



**Arkansas Board of Examiners
Speech-Language Pathology & Audiology**

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November 9, 2015

The Honorable Kim Hammer
Chairman – House
Joint Performance Review Committee
Bureau of Legislative Research
Big Mac Building; R-515
Little Rock, Arkansas 72201

Dear Representative Hammer:

Attached please find the information that was requested for the Joint Performance Review Committee's November 9, 2015 Meeting. Unfortunately I am not able to provide information regarding which of licensees were education in Arkansas then moved out of state or stayed in Arkansas.

Respectfully,

A handwritten signature in cursive script, appearing to read "Sharon Flynn".

Sharon Flynn
Office Manager

Arkansas Board of Examiners
Speech-Language Pathology and Audiology
(ABESPA)

Licensing Procedures/Requirements

Provisional Speech-Language Pathology License

- Application
- Clinical Fellowship Year Plan, signed by Supervisor
- \$140.00 application fee
- Official Undergrad and Grad Transcripts
- Proof of Clinical Practicum Hours, signed by the college/university program director
- NTE Score report from Educational Testing Services (Praxis)
- Verification from each state whether license is current or previously held

*Conversion to full SLP license is granted when Clinical Fellowship Year Plan is completed.
Letter from ASHA that CCC were granted or completed CFY Report signed by Supervisor.*

Audiology/Speech-Language Pathology License – (3 options)

- 1) License with ASHA CCC- A for Audiology or ASHA CCC- SLP for Speech-Language Pathology (Certificate of Clinical Competence by the American Speech-Language Hearing Association)
 - Application
 - \$140.00 application fee
 - Copy of current ASHA card
 - Letter from ASHA stating when CCC was granted
 - School Transcripts depending on when ASHA granted CCC
(grandfathering and changes in degree requirement by ASHA)
 - Verification from each state whether license is current or previously held
- 2) License without ASHA CCC- A for Audiology or ASHA CCC- SLP for Speech-Language Pathology (Certificate of Clinical Competence by the American Speech-Language Hearing Association)
 - Application
 - \$140.00 application fee

- Proof of Clinical Practicum Hours, signed by college/university program director
- Proof of successful completion of 9 months of supervised professional experience (SLP's)
- NTE Score report from Educational Testing Services (Praxis)
- Verification from each state whether license is current or previously held

3) License by reciprocity

- Application
- \$140.00 application fee
- Current copy of license from another state with equivalent requirements
- Current copy of Rules and Regulations from same state as current license copy
- Verification from each state whether license is current or previously held

The ABESPA reviews the applications during regular meetings, usually the third Friday of every other month. *(January, March, May, July, September and November)* The applicant will be notified in writing if additional information is required for approval. If the application is accepted and approved by the Board, a license number is assigned and a wallet size license and wall certificate is mailed to the licensee.

If required documents are missing then application will be held over until the next Board meeting or approved contingent on receiving pending documents. If by the 3rd Board meeting all application requirements are not received then the Board will decide what action to take with applicant/application.

Processing Applications

Can take anywhere from 1 month to 3 months from receiving application to issuing a license. Transcripts and verification from other states is usually the hold up.

The applications we receive are complete and accurate. Currently we have 23 new applications for board to review for the first time. 1 contingent application held over from last board meeting due to another state verification and 5 held over from last board meeting with no action taken due to various requirements not met. We do not have any data to compare our application process regionally or nationally. We do not have any plans to modify our application process at this time.

**Arkansas Board of Examiners in
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abespa@ipa.net**

APPLICATION INSTRUCTIONS FOR A PROVISIONAL LICENSE
(Clinical Fellowship Year)

In order to practice during the application process in a facility that requires a state license, our office must receive a completed application, application fee, and clinical fellowship year (CFY) plan within the first 30 days of practice in Arkansas. If practicing in a facility that requires state licensure, the CFY supervisor must hold a current Arkansas license.

Although certain sections of the rules are cited below, all applicants are responsible for reading and following all parts of the law and rules and regulations.

No application will be processed until all required documents have been received. Immediate notification in writing is required if you have a change of name (including documentation of change such as marriage license or new driver's license), address, etc.

