

## DEPARTMENT OF HEALTH, BOARD OF EXAMINERS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

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**SUBJECT:** Board of Examiners in Speech-Language Pathology and Audiology Rules

**DESCRIPTION:** The proposed amendments contain the following changes:

- Adds language regarding fee waiver for eligible individuals listed in Act 725 of 2021 (Attorney General's (AG) office model language)
- Language update, licensure extension, and continuing education requirement waiver language updated/added per Act 135 of 2021 (AG's office model language)
- Removes reference to "permanently disqualifying offenses" per Act 748 of 2021 (AG's office model language)
- Adds language regarding telemedicine per Act 767 of 2021 (AG's office model language)
- Adds language regarding Arkansans' access to telemedicine per Act 829 of 2021 (AG's office model language)

Most of the rule changes use model language prepared by the Attorney General's office to comply with legislative changes that affect multiple boards. The continuing education section changes the current continuing education process to an auditing process.

In response to public comment, the board updated requirements regarding supervision of speech-language pathology assistants (SLPAs).

**PUBLIC COMMENT:** No public hearing was held on this proposed rule. The public comment period expired on December 31, 2021. The agency opened a second public comment period beginning January 28, 2022. This second public comment period expired on February 28, 2022. The agency provided a summary of the public comments it received and its responses to those comments. Due to its length, the summary is provided separately.

Lacey Johnson, an attorney with the Bureau of Legislative Research, asked the following question and received the following answer:

**Q.** In light of Act 748 of 2021, is there a reason that the language regarding permanently disqualifying offenses has been retained in § 2.18(A)? **RESPONSE:** The oversight has been corrected.

The proposed effective date is pending legislative review and approval.

**FINANCIAL IMPACT:** The agency indicated that this rule has a financial impact.

Per the agency, there will be decreased financial obligation for applicants who qualify, and subsequently a reduction in licensure income for the agency. The estimated impact is a reduction of \$16,000.

**LEGAL AUTHORIZATION:** The Board of Examiners in Speech-Language Pathology and Audiology issues licenses to persons who meet the requirements of Title 17, Chapter 100 of the Arkansas Code, regarding speech-language pathologists and audiologists. Ark. Code Ann. § 17-100-302(a). The Board has authority to promulgate rules regarding educational, clinical experience, and employment requirements for licensees, provisional license terms and conditions, professional conduct, and “the use of speech-language pathology support personnel by practitioners of speech-language pathology.” Ark. Code Ann. §§ 17-100-202(b), -302(b)(2), (f). These rules implement Acts 135, 725, 748, 767, and 829 of 2021.

Act 135, sponsored by Senator Ricky Hill, established the Arkansas Occupational Licensing of Uniformed Service Members, Veterans, and Spouses Act of 2021. Under the Act, “[a]n occupational licensing entity shall grant automatic occupational licensure to” certain specified individuals. *See* Ark. Code Ann. § 17-4-105, *as created by* Act 135.

Act 725, sponsored by Senator Ben Gilmore, created the Workforce Expansion Act of 2021 and required waiver of initial occupational and professional licensure fees for certain individuals. The Act required licensing entities to promulgate rules as necessary for the Act’s implementation. *See* Ark. Code Ann. § 17-5-105(2).

Act 748, sponsored by Representative Bruce Cozart, amended occupational criminal background checks.

Act 767, sponsored by Representative Aaron Pilkington, clarified the Telemedicine Act, specified that the home of a patient may be an originating site for telemedicine and that group meetings may be performed via telemedicine, and clarified reimbursement of telemedicine services.

Act 829, sponsored by Representative Jim Dotson, amended the Telemedicine Act and authorized additional reimbursement for telemedicine via telephone.

Arkansas Board of Examiners for Speech-Language Pathology and Audiology

Proposed Rules – Comment Summary

Commenter's Name: Brandi Worthington

1. After reviewing, I thoroughly agree with the proposed changes to be more uniform with other state guidelines such as Medicaid, requiring direct supervision once per patient every 30 days, versus the current two week guidelines. I also thoroughly support the change to direct supervision to be possible via telesupervision, if necessary, given the ability to provide face-to-face guidance via Zoom, Facetime, etc. during periods of sickness or travel by the SLP. I did have one suggestion in regards to direct supervision. Please see below the addition I added in red: [BLR Staff Note: text originally in red is underlined below]

13.12 SUPERVISION GUIDELINES FOR A SPEECH-LANGUAGE PATHOLOGY ASSISTANT A. A total of at least 30% direct and indirect supervision is required and must be documented for the first ninety (90) workdays. (For a 40 hours work week of direct client contact, this would be 12 hours for both direct and indirect supervision.) During the first 90 workdays, documented direct supervision of patient/client care shall be required no less than 20% of the actual patient/client contact time weekly for each speechlanguage pathology assistant SLP-A. During each week, data on every patient/client seen by the speech-language pathology assistant must be reviewed by the supervisor. In addition, the 20% direct supervision must be scheduled so that all patients/clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) must may be alternated to ensure that all patients/clients receive direct contact with the speech language pathologist at least once every two (2) weeks. Information obtained during direct supervision must include data relative to (a) agreement (reliability) between the assistant and the supervisor on correct/incorrect recording of target behavior, (b) accuracy in 3 implementation of screening and treatment procedures, (c) accuracy in recording data, and (d) ability to interact effectively with the patient/client. After the first 90 workdays, The amount of supervision can be adjusted if the supervising SLP determines the SLPA has met appropriate competencies and skill levels with a variety of communication and related disorders. Minimum ongoing supervision must always include documentation of direct supervision provided by the SLP to each student, patient, or client at least every 30 calendar days. A minimum of 1 hour of direct supervision weekly, or a minimum of 10%, (for SLPAs treating less than 10 hours per week), and as much indirect supervision as needed to facilitate the delivery of quality services must be maintained. Documentation of all supervisory activities, both direct and indirect, must be accurately recorded. Further, 100% direct supervision of SLPAs for medically fragile students, patients, or clients is required.

My reason for suggesting this is that there are many weeks that my SLPAs do not get 10 hours. Therefore, if they work 5 hours, 10% would only be 30 minutes. Otherwise, 1 hour minimum would be way more than the current 10%.

**RESPONSE:** After discussion, the addition of “or a minimum of 10% (for SLPAs treating less than 10 hours per week),” was accepted.

Commenter’s Name: Paige Burgess

1. In reference to the direct supervision portion for SLPA's. It doesn't specify whether the SLP supervising can be treating a child or not while they are completing direct supervision. Also, could the direct contact time frame be reconsidered? I know for Occupational Therapy the supervising OT has to treat each client at least once every 30 days. I feel if the time frame for direct contact could be extended some it would help with caseloads, take stress off of the supervising SLP and SLPA, and could possibly increase the number of businesses who use SLPA's. **RESPONSE:** The board believes other changes address this issue.

Commenter’s Name: Gretchen Hicks

1. Page 28, Section 12.4 I think this should remain because telesupervision has been shown to be successful and reliable. **RESPONSE:** The board will keep this strike out because in the new definition of direct supervision, telesupervision is addressed.

2. Section 13. Be consistent with ADE vs DESE. Current language used is Division of Elementary and Secondary Education (DESE) according to Jeff Adams and Aleecia Starkey. **RESPONSE:** The board will address the update to ADE's name to Division of Elementary and Secondary Education (DESE) throughout the document.

3. 13.1 add “and supervision”: “13.1 The purpose of this document rule is to set minimum qualifications for the registration and supervision of speech-language pathology assistants (SLP-A’s) by the Arkansas Board of Examiners in Speech Language Pathology and Audiology (ABESPA) as specified in Ark. Code Ann. §17-100-103 to - 104. ~~Rules for their registration and supervision are also established.~~” **RESPONSE:** The board accepts the addition of “and supervision.”

4. 13.3 correct ADE vs DESE. I think that the highlighted sentence below needs to kept in light of changes to Medicaid online provider verification requiring practitioners to register through ABESPA and ADE:

13.3 This document rule also provides for the ~~Arkansas Department of Education (ADE)~~ Division of Elementary and Secondary Education (DESE), in accordance with its statutory, general supervision authority over public agencies which provide educational services to children with disabilities birth to twenty-one years of age, in conjunction with the Department of Human Services (DHS), Developmental Disabilities Services (DDS), to regulate speech-language pathology assistants and aides performing duties in such programs. ~~ABESPA approved the 1999 ADE guidelines for registration, training, scope of responsibilities, supervision, and review of these individuals. Any proposed revisions to the guidelines will be submitted to ABESPA for approval. The ADE DESE will provide ABESPA, upon request, any reports and/or records with regard to these~~

~~individuals in the performance of their duties as may be necessary to ensure compliance with established standards.~~

**RESPONSE:** The board will address the update to ADE's name to Division of Elementary and Secondary Education (DESE) throughout the document. The board agreed that the last sentence, "DESE will provide ABESPA, upon request, any reports and/or records with regard to these individuals in the performance of their duties as may be necessary to ensure compliance with established standards[.]" will not be deleted but be kept in.

5. 13.8 DEFINITIONS, 13.8 D. DIRECT SUPERVISION – this not the definition that was on committee working document. The working document included telesupervision. I do not have that with me right now but can send it later. **RESPONSE:** The board will accept the change presented in an email on 1/21/22 with the updated Direct Supervision definition: "Direct Supervision means on site, in-view observation and guidance by an SLP while an assigned activity is performed by support personnel. Direct supervision performed by the supervising SLP may include, but is not limited to the following: observation of a portion of the screening or treatment procedures performed by the SLPA, coaching the SLPA and modeling for client by the SLP. The supervising SLP must be physically present during all services provided to a medically fragile client by the SLPA (e.g. general and telesupervision). The SLP can view and communicate with the patient and SLPA live via real time telepractice technology to supervise the SLPA, giving the SLP the opportunity to provide immediate feedback. This does not include reviewing a taped session later."

6. 13.9 REGISTRATION OF SPEECH LANGUAGE PATHOLOGY ASSISTANTS. A. Correct ADE vs DESE. **RESPONSE:** The board will accept the change from ADE to DESE.

7. Section 13.9.B.1. Change SLP-Assistant to SLP-A: "This application must be approved before employment of the SLP-Assistant can begin. At no time may an SLP-Assistant work without both a current approved registration and approved supervisor." **RESPONSE:** The board will use SLPA.

