individual’s family in assessment, intervention, and/or counseling can be counted toward practicum. When counting clinical practicum hours for purposes of ASHA certification, only the actual time spent in sessions can be counted, and the time spent cannot be rounded up to the nearest 15-minute interval.

Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through CS methods. Only the time spent in active engagement with CS may be counted. CS may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included as clinical clock hours.

Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the individual receiving services or the individual’s family. Typically, only one student at a time should be
working with a client in order to count the practicum hours. Several students working as a team may receive credit for the same session, depending on the specific responsibilities that each student is assigned when working directly with the individual receiving services. The applicant must maintain documentation of their time spent in supervised practicum, and this documentation must be verified by the program in accordance with Standards III and IV.

**Standard V-D**

*At least 325 of the 400 clock hours of supervised clinical experience must be completed while the applicant is enrolled in graduate study in a program accredited in speech-language pathology by the CAA.*

Implementation: A minimum of 325 clock hours of supervised clinical practicum must be completed while the student is enrolled in the graduate program. At the discretion of the graduate program, hours obtained at the undergraduate level may be used to satisfy the remainder of the requirement.

**Standard V-E**

*Supervision of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession and who, after earning the CCC-SLP, has completed (1) a minimum of 9 months of full-time clinical experience, and (2) a minimum of 2 hours of professional development in clinical instruction/supervision.*

The amount of direct supervision must be commensurate with the student’s knowledge, skills, and experience; must not be less than 25% of the student’s total contact with each client/patient; and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the individual receiving services.

Implementation: Beginning January 1, 2020, clinical educators and clinicians who are involved in the preparation of student clinicians, and who provide guided observation and supervision of clinical practicum hours, must (a) hold the CCC-SLP and have completed a minimum of 9 months of full-time, post-certification (or its part-time equivalent) clinical experience, and (b) must complete 2 hours of professional development/continuing education in clinical instruction/supervision. The professional development/continuing education must be completed after being awarded ASHA certification and prior to the supervision of a student. Direct supervision must be in real time. A clinical educator must be available and on site to consult with a student who is providing clinical services to the clinical educator’s client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student’s acquisition of essential clinical skills.

In the case of CS, asynchronous supervision must include debriefing activities that are commensurate with a minimum of 25% of the clock hours earned for each simulated individual receiving services.
Standard V-F

Supervised practicum must include experience with individuals across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with individuals with various types and severities of communication and/or related disorders, differences, and disabilities.

Implementation: The applicant must demonstrate direct clinical experiences with individuals in both assessment and intervention across the lifespan from the range of disorders and differences named in Standard IV-C.

Standard VI: Assessment

The applicant must have passed the national examination adopted by ASHA for purposes of certification in speech-language pathology.

Implementation: Results of the Praxis® Examination in Speech-Language Pathology must be submitted directly to ASHA from the Educational Testing Service (ETS). The certification standards require that a passing exam score be earned no earlier than 5 years prior to the submission of the application and no later than 2 years following receipt of the application. If the exam is not successfully passed and reported within the 2-year application period, the applicant’s certification file will be closed. If the exam is passed or reported at a later date, then the applicant will be required to reapply for certification under the standards in effect at that time.

Standard VII: Speech-Language Pathology Clinical Fellowship

The applicant must successfully complete a Speech-Language Pathology Clinical Fellowship (CF).

Implementation: The CF experience may be initiated only after completion of all graduate credit hours, academic coursework, and clinical experiences required to meet the knowledge and skills delineated in Standards IV and V. The CF experience must be initiated within 24 months of the date on which the application for certification is received. Once the CF has been initiated, it must be completed within 48 months of the initiation date. For applicants completing multiple CFs, all CF experiences related to the application must be completed within 48 months of the date on which the first CF was initiated. Applications will be closed for CFs that are not completed within the 48-month timeframe or that are not submitted to ASHA within 90 days after the 48-month timeframe. The Clinical Fellow will be required to reapply for certification and must meet the standards in effect at the time of re-application. CF experiences more than 5 years old at the time of application will not be accepted.
The CF must be completed under the mentorship of a clinician who held the CCC-SLP throughout the duration of the fellowship and must meet the qualifications described in Standard VII-B. It is the Clinical Fellow’s responsibility to identify a CF mentor who meets ASHA’s certification standards. Should the certification status of the mentoring SLP change during the CF experience, the Clinical Fellow will be awarded credit only for that portion of time during which the mentoring SLP held certification. It is incumbent upon the Clinical Fellow to verify the mentoring SLP’s status periodically throughout the CF experience. Family members or individuals related in any way to the Clinical Fellow may not serve as mentoring SLPs to that Clinical Fellow.

**Standard VII-A: Clinical Fellowship Experience**

The CF must consist of clinical service activities that foster the continued growth and integration of knowledge, skills, and tasks of clinical practice in speech-language pathology consistent with ASHA’s current *Scope of Practice in Speech-Language Pathology*. The CF must consist of no less than 36 weeks of full-time professional experience or its part-time equivalent.

Implementation: At least 80% of the Clinical Fellow’s major responsibilities during the CF experience must be in direct, in-person client/patient contact (e.g., assessment, diagnosis, evaluation, screening, treatment, clinical research activities, family/client consultations, recordkeeping, report writing, and/or counseling) related to the management process for individuals who exhibit communication and/or swallowing disabilities.

*Full-time professional experience* is defined as 35 hours per week, culminating in a minimum of 1,260 hours. Part-time experience should be at least 5 hours per week; anything less than that will not meet the CF requirement and may not be counted toward completion of the experience. Similarly, work in excess of 35 hours per week cannot be used to shorten the CF to less than 36 weeks.

**Standard VII-B: Clinical Fellowship Mentorship**

The Clinical Fellow must receive ongoing mentoring and formal evaluations by the CF mentor. Mentorship must be provided by a clinician who holds the CCC-SLP and who, after earning the CCC-SLP, has completed (1) a minimum of 9 months of full-time clinical experience, and (2) a minimum of 2 hours of professional development/continuing education in clinical instruction/supervision.

Implementation: Effective January 1, 2020, CF mentors for ASHA certification must complete 2 hours of professional development/continuing education in clinical instruction/supervision after being awarded the CCC-SLP and prior to mentoring the Clinical Fellow.

Direct observation must be in real time. A mentor must be available to consult with the Clinical Fellow who is providing clinical services. Direct observation of clinical practicum is
intended to provide guidance and feedback and to facilitate the Clinical Fellow’s independent use of essential clinical skills

Mentoring must include on-site, in-person observations and other monitoring activities, which may be executed by correspondence, review of video and/or audio recordings, evaluation of written reports, telephone conferences with the Clinical Fellow, or evaluations by professional colleagues with whom the Clinical Fellow works. The CF mentor and the Clinical Fellow must participate in regularly scheduled formal evaluations of the Clinical Fellow’s progress during the CF experience. The Clinical Fellow must receive ongoing mentoring and formal evaluations by the CF mentor.

The amount of direct supervision provided by the CF mentor must be commensurate with the Clinical Fellow’s knowledge, skills, and experience, and must not be less than the minimum required direct contact hours. Supervision must be sufficient to ensure the welfare of the individual(s) receiving services.

The mentoring SLP must engage in no fewer than 36 supervisory activities during the CF experience and must include 18 on-site observations of direct client contact at the Clinical Fellow’s work site (1 hour = 1 on-site observation; a maximum of six on-site observations may be accrued in 1 day). At least six on-site observations must be conducted during each third of the CF experience. On-site observations must consist of the Clinical Fellow engaging in screening, evaluation, assessment, and/or habilitation/rehabilitation activities. Mentoring must include on-site, in-person observations; however, the use of real-time, interactive video and audio conferencing technology may be permitted as a form of observation, for which pre-approval must be obtained.

Additionally, supervision must include 18 other monitoring activities. Other monitoring activities are defined as the evaluation of reports written by the Clinical Fellow, conferences between the CF mentor and the Clinical Fellow, discussions with professional colleagues of the Clinical Fellow, and so forth, and may be executed by correspondence, telephone, or reviewing of video and/or audio tapes. At least six other monitoring activities must be conducted during each third of the CF experience.

If the Clinical Fellow and their CF mentor want to use supervisory mechanisms other than those outlined above, they may submit a written request to the CFCC prior to initiating the CF. Written requests may be emailed to cfcc@asha.org or mailed to: CFCC, c/o ASHA Certification, 2200 Research Blvd. #313, Rockville, MD 20850. Requests must include the reason for the alternative supervision and a detailed description of the supervision that would be provided (i.e., type, length, frequency, etc.), and the request must be co-signed by both the Clinical Fellow and the CF mentor. On a case-by-case basis, the CFCC will review the circumstances and may or may not approve the supervisory process to be conducted in other ways. Additional information may be requested by the CFCC prior to approving any request.

**Standard VII-C: Clinical Fellowship Outcomes**
The Clinical Fellow must demonstrate knowledge and skills consistent with the ability to practice independently.

Implementation: At the completion of the CF experience, the applicant must have acquired and demonstrated the ability to:

- integrate and apply theoretical knowledge;
- evaluate their strengths and identify their limitations;
- refine clinical skills within the Scope of Practice in Speech-Language Pathology; and
- apply the ASHA Code of Ethics to independent professional practice.

In addition, upon completion of the CF, the applicant must demonstrate the ability to perform clinical activities accurately, consistently, and independently and to seek guidance as necessary.

The CF mentor must document and verify a Clinical Fellow's clinical skills using the Clinical Fellowship Report and Rating Form, which includes the Clinical Fellowship Skills Inventory (CFSI), as soon as the Clinical Fellow successfully completes the CF experience. This report must be signed by both the Clinical Fellow and CF mentor.

Standard VIII: Maintenance of Certification

Certificate holders must demonstrate continued professional development for maintenance of the CCC-SLP.

Implementation: Clinicians who hold the CCC-SLP must accumulate and report 30 Certification Maintenance Hours (CMHs) (or 3.0 ASHA continuing education units [CEUs]) of professional development, which must include a minimum of 1 CMH (or 0.1 ASHA CEU) in ethics during every 3-year certification maintenance interval beginning with the 2020–2022 maintenance interval.

Intervals are continuous and begin January 1 of the year following the initial awarding of certification or the reinstatement of certification. Random audits of compliance are conducted.

Accrual of professional development hours, adherence to the ASHA Code of Ethics, submission of certification maintenance compliance documentation, and payment of annual membership dues and/or certification fees are required for maintenance of certification.

If maintenance of certification is not accomplished within the 3-year interval, then certification will expire. Those who wish to regain certification must submit a reinstatement application and meet the standards in effect at the time the reinstatement application is submitted.
# APPENDIX II