To obtain a provisional license, the following is required:

1. Complete the application form and return with nonrefundable \$140.00 application fee and clinical fellowship year plan within the first 30 days of practice.
2. If currently or previously licensed in another state, complete the top portion of the Out of State Verification Form (found on website) and mail to state of current or previous licensure for completion. That state board will return the completed form directly to our office. Applicant is responsible for any fee charged for this service. If phone number or address of another state board is needed, you may contact our office for that information.
3. Have an official undergraduate and graduate degree transcript mailed to our office directly from the university(s) or submit copies in a sealed envelope (and letter from the chair of the university speech dept. verifying the degree will be granted if practice begins prior to graduation).
4. Send proof of clinical practicum hours, signed by the college/university program director or representative. A photocopy of your clinical practicum summary is acceptable.
5. NTE score report from Educational Testing Services, Box 6052, Princeton, NJ 08541-6052, phone # (609) 921-9000 should be directed to our agency. Our recipient Code # is R8773. Examinee score report will not be accepted.

Please note that an official NTE score report with a minimum score of 162 (600 or higher if taken prior to September 1, 2014) must be received by the Board in order to obtain a provisional license. The official score report must be received prior to review of the application at three consecutive meetings. If a passing score is not received within this time, the application may become invalid.

Granting of License

1. The board will review applications during regular meetings, usually the third Friday of every other month. (Jan., Mar., May, July, Sept, Nov.)
2. The applicant will be notified in writing if additional information is required for approval.
3. If the application is accepted and approved by the Board, a provisional license will be issued.
4. License information will be listed in the annual Licensure Directory.

IMPORTANT: Upon completion of the clinical fellowship experience, the licensee must submit proof of successful completion to the Board within 30 days. This proof might consist of a photocopy of the ASHA CFY Report and Rating form or letter from ASHA granting the Certificate in Clinical Competence. Provisional status is then removed and full licensure is granted. There is no fee for conversion to full license. A permanent license number is assigned and a wall certificate and wallet-sized license will be issued.

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

**APPLICATION FOR LICENSE IN SPEECH-LANGUAGE PATHOLOGY
OR AUDIOLOGY**

PERSONAL (Print or Type)

1. NAME _____
(Last) (First) (Middle) (Maiden)

2. MAILING ADDRESS _____
(Street Number or Route Number or Box Number)

(City) (State) (Zip)

3. PHONE _____
Include area code: (Home) (Work)

4. EMAIL: _____

5. DATE OF BIRTH _____ AGE _____ GENDER _____

6. SOCIAL SECURITY NUMBER _____

7. RACE/ETHNICITY:
_____ Black(African American) _____ White _____ Hispanic _____ Asian _____ Other

8. PLACE OF BIRTH: _____

9. COUNTY OF RESIDENCE _____ COUNTY OF EMPLOYMENT _____

10. GIVE NAMES, ADDRESSES AND DATES OF ISSUANCE OF ANY OTHER
STATE PROFESSIONAL LICENSES, IF ANY: _____

11. ARKANSAS LICENSURE SOUGHT IN:
SPEECH-LANGUAGE PATHOLOGY _____ AUDIOLOGY _____

12. FIRST DAY OF PRACTICE IN AR WAS/WILL BE: _____
Date

13. DO YOU HOLD CURRENT CERTIFICATION WITH AMERICAN SPEECH-
LANGUAGE-HEARING ASSOCIATION (ASHA)? _____ Yes _____ No
IF YES, INDICATE AREA: _____ CCC-SP _____ CCC-A AND
ACCOUNT NUMBER AS SHOWN ON YOUR CARD. _____

(Send copy of wallet sized card)

14. HAS ANY LICENSE ISSUED BY ANY STATE BOARD EVER BEEN REVOKED OR SUSPENDED?_____IF YES, ATTACH EXPLANATION

15. HAVE YOU, PREVIOUS TO THIS DATE, BEEN DENIED LICENSURE IN ANY OTHER STATE, EITHER BY EXAMINATION OR RECIPROCITY?_____
IF SO, NAME THE LICENSE(S) AND STATE(S)_____

PROFESSIONAL EDUCATION (List Undergraduate Work First)

Name/Location of Institution

Degree & Major

Date(s)

PROFESSIONAL EXPERIENCE

(List Current Position First)

Dates of Employment

Name and Address of Employer

From_____to_____

From_____to_____

From_____to_____

From_____to_____

AFFIDAVIT OF THE APPLICANT

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief.