8. Section 13.9.B.3. Add supervisor after SLP: "B. 3. The prospective SLP supervisor and the prospective SLP-A must attend an initial training session prior to registration approval. C.(c)A. Change SLP Assistant to SLP-A: (d)(c) A statement that the applicant for SLP-Assistant and supervising speech-language pathologist have read Ark. Code Ann. § 17-100-103 to -104 and the Board rules, and that they agree to abide by them". **RESPONSE:** The board will add "supervisor."

9. Section 13.9.C.2. There is currently not a fee for SLP-As. In addition the working in Section 4.1 includes "Licensure" which is confusing because SLP-As get a "registration". Either leave it out or add registration. **RESPONSE:** The board will strike this section because there is no fee.

10. Section 13.9.C.(d). “A list of facilities in which the SLP-Assistant will be utilized. The location of work settings must be kept current. Any change must be reported in writing to ABESPA within twenty-one (21) days. Based on information received, the Board may limit the number of practice sites.” **RESPONSE:** The board will use “SLPA.”

11. 13.10 REQUIREMENTS FOR A SPEECH-LANGUAGE PATHOLOGY ASSISTANT.

Strike the first A: “A. An speech-language pathology assistant SLPA-A ~~must~~shall:”

**RESPONSE:** The board will use “SLPA.” The board will change “must” to “shall.”

12. Section 13.10. Strike “degree” after “program”: “Complete an speech-language pathology assistant SLP-A training program ~~degree~~ (two year minimum), which meets the requirements described in Section 13.10.B.” **RESPONSE:** The board will strike “degree.”

13. This is under the section Technical Knowledge for a SLP-A Training program. Should this be a section of its own? The observation is required for BS degree while field work is required for SLP A training program. It could go under 13.10.A.1.i after the info on 25 hours of observation: “vi. eObservation. Observation experiences include direct, on-site observation of an ASHA-certified speech-language pathologist. Additional observation experiences may include pre-approved (by the supervising speech-language pathologist) on-site or video observation of an ASHA-certified speech-language pathologist.” **RESPONSE:** The commenter withdrew the comment because it is already addressed in Section 13.10.A.I.i

14. 13.12 SUPERVISION GUIDELINES FOR A SPEECH-LANGUAGE PATHOLOGIST ASSISTANT. This is not what committee landed on. Even with the changes I have below, I don’t think it reflects what the committee intended.

A. A total of at least 30% direct and indirect supervision is required and must be documented for the first ninety (90) workdays. (For a 40 hours ~~work week~~ of direct client contact, this would be 12 hours for both direct and indirect supervision.) During the first 90 workdays, documented direct supervision of patient/client care shall be required no less than 20% of the actual patient/client contact time weekly for each ~~speechlanguage pathology assistant~~ SLP-A. During each week, data on every patient/client seen by the speech-language pathology assistant must be reviewed by the supervisor. In addition, the 20% direct supervision must be scheduled so that all patients/clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) ~~must~~ may be alternated to ensure that all patients/clients receive direct contact with the speech language pathologist at least once every two (2) weeks. Information obtained during direct supervision must include data relative to (a) agreement (reliability) between the assistant and the supervisor on correct/incorrect recording of target behavior, (b) accuracy in implementation of screening and treatment procedures, (c) accuracy in recording data, and (d) ability to interact effectively with the patient/client.”

**RESPONSE:** After much discussion the board agreed to the following changes. Change 90 workdays to 45 workdays. Change the example to say (For 30 hours of direct client contact, this would be 9 hours for both direct and indirect supervision.) Change 90 workdays to 45 workdays. Change SLP-A to SLPA. Change must to “may.”

**15.** Section 13.12. Add the following language: “After the first 90 workdays, The amount of supervision can be adjusted if the supervising SLP determines the SLPA has met appropriate competencies and skill levels with a variety of communication and related disorders.”

**RESPONSE:** The board accepted this addition with a change of 90 days to 45.

**16.** Section 13.12. Add the following language: “Minimum ongoing supervision must always include documentation of direct supervision provided by the SLP to each student, patient, or client at least every 30 calendar days.” **RESPONSE:** The board accepted this addition with change of the word supervision to contact.

**17.** Section 13.12. Add the following language: “A minimum of 1 hour of direct supervision weekly and as much indirect supervision as needed to facilitate the delivery of quality services must be maintained.” **RESPONSE:** The board rejected this language. See first comment above.

**18.** Section 13.12. Add the following language: “Documentation of all supervisory activities, both direct and indirect, must be accurately recorded.” **RESPONSE:** The board accepted this comment.

**19.** Section 13.12. Add the following language: “Further, 100% direct supervision of SLPAs for medically fragile students, patients, or clients is required.” **RESPONSE:** The board accepted this comment.

**20.** This section had changes but I was not able to fix it without rewriting the entire paragraph:

~~B. Indirect supervision is required no less than 10% of the actual patient/client contact time and may include demonstration, record review, review and evaluation of audio or videotaped sessions, interactive television, and/or supervisory conferences that may be conducted by telephone. Treatment data must be reviewed at least weekly or every five (5) sessions for each case. The speech language pathologist will review each plan of care as needed for timely implementation of modifications.~~

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

**RESPONSE:** The board accepted this addition.

**21.** ~~“C. During the initial 90 day period, the speech-language pathologist supervisor must have direct contact with each patient/client at least once every two (2) weeks. After the initial ninety (90) day work period, the amount of supervision may be adjusted depending on the competency of the assistant, the needs of the patients/clients served, and the nature of the assigned tasks. The minimum is 20% documented supervision, with no less than 10% being direct supervision. (For a 40 hour work week, this is 8 hours of supervision, at least 4 of which is direct supervision.) Supervision days and time of day (morning/afternoon) must be alternated to ensure that all patients/clients receive direct contact with the speech-language pathologist at least once every two (2) weeks.”~~ **RESPONSE:** The board rejected the first sentence. The board changed “90 days” to “45.” The board accepted the striking of the last three sentences.

**22.** “D. A supervising speech-language pathologist must be able to be reached by personal contact, phone, pager, or other immediate means at all times when direct patient/client care is being rendered. If, for any reason (i.e., extended leave, illness, change of jobs), the supervisor is no longer available to provide the level of supervision stipulated, ~~the speech-language pathology assistant SLP-A~~ may not perform direct patient/client care until a qualified and licensed speech language pathologist has been designated as the ~~speech-language pathology assistant SLP-A’s~~ supervisor and ABESPA has advised approval of the change.” **RESPONSE:** The board will use SLPA.

**23.** ~~“E. Whenever the SLP Assistant’s performance is judged by the supervising speech-language pathologist to be unsatisfactory over two (2) consecutive observations, the SLP Assistant shall be retrained in the necessary skills and direct observations shall be increased to 50% of all clinical sessions until the SLP Assistant’s performance is judged to be satisfactory, through written documentation, over two (2) consecutive observations.”~~ **RESPONSE:** The board accepted the striking out of this section.

**24.** Check the rest of the document for SLP-A vs speech-pathology assistant. It was not changed throughout the rest of the document and I didn’t have time to go through each one. Just be consistent. Where the document has “SLPA’s,” it should read “SLP-As.” **RESPONSE:** The board will use SLPA.

Commenter’s Name: Charia Hall

**1. 2. 12.1 DEFINITIONS.** “a. C. (i) (b). The licensee personally knows the patient and the patient's relevant health status through an ongoing personal or professional relationship and is available to provide appropriate follow-up care, when necessary, at *medically necessary intervals;*” Change medically necessary to therapeutically necessary due to in schools not always having a physician’s note/order. **RESPONSE:** The board accepts the change to “therapeutically necessary.”



2. 3. 12.3 DELIVERY OF SERVICES VIA TELEPRACTICE. “a. D. At the patient's request, the licensee must make available to the patient an electronic or hardcopy version of the patient's record documenting the encounter. Additionally, unless the patient declines to consent, the licensee must forward a copy of the record of the encounter to the patient's regular treating healthcare professional if that healthcare professional is not the same one delivering the service via telepractice.” **RESPONSE:** This language is reflected in the current changes.

3. “b. F. If the patient, at the recommendation of the licensee, needs to be seen in person, the licensee must arrange to see the patient in person or direct the patient to their regular treating healthcare professional or other appropriate provider if the patient does not have a treating *healthcare professional*. Such recommendation shall be documented in the patient's treatment record.” Change this wording to clear up so that SLPs are included, since not always medically necessary. Suggest that healthcare professional be changed to “provider.” **RESPONSE:** The board believes the language is clear.

4. 4.13.8 DEFINITIONS. “a. C. SUPERVISING SPEECH-LANGUAGE PATHOLOGIST - A speech-language pathologist who holds a current Arkansas license and has two (2) years of professional experience as a speech-language pathologist, following successful completion of the clinical fellowship experience (See Section 2.10) may be approved by ABESPA as a supervising speech language pathologist.” Want to clarify that it means someone practicing for 3 years (CFY + 2 years). Use the language from 13.11 #1 (on page 35) which says: “Must be licensed as a speech-language pathologist in the state of Arkansas and have two (2) years of full-time professional speech-language pathology experience, after completion of the paid professional experience (CFY).” **RESPONSE:** The board believes the language is clear.

5. 5.13.12 SUPERVISION GUIDELINES FOR A SPEECH-LANGUAGE PATHOLOGY ASSISTANT “a. A. A total of at least 30% direct and indirect supervision is required and must be documented for the *first ninety (90) workdays.*” We suggest this is too rigid and needs to be changed. It is a barrier to the ability to obtain SLP-As. Ninety days is almost half of a school year (a semester). It should not take this amount of time to determine reliability (direct supervision documentation) between the speech-language pathologist and the speech-language pathology-assistant. **RESPONSE:** The board changed to 45 days which takes less time.

Commenter's Name: Breanne Damron

1. Total amount of direct supervision to be completed over a two week period- I have been supervising SLPA's for about 11 years now and it's hard to take a week vacation when you have to supervise an SLPA 10% every week. **RESPONSE:** The board has made other changes that are relevant to this comment.

2. Being able to treat at several locations, as long as there is another SLP present. **RESPONSE:** The board rejected this comment. The chair has appointed an SLPA registration and standards committee to further study this comment.