## Curriculum

Medical University of South Carolina  
SPEECH-LANGUAGE PATHOLOGY  
2021-2022

Total Credit Hours Required: 82

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Credit Hours</th>
<th>Course Name</th>
<th>Credit Hours</th>
<th>Course Name</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1</strong></td>
<td></td>
<td><strong>Year 1</strong></td>
<td></td>
<td><strong>Year 1</strong></td>
<td></td>
</tr>
<tr>
<td>Fall</td>
<td></td>
<td>Spring</td>
<td></td>
<td>Summer</td>
<td></td>
</tr>
<tr>
<td>Professional Issues: Ethical Conduct</td>
<td>1</td>
<td>Professional Issues: Practice Settings &amp;</td>
<td>1</td>
<td>Professional Issues: Multicultural</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Rotation 1</td>
<td>1</td>
<td>Clinical Rotation 2</td>
<td>3</td>
<td>Communication</td>
<td>3</td>
</tr>
<tr>
<td>Clinical Rotation Didactic 1</td>
<td>1</td>
<td>Clinical Rotation Didactic 2</td>
<td>1</td>
<td>Clinical Rotation Didactic 3</td>
<td>1</td>
</tr>
<tr>
<td>Adult Swallowing</td>
<td>5</td>
<td>Voice and Resonance</td>
<td>5</td>
<td>Articulation and Phonology</td>
<td>3</td>
</tr>
<tr>
<td>Neurogenic Language</td>
<td>4</td>
<td>Motor Speech</td>
<td>2</td>
<td>Childhood Language: Birth to 5</td>
<td>3</td>
</tr>
<tr>
<td>Cognitive Aspects of Communication</td>
<td>2</td>
<td>Assessment</td>
<td>2</td>
<td>Childhood Language: School-age</td>
<td>3</td>
</tr>
<tr>
<td>Evidence-based Practice</td>
<td>1</td>
<td>Patient Care Management</td>
<td>2</td>
<td>Social Aspects of Communication</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IP Foundations &amp; TeamSTEPPS</td>
<td>1</td>
<td>IP TeamWorks</td>
<td>1</td>
</tr>
<tr>
<td>Total Semester Hours</td>
<td>15</td>
<td>Total Semester Hours</td>
<td>17</td>
<td>Total Semester Hours</td>
<td>16</td>
</tr>
<tr>
<td><strong>Year 2</strong></td>
<td></td>
<td><strong>Year 2</strong></td>
<td></td>
<td><strong>Year 2</strong></td>
<td></td>
</tr>
<tr>
<td>Fall</td>
<td></td>
<td>Spring</td>
<td></td>
<td>Summer</td>
<td></td>
</tr>
<tr>
<td>Professional Issues: Accreditation,</td>
<td>1</td>
<td>Professional Issues: Comprehensive Exam</td>
<td>1</td>
<td>Clinical Externship</td>
<td>9</td>
</tr>
<tr>
<td>Certification, Licensure, Specialty</td>
<td>3</td>
<td>Clinical Rotation 5</td>
<td>3</td>
<td>Clinical Externship Didactic</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Rotation 4</td>
<td>1</td>
<td>Clinical Rotation Didactic 5</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Rotation Didactic 4</td>
<td>1</td>
<td>Communication Modalities</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trachs &amp; Vents</td>
<td>2</td>
<td>Hearing</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head and Neck Cancer</td>
<td>1</td>
<td>Fluency</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Craniofacial Anomalies &amp; Genetic</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syndromes</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric Swallowing</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduction to Research in SLP</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Semester Hours</td>
<td>13</td>
<td>Total Semester Hours</td>
<td>11</td>
<td>Total Semester Hours</td>
<td>10</td>
</tr>
</tbody>
</table>
APPENDIX III

Curriculum Mapping to Competencies
### CURRICULUM MAPPING TO COMPETENCIES

<table>
<thead>
<tr>
<th>PROFESSIONAL PRACTICE COMPETENCIES</th>
<th>Academic Course Title and #</th>
<th>Clinical Course Title and #</th>
<th>Practicum Experience Title and #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability</td>
<td>Professional Issues: Ethical Considerations</td>
<td>Clinical Rotation Didactic 1; Clinical Rotation Didactic 2; Clinical Rotation Didactic 3; Clinical Rotation Didactic 4; Clinical Rotation Didactic 5; Clinical Externship Didactic</td>
<td>Clinical Rotation 1; Clinical Rotation 2; Clinical Rotation 3; Clinical Rotation 4; Clinical Rotation 5; Clinical Externship</td>
</tr>
<tr>
<td>Integrity</td>
<td>Professional Issues: Ethical Considerations</td>
<td>Clinical Rotation Didactic 1; Clinical Rotation Didactic 2; Clinical Rotation Didactic 3; Clinical Rotation Didactic 4; Clinical Rotation Didactic 5; Clinical Externship Didactic</td>
<td>Clinical Rotation 1; Clinical Rotation 2; Clinical Rotation 3; Clinical Rotation 4; Clinical Rotation 5; Clinical Externship</td>
</tr>
<tr>
<td>Effective Communication Skills</td>
<td>Articulation and Phonological Disorders; Cognitive Aspects of Communication; Adult Swallowing Disorders; Childhood Language Disorders: Birth to 5; Childhood Language Disorders: School-age; Neurogenic Language Disorders; Assessment; Patient Care Management; Voice and Resonance Disorders; Motor Speech Disorders; Social Aspects of Communication; Trachs and Vents; Head and Neck Cancer; Craniofacial Anomalies and Genetic Syndromes; Communication Modalities; Pediatric Swallowing Disorders; Hearing Disorders; Fluency Disorders</td>
<td>Clinical Rotation Didactic 1; Clinical Rotation Didactic 2; Clinical Rotation Didactic 3; Clinical Rotation Didactic 4; Clinical Rotation Didactic 5; Clinical Externship Didactic</td>
<td>Clinical Rotation 1; Clinical Rotation 2; Clinical Rotation 3; Clinical Rotation 4; Clinical Rotation 5; Clinical Externship</td>
</tr>
<tr>
<td>Clinical Reasoning</td>
<td>Articulation and Phonological Disorders; Cognitive Aspects of Communication; Adult Swallowing Disorders; Childhood Language Disorders: Birth to 5; Childhood Language Disorders: School-age;</td>
<td>Clinical Rotation Didactic 1; Clinical Rotation Didactic 2; Clinical Rotation Didactic 3; Clinical Rotation Didactic 4; Clinical Rotation Didactic 5;</td>
<td>Clinical Rotation 1; Clinical Rotation 2; Clinical Rotation 3; Clinical Rotation 4; Clinical Rotation 5;</td>
</tr>
<tr>
<td>Academic Course Title and #</td>
<td>Clinical Course Title and #</td>
<td>Practicum Experience Title and #</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------------</td>
<td>---------------------------------</td>
<td></td>
</tr>
<tr>
<td>Neurogenic Language Disorders; Assessment; Patient Care Management; Voice and Resonance Disorders; Motor Speech Disorders; Social Aspects of Communication; Trachs and Vents; Head and Neck Cancer; Craniofacial Anomalies and Genetic Syndromes; Communication Modalities; Pediatric Swallowing Disorders; Hearing Disorders; Fluency Disorders</td>
<td>Clinical Externship Didactic</td>
<td>Clinical Externship</td>
<td></td>
</tr>
<tr>
<td>Evidence-Based Practice</td>
<td>Evidence-based Practice; Introduction to Research in Speech-Language Pathology</td>
<td>Clinical Rotation Didactic 1; Clinical Rotation Didactic 2; Clinical Rotation Didactic 3; Clinical Rotation Didactic 4; Clinical Rotation Didactic 5; Clinical Externship Didactic</td>
<td>Clinical Rotation 1; Clinical Rotation 2; Clinical Rotation 3; Clinical Rotation 4; Clinical Rotation 5; Clinical Externship</td>
</tr>
<tr>
<td>Concern for Individual Served</td>
<td>Professional Issues: Ethical Considerations</td>
<td>Clinical Rotation Didactic 1; Clinical Rotation Didactic 2; Clinical Rotation Didactic 3; Clinical Rotation Didactic 4; Clinical Rotation Didactic 5; Clinical Externship Didactic</td>
<td>Clinical Rotation 1; Clinical Rotation 2; Clinical Rotation 3; Clinical Rotation 4; Clinical Rotation 5; Clinical Externship</td>
</tr>
<tr>
<td>Cultural Competence</td>
<td>Professional Issues: Multicultural Communication</td>
<td>Clinical Rotation Didactic 1; Clinical Rotation Didactic 2; Clinical Rotation Didactic 3; Clinical Rotation Didactic 4; Clinical Rotation Didactic 5; Clinical Externship Didactic</td>
<td>Clinical Rotation 1; Clinical Rotation 2; Clinical Rotation 3; Clinical Rotation 4; Clinical Rotation 5; Clinical Externship</td>
</tr>
<tr>
<td>Professional Duty</td>
<td>Professional Issues: Ethical Considerations</td>
<td>Clinical Rotation Didactic 1; Clinical Rotation Didactic 2; Clinical Rotation Didactic 3; Clinical Rotation Didactic 4; Clinical Rotation Didactic 5; Clinical Externship Didactic</td>
<td>Clinical Rotation 1; Clinical Rotation 2; Clinical Rotation 3; Clinical Rotation 4; Clinical Rotation 5; Clinical Externship</td>
</tr>
<tr>
<td>Collaborative Practice</td>
<td>Professional Issues: Practice Settings and Reimbursement</td>
<td>Clinical Rotation Didactic 1;</td>
<td>Clinical Rotation 1;</td>
</tr>
<tr>
<td>Academic Course Title and #</td>
<td>Clinical Course Title and #</td>
<td>Practicum Experience Title and #</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------------------</td>
<td>----------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Rotation 2;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Rotation 3;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Rotation 4;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Rotation 5;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Externship Didactic</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Rotation 1;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Rotation 2;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Rotation 3;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Rotation 4;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Rotation 5;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Externship</td>
<td></td>
</tr>
</tbody>
</table>

**FOUNDATIONS OF SPEECH-LANGUAGE PATHOLOGY PRACTICE**

| Discipline of human communication sciences and disorders | Professional Issues: Accreditation, Certification, Licensure, and Specialty Issues | Articulation and Phonological Disorders; Cognitive Aspects of Communication; Adult Swallowing Disorders; Childhood Language Disorders: Birth to 5; Childhood Language Disorders: School-age; Neurogenic Language Disorders; Assessment; Patient Care Management; Voice and Resonance Disorders; Motor Speech Disorders; Social Aspects of Communication; Trachs and Vents; Head and Neck Cancer; Craniofacial Anomalies and Genetic Syndromes; Communication Modalities; Pediatric Swallowing Disorders; Hearing Disorders; Fluency Disorders | Articulation and Phonological Disorders; Cognitive Aspects of Communication; Adult Swallowing Disorders; Childhood Language Disorders: Birth to 5; Childhood Language Disorders: School-age; Neurogenic Language Disorders; Assessment; Patient Care Management; Voice and Resonance Disorders; Motor Speech Disorders; Social Aspects of Communication; Trachs and Vents; Head and Neck Cancer; Craniofacial Anomalies and Genetic Syndromes; Communication Modalities; Pediatric Swallowing Disorders; Hearing Disorders; Fluency Disorders | Articulation and Phonological Disorders; Cognitive Aspects of Communication; Adult Swallowing Disorders; Childhood Language Disorders: Birth to 5; Childhood Language Disorders: School-age; Neurogenic Language Disorders; Assessment; Patient Care Management; Voice and Resonance Disorders; Motor Speech Disorders; Social Aspects of Communication; Trachs and Vents; Head and Neck Cancer; Craniofacial Anomalies and Genetic Syndromes; Communication Modalities; Pediatric Swallowing Disorders; Hearing Disorders; Fluency Disorders | Articulation and Phonological Disorders; Cognitive Aspects of Communication; Adult Swallowing Disorders; Childhood Language Disorders: Birth to 5; Childhood Language Disorders: School-age; Neurogenic Language Disorders; Assessment; Patient Care Management; Voice and Resonance Disorders; Motor Speech Disorders; Social Aspects of Communication; Trachs and Vents; Head and Neck Cancer; Craniofacial Anomalies and Genetic Syndromes; Communication Modalities; Pediatric Swallowing Disorders; Hearing Disorders; Fluency Disorders |

| Basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases | Articulation and Phonological Disorders; Cognitive Aspects of Communication; Adult Swallowing Disorders; Childhood Language Disorders: Birth to 5; Childhood Language Disorders: School-age; Neurogenic Language Disorders; Assessment; Patient Care Management; Voice and Resonance Disorders; Motor Speech Disorders; Social Aspects of Communication; Trachs and Vents; Head and Neck Cancer; Craniofacial Anomalies and Genetic Syndromes; Communication Modalities; Pediatric Swallowing Disorders; Hearing Disorders; Fluency Disorders | Articulation and Phonological Disorders; Cognitive Aspects of Communication; Adult Swallowing Disorders; Childhood Language Disorders: Birth to 5; Childhood Language Disorders: School-age; Neurogenic Language Disorders; Assessment; Patient Care Management; Voice and Resonance Disorders; Motor Speech Disorders; Social Aspects of Communication; Trachs and Vents; Head and Neck Cancer; Craniofacial Anomalies and Genetic Syndromes; Communication Modalities; Pediatric Swallowing Disorders; Hearing Disorders; Fluency Disorders | Articulation and Phonological Disorders; Cognitive Aspects of Communication; Adult Swallowing Disorders; Childhood Language Disorders: Birth to 5; Childhood Language Disorders: School-age; Neurogenic Language Disorders; Assessment; Patient Care Management; Voice and Resonance Disorders; Motor Speech Disorders; Social Aspects of Communication; Trachs and Vents; Head and Neck Cancer; Craniofacial Anomalies and Genetic Syndromes; Communication Modalities; Pediatric Swallowing Disorders; Hearing Disorders; Fluency Disorders | Articulation and Phonological Disorders; Cognitive Aspects of Communication; Adult Swallowing Disorders; Childhood Language Disorders: Birth to 5; Childhood Language Disorders: School-age; Neurogenic Language Disorders; Assessment; Patient Care Management; Voice and Resonance Disorders; Motor Speech Disorders; Social Aspects of Communication; Trachs and Vents; Head and Neck Cancer; Craniofacial Anomalies and Genetic Syndromes; Communication Modalities; Pediatric Swallowing Disorders; Hearing Disorders; Fluency Disorders | Articulation and Phonological Disorders; Cognitive Aspects of Communication; Adult Swallowing Disorders; Childhood Language Disorders: Birth to 5; Childhood Language Disorders: School-age; Neurogenic Language Disorders; Assessment; Patient Care Management; Voice and Resonance Disorders; Motor Speech Disorders; Social Aspects of Communication; Trachs and Vents; Head and Neck Cancer; Craniofacial Anomalies and Genetic Syndromes; Communication Modalities; Pediatric Swallowing Disorders; Hearing Disorders; Fluency Disorders |