(Signature of Applicant)

**BOARD OF EXAMINERS
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
101 EAST CAPITOL, SUITE 103
LITTLE ROCK, AR 72201**

SLP CLINICAL FELLOWSHIP YEAR PLAN

_____ **New CF Plan** _____ **Revised CF Plan** _____ **Additional Work Setting**

I. Applicant: (please type or print)

Name: _____

Address: _____

Telephone Number : (Work) _____ (cell) _____

Email: _____

II. Supervisor: (In case of multiple supervisors, attach a list and designate primary supervisor below)

Name: _____

Address: _____

Telephone Number: _____

ASHA Account Number: _____ AR License # _____

Social Security Number: _____

III. Clinical Fellowship Setting:

(In case of multiple settings, attach a list of all practice settings and respective supervisor.)

Facility Name: _____

Address: _____

Telephone Number: _____

Original Beginning CF Date ____/____/____ Anticipated Ending CF Date ____/____/____

If revised or additional work setting is being added:

Beginning CF Date ____/____/____ Anticipated Ending CF Date ____/____/____

IV. Clinical Fellowship Professional Experience

Indicate the length of the clinical fellowship experience and number of hours per week.

____ 36 weeks of full-time professional employment of at least 30 hours per week.

____ 48 weeks of part-time professional employment of at least 25 hours per week.

____ 60 weeks of part-time professional employment of at least 20 hours per week.

____ 72 weeks of part-time professional employment of at least 15 hours per week.

At least 80% of the clinical fellowship week will be spent in direct client contact (assessment, diagnosis, evaluation, screening, habilitation/rehabilitation) and activities related to client management.

Yes ____ No ____

V. Clinical Fellowship Supervision:

There will be at least 36 supervisory activities during the entire clinical fellowship, including 18 hours of on-site observation and 18 other monitoring activities. Clinical fellowship supervision will be divided equally among three segments. There will be at least 6 hours of on-site observation during each one-third segment of the clinical fellowship and at least one other monitoring activity per month.

Yes ____ No ____

VI. Supervisor's Agreement:

I agree to conduct one formal evaluation during each one-third segment of the clinical fellowship. I agree to approve/disapprove, sign, and submit a Clinical Fellowship Report form to the Arkansas Board of Examiners in Speech-Language Pathology and Audiology within 30 days of completion of the clinical fellowship experience. Furthermore, I verify that my CCC and/or Arkansas license are current and will be maintained during the clinical fellowship. If I terminate supervision prior to completion of the CF, I agree to notify ABESPA within 30 days.

Signature

Date

VII. Clinical Fellow's Agreement:

I, the clinical fellow, have read, discussed, and agreed upon all Sections above. I have verified that my supervisor holds a current ASHA Certificate of Clinical Competence and/or valid Arkansas license in the area in which I am seeking licensure. If it is later determined that this is not correct, I assume full responsibility for an invalid clinical fellowship experience. I have read and agree to abide with ABESPA Code of Ethics. I agree to notify ABESPA, in writing, of any change in supervisor, site, employment status or my anticipated CF completion date within 30 days of change.

Signature

Date

Verification of Out of State License

To be completed by applicant:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____

I, _____, do hereby authorize and request the state board of
(signature)

(State)

to furnish the Arkansas Board of Examiners in Speech-Language Pathology and Audiology documents, records, or other information regarding charges or complaints filed against me, formal or informal, pending or closed, and to include any other pertinent licensure information.

To be completed by state board:

Area of Licensure _____ License #: _____

Issue Date: _____ Expiration Date: _____

Is License Current? _____ In Good Standing? _____

Has the applicant ever been the subject of complaints or charges received by a disciplinary authority in your state? _____ If yes, attach details.

Has applicant ever been notified or requested to appear before any licensing or disciplinary authority in your state? _____ If yes, attach details.

Has the applicant ever been warned, censured, or disciplined in any manner by a licensing or disciplinary authority in your state? _____ If yes, attach details.

Has any application by the above applicant ever been denied? _____
If yes, attach details.

Remarks: _____
(Attach page if necessary)

Name: _____

Signature: _____

State Board: _____

Date: _____

affix state or board
seal here

Return to : Arkansas Board of Examiners in SLP and A,
101 East Capitol, Suite 103, Little Rock, AR
72201 Ph: 501/682-9180 Fax: 501/682-9181

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APPLICATION INSTRUCTIONS FOR FULL LICENSE

In order to practice speech-language pathology or audiology during the application process in any facility that requires Arkansas licensure, our office must receive a completed application, application fee, and copy of a current ASHA card within the first 30 days of practice in our state.