Commenter's Name: Colleen Sears

1. Using an SLP/SLPA team without an agreement from the Superintendent and LEA Supervisor. **RESPONSE:** This is an ADE/DESE guideline issue.
2. Utilizing an SLP/SLPA team without parental permission. **RESPONSE:** The current rules do not require permission. This will also be addressed with ADE/DESE.
3. Reduce the initial 90 day period to 30 days. The current requirement is equivalent to approximately a semester in a school setting. **RESPONSE:** This comment has been addressed by changing it to 45 days.
4. Reduce direct provision of services by SLP to student/patient/client to every 30 days. **RESPONSE:** This comment has been addressed in earlier changes.
5. Allow direct supervision to be fulfilled via tele-supervision when needed. **RESPONSE:** This comment has been addressed in other changes above related to telesupervision and direct supervision.
6. Provide direct supervision to SLPA 1 hour per 40 hours worked. This takes into consideration if SLPA has multiple supervisors or does not work full time. **RESPONSE:** This comment has been addressed in other changes above related to direct supervision.
7. Allow SLPA to treat in a different setting when situation arises if supervisor is currently supervising an SLPA or has been a supervisor previously. Current requirements affect coverage and limit SLPA's opportunity to work when closings or fluctuating caseloads occur. **RESPONSE:** The board rejected this comment. The chair has appointed an SLPA registration and standards committee to further study this comment.

**RULE SUMMARY**

**Purpose of Rule:** To establish procedures and enforcement provisions for those licensed by this Board.

**Reason for Creating or Amending the Rule:** The amendments are necessary to clarify and update procedures for licensees and to comply with Acts 135, 725, 748, 767, 829, and 968 passed by the Legislature in the 2021 General Session.

**How does the Rule deviate from the Act:** No Deviation

**Rule Based on a Rule From Different Jurisdictions:**  Yes  No **Jurisdictions:** \_\_\_\_\_

**Short Summary of New Rule or Rule Changes:** (explain in greater detail in your executive summary)

The rule contains revisions to be compliant with Acts from the 2021 Regular Session of the General Assembly: fee waivers, licensure for uniformed service members and spouses, provisions for telemedicine, delegates to national testing agency the authority to set passing scores as testing criteria changes, updates speech-language pathology assistant provisions.

**Applicable Federal Regulations:**  Yes  No **C.F.R. No:** \_\_\_\_\_

**Proposed Rule the Least Restrictive Alternative:**  Yes  No **If not, why?** \_\_\_\_\_

**Does it Mirror Federal Regulations or Impose Additional Requirements:**  Yes  No

**Explain:** \_\_\_\_\_

**Note:** In addition to these explanations, the Department/Agency seeking to promulgate this rule shall submit the attached executive summary. Failure to include the summary will result in the rule being denied.

**CONTROVERSY**

**Rule Controversial:**  Yes  No **Act Controversial in Legislative Session:**  Yes  No

**Known Interested Parties:** None at this time. Licensees and industry association may choose to comment.

**Comments Made at Legislative Session:** N/A

**Public Hearing:**  Yes  No **Expect public comment from:**

None at this time. Licensees and industry association may choose to comment.

**FINANCIAL IMPACT**

**Financial Impact:**  Yes  No **Total Impact: FY2020:** \$0 **FY2021:** \$16,000

**Impact Mitigated by Federal Funding:**  Yes  No **FY2020:** \_\_\_\_\_ **FY2021:** \_\_\_\_\_

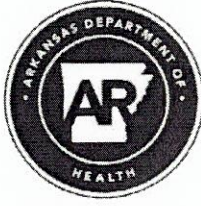
**Reasons for Financial Impact:**

The financial impact is based on the possibility of all new licensees availing themselves to the waiver identified in Act 153 of 2021. This number is based on the average number of new licensees per year multiplied by the cost of the initial application. Any applicant availing themselves to the Act 153 waiver would result in loss of revenue for the Board.

**FINAL CHECKLIST**

**Please note that the Governor's office will not begin the approval process of the foregoing rule if any of the following applicable documents are not enclosed in the order listed in a single PDF file.**

- Rule Request Form
- Executive Summary
- Mark-Up Version of the Proposed Rule
- Clean Version of the Proposed Rule
- BLR Questionnaire
- BLR Financial Impact Statement
- Copy of Act or Regulation



## Arkansas Board of Examiners in Speech-Language Pathology & Audiology

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Charles Carter, Director • Aimee Cloud, Chair • Dr. Andrea Sieczkowski, Vice Chair  
Dr. Randall Cummings • Melanie Meeker • Geraldine Sterling • Elizabeth Williams

### **Proposed Amendments to the Arkansas Board of Speech-Language Pathology and Audiology's Rule**

#### **Purpose**

The Arkansas Department of Health is seeking Governor Hutchinson's review of proposed amendments to the Arkansas Board of Speech-Language Pathology and Audiology Rule promulgated by the Board.

#### **Background**

Pursuant to 17-93-202, the Board has authority to promulgate rules necessary to carry out the functions of the Board. Several pieces of legislation were enacted in the previous session that affected the Board's administrative functions and amendments to the rule is required. The Board Director and legal counsel prepared the attached amendments as a result of this legislation. The Board approved these proposed amendments at a Board meeting on September 17.

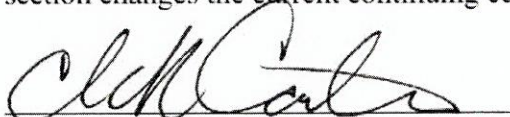
#### **Key Points**

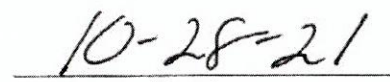
The proposed amendments contain the following changes:

- Adds language regarding fee waiver for eligible individuals listed in Act 725 of 2021 (Attorney General's (AG) office model language).
- Language update, licensure extension, and continuing education requirement waiver language updated/added per Act 135 of 2021 (AG's office model language).
- Removes reference to "permanently disqualifying offenses" per Act 748 of 2021 (AG's office model language).
- Adds language regarding telemedicine per Act 767 of 2021 (AG's office model language).
- Adds language regarding Arkansan's access to telemedicine per Act 829 of 2021 (AG's office model language).

#### **Discussion**

Most of the rule changes use model language prepared by the Attorney General's office to comply with legislative changes that affect multiple boards. The continuing education section changes the current continuing education process to an auditing process.

  
(Board Director)

  
(Date)



**REQUEST FOR GOVERNOR'S APPROVAL OF PROPOSED RULES**

Please submit this form and all required documents in the checklist as a single pdf document. Failure to comply will result in the rule being denied.

Rules identified as mandatory promulgations in Form 2021A must be submitted to the Governor's Office for approval no later than December 31, 2021.

Cabinet Department: Arkansas Department of Health

Division/Commission/Board/Agency: ADH Division of Health Related Boards and Commissions-Board of Examiners in Speech-Language Pathology and Audiology

Rule Number: 1 Short Title of Rule: Arkansas Board of Examiners in Speech-Language Pathology and Audiology Rules

New Rule:  Yes  No Rule Amendment:  Yes  No Rule Repeal:  Yes  No

Proposed Effective Date: 01/01/2022 Date Rule Submitted: \_\_\_\_\_

Emergency Rule:  Yes  No Expedited Request:  Yes  No Reason: \_\_\_\_\_

Drafted in Code of Rules Format  Yes  No If not, explain: Rules have not yet been re-codified in code of Rules Format.

Please explain the need for an Emergency/Expedited Rule: \_\_\_\_\_

**AUTHORITY TO PROMULGATE**

State Mandate:  Yes  No Federal Mandate:  Yes  No Act No.: 135, 725, 748, 767, 829, and 968 of 2021

Statutory Authority to Promulgate the Rule: A.C.A. §17-100-202(b)

Department/Agency Legislation from Legislative Session:  Yes  No Act No.: \_\_\_\_\_

House Sponsor: \_\_\_\_\_ Senate Sponsor: \_\_\_\_\_

Cabinet Review:  Yes  No Secretary's Signature: Jessie R. Pomeroy Date: 11/1/21

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**Agency # 117.00**



**STATE OF ARKANSAS**

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

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

**EFFECTIVE: [DATE]**

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## INDEX

- Section 1. Organization and Procedures of the Board**
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**SECTION 1. ORGANIZATION AND PROCEDURES OF THE BOARD**

- 1.1 The officers of the Board shall consist of a Chair, Vice Chair, and Treasurer. Officers shall be elected by members, with elections to be held annually during the first sixty (60) days of each fiscal year.
- 1.2 Committees shall be appointed by the Chair when such appointments are necessary.
- 1.3 The Board shall hold at least four (4) meetings annually, one (1) within sixty (60) days of the beginning of the fiscal year and one (1) before the end of the calendar year, at a time and place designated by the Chair. Additional meetings may be called by the Chair or upon a vote of the majority of the members. The Chair shall designate the date, time, and place of each meeting of the Board. Notice of the time and place of each additional meeting shall be transmitted to the Board members and the press by the Chair at least fifteen (15) days before the meeting is to be held. When the Chair or a majority of the members calls a meeting under special circumstances, direct oral or telephone notification shall be given by the Chair as soon as practical, pursuant to the Arkansas Freedom of Information Act, before the meeting is to be held.
- 1.4 Each Board member shall receive per diem and travel allowance as permitted by applicable state law to attend Board meetings and to conduct the official business of the Board.
- 1.5 Ark. Code Ann. § 25-15-201 et seq. shall govern the Board in all matters in which it is applicable.
- 1.6 All communications directed to the Board must be in written form, as a matter of record, before official consideration will be given to any issue, request, or submission to the Board.
- 1.7 The Board shall have such forms as are required for the discharge of its responsibilities.
- 1.8 Following July 1 each year the Board shall publish complete lists of the names of all ABESPA licensed speech-language pathologists and audiologists.
- 1.9 All applicants shall have access to the statutes and rules concerning ethical standards of practice and procedures established by the Board.

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

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

clinical experience in each area. A degree in "speech-language and hearing" or "communicative disorders" does not, in itself, qualify an individual for licensure in both areas.