<p>| Ability to integrate information pertaining to normal and abnormal human development across the life span | Articulation and Phonological Disorders; Cognitive Aspects of Communication; Adult Swallowing Disorders; Childhood Language Disorders: Birth to 5; Childhood Language Disorders: School-age; Neurogenic Language Disorders; Assessment; Patient Care Management; Voice and Resonance Disorders; Motor Speech Disorders; Social Aspects of Communication; Trachs and Vents; Head and Neck Cancer; Craniofacial Anomalies and Genetic Syndromes; Communication Modalities; Pediatric Swallowing Disorders; Hearing Disorders; Fluency Disorders | Articulation and Phonological Disorders; Cognitive Aspects of Communication; Adult Swallowing Disorders; Childhood Language Disorders: Birth to 5; Childhood Language Disorders: School-age; Neurogenic Language Disorders; Assessment; Patient Care Management; Voice and Resonance Disorders; Motor Speech Disorders; Social Aspects of Communication; Trachs and Vents; Head and Neck Cancer; Craniofacial Anomalies and Genetic Syndromes; Communication Modalities; Pediatric Swallowing Disorders; Hearing Disorders; Fluency Disorders | Articulation and Phonological Disorders; Cognitive Aspects of Communication; Adult Swallowing Disorders; Childhood Language Disorders: Birth to 5; Childhood Language Disorders: School-age; Neurogenic Language Disorders; Assessment; Patient Care Management; Voice and Resonance Disorders; Motor Speech Disorders; Social Aspects of Communication; Trachs and Vents; Head and Neck Cancer; Craniofacial Anomalies and Genetic Syndromes; Communication Modalities; Pediatric Swallowing Disorders; Hearing Disorders; Fluency Disorders | Articulation and Phonological Disorders; Cognitive Aspects of Communication; Adult Swallowing Disorders; Childhood Language Disorders: Birth to 5; Childhood Language Disorders: School-age; Neurogenic Language Disorders; Assessment; Patient Care Management; Voice and Resonance Disorders; Motor Speech Disorders; Social Aspects of Communication; Trachs and Vents; Head and Neck Cancer; Craniofacial Anomalies and Genetic Syndromes; Communication Modalities; Pediatric Swallowing Disorders; Hearing Disorders; Fluency Disorders | Articulation and Phonological Disorders; Cognitive Aspects of Communication; Adult Swallowing Disorders; Childhood Language Disorders: Birth to 5; Childhood Language Disorders: School-age; Neurogenic Language Disorders; Assessment; Patient Care Management; Voice and Resonance Disorders; Motor Speech Disorders; Social Aspects of Communication; Trachs and Vents; Head and Neck Cancer; Craniofacial Anomalies and Genetic Syndromes; Communication Modalities; Pediatric Swallowing Disorders; Hearing Disorders; Fluency Disorders |</p>
<table>
<thead>
<tr>
<th>Academic Course Title and #</th>
<th>Clinical Course Title and #</th>
<th>Practicum Experience Title and #</th>
</tr>
</thead>
</table>
| Motor Speech Disorders;  
Social Aspects of Communication;  
Trachs and Vents;  
Head and Neck Cancer;  
Craniofacial Anomalies and Genetic Syndromes;  
Communication Modalities;  
Pediatric Swallowing Disorders;  
Hearing Disorders;  
Fluency Disorders | Nature of communications and swallowing processes to include knowledge of:  
- Etiology of the disorders or differences  
- Characteristics of the disorders or differences  
- Underlying anatomical and physiological characteristics of the disorders or differences  
- Acoustic characteristics of the disorders or differences (where applicable)  
- Psychological characteristics associated with the disorders or differences  
- Development nature of the disorders or differences  
- Linguistic characteristics of the disorders or differences (where applicable)  
- Cultural characteristics of the disorders or differences  
For the following elements:  
- Articulation  
- Articulation and Phonological Disorders  
- Fluency  
- Fluency Disorders  
- Voice and resonance, including respiration and phonation  
- Voice and Resonance Disorders  
- Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic)  
- Childhood Language Disorders: Birth to 5; Childhood Language Disorders: School-age; Neurogenic Language Disorders |
<table>
<thead>
<tr>
<th>Academic Course Title and #</th>
<th>Clinical Course Title and #</th>
<th>Practicum Experience Title and #</th>
</tr>
</thead>
<tbody>
<tr>
<td>communication) in speaking, listening, reading, writing, and manual modalities</td>
<td>Hearing Disorders</td>
<td></td>
</tr>
<tr>
<td>Hearing, including the impact on speech and language</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology)</td>
<td>Adult Swallowing Disorders; Pediatric Swallowing Disorders</td>
<td></td>
</tr>
<tr>
<td>Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning)</td>
<td>Cognitive Aspects of Communication</td>
<td></td>
</tr>
<tr>
<td>Social aspects of communication (e.g., behavioral and social skills affecting communication)</td>
<td>Social Aspects of Communication</td>
<td></td>
</tr>
<tr>
<td>Augmentative and alternative communication</td>
<td>Communication Modalities</td>
<td></td>
</tr>
<tr>
<td>IDENTIFICATION AND PREVENTION OF SPEECH, LANGUAGE, AND SWALLOWING DISORDERS AND DIFFERENCES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principles and methods of identification of communication and swallowing disorders and differences</td>
<td>Assessment; Articulation and Phonological Disorders; Cognitive Aspects of Communication; Adult Swallowing Disorders; Childhood Language Disorders: Birth to 5; Childhood Language Disorders: School-age; Neurogenic Language Disorders; Assessment; Patient Care Management; Voice and Resonance Disorders; Motor Speech Disorders; Social Aspects of Communication; Trachs and Vents; Head and Neck Cancer; Craniofacial Anomalies and Genetic Syndromes; Communication Modalities; Pediatric Swallowing Disorders; Hearing Disorders; Fluency Disorders</td>
<td></td>
</tr>
<tr>
<td>Principles and methods of prevention of communication and swallowing disorders</td>
<td>Patient Care Management; Articulation and Phonological Disorders; Cognitive Aspects of Communication;</td>
<td></td>
</tr>
<tr>
<td>Academic Course Title and #</td>
<td>Clinical Course Title and #</td>
<td>Practicum Experience Title and #</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Adult Swallowing Disorders;</td>
<td>Childhood Language Disorders: Birth to 5; Childhood Language Disorders: School-age; Neurogenic Language Disorders; Assessment: Patient Care Management; Voice and Resonance Disorders; Motor Speech Disorders; Social Aspects of Communication; Trachs and Vents; Head and Neck Cancer; Craniofacial Anomalies and Genetic Syndromes; Communication Modalities; Pediatric Swallowing Disorders; Hearing Disorders; Fluency Disorders</td>
<td>Articulation and Phonological Disorders</td>
</tr>
</tbody>
</table>

**EVALUATION OF SPEECH, LANGUAGE, AND SWALLOWING DISORDERS AND DIFFERENCES**

<table>
<thead>
<tr>
<th>Articulation</th>
<th>Fluency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Articulation and Phonological Disorders</td>
<td>Fluency Disorders</td>
</tr>
<tr>
<td>Voice and resonance, including respiration and phonation</td>
<td>Voice and Resonance Disorders</td>
</tr>
<tr>
<td>Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities</td>
<td>Childhood Language Disorders: Birth to 5; Childhood Language Disorders: School-age; Neurogenic Language Disorders</td>
</tr>
<tr>
<td>Hearing, including the impact on speech and language</td>
<td>Hearing Disorders</td>
</tr>
<tr>
<td>Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology)</td>
<td>Adult Swallowing Disorders; Pediatric Swallowing Disorders</td>
</tr>
<tr>
<td>Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning)</td>
<td>Cognitive Aspects of Communication</td>
</tr>
<tr>
<td>Social aspects of communication (e.g., behavioral and social skills affecting communication)</td>
<td>Social Aspects of Communication</td>
</tr>
<tr>
<td>Academic Course Title and #</td>
<td>Clinical Course Title and #</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Augmentative and alternative communication needs</td>
<td>Communication Modalities</td>
</tr>
<tr>
<td><strong>INTERVENTION TO MINIMIZE THE EFFECTS OF CHANGES IN THE SPEECH, LANGUAGE, AND SWALLOWING MECHANISMS</strong></td>
<td></td>
</tr>
<tr>
<td>Intervention for communication and swallowing differences with individuals across the lifespan to minimize the effect of those disorders and differences on the ability to participate as fully as possible in the environment</td>
<td>Patient Care Management</td>
</tr>
<tr>
<td>Intervention for disorders and differences of the following:</td>
<td></td>
</tr>
<tr>
<td>• Articulation</td>
<td>Articulation and Phonological Disorders</td>
</tr>
<tr>
<td>• Fluency</td>
<td>Fluency Disorders</td>
</tr>
<tr>
<td>• Voice and resonance, including respiration and phonation</td>
<td>Voice and Resonance Disorders</td>
</tr>
<tr>
<td>• Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities</td>
<td>Childhood Language Disorders: Birth to 5; Childhood Language Disorders: School-age; Neurogenic Language Disorders</td>
</tr>
<tr>
<td>• Hearing, including the impact on speech and language</td>
<td>Hearing Disorders</td>
</tr>
<tr>
<td>• Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology)</td>
<td>Adult Swallowing Disorders; Pediatric Swallowing Disorders</td>
</tr>
<tr>
<td>• Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning)</td>
<td>Cognitive Aspects of Communication</td>
</tr>
<tr>
<td>• Social aspects of communication (e.g., behavioral and social skills affecting communication)</td>
<td>Social Aspects of Communication</td>
</tr>
<tr>
<td>• Augmentative and alternative communication needs</td>
<td>Communication Modalities</td>
</tr>
<tr>
<td>Academic Course Title and #</td>
<td>Clinical Course Title and #</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Ethical conduct</td>
<td>Professional Issues: Ethical Considerations</td>
</tr>
<tr>
<td>Integration and application of knowledge of the interdependence of speech, language, and hearing</td>
<td>Hearing Disorders</td>
</tr>
<tr>
<td>Engagement in contemporary professional issues and advocacy</td>
<td>Professional Issues: Ethical Considerations; Professional Issues: Practice Settings and Reimbursement; Professional Issues: Multicultural Communication; Professional Issues: Accreditation, Certification, Licensure, and Specialty Recognition</td>
</tr>
<tr>
<td>Processes of clinical education and supervision</td>
<td>Clinical Rotation Didactic 1; Clinical Rotation Didactic 2; Clinical Rotation Didactic 3; Clinical Rotation Didactic 4; Clinical Rotation Didactic 5; Clinical Externship Didactic</td>
</tr>
<tr>
<td>Professionalism and professional behavior in keeping with the expectations for a speech-language pathologist</td>
<td>Professional Issues: Ethical Considerations</td>
</tr>
<tr>
<td>Interaction skills and personal qualities, including counseling and collaboration</td>
<td>Patient Care Management</td>
</tr>
<tr>
<td>Self-evaluation of effectiveness of practice</td>
<td>Articulation and Phonological Disorders; Cognitive Aspects of Communication; Adult Swallowing Disorders; Childhood Language Disorders: Birth to 5; Childhood Language Disorders: School-age; Neurogenic Language Disorders; Assessment; Patient Care Management</td>
</tr>
<tr>
<td>Academic Course Title and #</td>
<td>Clinical Course Title and #</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Voice and Resonance Disorders; Motor Speech Disorders; Social Aspects of Communication; Trachs and Vents; Head and Neck Cancer; Craniofacial Anomalies and Genetic Syndromes; Communication Modalities; Pediatric Swallowing Disorders; Hearing Disorders; Fluency Disorders</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX IV

COURSE DESCRIPTIONS
(From MUSC Bulletin)
Speech-Language Pathology
Course Descriptions

SLP XXX: Professional Issues: Ethical Considerations 1 cr.
In Professional Issues: Ethical Considerations, students will study professional, medical and clinical ethics, providing opportunities for reflection and discussion of common situations encountered by Speech-Language Pathologists.