In lieu of the ASHA card, applicants for a license in Audiology may submit either a letter from The American Academy of Audiology or The American Board of Audiology specifying the date of acceptance for certification and expiration in order to legally practice until action is taken on the application at the next scheduled Board meeting.

Applicants may also practice during the application process by submitting the application, application fee, and copy of a current license from another state if that state maintains professional standards considered by the Arkansas Board to be equivalent to those set forth by Arkansas law. Verify with the Board office before assuming you may practice under licensure of another state.

Although certain sections of the rules are cited below, all applicants are responsible for reading and following all parts of the law and rules and regulations.

No application will be processed until all required documents have been received. Immediate notification in writing is required if you have a change of name, address, etc.

There are three options:

Option 1: To obtain full license with current ASHA CCC, certification by American Academy of Audiology or American Board of Audiology, submit:

A. Completed application, non-refundable \$140.00 application fee, and copy of your current ASHA card. Audiology applicants may substitute a letter from The American Academy of Audiology or The American Board of Audiology in place of the ASHA card.

B. If currently or previously licensed in another state, complete the top portion of the Out of State Verification Form and mail to state of current or previous licensure for completion. That state board will return the completed form directly to our office. Applicant is responsible for any fee charged for this service. If phone number or address of another state board is needed, you may contact our office for that information.

PLEASE NOTE: This form (or equivalent information) must be received from every state of licensure, whether that license is current or not.

C. Letter from ASHA stating when your CCC was granted. If the conferral date was between 1/1/71 and 1/1/93, an official transcript of your Master's degree is also required. The transcript must be sent directly from the university to our office. (An official copy in a sealed envelope will be accepted.) If a transcript is not available, a letter from the chair of the department may be accepted. If CCC was granted before January 1, 1971, see options below. As stated above, a letter from The American Academy of Audiology or The American Board of Audiology may be sent in place of the ASHA card and letter.

Option 2: To obtain full license if ASHA CCC was granted before 1/1/71 OR you do not hold current ASHA CCC, submit the following (If applying under this option, you may not practice as an applicant without specific board approval

A. Completed application and non-refundable \$140.00 application fee.

B. Official undergraduate and graduate degree transcripts (or letter from the chair of the dept. verifying the degree will be accepted for temporary practice until the transcript is received) mailed to our office directly from the university(s) or submit copies in a sealed envelope.

C. Proof of clinical practicum hours, signed by the college/university program director or representative. A photocopy of your clinical practicum summary is acceptable.

D. Proof of successful completion of nine months of supervised professional experience (SLPs). This proof might consist of a photocopy of the ASHA CFY Report, letter from ASHA granting the Certificate in Clinical Competence, or other verification documents.

E. If currently or previously licensed in another state, complete the top portion of the Out of State Verification Form and mail to state of current or previous licensure for completion. That state board will return the completed form directly to our office. Applicant is responsible for any fee charged for this service. If phone number or address of another state board is needed, you may contact our office for that information.

PLEASE NOTE: This form (or equivalent information) must be received from every state of licensure, whether that license is current or not.

F. Official NTE score report with score of 162 for speech-language pathology and 170 for audiology (600 or higher if taken before September 1, 2014) OR copy of a current ASHA card.

Option 3: To obtain a license under the reciprocity clause:

(May or may not be eligible to practice as an applicant. Check with the board office)

- A. Completed application and non-refundable \$140.00 application fee.
- B. A current license from another state with equivalent requirements **may** be accepted in lieu of items above. This does not apply to individuals who were licensed under a “grandfather” clause. Please submit proof of licensure and a complete copy of the law and rules and regulations of the state of licensure. Copies may be obtained from the regulating agency of the state.
- C. If currently or previously licensed in another state, complete the top portion of the Out of State Verification Form and mail to state of current or previous licensure for completion. That state board will return the completed form directly to our office. Applicant is responsible for any fee charged for this service. If phone number or address of another state board is needed, you may contact our office for that information. PLEASE NOTE: This form (or equivalent information) must be received from every state of licensure, whether that license is current or not .

Granting of License

- 1. The board will review applications during regular meetings, usually the third Friday of every other month. (Jan., Mar., May, July, Sept, Nov.)
- 2. The applicant will be notified in writing if additional information is required for approval.
- 3. If the application is accepted and approved by the Board, a license number will be assigned and a wallet-sized license and wall certificate will be mailed to the licensee.
- 4. License information will be listed in the annual Licensure Directory.