- 2.4 Persons desiring licensure or provisional licensure may obtain the necessary application form from the Arkansas State Board of Examiners in Speech-Language Pathology and Audiology. The application must be accompanied by the non-refundable application fee.
- 2.5 Persons entering the practice of speech-language pathology and/or audiology are required to submit the application for licensure within the first 30 days of beginning practice. The Board shall then review and act upon the application at the next regular Board meeting.
  - A. Any applicant who has submitted the completed application form, the application fee, and a copy of the current American Speech-Language-Hearing Association (ASHA) certified member card or a letter from ASHA specifying the date of certification and expiration date may legally practice until action is taken on the application at the next scheduled Board meeting.
  - B. Any applicant for provisional licensure who has submitted the completed application form, the application fee, and the plan for completion of the clinical fellowship experience signed by a supervisor who holds a valid Arkansas license in Speech-Language Pathology or Audiology may legally practice until action is taken on the application at the next scheduled Board meeting.
  - C. Any applicant for a license in Audiology who has submitted the completed application form, the application fee and either a copy of the current certified member card or a letter from ASHA specifying the date of certification and expiration date may legally practice until action is taken on the application at the next scheduled Board meeting. In addition, any applicant for a license in audiology who has submitted the completed application form, the application fee, and either a letter from or The American Board of Audiology specifying the date of acceptance for certification and expiration may legally practice until action is taken on the application at the next scheduled Board meeting.
  - D. Any applicant for a license in Audiology who has submitted the completed application form, the application fee, and letter from the university verifying completion of the Au.D. may legally practice until action is taken on the application at the next scheduled Board meeting.
- 2.6 Applicants for licensure in both speech-language pathology and audiology shall be required to submit a separate application for each area with the appropriate fee for each.
- 2.7 Applicants for licensure must hold a master's or doctoral degree in communicative disorders (speech language pathology or audiology) which encompasses the specific educational requirements equal to those required by a national speech-language pathology and/or audiology accrediting body recognized by the United States Department of Education.
  - A. The applicant shall submit official transcripts (undergraduate/graduate/doctoral) from one or more accredited colleges or universities denoting degree conferral. Transcripts should be sent directly to the Board office from each college or university.
  - B. Until the official transcript is available from the university, the Board will accept a statement signed by the university program director verifying completion of academic and clinical

practicum requirements for the degree in speech-language pathology or audiology. The statement must include the date of degree conferral.

- 2.8 The Board will accept proof of ASHA Certificate of Clinical Competence granted since January 1, 1993, as evidence of the required degree (Section 2.7). This may be a letter verifying the date of certification from the American Speech-Language-Hearing Association.
- 2.9 Applicants for a license in audiology who have not obtained a doctorate in audiology, but hold a master's degree shall submit evidence of no less than 36 weeks of full-time professional experience or its part-time equivalent. This experience must be obtained under the supervision of one or more audiologists who are licensed.
- 2.10 Pursuant to Ark. Code Ann. § 17-100-302, each applicant for a license in speech-language pathology shall submit evidence of no less than 36 weeks of full-time professional experience or its part-time equivalent in the area for which a license is requested. This experience must be obtained under the supervision of one or more speech-language pathologists who are licensed under the Act.
- A. This supervision must entail the personal and direct involvement of the supervisor in any and all ways that will permit him/her to evaluate the applicant's performance in professional clinical employment and must include some direct observation. The applicant and his/her supervisor must list and describe the methods of supervision employed. Specific information should be given regarding the professional activities supervised, the number of supervisory contacts per month, and the length of each supervisory contact. This experience must follow completion of the requirements listed in Ark. Code Ann. § 17-100-302.
- B. 36 weeks of full-time (35 hours per week) experience (or the equivalent part-time experience), totaling a minimum of 1260 hours. Part-time work can be completed, as long as the clinical fellow works more than 5 hours per week. Working more than 35 hours per week will not shorten the minimum requirement of 36 weeks.
- C. "Professional experience" shall be defined as direct clinical work with clients, consultation with parents or family, record keeping related to client care, and any other duties relevant to a clinical program in speech-language pathology and/or audiology. Time spent in administration, formal teaching, and research shall not be considered "professional employment" in this context.
- 2.11 **PROVISIONAL LICENSURE:**  
Persons who are in the process of completing the professional experience are eligible for provisional licensure only. **Application must be made within thirty days of beginning the professional experience.** A provisional license is renewable annually, but will expire and shall not be renewed after 36 months from the initiation of the professional experience. Each provisional licensee shall submit evidence of completion of the professional experience, signed by applicant and supervisor. Upon successful completion of the professional experience and written notification, the provisional status will be removed. Provisional licensees are entitled to all the rights and privileges of persons holding a license without provisional status except they must be supervised as outlined under Section 2.10.
- 2.12 The Board designates the professional area examination in Speech-Language Pathology or the

professional area examination in Audiology, offered as part of the Praxis Examination in Speech-Language Pathology and Audiology by the Educational Testing Service (ETS), Princeton, New Jersey 08540, as the State Licensure Examination for Speech-Language Pathologists and Audiologists, respectively. Praxis shall set the pass/fail scores for each examination. Arrangements and fees for all examinations are the responsibility of the applicant. It shall be the responsibility of the applicant to assure that his/her score in the appropriate area examination is made available by ETS to the Board. The Board may defer a decision on an application until it has considered the examination score.

- 2.13 The Board may waive the examination and grant a license to any applicant who is certified by either the American Speech-Language-Hearing Association or the American Board of Audiology in the area for which s/he is applying for licensure, provided that the current requirements for such certification are equivalent to or greater than those for licensure under the Act. It shall be the responsibility of the applicant to furnish proof of his/her certification to the Board. This may be a clear photocopy of the certified member card or its current equivalent.
- 2.14 An applicant for licensure under the reciprocity provision of the Ark. Code Ann. § 17-100-304 may be so licensed if s/he possesses a current license in speech-language pathology and/or audiology from another state which maintains professional standards considered by the Board to be equivalent to those set forth in the Act. Evidence of such licensure shall be provided by the applicant and verified by the Board's staff.
- 2.15 Oral interviews may be required under the provisions of these Rules.
- 2.16 An applicant licensed in another state shall provide verification of good standing from the licensing Board of every state where currently and previously licensed.
- 2.17 Pre-Licensure Criminal Background Check
  - A. Pursuant to Act 990 of 2019, an individual may petition for a pre-licensure determination of whether the individual's criminal record will disqualify the individual from licensure and whether a waiver may be obtained. The individual must obtain the pre-licensure criminal background check petition form from the Board.
  - B. The Board's Director will respond with a decision in writing to a completed petition within a reasonable time.
  - C. The response will state the reasons for the decision.
  - D. All decisions in response to the petition will be determined by the information provided by the individual.
  - E. Any decision made in response to a pre-licensure criminal background check petition is not subject to appeal.
  - F. The Board will retain a copy of the petition and response and it will be reviewed during the formal application process.

## 2.18 Waiver Request

- A. If an individual has been convicted of an offense listed in A.C.A. § 17-3-102(a), except those permanently disqualifying offenses found in subsection (e), the Board may waive disqualification of a potential applicant or revocation of a license based on the conviction if a request for a waiver is made by:
  - i. An affected applicant for a license; or
  - ii. An individual holding a license subject to revocation.
- B. The Board may grant a waiver upon consideration of the following, without limitation:
  - i. The age at which the offense was committed;
  - ii. The circumstances surrounding the offense;
  - iii. The length of time since the offense was committed;
  - iv. Subsequent work history since the offense was committed;
  - v. Employment references since the offense was committed;
  - vi. Character references since the offense was committed;
  - vii. Relevance of the offense to the occupational license; and
  - viii. Other evidence demonstrating that licensure of the applicant does not pose a threat to the health or safety of the public.
- C. A request for a waiver, if made by an applicant, must be in writing and accompany the completed application and fees.
- D. The Board will respond with a decision in writing and will state the reasons for the decision.
- E. An appeal of a determination under this section will be subject to the Administrative Procedures Act § 25-15-201 *et seq.*

## 2.19 Automatic Licensure for Military

- A.
  - i. “Automatic licensure” means the granting of occupational licensure without an individual's having met occupational licensure requirements provided under Title 17 of the Arkansas Code or by this rule.
  - ii. As used in this subsection, “uniformed service veteran” means a former member of the Uniformed Service discharged under circumstances other than dishonorable.
- B. The Board shall grant automatic licensure to an individual who is the holder in good standing of a license with a similar scope of practice issued by another state, territory, or district of the U.S. and is:
  - i. A uniformed service member stationed in the State of Arkansas;
  - ii. A uniformed service veteran who resides in or establishes residency in the State of Arkansas; or
  - iii. The spouse of:
    - (a) A person under 2.19.B.i. or ii;
    - (b) A uniformed service member who is assigned a tour of duty that excludes the uniformed service member’s spouse from accompanying the uniformed service member and the spouse relocates to this state; or
    - (c) A uniformed service member who is killed or succumbs to his or her injuries or

illness in the line of duty if the spouse establishes residency in the state.

- C. The Board shall grant such automatic licensure upon receipt of all of the below:
  - i. Payment of the initial licensure fee;
  - ii. Evidence that the individual holds a license with a similar scope of practice in good standing in another state; and
  - iii. Evidence that the applicant is a qualified applicant under 2.19.B.
- D. The expiration date of a license for a deployed uniform service member or spouse will be extended for one hundred and eighty (180) days following the date of the uniformed service member's return from deployment.
- E. A full exemption from continuing education requirements will be allowed for a deployed uniform service member or spouse until one hundred and eighty (180) days following the date of the uniformed service member's return from deployment.

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

- 3.1 All application materials for licensure, accompanied by the non-refundable application fee, shall be submitted to the Board office.
- 3.2 To expedite the licensure process, the Board delegates to its Director the authority to issue licenses to applicants who meet the requirements of the Board's statutes and rules. When necessary, the Director may refer certain applications to the Board for decision.

### **SECTION 4. FEES**

- 4.1 Application fee: \$100.00

A non-refundable application fee (see Ark. Code Ann. § 17-100-303) of one hundred dollars (\$100.00) shall be submitted with each application for licensure. The Board shall waive the application fee if the applicant:

- A. Is receiving assistance through the Arkansas Medicaid Program; the Supplemental Nutrition Assistance Program; the Special Supplemental Nutrition Program for Women, Infants, and Children; the Temporary Assistance for Needy Families Program; or the Lifeline Assistance Program;
- B. Was approved for unemployment within the last twelve (12) months; or
- C. Has an income that does not exceed two hundred percent (200%) of the federal poverty income guidelines.