SLP XXX: Clinical Rotation 1 1 cr.
In Clinical Rotation 1, students will begin their supervised clinical training.

SLP XXX: Clinical Rotation Didactic 1 1 cr.
In Clinical Rotation Didactic 1, students will be guided to reflect on specific experiences during their supervised clinical training.

SLP XXX: Adult Swallowing Disorders 5 cr.
In Adult Swallowing Disorders, students will learn how to diagnose and treat swallowing disorders in adults.

SLP XXX: Neurogenic Language Disorders 4 cr. In Neurogenic Language Disorders, students will learn how to diagnose and treat language disorders in adults.

SLP XXX: Cognitive Aspects of Communication 2 cr.
In Cognitive Aspects of Communication, students will learn how to diagnose and treat cognitive communication disorders.

SLP XXX: Evidence-Based Practice 1 cr.
In Evidence-Based Practice, students will learn how to critically read and appraise scientific evidence for clinical application.

SLP XXX: Professional Issues: Practice Settings and Reimbursement 1 cr.
In Professional Issues: Practice Settings and Reimbursement, students will study the various settings where Speech-Language Pathologists work and the reimbursement systems for each setting.

SLP XXX: Clinical Rotation 2 3 cr.
In Clinical Rotation 2, students will continue their supervised clinical training.

SLP XXX: Clinical Rotation Didactic 2 1 cr.
In Clinical Rotation Didactic 2, students will be guided to reflect on specific experiences during their supervised clinical training.

SLP XXX: Voice and Resonance Disorders 5 cr.
In Voice and Resonance Disorders, students will learn how to diagnose and treat voice and resonance disorders.

SLP XXX: Motor Speech Disorders 2 cr.
In Motor Speech Disorders, students will learn how to diagnose and treat motor speech disorders.

SLP XXX: Assessment 2 cr.
In Assessment, students will learn strategies and skills to accurately and efficiently conduct patient assessments.

SLP XXX: Patient Care Management 2 cr.
In Patient Care Management, students will learn strategies and skills to provide the most meaningful and efficient patient care management possible.

IP 711: IP Foundations and TeamSTEPPS® 1 cr.
This course provides the foundation for beginning health professions students to develop competency in interprofessional collaborative practice. The goal of the course is to help prepare future health professionals for enhanced team-based care of patients and improved patient and population health outcomes through evidence-based team strategies and understanding of professional roles and responsibilities.

SLP XXX: Professional Issues: Multicultural Communication 1 cr.
In Professional Issues: Multicultural Communication, students will study the various forms of multicultural communication and resources available to provide best patient care.

SLP XXX: Clinical Rotation 3 3 cr.
In Clinical Rotation 3, students will continue their supervised clinical training.

SLP XXX: Clinical Rotation Didactic 3 1 cr.
In Clinical Rotation Didactic 3, students will be guided to reflect on specific experiences during their supervised clinical training.

SLP XXX: Articulation and Phonological Disorders 3 cr.
In Articulation and Phonology Disorders, students will learn how to diagnose and treat articulation and phonological disorders.

SLP XXX: Childhood Language Disorders: Birth to 5 3 cr.
In Childhood Language Disorders: Birth to 5, students will learn how to diagnose and treat language disorders in young children.

SLP XXX: Childhood Language Disorders: School-Age 3 cr.
In Childhood Language Disorders: School-Age, students will learn how to diagnose and treat language disorders in school-age children.
SLP XXX: Social Aspects of Communication 1 cr.
In Social Aspects of Communication, students will learn how to identify and improve the social aspects of communication.

IP 718: TeamWorks 1 cr.
The course provides interprofessional (IP) learners opportunity to apply knowledge of TeamSTEPPS core principles through 5 or 6-hour observations of a clinical unit. Students will demonstrate reliable observation skills to recognize effective team dynamics in the practice setting and to suggest strategies to overcome barriers. Through an interprofessional context, students also will explore issues related to the health care system, cultural humility, and the Just Culture model.

SLP XXX: Professional Issues: Accreditation, Certification, Licensure, and Specialty Recognition 1 cr.
In Professional Issues: Accreditation, Certification, Licensure, and Specialty Recognition, students will study the regulations related to professional credentials.

SLP XXX: Clinical Rotation 4 3 cr.
In Clinical Rotation 4, students will continue their supervised clinical training.

SLP XXX: Clinical Rotation Didactic 4 1 cr.
In Clinical Rotation Didactic 4, students will be guided to reflect on specific experiences during their supervised clinical training.

SLP XXX: Trachs and Vents 1 cr.
In Trachs and Vents, students will learn how to manage patients with tracheostomy tubes and on mechanical ventilation.

SLP XXX: Head and Neck Cancer 2 cr.
In Head and Neck Cancer, students will learn how to evaluate and treat patients with head and neck cancer.

SLP XXX: Craniofacial Anomalies and Genetic Syndromes 1 cr.
In Craniofacial Abnormalities and Genetic Syndromes, students will learn how to evaluate and treat patients with craniofacial abnormalities and genetic syndromes.

SLP XXX: Pediatric Swallowing Disorders 2 cr.
In Pediatric Swallowing Disorders, students will learn to diagnose and treat patients with pediatric swallowing disorders.

SLP XXX: Introduction to Research in Speech-Language Pathology 2 cr.
In Introduction to Research in Speech-Language Pathology, students will learn and apply research methodology.
SLP XXX: Professional Issues: Comprehensive Exam 1 cr.
In Professional Issues: Comprehensive Exam, students will prepare to take the comprehensive exam.

SLP XXX: Clinical Rotation 5 3 cr.
In Clinical Rotation 5, students will continue their supervised clinical training.

SLP XXX: Clinical Rotation Didactic 5 1 cr.
In Clinical Rotation Didactic 5, students will be guided to reflect on specific experiences during their supervised clinical training.

SLP XXX: Communication Modalities 1 cr.
In Communication Modalities, students will learn to evaluate and treat patients who may benefit from alternative communication modalities.

SLP XXX: Hearing Disorders 3 cr.
In Hearing Disorders, students will learn to evaluate and treat patients with hearing disorders.

SLP XXX: Fluency Disorders 2 cr.
In Fluency Disorders, students will learn to diagnose and treat patients with fluency disorders.

SLP XXX: Clinical Externship 9 cr.
In Clinical Externship, students will demonstrate and refine their knowledge and skills during their supervised clinical training.

SLP XXX: Clinical Externship Didactic 1 cr.
In Clinical Externship Didactic, students will be guided to reflect on specific experiences during their supervised clinical training.
American Speech-Language-Hearing Association (ASHA)

CODE OF ETHICS
(2016)

https://www.asha.org/Code-of-Ethics/
**Code of Ethics** Effective March 1, 2016

**Table of Contents**

- Preamble
- Terminology
- Principle of Ethics I
- Principle of Ethics II
- Principle of Ethics III
- Principle of Ethics IV

**Preamble**

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as "The Association") has been committed to a framework of common principles and standards of practice since ASHA's inception in 1925. This commitment was formalized in 1952 as the Association’s first Code of Ethics. This Code has been modified and adapted as society and the professions have changed. The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions.

The ASHA Code of Ethics is a framework and focused guide for professionals in support of day-to-day decision making related to professional conduct. The Code is partly obligatory and disciplinary and partly aspirational and descriptive in that it defines the professional’s role. The Code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is applicable to the following individuals:

- a member of the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
• a member of the Association not holding the Certificate of Clinical Competence (CCC)
• a nonmember of the Association holding the Certificate of Clinical Competence (CCC)
• an applicant for certification, or for membership and certification

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one’s professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

Terminology

**ASHA Standards and Ethics**
The mailing address for self-reporting in writing is American Speech-Language-Hearing Association, Standards and Ethics, 2200 Research Blvd., #313, Rockville, MD 20850.

**advertising**
Any form of communication with the public about services, therapies, products, or publications.

**conflict of interest**
An opposition between the private interests and the official or professional responsibilities of a person in a position of trust, power, and/or authority.

**crime**
Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another. For more details, see the "Disclosure Information" section of applications for ASHA certification found on www.asha.org/certification/AudCertification/ and www.asha.org/certification/SLPCertification/.

**diminished decision-making ability**
Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

**fraud**
Any act, expression, omission, or concealment—the intent of which is either actual or constructive—calculated to deceive others to their disadvantage.

**impaired practitioner**
An individual whose professional practice is adversely affected by addiction, substance abuse, or health-related and/or mental health–related conditions.

**individuals**
Members and/or certificate holders, including applicants for certification.

**informed consent**
May be verbal, unless written consent is required; constitutes consent by persons served, research participants engaged, or parents and/or guardians of persons served to a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks.

**jurisdiction**
The "personal jurisdiction" and authority of the ASHA Board of Ethics over an individual holding ASHA certification and/or membership, regardless of the individual's geographic location.

**know, known, or knowingly**
Having or reflecting knowledge.

**may vs. shall**
*May* denotes an allowance for discretion; *shall* denotes no discretion.

**misrepresentation**
Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false or erroneous (i.e., not in accordance with the facts); any statement made with conscious ignorance or a reckless disregard for the truth.

**negligence**
Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages.
to this person(s); failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

**nolo contendere**
No contest.

**plagiarism**
False representation of another person’s idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing; ethical misconduct does not include honest error or differences of opinion.

**publicly sanctioned**
A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

**reasonable or reasonably**
Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

**self-report**
A professional obligation of self-disclosure that requires (a) notifying ASHA Standards and Ethics and (b) mailing a hard copy of a certified document to ASHA Standards and Ethics (see term above). All self-reports are subject to a separate ASHA Certification review process, which, depending on the seriousness of the self-reported information, takes additional processing time.

**shall vs. may**
*Shall* denotes no discretion; *may* denotes an allowance for discretion.

**support personnel**
Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders). For more information, read the Issues in Ethics Statements on Audiology Assistants and/or Speech-Language Pathology Assistants.

**telepractice, teletherapy**
Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service. For more information, see the telepractice section on the ASHA Practice Portal.

**written**
Encompasses both electronic and hard-copy writings or communications.
Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

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, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, 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 the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, 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 certified individual.

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

G. Individuals who hold the Certificate of Clinical Competence 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 certified 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 the Certificate of Clinical Competence 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 the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.

N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.

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.

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

**Principle of Ethics II**

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

**Rules of Ethics**

A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.

B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.

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

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

E. 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 certification status, competence, education, training, and experience.

F. 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.

G. 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.
H. 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.

Principle of Ethics III

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information 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 and products and when reporting research results.

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

Principle of Ethics IV

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.
Rules of Ethics

A. 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.

B. 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.

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

D. 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.

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

F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.

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

H. 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, assistants, students, or research participants.

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

J. 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.

K. 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.

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

M. 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 Ethics through its established procedures.

N. 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.

O. 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.

P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.

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 and regulations 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 ASHA Standards and Ethics (see Terminology for mailing address) 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 ASHA Standards and Ethics 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 ASHA Standards and Ethics (see Terminology for mailing address) 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 ASHA Standards and Ethics within 30 days of self-reporting.

Index terms: ethics
South Carolina Code of Laws
Title 40—Professions and Occupations
Chapter 67—Speech Pathologists and Audiologists

https://www.scstatehouse.gov/code/t40c067.php

https://www.scstatehouse.gov/coderegs/Chapter%20115.pdf
SECTION 40-67-5. Application of chapter; conflicts of laws.

Unless otherwise provided for in this chapter, Article 1, Chapter 1, Title 40 applies to speech-language pathologists and audiologists. However, if there is a conflict between this chapter and Article 1, Chapter 1, Title 40, the provisions of this chapter control.

HISTORY: 1997 Act No. 96, Section 1.

SECTION 40-67-10. Creation of Board of Examiners in Speech-Language Pathology and Audiology; purpose of board; membership; vacancies; oath.