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

**APPLICATION FOR LICENSE IN SPEECH-LANGUAGE PATHOLOGY
OR AUDIOLOGY**

PERSONAL (Print or Type)

1. NAME _____
(Last) (First) (Middle) (Maiden)

2. MAILING ADDRESS _____
(Street Number or Route Number or Box Number)

(City) (State) (Zip)

3. PHONE _____
Include area code: (Home) (Work)

4. EMAIL: _____

5. DATE OF BIRTH _____ AGE _____ GENDER _____

6. SOCIAL SECURITY NUMBER _____

7. RACE/ETHNICITY:
_____ Black(African American) _____ White _____ Hispanic _____ Asian _____ Other

8. PLACE OF BIRTH: _____

9. COUNTY OF RESIDENCE _____ COUNTY OF EMPLOYMENT _____

10. GIVE NAMES, ADDRESSES AND DATES OF ISSUANCE OF ANY OTHER
STATE PROFESSIONAL LICENSES, IF ANY: _____

11. ARKANSAS LICENSURE SOUGHT IN:
SPEECH-LANGUAGE PATHOLOGY _____ AUDIOLOGY _____

12. FIRST DAY OF PRACTICE IN AR WAS/WILL BE: _____
Date

13. DO YOU HOLD CURRENT CERTIFICATION WITH AMERICAN SPEECH-
LANGUAGE-HEARING ASSOCIATION (ASHA)? _____ Yes _____ No
IF YES, INDICATE AREA: _____ CCC-SP _____ CCC-A AND
ACCOUNT NUMBER AS SHOWN ON YOUR CARD. _____
(Send copy of wallet sized card)

14. HAS ANY LICENSE ISSUED BY ANY STATE BOARD EVER BEEN REVOKED OR SUSPENDED?_____IF YES, ATTACH EXPLANATION

15. HAVE YOU, PREVIOUS TO THIS DATE, BEEN DENIED LICENSURE IN ANY OTHER STATE, EITHER BY EXAMINATION OR RECIPROCITY?_____
IF SO, NAME THE LICENSE(S) AND STATE(S)_____

PROFESSIONAL EDUCATION (List Undergraduate Work First)

Name/Location of Institution

Degree & Major

Date(s)

PROFESSIONAL EXPERIENCE

(List Current Position First)

Dates of Employment

Name and Address of Employer

From_____to_____

From_____to_____

From_____to_____

From_____to_____

AFFIDAVIT OF THE APPLICANT

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief.

(Signature of Applicant)

Arkansas Board of Examiners
Speech-Language Pathology and Audiology
(ABESPA)

License Renewal Procedures/Requirements
(July 1 – June 30)

April – Website, application and continuing education report are updated for upcoming renewal.

Early May - Letters are mailed to active licensee that online renewal is open or to send in renewal application with continuing education requirements and \$80.00 renewal fee. Previous license expires on July 1 but grace period until July 15 to get all renewal requirements submitted.

Early July – Certified letters mailed to licensee who have not renewed to date. Late fee schedule, in addition to \$80.00 renewal fee: effective July 16 \$100; effective August 16 \$200; effective September 16 \$300; effective October 16 \$400 and effective November 16 \$500. *(not to exceed \$500)*

Online Renewals

- Report is generated each Monday for previous week's renewal activity.
- Based on Monday's report the renewals are downloaded to database
- Each renewal is reviewed on database for accuracy along with the continuing education sessions taken to see if they comply. If CE is not in compliance then licensee's name is kept in a log for audit at a later date.
- License and receipt of renewal fee are mailed to licensee
- After process of each renewal on weekly report deposit is created to make sure renewal fees collected matches report.

Manual Renewals

- Renewal application is reviewed for accuracy and inputted into database.
- Continuing Education report is reviewed for compliance and inputted into database. If CE is not in compliance then licensee's name is kept in a log for audit at a later date.
- Renewal fee is processed and inputted into database.
- Licensed and receipt of renewal fee are mailed to licensee.
- Weekly deposit reported created.

Processing Renewals

Each renewal on average should take from 5 to 10 minutes to process.

Arkansas Board of Examiners
Speech-Language Pathology and Audiology
(ABESPA)

Charges/Disciplinary Actions
(2010 – Nov. 2015)

- 31 Practiced after license expired
 - Consent Agreement and fine paid

- 5 Failed to apply with 30 days of beginning practice
 -Consent Agreement and fine paid

- 1 Failed to submit CFY Plan within 30 days of practice
 - Consent Agreement and fine paid

- 1 Failed to provide Continuing Ed audit documentation within time allowed
 - Consent Agreement and fine paid

- 1 Failed to cooperate with ABESPA regarding additional information requested
 regarding renewal. Failed to appear at 2 board hearings but appeared at 3rd.
 - License suspended and renewal held until respondent appeared before Board
 - Ordered to write a report on Board Law and Rules as condition of lifting
 suspension.