- 4.2 Renewal Fee: \$60.00 or \$85.00 dual licensure

The renewal fee of a single license shall be sixty (\$60.00) annually or eighty-five (\$85.00) for dual licensure. The license expires at midnight on June 30 of each year. Failure to pay the renewal fee on

or before July 15 shall render the license invalid Ark. Code Ann. § 17-100-305. It is the responsibility of each licensee to remit his/her renewal fee even if s/he fails to receive a renewal notice.

4.3 Late renewal penalty:

A. The late renewal penalty shall be:

\$100 if renewed between July 16 – December 31 of the year of expiration;

\$200 if renewed between January 1 – July 15 of the year of expiration;

\$300 if renewed on or after July 16 of the year following expiration.

B. Licenses shall be renewed within two (2) years of expiration upon payment of the renewal fee and the late renewal penalty. After that period, and for the next three (3) years, renewal is subject to Board review and payment of the renewal fee and the late renewal penalty.

C. After five (5) years of the initial expiration, the license shall not be renewed, per Ark. Code Ann. § 17-100-305, and the individual must apply for a new license.

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

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

A. A one-time fee of forty dollars (\$40.00) shall be charged a speech-language pathologist or audiologist, otherwise qualified and licensed by the Board, to place his/her license on inactive status. If inactive status is requested more than 30 days after expiration, late fees apply as set out in Section 4.3. Request for inactive status must be made to the Board in writing. The individual shall not engage in the practice of speech-language pathology and/or audiology in Arkansas while his/her license is inactive.

B. An individual wishing to regain active status shall provide the information required by Section 6.1 and submit the balance (\$40) of the full renewal fee. Applicant may not resume practice until s/he receives notification of reactivation from the Board office.

4.5 Fees related to continuing education-See Section 9.7

**SECTION 5. LICENSES**

5.1 The license, renewable annually, Ark. Code Ann. § 17-100-305, in speech-language pathology and/or audiology shall be issued to all applicants who meet the requirements for licensure under the provisions of the Act and who pay to the Board the prescribed license fees.

5.2 Licenses expire at 12 midnight on June 30th of each year if not renewed. Payment and continuing education (if required) must be postmarked or submitted through the website no later than July 15 or the individual must cease practice until written notification of license renewal is received from the Board.

- 5.3 The speech-language pathologist and/or audiologist shall practice under the provisions of the Act only in the professional areas (s) in which s/he is licensed by the Board.
- 5.4 Pursuant to Ark. Code Ann. § 17-100-107, the Board will take legal action against any person not licensed by the Board, or any licensee who engages in the practice of speech-language pathology or audiology as herein defined in violation of state law and rules of this Board.
- 5.5 Licenses are the property of the Board. Any licensee whose license is suspended or revoked under the provisions of Ark. Code Ann. § 17-100-307 shall return the license to the Board.

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

- 6.1 Individuals who have inactive status and who are seeking reactivation of a license shall, prior to engaging in the practice of speech-language pathology or audiology in the State of Arkansas, satisfy the following requirements:
  - A. Submit a written letter of request for reactivation.
  - B. Furnish evidence of completion of the number of hours of acceptable continuing professional education (CPE) computed by multiplying ten (10) times the number of years the licensee has held an inactive or invalid license, not to exceed 50 hours or if dually licensed fifteen (15) hours times the number of years the licensee held an inactive license, not to exceed seventy- five (75) hours. At least half of the hours must be in Content I.
  - C. Pay appropriate fees stated in Section 4.4.
  - D. Submit a letter of good standing from any other jurisdiction in which the individual has been practicing while on inactive status. The Board may verify an applicant's standing online or via telephone.
- 6.2 An individual who meets the conditions established in A.C.A. § 17-1-107 and can demonstrate that the individual passed the applicable examination(s) with scores sufficient for licensure at the time the individual's initial license was issued shall not be required to re-take the examination(s) in order to be licensed.

## **SECTION 7. DISCIPLINARY ACTION**

- 7.1 The license of any speech-language pathologist, speech-language pathology assistant, or audiologist may be suspended or revoked by the Board upon proof that s/he has violated any part of Ark. Code Ann. § 17-100-307.
- 7.2 The Board shall follow the provisions of the Administrative Procedures Act in bringing disciplinary action against a licensed speech-language pathologist, audiologist, or speech-language pathology assistant.
- 7.3 Charges against a licensed speech-language pathologist, SLPA, or audiologist shall be in the form of a written statement describing the specific violations of ethical practice, or of the provisions of the Act, or of these Rules. The statement must be signed and filed with the Board office.



- 7.4 The individual against whom a charge has been filed shall have the right to appear before the Board in person or by counsel. S/he may present witnesses and evidence in his/her behalf and examine witnesses.
- 7.5 If, after a hearing, the Board determines that the individual has committed any act which constitutes grounds for disciplinary action, the Board may:
- a. Refuse to issue or renew a license;
  - b. Revoke a license;
  - c. Suspend a license;
  - d. Issue a reprimand;
  - e. Impose a civil penalty not to exceed \$1,000.00 per infraction;
  - f. Require additional continuing education in a specified area;
  - g. Require community service hours in a specified field;
  - h. Impose sanctions pursuant to other applicable state laws.
- 7.6 To suspend or revoke a license, a majority of the Board members present must vote in favor of that action.
- 7.7 The individual charged shall be notified of any Board decision(s) by certified or registered mail immediately following the conclusion of the proceedings. Upon suspension or revocation of a license, the license must be returned to the Board.
- 7.8 When an individual's license has been suspended or revoked, the Board may take legal action to enforce its decision.
- 7.9 No sooner than five (5) years after the date of revocation of a license, a person may again apply for licensure. The Board may accept or reject an application for licensure and may impose additional requirements.
- 7.10 In order for a licensee to complete a penalty of community service as a sanction, the following restrictions must be applied:
- A. The total number of hours of assigned service must be documented by the person supervising the site where the service was performed.
  - B. The site where community service is provided must be separate from the licensee's place of business.
  - C. The Board reserves the right to evaluate and either accept or reject the documented hours presented to them as evidence of completion of the punishment as judged by the restrictions above.
  - D. Minor infractions of the ABESPA law or Rules may be removed from the licensee's record after two (2) years. Minor infractions include, but are not limited to, failure to apply within 30 days of beginning practice, failure to respond to a request for information within the required time, or practicing without a license following expiration if renewed within 30 days or less. Any sanction which includes revocation of the license shall remain on the licensee's record.

## SECTION 8. CODE OF ETHICS

### Preamble

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

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

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

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

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

#### 8.1 Principle of Ethics I:

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

#### *Rules of Ethics*

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race or ethnicity, sex, gender identity/gender expression, age, religion, national origin, sexual orientation, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold an Arkansas license may delegate tasks related to the provision of clinical services to aides, SLPAs, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The

responsibility for the welfare of those being served remains with the licensed individual.

- F. Individuals who hold an Arkansas license shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, SLPAs, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold an Arkansas license may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the licensed individual.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- K. Individuals who hold an Arkansas license shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee – directly or by implication – the results of any treatment or procedure.
- M. Individuals who hold an Arkansas license shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- N. Individuals who hold an Arkansas license shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with this rule, professional standards, and state and federal laws.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

- P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.
- T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

## 8.2 Principle of Ethics II:

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

### *Rules of Ethics*

- A. Individuals who hold an Arkansas license shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their licensure status, education, training, and experience.
- B. Individuals who engage in research shall comply with all institutional, state, and federal rules that address any aspects of research, including those that involve human participants and animals.
- C. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- D. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's licensure or registration status, competence, education, training, and experience.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
- F. Individuals shall make use of technology and instrumentation consistent with accepted

professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.

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

### 8.3 Principle of Ethics III:

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

#### *Rules of Ethics*

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
- C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.
- D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
- E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services products and when reporting research shall adhere to prevailing professional standards and shall not contain misrepresentations.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

### 8.4 Principle of Ethics IV:

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of allied professions. Individuals shall uphold the dignity and

autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

*Rules of Ethics*

- A. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- B. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- C. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
- D. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- E. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- F. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.
- G. Individuals shall not discriminate in their relationship with colleagues, SLPAs, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender/identity, gender/expression, age, religion, national origin, sexual orientation, culture, language, dialect, socioeconomic status, or disability.
- H. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Arkansas Board of Examiners in Speech Pathology and Audiology through its established procedures.
- I. Individuals making and responding to complaints shall comply fully with the policies of the Arkansas Board of Examiners in Speech-Language Pathology and Audiology in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- J. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- K. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
- L. Applicants for licensure and individuals making disclosures shall not knowingly make false statements and shall complete all application and disclosure materials honestly and

without omission.

- M. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, SLPAs, students, or research participants.
- N. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- O. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- P. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws applicable to professional practice, research ethics, and the responsible conduct of research.
- S. Individuals who have been convicted, been found guilty, or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm or the threat of physical harm to the person or property of another, or (2) any felony, shall self-report by notifying the Arkansas Board of Examiners in Speech Pathology and Audiology in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ABESPA 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 ABESPA 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 ABESPA within 30 days of self-reporting.

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

- 9.1 Continuing Professional Education in Speech-Language Pathology and Audiology Ark. Code Ann. § 17-100-306 shall consist of a series of planned learning experiences beyond the educational programs that have led to the degree that qualifies one for licensure. The licensee must participate in CPE activities of at least **ten (10) clock hours** for each license period. At least five (5) of these hours

must be in Content Area I. Dual licensees must complete **fifteen (15) clock hours** with a minimum of **five (5) hours in each discipline from Content Area I**. Renewal of a license shall be contingent upon the licensee fulfilling the CPE requirements, submitting an annual CPE report, and maintaining evidence for possible audit. (See Section 13.10 A.6 for SLPA requirements)

The Board may pre-approve continuing education programs. It is the licensee's responsibility to obtain continuing education which meets the guidelines specified in this rule. The Board retains final authority for acceptance of any educational activity submitted by the licensee to meet requirements. Continuing education can be obtained through (1) live presentations (2) college courses {one credit hour = 15 clock hours} (3) online activities with written documentation of completion, or (4) self-study. Self-study is defined as any activity completed by the licensee alone such as a book or video. Any re-play of a live conference is also considered self-study. The ABESPA self-study report (available online) must be completed for these activities. The Board retains final authority for acceptance of any educational activity submitted by the licensee to meet requirements.