(A) There is created the Board of Examiners in Speech-Language Pathology and Audiology under the administration of the Department of Labor, Licensing and Regulation. The purpose of this board is to protect the public through the regulation of professionals who identify, assess, and provide treatment, including dispensing and fitting appropriate devices to promote communication, for individuals with communication disorders through the administration and enforcement of this chapter and any regulations promulgated under this chapter.

(B) The Board of Examiners in Speech-Language Pathology and Audiology consists of five members: two speech-language pathologists, two audiologists, and one lay member. Each speech-language pathologist and audiologist must hold active and valid licenses issued under this chapter.

(C) All members must be appointed by the Governor with the advice and consent of the Senate. Nominations for appointment to the board may be submitted to the Governor from a group, individual, or association and must be considered in accordance with Section 40-1-45. Members shall serve terms of four years and until a successor has been appointed and qualifies.

(D) A vacancy on the board must be filled for the remainder of the unexpired term in the manner of the original appointment.

(E) The Governor may remove a member of the board in accordance with Section 1-3-240.

(F) Each member of the board, before entering upon the discharge of the duties of the office, shall take and file with the Secretary of State, in writing, an oath to perform properly the duties of the office as a member of the board and to uphold the Constitution of this State and the United States.

HISTORY: 1997 Act No. 96, Section 1.

Editor's Note


As used in this chapter:

(1) "ASHA" means the American Speech-Language Hearing Association.

(2) "Audiologist" means an individual who practices audiology.

A person represents himself to be an audiologist when he holds himself out to the public by any title or description of
services which incorporates the words "audiologist", "audiology", "acoustician", "auditory integrative trainer", "hearing clinician", "hearing therapist", or any similar variation of these terms or any derivative term or uses terms such as "hearing", "auditory", "acoustic", "aural", or "listening" in combination with words such as "communicologist", "correctionist", "specialist", "pathologist", "therapist", "conservationist", "center", "clinic", "consultant", or "otometrist" to describe a function or service he performs.

(3) "Audiology" or "audiology service" means screening, identifying, assessing, diagnosing, habilitating, and rehabilitating individuals with peripheral and central auditory and vestibular disorders; preventing hearing loss; researching normal and disordered auditory and vestibular functions; administering and interpreting behavioral and physiological measures of the peripheral and central auditory and vestibular systems; selecting, fitting, programming, and dispensing all types of amplification and assistive listening devices including hearing aids, and providing training in their use; providing aural habilitation, rehabilitation, and counseling to hearing impaired individuals and their families; designing, implementing, and coordinating industrial and community hearing conservation programs; training and supervising individuals not licensed in accordance with this chapter who perform air conduction threshold testing in the industrial setting; designing and coordinating infant hearing screening and supervising individuals not licensed in accordance with this chapter who perform infant hearing screenings; performing speech or language screening, limited to a pass-fail determination; screening of other skills for the purpose of audiological evaluation; and identifying individuals with other communication disorders.

(4) "Board" means the South Carolina State Board of Examiners in Speech-Language Pathology and Audiology.

(5) "Director" means the Director of the Department of Labor, Licensing and Regulation.

(6) "Intern" means an individual who has met the requirements for licensure as a speech-language pathology or audiology intern under this chapter and has been issued this license by the board.

(7) "License" means an authorization to practice speech-language pathology or audiology issued by the board pursuant to this chapter and includes an authorization to practice as a speech-language pathology intern, an audiology intern, and a speech-language pathology assistant.

(8) "Licensee" means an individual who has met the requirements for licensure under this chapter and has been issued a license for speech language pathology or audiology or for speech language pathology intern or speech-language pathologist assistant.

(9) "Person" means an individual, organization, or corporation, except that only individuals can be licensed under this chapter.

(10) "The practice of audiology" means the rendering of or the offering to render any audiology service to an individual, group, organization, or the public.

(11) "The practice of speech-language pathology" means the rendering of or the offering to render any speech-language pathology services to an individual, group, organization, or the public.

(12) "Regionally accredited institution" means a school, college, or university which is a candidate for accreditation or is accredited by any accreditation body established to serve six defined geographic areas in the United States.

(13) "Speech-language pathologist" means an individual who practices speech-language pathology.

A person represents himself to be a speech-language pathologist when he holds himself out to the public by any title or description of services incorporating the words "speech pathologist", "speech pathology", "speech therapy", "speech correction", "speech correctionist", "speech therapist", "speech clinic", "speech clinician", "language pathology", "language pathologist", "logopedics", "logopedist", "communicology", "communicologist", "aphasiologist", "voice therapy", "voice therapist", "voice pathologist", "voice pathology", "voxologist", "language therapist", "phoniatrist", "cognitive communication therapist clinician", or any similar variation of these terms or any derivative term, to describe a function or service he performs. "Similar variations" include the use of words such as "speech", "voice", "language", or "stuttering" in combination with other words which imply a title or service relating to the practice of speech-language pathology.

(14) "Speech-language pathology" or "speech-language pathology service" means screening, identifying, assessing, interpreting, diagnosing, rehabilitating, researching, and preventing disorders of speech, language, voice, oral-pharyngeal function, and cognitive/communication skills; developing and dispensing augmentative and alternative
communication systems and providing training in their use; providing aural rehabilitation and counseling services to hearing impaired individuals and their families; enhancing speech-language proficiency and communication effectiveness; screening of hearing, limited to a pass-fail determination; screening of other skills for the purpose of speech-language evaluation; and identifying individuals with other communication disorders.

(15) "Speech-language pathology assistant" means an individual who provides speech-language pathology services as prescribed, directed, and supervised by a speech-language pathologist licensed under this chapter. A person represents himself to be a speech-language pathology assistant when he holds himself out to the public by any title or description of services incorporating the words "speech aid", "speech-language support personnel", "speech assistant", "communication aid", "communication assistant", "speech pathology technician", or any similar variation of these terms, to describe a function or service he performs.

(16) "Supervised Professional Employment" or "SPE" means a minimum of thirty hours a week of professional employment in speech-language pathology or audiology for at least nine months whether or not for wages or other compensation under the supervision of a speech-language pathologist or audiologist licensed under this chapter. The supervisor must have a minimum of three years of full-time work experience.

HISTORY: 1997 Act No. 96, Section 1; 2014 Act No. 167 (S.997), Section 1, eff May 16, 2014.

Editor's Note


The undesignated paragraph following subsection (2) was reprinted to correct a typographical error.

Effect of Amendment

2014 Act No. 167, Section 1, added subsection (12), the definition of "Regionally accredited institution", and subsection (16), the definition of "Supervised Professional Employment" or "SPE"; and redesignated the subsections into alphabetical order.

SECTION 40-67-30. Licensure requirement for practice of speech-language pathology and audiology; supervision of interns and assistants.

No person may practice speech-language pathology or audiology without a license issued in accordance with this chapter. A speech-language pathology intern and a speech-language pathology assistant only may practice under the direct supervision of a speech-language pathologist, and an audiology intern only may practice under the direct supervision of an audiologist as specified by the board.

HISTORY: 1997 Act No. 96, Section 1; 2019 Act No. 34 (S.277), Section 2, eff May 13, 2019.

Editor's Note


Effect of Amendment

2019 Act No. 34, Section 2, in the second sentence, substituted "and a speech-language pathology assistant only may practice" for "or assistant may only practice" and "audiology intern only may practice" for "audiology intern may only practice".


Editor's Note

Former Section 40-67-50 was titled Assessment, collection, and adjustment of fees and was derived from 1997 Act No. 96, Section 1; 2014 Act No. 167 (S.997), Section 2, eff May 16, 2014.

SECTION 40-67-60. Election of chairman, vicechairman and other officers; meetings; quorum; adoption of rules and procedures; seal; positive majority vote.
(A) The board annually shall elect from among its members a chairman, vicechairman, and other officers as the board determines necessary.

(B) The board shall meet quarterly and at other times upon the call of the chairman or a majority of the board.

(C) Three members of the board constitute a quorum; however, if there is a vacancy on the board, a majority of the members serving constitutes a quorum.

(D) The board shall adopt rules and procedures reasonably necessary for the performance of its duties and the governance of its operations and proceedings.

(E) The board may have and use an official seal bearing the name of the board.

(F) Any business conducted by the board must be by a positive majority vote. For purposes of this subsection, "positive majority vote" means a majority vote of the entire membership of the board, reduced by any vacancies existing at the time.

HISTORY: 1997 Act No. 96, Section 1.

SECTION 40-67-70. Additional powers and duties of board.

In addition to the powers and duties enumerated in Sections 40-1-70 through 40-1-100, the board shall:

(1) regulate the issuance of speech-language pathology and audiology licenses;

(2) promulgate regulations and establish policies and procedures necessary to carry out this chapter; and

(3) discipline licensees in any manner permitted by this chapter or under Sections 40-1-110 through 40-1-150.

HISTORY: 1997 Act No. 96, Section 1.

SECTION 40-67-75. Responsibilities and supervision of speech-language pathology assistants.

A speech-language pathology assistant may adhere to the responsibilities within the scope for speech-language pathology assistants set forth by the American Speech-Language-Hearing Association. A speech-language pathologist supervising a speech-language pathology assistant may adhere to the guidelines for supervision of a speech-language pathology assistant set forth by the American Speech-Language-Hearing Association.

HISTORY: 2019 Act No. 34 (S.277), Section 1, eff May 13, 2019.

SECTION 40-67-80. Investigations; subpoena authority, taking evidence, and requiring production of documents or records.

For the purpose of conducting an investigation or proceeding under this chapter, the board or a person designated by the board may subpoena witnesses, take evidence, and require the production of any documents or records which the board considers relevant to the inquiry.

HISTORY: 1997 Act No. 96, Section 1.

SECTION 40-67-100. Restraining orders and cease and desist orders.

Restraining orders and cease and desist orders must be issued in accordance with Section 40-1-100.

HISTORY: 1997 Act No. 96, Section 1.


In addition to grounds for disciplinary action as set forth in Section 40-1-110 and in accordance with Section 40-67-120, the board may take disciplinary action against a licensee who:
(1) violates federal, state, or local laws relating to speech-language pathology or audiology;

(2) violates a provision of this chapter or an order issued under this chapter or a regulation promulgated under this chapter;

(3) fraudulently or deceptively attempts to use, obtain, alter, sell, or barter a license;

(4) aids or abets a person who is not a licensed audiologist or speech-language pathologist in illegally engaging in the practice of audiology or speech-language pathology within this State;

(5) participates in the fraudulent procurement or renewal of a license for himself or another person or allows another person to use his license;

(6) commits fraud or deceit in the practice of speech-language pathology or audiology including, but not limited to:
   (a) misrepresenting an educational degree, training, credentials, competence, or any other material fact;
   (b) using or promoting or causing the use of any misleading, deceiving, improbable, or untruthful advertising matter, promotional literature, testimonial guarantee, warranty, label, brand, insignia, or any other representation;
   (c) wilfully making or filing a false report or record in the practice of audiology or speech-language pathology or in satisfying requirements of this chapter;
   (d) submitting a false statement to collect a fee or obtaining a fee through fraud or misrepresentation;

(7) commits an act of dishonest, immoral, or unprofessional conduct while engaging in the practice of speech-language pathology or audiology including, but not limited to:
   (a) engaging in illegal, incompetent, or negligent practice of speech-language pathology or audiology;
   (b) providing professional services while mentally incompetent or under the influence of alcohol or drugs;
   (c) providing services or promoting the sale of devices, appliances, or products to a person who cannot reasonably be expected to benefit from the services, devices, appliances, or products;
   (d) diagnosing or treating individuals for speech or hearing disorders by mail or telephone unless the individual had been previously examined by the licensee and the diagnosis or treatment is related to the examination;

(8) is convicted of or pleads guilty or nolo contendere to a felony or crime involving moral turpitude or a violation of a federal, state, or local alcohol or drug law, whether or not an appeal or other proceeding is pending to have the conviction or plea set aside;

(9) is disciplined by a licensing or disciplinary authority of another state, country, or nationally recognized professional organization or convicted of or disciplined by a court of any state or country for an act that would be grounds for disciplinary action under this section;

(10) fails to obtain informed consent when performing an invasive procedure or fails to obtain informed written consent when engaging in an experimental procedure;

(11) violates the code of ethics promulgated in regulation by the board.

HISTORY: 1997 Act No. 96, Section 1.