- 1 Violated Ethics Rule 3:1.M
 - Must complete alcohol rehab program, send evidence of continued sobriety,
 appear before the Board before suspension is lifted and complete ethics course in
 addition to 10 hours for the year.

- 1 Conducted testing in a room that does not meet ANSI standards and documentation
 verification
 - Consent Agreement and fine paid

- 1 Medicaid Fraud
 - Pled no contest in Pulaski Co court and license revoked

SECTION 11.

SCOPE OF PRACTICE

Preamble

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

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

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

11.1 The practice of speech-language pathology includes:

- A. providing prevention, screening, consultation, assessment and diagnosis, treatment, intervention, management, counseling, and follow-up services for disorders of:
 - 1. speech (i.e., articulation, fluency, resonance, and voice including aeromechanical components of respiration);
 - 2. language (i.e., phonology, morphology, syntax, semantics, and pragmatic/social aspects of communication) including comprehension and expression in oral, written, graphic, and manual modalities; language processing, preliteracy and language-based literacy skills, including phonological awareness;
 - 3. swallowing or other upper aerodigestive functions such as infant feeding and aeromechanical events (evaluation of esophageal function is for the purpose of referral to medical professionals);
 - 4. cognitive aspects of communication (e.g., attention, memory, problem solving, executive functions);
 - 5. sensory awareness related to communication, swallowing, or other upper aerodigestive functions.

- B. Establishing augmentative and alternative communication techniques and strategies including developing, selecting, and prescribing of such systems and devices (e.g., speech generating devices).
- C. Providing services to individuals with hearing loss and their families/caregivers (e.g., auditory training, speechreading, speech and language intervention secondary to hearing loss, visual inspection and listening checks of amplification devices for the purpose of troubleshooting, including verification of appropriate battery voltage).
- D. Screening hearing of individuals who can participate in conventional pure-tone air conduction methods, as well as screening for middle ear pathology through screening tympanometry for the purpose of referral of individuals for further evaluation and management.
- E. Using instrumentation (e.g., videofluoroscopy, EMG, nasendoscopy, stroboscopy, computer technology) to observe, collect data, and measure parameters of communication and swallowing, or other upper aerodigestive functions in accordance with the principles of evidence-based practice.
- F. Selecting, fitting, and establishing effective use of prosthetic/adaptive devices for communication, swallowing, or other upper aerodigestive functions (e.g., tracheoesophageal prostheses, speaking valves, electrolarynges). This does not include sensory devices used by individuals with hearing loss or other auditory perceptual deficits.
- G. Collaborating in the assessment of central auditory processing disorders and providing intervention where there is evidence of speech, language, and/or other cognitive communication disorders.
- H. Educating and counseling individuals, families, co-workers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication, swallowing, or other upper aerodigestive concerns.
- I. Advocating for individuals through community awareness, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal barriers.
- J. Collaborating with and providing referrals and information to audiologists, educators, and health professionals as individual needs dictate.
- K. Addressing behaviors (e.g., perseverative or disruptive actions) and environments (e.g., seating, positions for swallowing safety or attention, communication opportunities) that affect communication, swallowing, or other upper aerodigestive functions.

- L. Providing services to modify or enhance communication performance (e.g., accent modification, transgendered voice, care and improvement of the professional voice, personal/professional communication effectiveness).
- M. Recognizing the need to provide and appropriately accommodate diagnostic and treatment services to individuals from diverse cultural backgrounds and adjust treatment and assessment services accordingly.

11.2. The practice of audiology includes:

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

SECTION 12.

TELEPRACTICE

12.1 Guidelines for Use of Telepractice

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

12.2 Limitations of Telepractice Services

- A. Telepractice services may not be provided by correspondence only, e.g. mail, email, faxes, although they may be adjuncts to telepractice.
- B. Interstate and intrastate telepractice may be limited by the state, state licensure boards, federal or reimbursement laws and policies.
- C. Audio and video quality should be sufficient to deliver services that are equivalent to in-person.

12.3 Service Delivery Models

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

12.4 Supervision

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