**CONTENT AREA I:**

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

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

- (a) Regulations and implementation of federal and/or state regulated programs;
- (b) Service delivery such as telepractice, group versus individual services, use of support staff;
- (c) Ethical practices;
- (d) Supervision related to speech-language pathology and audiology students, clinical fellows, SLPAs, and aides;
- (e) Related disciplines which interface with delivery of speech-language pathology and audiology services;
- (f) Reimbursement issues;
- (g) Behavior management;

- 9.2 Each licensee will file a report of Continuing Professional Education each year with the renewal fee.
- 9.3 Annually, the Board will select licensees for audit. During an audit, the Board may request verification of CPEs submitted, including information regarding date, content, attendance, and number of hours. It is the responsibility of the licensee to maintain records to substantiate



compliance. The Board shall be the final authority on acceptance of any educational activity submitted by the licensee to meet requirements. Failure to substantiate Continuing Professional Education hours, when audited, may result in disciplinary action. Documentation may include, but is not limited to the following:

- A. Program notes, outlines, or hand-outs
  - B. Independent study notes on the self-study report
  - C. Transcripts from college/university courses
  - D. Certificates of attendance, including registry transcripts or CE tally sheets
- 9.4 Provisional and full licensees are not required to complete a report of continuing professional education and will not be audited during the initial licensing year; however, a licensee in a clinical fellowship that lasts longer than one (1) year shall submit a continuing professional education report that documents a minimum of ten (10) hours for the licensing period that follows that first year. There is no exemption for the year in which the provisional license is converted to a full license unless it occurs in the initial licensing year.
- 9.5 Individuals who have inactive status are not required to submit a CPE report
- 9.6 The Board will accept, but not be limited to the following activities, that fall within Content Areas I and II:
- A. Attending scientific or educational lectures, workshops, webinars, seminars, college courses, or online courses.
  - B. Independent study of journals, books, videotapes, audiotapes, or online courses.
  - C. Any CPE offered through national speech pathology and/or audiology organizations.
- 9.7 Notification of Audit and Penalties
- A. A notice will be sent to all audited licensees advising that documentation must be in the possession of the Board by a specified date.
  - B. Licensees who submit audit materials after the deadline will be assessed a \$50.00 per month late penalty.
  - C. A committee of the Board will review the audit materials and make recommendations for action to the full Board.
  - D. Failure to comply with the audit request will result in formal disciplinary action.

## SECTION 10. RULES FOR AUDIOLOGISTS WHO DISPENSE HEARING AIDS

- 10.1 The facility shall include EITHER a sound room of appropriate size which meets or exceeds ANSI standards of ambient noise levels for test environments OR instruments for the measurement of hearing aid performance on the ear of the patient. Equipment shall also include instruments for the electroacoustic measurement of hearing aid characteristics. All equipment shall be calibrated and maintained annually.
- 10.2 Prior to hearing aid fitting
- A. All patients under the age of 12 months who have failed two (2) screenings in the absence of

indicators of external and/or middle ear abnormalities, should receive a battery of audiological tests to minimally include a case history, high frequency tympanometry, otoacoustic emissions (OAE), and click and toneburst auditory brainstem responses (ABR). For those patients five months of age or older, developmentally appropriate behavioral assessment is also recommended.

- B. All patients 12 to 24 months should receive a battery of audiological tests to minimally include a case history, otoscopy, tympanometry and behavioral pure-tone threshold assessment appropriate to the patient's developmental abilities. Acoustic reflex testing, OAE, and ABR, although not mandatory, are also considered appropriate to the test protocol. These tests should not, however, replace behavioral threshold assessment unless the patient is physically or developmentally unable to perform behavioral testing.
- C. All patients 25 months and older should receive a battery of audiological tests to minimally include a case history, otoscopy, tympanometry, pure-tone air and bone conduction, speech reception threshold and word recognition assessment. Measures of acoustic reflexes and loudness discomfort levels, although not mandatory, are considered appropriate to the testing protocol. Exceptions to this battery include patients who are physically or developmentally unable to perform these tasks.

10.3 Evaluation of hearing aids must be performed with the hearing aids on the patient. This shall be accomplished EITHER in sound field OR with instruments which objectively measure hearing aid performance with appropriate prescriptive techniques to account for the different means of programming the hearing aid. The preferred verification method of fitting is to use probe microphone measures in conjunction with the patient's ear, ear mold, and personal amplification system. A real ear to coupler difference (RECD) can be obtained and probe tube measurement performed in a coupler if a patient is unwilling to tolerate probe microphone measurement in the ear. A prescriptive measure addressing gain should be in place to address the possibility of over- or underestimating gain until the patient is five (5) years of age.

10.4 First time hearing aid users under the age of 18 years MUST receive medical evaluation and clearance from an otolaryngologist within 6 months prior to being fitted with a hearing aid. First time hearing aid users 18 years or older MUST be advised of the desirability of a medical evaluation. First time hearing aid users 18 years or older should be referred to a physician, preferably one specializing in disorders of the ear if any of the following conditions are present:

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

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

## **SECTION 11. SCOPE OF PRACTICE**

### **Preamble**

The purpose of this statement is to define the scope of practice of speech-language pathology and audiology in order to (1) inform persons of activities for which licensure in the appropriate area is required, and (2) to educate health-care and education professionals, consumers, and members of the general public of the services offered by speech-language pathologists and audiologists as qualified providers.

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

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

11.1 The practice of speech-language pathology includes:

- A. providing prevention, screening, consultation, assessment and diagnosis, treatment, intervention, management, counseling, and follow-up services for disorders of:

1. speech (i.e., articulation, fluency, resonance, and voice including aeromechanical components of respiration);
  2. language (i.e., phonology, morphology, syntax, semantics, and pragmatic/social aspects of communication) including comprehension and expression in oral, written, graphic, and manual modalities; language processing, preliteracy and language-based literacy skills, including phonological awareness;
  3. swallowing or other upper aerodigestive functions such as infant feeding and aeromechanical events (evaluation of esophageal function is for the purpose of referral to medical professionals);
  4. cognitive aspects of communication (e.g., attention, memory, problem solving, executive functions);
  5. sensory awareness related to communication, swallowing, or other upper aerodigestive functions.
- B. Establishing augmentative and alternative communication techniques and strategies including developing, selecting, and prescribing of such systems and devices (e.g., speech generating devices).
- C. Providing services to individuals with hearing loss and their families/caregivers (e.g., auditory training, speechreading, speech and language intervention secondary to hearing loss, visual inspection and listening checks of amplification devices for the purpose of troubleshooting, including verification of appropriate battery voltage).
- D. Screening hearing of individuals who can participate in conventional pure-tone air conduction methods, screening with optoacoustic emissions, and for middle ear pathology through screening tympanometry for the purpose of referral of individuals for further evaluation and management.
- E. Using instrumentation (e.g., videofluoroscopy, EMG, nasendoscopy, stroboscopy, computer technology) to observe, collect data, and measure parameters of communication and swallowing, or other upper aerodigestive functions in accordance with the principles of evidence-based practice.
- F. Selecting, fitting, and establishing effective use of prosthetic/adaptive devices for communication, swallowing, or other upper aerodigestive functions (e.g., tracheoesophageal prostheses, speaking valves, electrolarynges). This does not include sensory devices used by individuals with hearing loss or other auditory perceptual deficits.
- G. Collaborating in the assessment of central auditory processing disorders and providing intervention where there is evidence of speech, language, and/or other cognitive communication disorders.
- H. Educating and counseling individuals, families, co-workers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication, swallowing, or other upper aerodigestive concerns.
- I. Advocating for individuals through community awareness, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal barriers.

- J. Collaborating with and providing referrals and information to audiologists, educators, and health professionals as individual needs dictate.
- K. Addressing behaviors (e.g., perseverative or disruptive actions) and environments (e.g., seating, positions for swallowing safety or attention, communication opportunities) that affect communication, swallowing, or other upper aerodigestive functions.
- L. Providing services to modify or enhance communication performance (e.g., accent modification, transgendered voice, care and improvement of the professional voice, personal/professional communication effectiveness).
- M. Recognizing the need to provide and appropriately accommodate diagnostic and treatment services to individuals from diverse cultural backgrounds and adjust treatment and assessment services accordingly.

11.2. The practice of audiology includes:

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

amplification devices.

## **SECTION 12. TELEPRACTICE**

### 12.1 Definitions

A. "Distant site" means the location of the licensee delivering services through telepractice at the time the services are provided;

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

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

C. (i) "Professional relationship" means at a minimum a relationship established between a licensee and a patient when:

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

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

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

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

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

(f)(1) The licensee has access to a patient's personal health record maintained by a healthcare professional and uses any technology deemed appropriate by the licensee, including the telephone, with a patient located in Arkansas to diagnose and treat the patient.

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

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

(1) An internet questionnaire;

(2) An email message;

- (3) Patient-generated medical history;
- (4) Text messaging;
- (5) A facsimile machine; or
- (6) Any combination of means listed in subdivisions (c)(1)-(5) of this section.

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

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

F. "Telepractice" includes store-and-forward technology and remote patient monitoring; and

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

## 12.2 Appropriate Use of Telepractice

A. A professional relationship must be established in accordance with this rule before the delivery of services via telepractice.

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

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

D. Once a professional relationship is established, a licensee may provide healthcare services through telepractice, including interactive audio, if the healthcare services are within the licensee's scope of practice and the healthcare services otherwise meet the requirements of the Board's statutes and this rule.

E. A licensee shall follow applicable state and federal law, rules, and regulations for:

- (i) Informed consent;
- (ii) Privacy of individually identifiable health information;
- (iii) Medical recordkeeping and confidentiality; and
- (iv) Fraud and abuse.

## 12.3 Delivery of Services via Telepractice

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

- B. If follow-up care is indicated, the licensee must agree to provide or arrange for such follow-up care.
- C. The licensee must keep a documented record of services provided via telepractice just as the licensee would for an in-person encounter.
- D. At the patient's request, the licensee must make available to the patient an electronic or hardcopy version of the patient's record documenting the encounter. Additionally, unless the patient declines to consent, the licensee must forward a copy of the record of the encounter to the patient's regular treating healthcare professional if that healthcare professional is not the same one delivering the service via telepractice.
- E. Services must be delivered in a transparent manner, including providing access to information identifying the licensee in advance of the encounter, with licensure and board certifications, as well as patient financial responsibilities.
- F. If the patient, at the recommendation of the licensee, needs to be seen in person, the licensee must arrange to see the patient in person or direct the patient to their regular treating healthcare professional or other appropriate provider if the patient does not have a treating healthcare professional. Such recommendation shall be documented in the patient's treatment record.
- G. All healthcare professionals providing care via telepractice to a patient located within the State of Arkansas shall be licensed by the Board.