Editor's Note


The board has jurisdiction over the actions of licensees and former licensees as provided for in Section 40-1-115.
SECTION 40-67-120. Imposition of fine.

Upon a determination by the board that one or more of the grounds for discipline of a licensee exists, as provided for in Sections 40-67-110 or 40-1-110, the board, in addition to the actions provided for in Section 40-1-120, may impose a fine of not more than one thousand dollars.

HISTORY: 1997 Act No. 96, Section 1.

SECTION 40-67-130. Denial of licensure on grounds of possible disciplinary action.

The board may deny licensure to an applicant based on the grounds for which the board may take disciplinary action against a licensee.

HISTORY: 1997 Act No. 96, Section 1.

SECTION 40-67-140. Denial of licensure on grounds of prior criminal record.

A license may be denied based on a person's prior criminal record as provided for in Section 40-1-140.

HISTORY: 1997 Act No. 96, Section 1.

SECTION 40-67-150. Voluntary surrender of license.

A licensee who is under investigation for any of the grounds provided for in Section 40-67-110 or Section 40-1-110 voluntarily may surrender his license to the board in accordance with Section 40-1-150.

HISTORY: 1997 Act No. 96, Section 1.


A person aggrieved by an action of the board may seek review of the decision in accordance with Section 40-1-160.

HISTORY: 1997 Act No. 96, Section 1.

SECTION 40-67-170. Payment of investigation and prosecution costs.

A person found in violation of this chapter or regulations promulgated under this chapter may be required to pay costs associated with the investigation and prosecution of the case in accordance with Section 40-1-170.

HISTORY: 1997 Act No. 96, Section 1.

Editor's Note


All costs and fines imposed pursuant to this chapter must be paid in accordance with and are subject to the collection and enforcement provisions of Section 40-1-180.

HISTORY: 1997 Act No. 96, Section 1.

Editor's Note


Communications made in connection with an investigation or hearing relevant to a complaint against a licensee are
privileged as provided for in Section 40-1-190.

HISTORY: 1997 Act No. 96, Section 1.

SECTION 40-67-200. Submission of false information for purpose of obtaining a license; penalties.

(A) A person who practices or offers to practice speech-language pathology or audiology in this State in violation of this chapter or a regulation promulgated under this chapter or who knowingly submits false information to the board for the purpose of obtaining a license is guilty of a misdemeanor and, upon conviction, must be fined not more than one thousand dollars or imprisoned for not more than six months, or both.

(B) A person violating any other provision of this chapter or a regulation promulgated under this chapter is guilty of a misdemeanor and, upon conviction, must be fined not more than one thousand dollars or imprisoned for not more than six months, or both.

HISTORY: 1997 Act No. 96, Section 1.


In addition to initiating a criminal proceeding for a violation of this chapter, the board also may seek civil and injunctive relief pursuant to Section 40-1-210.

HISTORY: 1997 Act No. 96, Section 1.

SECTION 40-67-220. Period of licensure; qualifications for licensure; submittal of documented evidence; inactive licensure.

(A) A license must be issued independently in either speech-language pathology or audiology. A license is valid for two years; however, an intern license only is valid for one year. A license application received after December thirty-first is valid for the next licensure period.

(B) To be licensed by the board as a speech-language pathologist or audiologist an individual must have:

(1)(a) earned a post-graduate degree in speech-language pathology or audiology from a school or program with regional accreditation determined by the board to be equivalent to those accredited by the Council of Academic Accreditation (CAA) for Audiology and Speech-Language Pathology of the American Speech-Language Hearing Association (ASHA) or other board-approved authority;

(b) achieved a passing score on a national examination as approved by the board; and

(c) completed Supervised Professional Employment (SPE) as defined by the board in regulation; or

(2) met ASHA's Standards for Certificate of Clinical Competence, or its equivalent as approved by the board, in speech-language pathology or audiology in effect at the time of application; or

(3) a current ASHA Certificate of Clinical Competence or its equivalent as approved by the board.

(C) An applicant for active licensure in audiology with a master's in audiology degree awarded before January 1, 2007, must submit or cause to be submitted documented evidence of the following:

(1)(a) holding at least a master's degree in audiology or its equivalent from a school or program determined by the board to be equivalent to those accredited by the Council of Academic Accreditation (CAA) for Audiology and Speech-Language Pathology for the American Speech-Language Hearing Association (ASHA);

(b) successful completion of a supervised clinical practicum approved by the board; and

(c) successful completion of postgraduate professional experience approved by the board; or

(2) meeting ASHA's standards for Certificate of Clinical Competence or its equivalent as approved by the board.

(D) An applicant for active licensure in audiology with a doctorate in audiology degree awarded after January 1, 2007,
must submit or cause to be submitted documented evidence of:

(1) holding a doctoral degree in audiology from a school or educational institution with regional accreditation determined by the board to be equivalent to those accredited by the Council of Academic Accreditation (CAA) for Audiology and Speech-Language Pathology of the American Speech-Language Hearing Association (ASHA); or

(2) meeting ASHA’s standards for Certificate of Clinical Competence or its equivalent as approved by the board.

(E)(1) A speech-language pathology or audiology intern license must be issued to an applicant who has satisfied the requirement of subsection (B)(1)(a) and who has not passed the examination required by subsection (B)(1)(b) or who lacks the supervised professional employment as required by subsection (B)(1)(c), or both.

(2) A person who has been issued a license as an intern who has not met the requirement of subsection (B)(1)(b) must pass an examination approved by the board within twelve months of the issuance of the intern license.

(F) To be licensed as a speech-language pathology assistant, an applicant must have earned a bachelor's degree from a regionally accredited institution in speech-language pathology and must submit an application which includes a supervisory agreement and an on-the-job training plan, both of which must comply with requirements established by the board in regulation. Speech-language pathologists who use a speech-language pathology assistant in their practices must comply with guidelines promulgated by the board in regulation.

(G) A person requesting inactive licensure must demonstrate documented evidence of:

(1) holding a valid unrestricted license issued by this board at the time that inactive licensure is requested;

(2) agreeing not to practice speech-language pathology or audiology while holding an inactive license. An inactive license may be renewed for a maximum of four biennial renewal periods.

HISTORY: 1997 Act No. 96, Section 1; 2014 Act No. 167 (S.997), Section 3, eff May 16, 2014.

Effect of Amendment

2014 Act No. 167, Section 3, rewrote the section.

SECTION 40-67-230. Notarized application for licensure; fee and documentation of eligibility.

An individual applying for a license as a speech-language pathologist or audiologist must file a notarized application with the board. Each application must be accompanied by the appropriate fee and documentation of eligibility as prescribed by the board.

HISTORY: 1997 Act No. 96, Section 1.

Editor's Note


SECTION 40-67-240. Issuance of license upon satisfaction of all requirements; personal right; display of license; title; duplicate license.

(A) If an applicant satisfies all licensure requirements as provided for in this chapter, the board shall issue a license to the applicant. A license is a personal right and not transferable, and the issuance of a license is evidence that the person is entitled to all rights and privileges of a speech-language pathologist or audiologist, or of an assistant or intern while the license remains current and unrestricted. However, the license is the property of the State and upon suspension or revocation immediately must be returned to the board.

(B) A person licensed under this chapter must display the document in a prominent and conspicuous place in the person's place of business or place of employment.

(C) Only a person licensed under this chapter may use the title of "speech-language pathologist" or "audiologist" or "speech-language pathology assistant".
(D) A duplicate license may be issued by the board as provided by law.

HISTORY: 1997 Act No. 96, Section 1.

Code Commissioner's Note

At the direction of the Code Commissioner, in subsection (D), substituted "as provided by law" for "in accordance with Section 40-67-50". Section 40-67-50 was repealed by 2014 Act No. 207, Section 1. The schedule of fees for certain professional and occupational licensing boards, commissions, panels, and councils is provided by regulation pursuant to the statutory authority provided in Section 40-1-50.

Editor's Note


SECTION 40-67-250. Issuance of license to person holding current license in another state.

The board may issue a license to a person who holds a current speech-language pathology or audiology license in another state if the standards for licensure in that state are at least the substantial equivalent to the licensing standards provided for in this chapter, and the person satisfies any other requirements the board may prescribe including, but not limited to, continuing education requirements.

HISTORY: 1997 Act No. 96, Section 1.

Editor's Note


SECTION 40-67-260. License renewal; conditions; continuing education; records.

(A) As a condition of license renewal, a speech-language pathologist or audiologist shall satisfactorily complete sixteen hours of approved continuing education or 1.6 continuing education units (CEUs) during each license period.

(B) As a condition of an intern license renewal, a speech-language pathologist or audiologist shall satisfactorily complete eight hours of approved continuing education or 0.8 CEUs during each license period.

(C) As a condition of an assistant license renewal, a speech-language pathology assistant shall satisfactorily complete eight hours of approved continuing education or 0.8 CEUs during each license period.

(D) Continuing education must be reported on forms and in the time and manner specified by the board in regulation.

(E) A licensee shall maintain records of continuing education hours or CEUs earned for a period of four years, and these records must be made available to the director or his designee upon request for an audit that the board biennially may conduct.

HISTORY: 1997 Act No. 96, Section 1; 2014 Act No. 167 (S.997), Section 4, eff May 16, 2014; 2019 Act No. 34 (S.277), Section 3, eff May 13, 2019.

Effect of Amendment

2014 Act No. 167, Section 4, in subsection (E), substituted "biennially" for "annually".

2019 Act No. 34, Section 3, in (A), substituted "shall" for "must" and "of approved continuing education or 1.6 continuing education units (CEUs) during each" for "per license of approved continuing education per"; in (B), substituted "shall" for "must" and "of approved continuing education or 0.8 continuing education units (CEUs) during each" for "per license of approved continuing education per"; in (C), substituted "shall" for "must" and "or 0.8 CEUs during each" for "per"; and in (E), substituted "A licensee shall" for "A licensee must", inserted "or CEUs" following "continuing education hours", and substituted "his designee" for "the director's designee" and "an audit that the board biennially may conduct" for "audits that the board may conduct biennially".

SECTION 40-67-270. Renewal periods; renewal fee; evidence of continuing education; reinstatement of license.
(A) A speech-language pathology or audiology license and a speech-language pathology assistant license must be renewed biennially and expire on March 31 of the second year. A speech-language pathology or audiology intern license may only be renewed for one twelve-month period for the purpose of completing the supervised professional employment required by Section 40-67-220(B)(1)(c).

(B) To renew a license the individual shall:

(1) pay a renewal fee as provided by law;

(2) submit evidence of compliance with continuing education requirements as provided for in Section 40-67-260.

(C) A license which was not renewed by March 31 is invalid and only may be reinstated upon receipt of a renewal application postmarked before May 1 and accompanied by the biennial license fee and the reinstatement fee. A renewal request not postmarked before May 1 only may be reinstated upon receipt of an application for licensure submitted under the license requirements in effect at the time the renewal request is submitted and accompanied by the biennial license fee and reinstatement fee.

HISTORY: 1997 Act No. 96, Section 1.

Code Commissioner's Note

At the direction of the Code Commissioner, in subsection (B)(1), substituted "as provided by law" for "as provided for in Section 40-67-50". Section 40-67-50 was repealed by 2014 Act No. 207, Section 1. The schedule of fees for certain professional and occupational licensing boards, commissions, panels, and councils is provided by regulation pursuant to the statutory authority provided in Section 40-1-50.


To activate an inactive license, an individual shall submit a form approved by the board and evidence attesting to his satisfactory completion of sixteen hours of approved continuing education or 1.6 CEUs for each two years of inactive licensure.

HISTORY: 1997 Act No. 96, Section 1; 2014 Act No. 167 (S.997), Section 5, eff May 16, 2014; 2019 Act No. 34 (S.277), Section 4, eff May 13, 2019.

Effect of Amendment

2014 Act No. 167, Section 5, inserted "a form approved by the board and".

2019 Act No. 34, Section 4, substituted "shall" for "must"; inserted "or 1.6 CEUs" following "approved continuing education", and made nonsubstantive changes.


The Board of Examiners in Speech-Language Pathology and Audiology may promulgate regulations setting forth a code of ethics for persons licensed by the board.

HISTORY: 1997 Act No. 96, Section 1.

SECTION 40-67-300. Limits on applicability of chapter.

This chapter does not apply to:

(1) A speech-language pathologist or audiologist employed by a state or federal agency or a political subdivision of the State before September 1, 2020, while engaged in the discharge of official duties; however, federal and state or political subdivision employees or employees of a political subdivision of the State who are licensed by this board are subject to the provisions of this chapter.

(2) A student of speech-language pathology or audiology enrolled in a course of study at an accredited institution of higher learning whose activities constitute a part of the course of study.
(3) A hearing aid specialist licensed to fit and sell hearing aids pursuant to Chapter 25; provided, nothing in this chapter is in lieu of, may conflict with, or supersede Chapter 25 and the rights of those licensed under Chapter 25.

(4) A registered nurse, licensed practical nurse, or other certified technician trained to perform audiometric screening tests in industrial operations and whose work is under the supervision of a company physician, otological consultant, or licensed audiologist.

(5) A person licensed by the State under this title or any other provision of law whose scope of practice overlaps with the practice of speech-language pathology or audiology unless the person holds himself out to be a practitioner of speech-language pathology or audiology.

(6) An educator certified by the State Board of Education, including an educator certified as a speech-language therapist who is not licensed as a speech-language pathologist and does not hold a certificate of clinical competence in speech-language pathology credential from the American Speech-Language-Hearing Association.

HISTORY: 1997 Act No. 96, Section 1; 2019 Act No. 34 (S.277), Section 5, eff May 13, 2019.

Effect of Amendment

2019 Act No. 34, Section 5, in (1), inserted "before September 1, 2020,"; in (2), substituted "A student" for "Students" and "institution of higher learning" for "university or college"; in (3), substituted "A hearing aid specialist" for "Hearing aid specialists"; substituted ", may conflict with," for "or shall conflict with"; and made nonsubstantive changes; in (4), substituted "A registered nurse, licensed practical nurse, or other certified technician" for "Registered nurses and licensed practical nurses or other certified technicians"; in (5), deleted "is not also required to be licensed under this chapter" following "practice of speech-language pathology or audiology"; and added (6).


If a provision of this chapter or the application of a provision to a person or circumstance is held invalid, the invalidity does not affect other provisions or applications of this chapter which can be given effect without the invalid provision or application, and to this end the provisions of this chapter are severable.
CHAPTER 115

Department of Labor, Licensing and Regulation—Board of Examiners in Speech/Language Pathology and Audiology

(Statutory Authority: 1976 Code § 40–67–90)

Article 1

Licensing Provisions

Each applicant for a license must submit a notarized application form to the board office. The appropriate fee must be received before the application may be evaluated.

(A) An applicant for active licensure in Speech-Language Pathology or Audiology must submit or cause to be submitted documented evidence of the following:

1. a diploma showing a post-graduate degree in speech-language pathology or audiology from a school or program with regional accreditation determined by the board to be equivalent to those accredited by the Council of Academic Accreditation (CAA) for Audiology and Speech-Language Pathology of the American Speech-Language Hearing Association (ASHA) or other board approved authority;

2. a passing score on a national examination as approved by the board;

3. (a) completed supervised professional employment (SPE); or

   (b) meets ASHA’s standards for Certificate of Clinical Competence or its equivalent as approved by the board, in Speech-Language Pathology or Audiology in effect at the time of application; or

   (c) have a current ASHA Certificate of Clinical Competence or its equivalent as approved by the board.

(B) An applicant for active licensure in Audiology with a Masters in Audiology before January 1, 2007, must submit or cause to be submitted documented evidence of the following:

1. at least a masters degree in audiology or its equivalent from a school or program determined by the board to be equivalent to those accredited by the Council of Academic Accreditation (CAA) for Audiology and Speech-Language Pathology of the American Speech-Language Hearing Association (ASHA);

2. successful completion of a supervised clinical practicum approved by the board; and

3. successful completion of postgraduate professional experience approved by the board; or

4. meets ASHA’s standards for Certificate of Clinical Competence or its equivalent as approved by the board.

(C) An applicant for active licensure in Audiology with a Doctorate in Audiology after January 1, 2007, must submit or cause to be submitted documented evidence of the following:

1. a doctoral degree in audiology from a school or educational institution with regional accreditation determined by the board to be equivalent to those accredited by the Council of Academic Accreditation (CAA) for Audiology and Speech-Language Pathology of the American Speech-Language Hearing Association (ASHA); or
(2) meets ASHA’s standards for Certificate of Clinical Competence or its equivalent as approved by the board.

(D) An applicant for a speech-language pathology or audiology intern license must submit or cause to be submitted documented evidence of having satisfied the requirement of (A)(1).

(1) A speech-language pathology or audiology intern license must be issued to an applicant who has satisfied the requirement of subsection (A)(1) but who has not passed the examination required by subsection (A)(2) or who lacks the supervised professional employment as required by subsection (A)(3), or both.

(2) A person who has been issued a license as an intern who has not met the requirement of subsection (A)(2) must pass an examination approved by the board within twelve months of the issuance of the intern license.


115–2. Speech-Language Pathology Assistants.

(A) To be licensed as a Speech-Language Pathology Assistant an applicant must:

(1) submit an application on forms approved by the board;

(2) submit an application fee as prescribed by the board;

(3) present evidence of a bachelor’s degree in Speech-Language Pathology from a regionally accredited institution.

(B) A bachelor’s degree in Speech-Language Pathology from a regionally accredited institution must include as a minimum the following core curriculum of 36 semester hours and not less than 100 clock hours of direct client contact/clinical practicum, excluding observation hours.

(C) Specialized Preparation: 36 Semester Hours

<table>
<thead>
<tr>
<th>(1) Directed Teaching in Speech-Language Therapy (6 Semester Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 clock hours of supervised clinical practicum in not less than two different sites with direct client contact/clinical practicum, excluding observation hours.</td>
</tr>
<tr>
<td>(2) Basic Area</td>
</tr>
<tr>
<td>Anatomy, physiology, mechanics, and function of the ear and vocal mechanism.</td>
</tr>
<tr>
<td>Phonetics</td>
</tr>
<tr>
<td>Semantics</td>
</tr>
<tr>
<td>Speech and Voice Science</td>
</tr>
<tr>
<td>Psychology of Speech</td>
</tr>
<tr>
<td>Experimental Phonetics</td>
</tr>
<tr>
<td>(3) Speech-Language Pathology Courses (12 Semester Hours)</td>
</tr>
<tr>
<td>Stuttering</td>
</tr>
<tr>
<td>Articulation</td>
</tr>
<tr>
<td>Voice Disorders</td>
</tr>
<tr>
<td>Cleft Palate</td>
</tr>
<tr>
<td>Aphasia</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
</tr>
<tr>
<td>Speech-Language Disorders</td>
</tr>
<tr>
<td>Neurogenics</td>
</tr>
<tr>
<td>(4) Audiology (3 Semester Hours)</td>
</tr>
<tr>
<td>Testing of Hearing</td>
</tr>
<tr>
<td>Introduction of Audiology</td>
</tr>
<tr>
<td>Auditory Training</td>
</tr>
<tr>
<td>Speechreading</td>
</tr>
<tr>
<td>Speech for the Deaf or Hard of Hearing</td>
</tr>
<tr>
<td>(5) Psychology (6 Semester Hours)</td>
</tr>
</tbody>
</table>

SLP Handbook 2021-2022 139
(D) General Guidelines

1. No speech-language pathology assistant may begin working in direct contact with clients/patients without the board’s written approval of the supervisory agreement and on the job training plan.

2. Only a speech-language pathologist with an active license in good standing and a minimum of three years of work experience may supervise speech-language pathology assistants.

3. A speech-language pathologist shall supervise no more than two full-time or three part-time speech-language pathology assistants, not to exceed more than three speech-language pathology assistants whether part-time or full-time. Full time is defined as a minimum of 30 work hours per week.

4. If, for any reason, there is a change in supervising speech-language pathologist, it is the responsibility of the supervising speech-language pathologist to notify the board in writing within seven (7) working days that the supervisory agreement has been discontinued.

5. The assistant’s license shall become void when the authorized supervisor is no longer available for supervision. The license will be reactivated upon receipt and approval by the board of a new supervisory agreement and the change in supervising speech-language pathologist fee specified in Reg. 10–41(E).

6. At the time of license renewal, supervising speech-language pathologists are to list the names of all those speech-language pathology assistants they are supervising.

7. A speech-language pathology assistant may work part-time for more than one supervising speech-language pathologist provided that the board has approved supervisory agreements for each supervising speech-language pathologist.

8. A licensed speech-language pathologist who supervises any speech-language pathology assistant must provide each speech-language pathology assistant with on the job training and must maintain responsibility for all services performed or omitted by such speech-language pathology assistant(s).

(E) On-the-Job Training (OJT)

At a minimum, on-the-job training (OJT) must include step-by-step instruction of each and every service or task the speech-language pathology assistant is to perform and continuous visual observation by the supervising speech-language pathologist of the speech-language pathology assistant’s performance of each service or task until the supervising speech-language pathologist establishes the speech-language pathology assistant’s competence. The supervising speech-language pathologist must maintain a written record of each service or task indicating the activity, date, time, and location of the training demonstration and observations. This record must be signed by both the supervising speech-language pathologist and the speech-language pathology assistant and a copy must be provided to the speech-language pathology assistant. The supervising speech-language pathologist and the speech-language pathology assistant must maintain such records for a period of four (4) years and such records must be made available to the director or the designee upon request.

(F) Supervision - General.

Supervising speech-language pathologists are responsible for all the clinical services provided or omitted by the speech-language pathology assistant(s). When speech-language pathology assistants provide direct services, the supervising speech-language pathologist is responsible for informing, in writing, all the clients (or their legal guardians), referring agencies, and third-party payers. Further, it is the supervisor’s responsibility to ensure that the assistant is clearly identified at all times as an assistant by means of a name tag or similar identification. At no time may a speech-language pathology assistant perform tasks when the supervising speech-language pathologist cannot be reached by personal contact, phone, e-mail, pager, or other immediate or electronic means. The supervisor must make provisions, in writing, for emergency situations including designation of another licensed speech-
language pathologist who has agreed to be available on an as needed basis to provide supervision and consultation to the assistant when the supervisor is not available. If for any reason (i.e., maternity leave, illness, change of job) a supervisor is not able to provide the level of supervision stipulated, the assistant may not perform client contact tasks.

(G) Direct Supervision.

Following initial OJT, direct supervision of each speech-language pathology assistant must consist of a minimum of 15% (e.g., 6 hours per 40 hour work week) or one of every seven visits per patient of direct, visual supervision of client contact to include a sampling of each assigned service or task. This direct supervision must be on-site, in person, and documented in writing. This documentation must be maintained by the supervising speech-language pathologist for a period of four years and must be made available to the director or the designee upon request.

(H) Indirect Supervision.

In addition to direct supervision, indirect supervision is required a minimum of 5% (e.g., 2 hours per 40 hour work week) and must include review of written records and may include demonstrations, review and evaluation of audio- or video-taped sessions, and/or supervisory conferences.

(I) Quarterly Reviews.

In addition to direct and indirect supervision, the supervising speech-language pathologist must conduct quarterly performance reviews of each speech-language pathology assistant’s performance of each assigned service or task. Such quarterly reviews must document, on a form approved by the board, direct observation of each task or service assigned to the speech-language pathology assistant. These reviews must be signed by both the supervising speech-language pathologist and the speech-language pathology assistant and must be maintained by the supervising speech-language pathologist for a period of four (4) years and must be made available to the director or the designee upon request.

(J) Scope of Practice.

The supervising speech-language pathologist accepts full and complete responsibility for all services and tasks performed or omitted by the speech-language pathology assistant. Provided that education, training, supervision and documentation are consistent with that defined in this chapter, the following tasks may be designated to the speech-language pathology assistant:

1. Conduct speech-language or hearing screenings (without interpretation) following specified screening protocols developed by the supervising speech-language pathologist.
2. Provide direct treatment assistance to patients/clients identified by the supervising speech-language pathologist.
3. Follow documented treatment plans or protocols developed by the supervising speech-language pathologist.
4. Document patient/client progress toward meeting established objectives as stated in the treatment plan.
5. Assist the supervising speech-language pathologist during assessment of patients/clients.
6. Assist with tallying patient/client responses, prepare therapy materials, schedule activities, prepare charts and assist with other clerical tasks as directed by the supervising speech-language pathologist.
7. Perform checks and maintenance of equipment on a regular basis, and calibration at least annually on audiometric equipment.
8. Assist the supervising speech-language pathologist in research projects, in-service training and public relations programs.
9. Sign treatment notes which must be reviewed and co-signed by the supervising speech-language pathologist.
10. Discuss with the client, the guardian or family members specifically observed behaviors that have occurred during treatment when such behaviors are supported by documented objective data.