#### 12.4 Supervision

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

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

- 13.1 The purpose of this rule is to set minimum qualifications for the registration and supervision of speech- language pathology assistants (SLPA's) by the Arkansas Board of Examiners in Speech-Language Pathology and Audiology (ABESPA) as specified in Ark. Code Ann. §17-100-103 to -104.
- 13.2 The provisions of this section shall not apply to any student, intern, or trainee performing speech-language pathology services while completing supervised clinical experience as part of an accredited college or university training program.
- 13.3 This rule also provides for th Division of Elementary and Secondary Education (DESE), in accordance with its statutory, general supervision authority over public agencies which provide educational services to children with disabilities birth to twenty-one years of age, in conjunction



with the Department of Human Services (DHS), Developmental Disabilities Services (DDS), to regulate speech-language pathology assistants and aides performing duties in such programs. DESE will provide ABESPA, upon request, any reports and/or records with regard to these individuals in the performance of their duties as may be necessary to ensure compliance with established standards.

13.4 The utilization of speech-language pathology-aides in other practice settings is prohibited unless specifically approved by ABESPA for study purposes.

13.5 Nothing in these rules prohibits other individuals from performing non-clinical duties such as patient transport or positioning, room preparation, construction, preparation or repair of treatment materials, or clerical activities.

13.6 Nothing in these rules shall be construed as preventing or restricting a person who provides parenting and daily living skills for enrichment purposes from performing as “direct care staff” at residential programs, such as Human Development Centers, or as “paraprofessionals” who provide direct student supervision and instructional support to classroom teachers in public agencies providing educational services to children, such as public schools.

13.7 For all purposes, ABESPA retains regulatory authority for speech-language pathology services, unless specifically exempted by statute. The Board may at any time, for good cause, revoke all exceptions and exemptions, granted in these rules; and at such time may require registration of all SLPA’s and SLP-Aides through ABESPA.

#### 13.8 DEFINITIONS

- A. SPEECH-LANGUAGE PATHOLOGY ASSISTANT – An SLPA is an individual who, following academic and on-the-job training, performs tasks as prescribed, directed, and supervised by licensed speech-language pathologists.
- B. SPEECH-LANGUAGE PATHOLOGY AIDE - A speech-language pathology aide (SLP-Aide) is an individual with a high school diploma and on the job training who performs tasks as prescribed, directed, and supervised by licensed speech-language pathologists.
- C. SUPERVISING SPEECH-LANGUAGE PATHOLOGIST - A speech-language pathologist who holds a current Arkansas license and has two (2) years of professional experience as a speech-language pathologist, following successful completion of the clinical fellowship experience (See Section 2.10) may be approved by ABESPA as a supervising speech-language pathologist.
- D. DIRECT SUPERVISION - Direct supervision means on-site, in-view observation and guidance by a speech-language pathologist while an assigned activity is performed by support personnel. Direct supervision performed by the SLP may include, but is not limited to, the following: observation of a portion of the screening or treatment procedures performed by the SLPA, coaching the SLPA, and modeling for the SLPA. The supervising SLP must be physically present during all services provided to a medically fragile client by the SLPA (e.g. general and telepractice). The SLP can view and communicate with the patient and SLPA live via real time telepractice technology to supervise the SLPA, giving the SLP the opportunity to

provide immediate feedback. This does not include reviewing a taped session later.

- E. **INDIRECT SUPERVISION** - Indirect supervision means those activities other than direct observation and guidance conducted by a speech-language pathologist that may include demonstration, record review, review and evaluation of audio or videotaped sessions, and/or interactive television.
- F. **SCREENING** - A pass-fail procedure to identify people who may require further assessment.
- G. **SLPA** – abbreviation for speech pathology assistant.

### 13.9 REGISTRATION OF SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

- A.1. To register as an SLPA under Ark. Code Ann. § 17-100-202(b)(2), an individual shall submit an application for registration to ABESPA.
  - 2. An individual shall register with the Division of Elementary and Secondary Education (DESE) if that individual intends to perform the duties of an SLPA in a public agency that provides educational services to children with disabilities birth to twenty-one years of age under the general supervision of DESE. Section 13.9, subsections B, C, and D shall not apply to those individuals.
- B.1. This application must be approved before employment of the SLPA can begin. At no time may an SLPA work without both a current approved registration and approved supervisor.
  - 2. The ABESPA application shall be completed by both the prospective SLP supervisor and the prospective SLPA.
  - 3. The prospective SLP supervisor and the prospective SLPA must attend an initial training session prior to registration approval.
- C. The following must be submitted in the registration process.
  - 1. An application obtained from the Board office which shall contain:
    - (a) Specific information regarding personal data, employment and nature of professional practice, social security number, other state licenses and certifications held, disciplinary proceedings, felony and misdemeanor convictions.
    - (b) Educational background including an original or certified copy of transcript(s) showing evidence of a bachelor's degree in speech-language pathology or required academic training as specified in Requirements for a Speech-Language Pathology- Assistant, Section 13.10, subsection A.2.
    - (c) A statement that the applicant for SLPA and supervising speech-language pathologist have read Ark. Code Ann. §17-100-103 to -104 and the Board rules, and that they agree to abide by them.
    - (d) A statement that the applicant understands that fees submitted in the registration process are non-refundable.
    - (e) The dated signature of the applicant.

2. A supervisory responsibility statement form obtained from the Board office which contains:
  - (a) The name, address, employer, area of licensure, and license number of the supervisor.
  - (b) The employment history substantiating at least two (2) years of clinical experience, after completion of the clinical fellowship experience (CFY), of the supervising speech- language pathologist.
  - (c) A statement that the supervisor is responsible for notifying the Board office within 10 working days of any change in the supervisory arrangements.
  - (d) A list of facilities in which the SLPA will be utilized. The location of work settings must be kept current. Any change must be reported in writing to ABESPA within twenty-one (21) days. Based on information received, the Board may limit the number of practice sites.
  - (e) The dated signature of the supervisor.
- D. If the application process for registration is not completed within twelve (12) months, the application shall be considered abandoned and a new application must be submitted.

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

- A. An SLPA shall:
  1. Complete a bachelor's degree in communication sciences and disorders from a regionally or nationally accredited institution and 25 hours of observation, which is described in Section 13.10.B.1.b.vi.; OR
  2. Complete an SLPA program (two-year minimum), which meets the requirements described in Section 13.10.B., from a regionally or nationally accredited institution (e.g., an associate's degree from a community college, a technical training program, a certificate program, or a bachelor's degree) and 100 hours of fieldwork; OR
  3. C-SLPA from ASHA.
- B. An SLPA program under Section 13.10.A.2. shall meet the specified curriculum content and fieldwork experience listed below. Applicants from out-of-state will be reviewed on a case-by-case basis to ensure equivalency.

#### 1. Curriculum Content

The curriculum content shall include, unless otherwise permitted by ABESPA, 60 semester credit hours with the following content:

- (a) General education (20-40 semester credit hours)  
The general education sequence should include, but is not limited to, coursework in:
  - i. Oral and written communication skills demonstrated to meet the level of workplace standards expected for the field of speech-language pathology;

- ii. Mathematics, including at least one course in general mathematics, business mathematics, accounting, algebra, statistics, or higher level mathematics;
- iii. Technology, including computer literacy, word processing, web-based applications, or managing digital audio and video files; and
- iv. Social and natural sciences, including psychology, sociology, biology, and/or human anatomy and physiology, physics or other sciences, as applicable.

(b) Technical knowledge (20-40 semester credit hours)

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

- i. Overview of normal processes of communication including normal speech, language, communication and hearing development; phonetics; and communication across the lifespan;
- ii. Overview of communication disorders including introduction/survey to communication disorders and coursework in both speech disorders and language disorders;
- iii. Instruction in assistant-level service delivery practices including technical procedures for SLPA's, ethics for the practice of speech-language pathology, and procedures and processes about assisting the speech-language pathologist;
- iv. Instruction in workplace behaviors, including
  - a. Relating verbally and nonverbally to clients/caregivers in a pragmatic, supportive, and appropriate manner that considers the development, educational, cultural, and communication needs of these individuals;
  - b. Accepting and implementing the supervisor's feedback and instructions and seeking clarification as needed;
  - c. Maintaining confidentiality and ensuring the security of client information and records at all times;
  - d. Communicating effectively in oral and written formats that conform to speech-language pathology workplace standards of intelligibility and legibility and are consistent with state and federal regulations and instructions from the supervising speech-language pathologist;
  - e. Following health and safety precautions, including universal precautions and other workplace procedures designed to provide a safe environment for clients and others.
- v. Cultural and linguistic factors in communication, including one or more of the following: language and culture, interpersonal communication (verbal and nonverbal), sign language and other manually coded systems, bilingualism or other multicultural issues; and
- vi. Observation. Observation experiences include direct, on-site observation of an ASHA-certified speech-language pathologist. Additional observation experiences may include pre-approved (by the supervising speech-language pathologist) on-site

or video observation of an ASHA-certified speech-language pathologist.

2. Fieldwork Experience

This training shall be supervised by a speech-language pathologist who holds a current and valid license from ABESPA or the ASHA Certificate of Clinical Competence (CCC) in speech-language pathology. These experiences are not intended to develop independent practice.

C. Additional Requirements:

1. An SLPA shall not begin work before the registration application has been approved nor may the SLPA continue work after the registration has expired.
2. An SLPA shall be employed in a setting in which direct and indirect supervision are provided on a regular and systematic basis by an approved supervising speech-language pathologist.
3. An SLPA shall wear a name tag at all times during employment identifying title as registered speech- language pathology assistant. The title must contain the entire word “assistant” and not an abbreviation. Facilities may apply to ABESPA for exemption from this requirement.

D. Continuing Education

1. An SLPA shall meet continuing education requirements which total at least one (1) hour for every month of registration (maximum of ten [10] hours per fiscal year). Activities must pertain to the Scope of Responsibilities of the assistant (Section 13.15). At least five (5) of the hours must fall within Content Area I as defined below:

(a) Content Area I for Assistants

- i. Normal development and use of speech, language, and hearing;
- ii. Speech-therapy treatment strategies for communicative disorders such as stuttering, language, articulation, feeding, and augmentative/alternative communication.

NOTE: SLPA’s DO NOT develop treatment plans. They follow treatment plans developed by the supervising speech-language pathologist.

- iii. Evaluation techniques for communicative disorders such as stuttering, language, articulation, feeding, and augmentative/alternative communication.

NOTE: SLPA’s DO NOT conduct or interpret evaluations. They may assist the supervising speech-language pathologist in evaluations/screenings.

- iv. Treatment and evaluation of reading and writing difficulties as they relate to communication.

NOTE: SLPA’s DO NOT conduct or interpret evaluations. They may assist the supervising speech-language pathologist in evaluations/screenings.

- v. Various types of disorders of communication, their manifestations, classification

and cause.

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

2. The Board may pre-approve continuing education programs. It is the SLPA's responsibility to obtain continuing education that meets the guidelines specified in this rule. The Board retains final authority for acceptance of any educational activity submitted by the SLPA to meet requirements. Continuing education can be obtained through (1) live presentations; (2) college courses (one credit hour = 15 clock hours); or (3) online activities with written documentation of completion. Any re-play of a live conference is also considered an online activity.

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

#### A. A supervising speech-language pathologist:

- 1. Must be licensed as a speech-language pathologist in the state of Arkansas and have two (2) years of full-time professional speech-language pathology experience, after completion of the paid professional experience (CFY). The Board reserves the right to decline or delay approval of registration if the licensed SLP has prior or pending disciplinary action against him or her. An individual with a provisional license may not supervise an assistant. However, an individual exempted from licensure under Ark. Code Ann. § 17-100-104, subsection 4 and who holds a Master's Degree in Speech-Language Pathology and a valid certificate/license issued by the Arkansas State Board of Education prior to August 1, 1997, shall not be required to procure ABESPA licensure in order to supervise speech-language pathology assistants and aides. Individuals who are issued initial speech-language pathology certification/licensure by the Arkansas State Board of Education (or Division of Elementary and Secondary Education) after August 1, 1997, shall be required to hold ABESPA licensure in order to supervise speech-language pathology assistants and aides.

2. May not supervise more than two (2) full-time or three (3) part-time assistants. (Three part-time assistants may not exceed the number of hours for two full-time assistants or 80 hours.) Based on information received, the Board may limit the number of supervisors.
  3. Must institute a training program for each SLPA encompassing all the procedures to be performed. Documentation of such training in formal substance acceptable to ABESPA shall be retained in the assistant's file.
  4. Must inform the consumer about the use of an SLPA and document informed consent.
  5. Must provide and document appropriate supervision of the SLPA.
  6. Is required to maintain original documents for three (3) years and submit within thirty (30) days when requested by the Board.
- B. Although the speech-language pathologist may delegate specific tasks to the SLPA, the legal (i.e., professional liability) and ethical responsibility to the patient/client for all services provided or omitted must remain the full responsibility of the supervising speech-language pathologist. *The legal and ethical responsibility cannot be delegated.*

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

- A. A total of at least 30% direct and indirect supervision is required and must be documented for the first ninety (45) workdays. (For 30 hours of direct client contact this would be 9 hours for both direct and indirect supervision.) Documented direct supervision of patient/client care shall be required no less than 20% of the actual patient/client contact time weekly for each SLPA. During each week, data on every patient/client seen by the SLPA must be reviewed by the supervisor. In addition, the 20% direct supervision must be scheduled so that all patients/clients seen by the SLPA are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all patients/clients receive direct contact with the speech-language pathologist at least once every two (2) weeks. Information obtained during direct supervision must include data relative to (a) agreement (reliability) between the SLPA and the supervisor on correct/incorrect recording of target behavior, (b) accuracy in implementation of screening and treatment procedures, (c) accuracy in recording data, and (d) ability to interact effectively with the patient/client.

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

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

A minimum of 1 hour of direct supervision weekly, or a minimum of 10% (for SLPAs treating less than 10 hours per week) and as much indirect supervision as needed to facilitate delivery

of quality services must be maintained.

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

Further, 100% supervision of SLPAs for medically fragile students, patients, or clients is required.

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

After the initial forty-five (45) day work period, the amount of supervision may be adjusted depending on the competency of the assistant, the needs of the patients/clients served, and the nature of the assigned tasks.

C. A supervising speech-language pathologist must be able to be reached by personal contact, phone, or other immediate means at all times when direct patient/client care is being rendered. If, for any reason (i.e., extended leave, illness, change of jobs), the supervisor is no longer available to provide the level of supervision stipulated, the SLPA may not perform direct patient/client care until a qualified and licensed speech- language pathologist has been designated as the SLPA's supervisor and ABESPA has advised approval of the change.

### 13.13 ANNUAL AUDIT

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

### 13.14 PENALTIES

- A. A civil penalty of up to \$1,000.00 per violation in addition to revocation or suspension may be imposed on a registrant and/or supervisor if:
1. Registrant begins work as a SLPA before they are technically approved for registration or continues to work after the registration has expired;
  2. Registrant practices outside the scope of responsibility as set forth in the following section titled "Scope of Responsibility of the Speech-Language Pathology Assistant";
  3. Registrant practices without adequate supervision;
  5. Registrant and/or supervisor fails to notify ABESPA of change (supervisor, schedule, work setting, etc).



- B. A penalty of \$200.00 per month to a maximum of \$1000.00 may be incurred by the supervising speech-language pathologist for failure to submit supervision documents upon request by ABESPA.

13.15 SCOPE OF RESPONSIBILITIES OF THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT

- A. Provided that the training, supervision, documentation and planning are appropriate (i.e., consistent with these guidelines), the following tasks may be designated to a speech-language pathology assistant:
  - 1. Conduct speech-language screenings (without interpretation) following specified screening protocols developed by the supervising speech-language pathologist.
  - 2. Provide routine maintenance/generalization tasks as prescribed by the supervising speech- language pathologist. The SLP shall be solely responsible for performing all tasks associated with the assessment and diagnosis of communication and swallowing disorders, for design of all intervention plans, and for directly implementing such plans through the acquisition stage of intervention.
  - 3. Follow documented treatment plans or protocols developed by the supervising speech- language pathologist, not to exceed the activities delineated in #2 above.
  - 4. Perform pure-tone hearing screenings (without interpretation).
  - 5. Document patient/client progress toward meeting established objectives as stated in the treatment plan, and report this information to the supervising speech-language pathologist.
  - 6. Assist the speech-language pathologist during assessment of patients/clients, such as those judged to be difficult to test.
  - 7. Assist with informal documentation (e.g., tallying notes for the speech-language pathologist to use), prepare materials, and assist with other clerical duties as directed by the speech- language pathologist.
  - 8. Perform checks and maintenance of equipment.
  - 9. Participate with the speech-language pathologist in research projects, in-service training, and public relations programs.

There is a potential for possible misuse of the SLPA, particularly when responsibilities are delegated by administrative staff or nonclinical staff without the knowledge and approval of the supervising speech-language pathologist. **Therefore, the SLPA should not perform any task without the express knowledge and approval of the supervising speech-language pathologist.** An individual's communication or related disorder or other factors may preclude the use of services from anyone other than a licensed speech-language pathologist.

The SLPA may **not**:

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

2. Perform intervention tasks associated with skill acquisition;
3. Participate in parent conferences, case conferences, or in any interdisciplinary team without the presence of the supervising speech-language pathologist or other ASHA-certified speech-language pathologist designated by the supervising speech-language pathologist;
4. Provide patient/client or family counseling;
5. Write, develop, or modify a patient/client's individualized treatment plan in any way;
6. Assist with patients/clients without following the individualized treatment plan prepared by the speech-language pathologist or without access to supervision (See Supervision Guidelines);
7. Sign any formal documents (e.g., treatment plans, reimbursement forms, or reports) (The assistant may sign treatment notes for review and co-signature by the supervising professional.);
8. Select patients/clients for services;
9. Discharge a patient/client from services;
10. Disclose clinical or confidential information either orally or in writing to anyone not designated by the supervising speech-language pathologist;
11. Make referrals for additional services;
12. Communicate with the patient/client, family or others regarding any aspect of the patient/client status regarding diagnosis, prognosis, treatment, and progress;
13. Represent himself or herself as a speech-language pathologist.

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

- A. Complete initial supervision training prior to accepting an assistant for supervision and upgrade supervision training on a regular basis.
- B. Participate significantly in hiring the assistant.
- C. Document preservice training and credentials of the assistant.
- D. Inform patients/clients and families about the level (professional vs. support personnel), frequency, and duration of services as well as supervision.
- E. Represent the speech-language pathology team in all collaborative, interprofessional, interagency meetings, correspondence, and reports. This would not preclude the assistant from attending meetings along with the speech-language pathologist as a team member or drafting

correspondence and reports for editing, approval, and signature by the speech-language pathologist.

- F. Make all clinical decisions, including determining patient/client selection for inclusion/exclusion in the case load, and dismissing patients/clients from treatment.
- G. Communicate with patients/clients, parents, and family members about diagnosis, prognosis, treatment plan and progress.
- H. Conduct diagnostic evaluations, assessments, or appraisals, and interpret obtained data in reports.
- I. Review each treatment plan with the assistant at least weekly or every five (5) sessions.
- J. Delegate specific tasks to the assistant while retaining legal and ethical responsibility for all patient/client services provided or omitted.
- K. Prepare an individualized treatment plan and make modifications prior to or during implementation.
- L. Discuss the case with or refer the patient/client to other professionals.
- M. Sign all formal documents (e.g., treatment plans, reimbursement forms, reports). The supervisor should indicate on documents that the SLPA performed certain activities.
- N. Review and sign all informal progress notes prepared by the SLPA.
- O. Provide ongoing training to the SLPA on the job.
- P. Provide and document appropriate supervision of the SLPA.
- Q. Ensure that the SLPA only performs tasks that are within the scope of responsibility of the SLPA.
- R. Participate in the performance appraisal of the speech-language pathology assistant.

#### 13.17 REVOCATION, SUSPENSION, AND DENIAL OF REGISTRATION OF SPEECH PATHOLOGY ASSISTANTS AND SUPERVISORS

- A. The Board reserves the right to decline or delay approval of application for supervisory status if the licensed SLP has prior or pending disciplinary action against him or her.
- B. In any adverse action concerning a registrant, SLPA, or SLP supervisor, the Board will adhere to the provisions of Section 7 of the rules.