(K) Prohibited Activities.

The speech-language pathology assistant must not:

1. Perform diagnostic tests of any kind, formal or informal evaluations, or interpret test results.

SLP Handbook 2021-2022
(2) Participate in parent conferences, case conferences, or any interdisciplinary team meetings where diagnostic information is interpreted or treatment plans developed without the presence of the supervising speech-language pathologist or designated licensed speech-language pathologist.

(3) Provide patient/client or family counseling.

(4) Write, develop, or modify a patient/client’s treatment plan in any way.

(5) Assist with patients/clients without following a documented treatment plan which has been prepared by a licensed speech-language pathologist and for which the speech-language pathology assistant has not received appropriately documented OJT.

(6) Sign any formal documents (e.g., treatment plans, reimbursement forms or reports) without the signature of the supervising speech-language pathologist.

(7) Select patients/clients for services.

(8) Discharge patients/clients from services.

(9) Disclose clinical or confidential information either orally or in writing to any one not designated in writing by the supervising speech-language pathologist.

(10) Make referrals for additional services.

(11) Provide any interpretation or elaboration of information that is contained in reports written by any licensed speech-language pathologist.

(12) Represent oneself to be a speech-language pathologist.

(13) Make advertisement or public announcement of services independent of the supervising speech-language pathologist.


(A) Supervised professional employment (SPE), as required by the board, means direct clinical work with patients, consultations, record keeping, or any other duties relevant to a bona fide program of clinical work. It is expected, however, that a significant amount of clinical experience will be in direct clinical contact with persons who have communication disorders. Time spent in supervision of students, academic teaching, and research, as well as any administrative activity that does not deal directly with management programs of specific patients or clients will not count toward completion of the SPE.

(B) The SPE is defined as not fewer than nine (9) months of full-time professional employment, whether or not for wages or other compensation. Full-time employment means a minimum of thirty (30) clock hours of work per week. This requirement may also be met by part-time employment as follows:

1. fifteen (15) to nineteen (19) hours of work per week over a period of eighteen (18) months;
2. twenty (20) to twenty-four (24) hours of work per week over a period of fifteen (15) months;
3. twenty-five (25) to twenty-nine (29) hours of work per week over a period of twelve (12) months.

In the event that part-time employment is used to fulfill a portion of the SPE, one hundred (100%) percent of the minimum hour requirements for part-time work must be spent in direct professional employment as defined above.

(C) SPE supervision must entail the personal and direct involvement of the supervisor in observations of diagnostic and therapeutic procedures that will permit the SPE supervisor to monitor, improve and evaluate the intern’s performance in professional clinical employment. The supervision must include on-site observations of the intern. Other monitoring activities such as conferences with the intern, evaluation of written reports, and evaluation by professional colleagues may be executed by correspondence. The intern’s supervisor must base the total evaluation on no fewer than thirty-six (36) monitored activities (a minimum of four hours per month). The monitoring activities must include at least eighteen (18) on-site observations (a minimum of two hours each month). Should a
supervisor suspect at any time during the SPE that an intern will not meet the requirements of this section, the supervisor must counsel the intern both orally and in writing and maintain carefully written records of all contacts and conferences in the ensuing months.

(D) Within one month of completion of the SPE, the supervisor must conduct a formal evaluation of the intern’s performance and submit the evaluation to the board. Such evaluation must be completed on a form approved by the board, must be signed and dated by both the intern and the supervisor, and must include a recommendation by the supervisor that in his opinion the intern either is or is not qualified for full licensure.

(E) The SPE supervisor shall only supervise three interns at a time.

HISTORY: Amended by State Register Volume 22, Issue No. 6, Part 3, eff June 26, 1998; State Register Volume 36, Issue No. 6, eff June 22, 2012; State Register Volume 38, Issue No. 6, Doc. No. 4389, eff June 27, 2014.


(A) An audiologist may determine through a comprehensive hearing assessment, inquiry, actual observation, or review of any other available information that a prospective hearing aid user has a condition of the ear or auditory system that would benefit from medical evaluation or intervention. An audiologist who fits and/or sells hearing aids must advise a prospective hearing aid user, or parent or guardian, if the prospective user is not 18 years old or older, that the best health interest would be served if there was a medical evaluation by a licensed physician (preferably a physician who specializes in diseases of the ear) before purchasing a hearing aid. The prospective user may waive the medical evaluation by signing a statement which indicates that the prospective user has been informed of the best health interest and does not wish to have a medical evaluation before purchasing a hearing aid.

(B) An audiologist must have a record of a comprehensive hearing assessment performed within the previous six months before fitting or selling a hearing aid to any person. This restriction does not apply to replacing a lost or damaged hearing aid that has a replacement warranty or insurance.

(C) If no waiver of medical evaluation has been signed by the prospective user, or if the prospective user is not 18 years old or older, by his or her parent or guardian, a written statement must be presented to the audiologist, signed by a licensed physician, stating that the patient’s hearing loss has been medically evaluated within the previous six months and that the patient may be considered a candidate for a hearing aid.

(D) An audiologist who fits and sells hearing aids must provide in writing to each purchaser at the time of purchase a purchase agreement which clearly states all warranty terms and warranty periods, return privileges, refund information, payment schedule, hearing aid mode, and manufacturer, serial number, date of sale, the audiologist’s license number, signatures of purchaser and seller, and in the case of a reconditioned hearing aid, a statement that the hearing aid being purchased is reconditioned. If the hearing aid is being fit through a state or federal program and the prospective user is not making a purchase then no purchase agreement is required.

(E) All audiometers used by an audiologist must be calibrated at least annually. Records of such calibration must be maintained by the audiologist for a period of four years, and must be made available to the Director or the designee upon request.


Editor’s Note
Former R. 115–5 was titled Audiology License - Hearing Aid Dispensing and had the following history: Amended by State Register Volume 22, Issue No. 6, Part 3, eff June 26, 1998.
ARTICLE 2
CONTINUING EDUCATION

115–6. Continuing Education.

(A) Courses used to meet the continuing education requirement must meet at least one of the following conditions:

1. Courses offered by an American Speech-Language Hearing Association (ASHA) or American Academy of Audiology (AAA) Continuing Education Sponsor.

2. Courses offered by one of the following organizations: South Carolina Academy of Audiology, South Carolina Speech-Language-Hearing Association, National Institute of Hearing Instruments Studies (NIHIS), Academy of Rehabilitative Audiology, American Auditory Society, Academy of Dispensing Audiology, National Black Association for Speech-Language and Hearing (NBASLH) or other organization approved by the board.

3. Graduate level courses offered by a regionally accredited college or university within scope of practice (1 semester hour equals 15 hours for 1.5 CEUs).

4. Courses offered by a state or federal agency provided the courses are within scope of practice.

(B) At least one-half of the continuing education requirement must pertain to clinical practice in the area of licensure.

(C) Not more than two (2) hours of the continuing education requirement may be met by independent study. All independent study must receive prior approval by the board sixty (60) days prior to implementation. Independent study is developing a plan encompassing a variety of activities, such as reading journal articles, observing a master clinician, or reviewing case files. The study shall include the licensee writing a critical review stating how the licensee will incorporate the newly acquired skills and knowledge into practice.

(D) Continuing education requirements may be met by online or electronic courses.

(E) Instructors may receive continuing education credit, equivalent to that received by participants, for preparing and teaching courses, including online and electronic courses, within the scope of practice, subject to once per course.

(F) Submission of false or misleading continuing education information is grounds for immediate revocation of the license to practice and such other disciplinary actions as the board deems appropriate.

(G) Required documentation and audit process:

1. Each licensee shall attest to completion of the required continuing education at the time of license renewal;

2. Each licensee shall maintain records of continuing education hours earned for a period of four (4) years, and such records must be made available to the director or the designee upon request.


ARTICLE 3
Code of Ethics


PRINCIPLE 1: Individuals shall provide professional services with honesty and compassion, and shall respect the dignity, worth and rights of those served.

Rule 1a: Individuals shall not limit the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for the potential benefit from such services.

Rule 1b: Individuals shall not discriminate in the provision of services to individuals on the basis of gender, race, religion, national origin, sexual orientation, or general health.

Rule 1c: Individuals shall not engage in sexual activity with a patient or client or with a person who has been a patient or client to whom services were provided within the past two (2) years.
PRINCIPLE 2: Individuals shall maintain high standards of professional competence in rendering services, providing only those professional services for which they are qualified by education and experience.

Rule 2a: Individuals shall use available resources including referrals to other specialists, and shall not accept benefits or items of personal value for receiving or making referral.

Rule 2b: Individuals shall exercise all reasonable precautions to avoid injury to persons in the delivery of professional services.

Rule 2c: Individuals shall not provide services except in a professional relationship.

Rule 2d: Individuals shall provide appropriate supervision and assume full responsibility for services delegated to supportive personnel. Individuals shall not delegate any service requiring professional competence to unqualified persons.

Rule 2e: Individuals shall not permit personnel to engage in any practice that is a violation of the Code of Ethics.

Rule 2f: Individuals shall maintain professional competence, including participation in continuing education.

PRINCIPLE 3: Individuals shall maintain the confidentiality of the information and records of those receiving services.

Rule 3a: Individuals shall not reveal to unauthorized persons any professional or personal information obtained from the person served professionally, unless required by law.

PRINCIPLE 4: Individuals shall honor their responsibility to the public by promoting public understanding of the profession, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communication involving any aspect of the professions.

Rule 4a: Individuals shall not misrepresent their credentials, competence, education, training, or experience.

Rule 4b: Individuals shall not participate in professional activities that constitute a conflict of interest.

Rule 4c: Individuals shall not misrepresent diagnostic information, services rendered, or products dispensed or engage in any scheme or artifice to defraud in connection with obtaining payment or reimbursement for such services or products.

Rule 4d: Individuals’ statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, and about professional services.

Rule 4e: 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.

PRINCIPLE 5: Individuals shall provide accurate information about the nature and management of communicative disorders and about the services and products offered.

Rule 5a: Individuals shall provide persons served with the information a reasonable person would want to know about the nature and possible effects of services rendered, or products provided.

Rule 5b: Individuals may make a statement of prognosis, but shall not guarantee results, mislead, or misinform persons served.

Rule 5c: Individuals shall not carry out teaching or research activities in a manner that constitutes an invasion of privacy, or that fails to inform persons fully about the nature and possible effects of these activities, affording all persons informed free choice of participation.

Rule 5d: Individuals shall maintain documentation of professional services rendered.

PRINCIPLE 6: Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of allied professions, maintain harmonious interprofessional and intra professional relationships and adopt the professions’ self-imposed standards.

Rule 6a: Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
Rule 6b: Individuals shall not engage in dishonesty, fraud, deceit misrepresentation, or any form of conduct that adversely reflects on the professions or on the individual’s fitness to serve persons professionally.

Rule 6c: 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 contributors consent.

Rule 6d: Individuals’ statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

Rule 6e: Individuals shall not discriminate in their relationships with colleagues, students and members of the allied professions on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation or disability.

Rule 6f: Individuals who have reason to believe that the Code of Ethics has been violated shall inform the board.

Rule 6g: Individuals shall cooperate fully with the board in its investigation and adjudication of matters related to the Code of Ethics.

HISTORY: Amended by State Register Volume 22, Issue No. 6, Part 3, eff June 26, 1998; State Register Volume 36, Issue No. 6, eff June 22, 2012; State Register Volume 38, Issue No. 6, Doc. No. 4389, eff June 27, 2014.
APPENDIX VII

ADVISING / CONCERN
DOCUMENTATION FORM
ADVISING/CONCERN DOCUMENTATION FORM
MUSC Division of Speech-Language Pathology

Student Name: ___________________________ SLP Class of ___________________________

Please document details related to area(s) of concern

Academics:

Professionalism:

School/Life Balance:

Technical Skills/Standards:

Other:

Describe parameters of Recommendations/Action Plan:

☐ CAE

☐ CAPS

☐ Tested for possible accommodations

☐ Other

Student Signature: ___________________________ Date: _____________

Advisor Signature: ___________________________ Date: _____________

Please submit a copy to the SLP Program Director within 7 days

SLP Handbook 2021-2022 148