Master's Degree in Speech, Language, & Hearing Sciences: Policies and Procedures Handbook

Department of Speech, Language, and Hearing Sciences

Auburn University

2026-2027

AUBURN
UNIVERSITY

Contents

Introduction

All students pursuing the Master's degree in Speech-Language Pathology at Auburn University should obtain a copy of this Handbook. The Handbook is designed for several purposes including:

A. To describe the academic and clinical practicum requirements for obtaining a clinical Master's degree in speech-language pathology from Auburn University.
B. To describe the academic, clinical practicum, and professional requirements for obtaining the Certificate of Clinical Competence (CCC) in Speech-Language Pathology from the American Speech-Language and Hearing Association, and for satisfying Alabama state licensure requirements in speech-language pathology.
C. To provide students with a copy of the current standards for the Certificate of Clinical Competence in Speech-Language Pathology and a copy of the Code of Ethics of The American Speech-Language and Hearing Association.

It is expected that all students will obtain and read this Handbook. We understand, however, that the combination of department, university, state, and ASHA rules and regulations can occasionally be confusing. Students should consult closely with their advisor regarding course scheduling, practicum requirements and other university, state and ASHA requirements.

Admission Requirements

Auburn uses a holistic admissions process to review applicants. Applications are reviewed based on numerous factors including: GPA (typically students admitted have a 3.6 GPA or higher), Casper Assessment Scores, Letters of Recommendation, a one- minute video submission, a personal statement, and answers to queries within the CSDCAS application. Please see the website for further details on the application process at this link.
Students matriculating into the SLHS clinical graduate degree programs must also attest to the Essential Functions document that is required for admission and continued enrollment. The Essential Functions for Admission and Matriculation of an SLHS Graduate Program are found in Appendix A.

Degree Options

The Department of Speech, Language, and Hearing Sciences at Auburn University offers a Master of Science degree with one of two tracks: Thesis and Non-Thesis. The Masters' programs in Speech-Language Pathology are accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA). The MS degree program in speech-language pathology at Auburn University is accredited through 2032 by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (2200 Research Boulevard #310, Rockville, Maryland 20850; phone: 800-498-2071 or 301-296-5700). This accreditation ensures that, upon completion of a Master's program, the student will meet all academic and practicum requirements for certification as a speech-language pathologist. (See Appendix A)

Students declare their track when they apply for graduate school; however, students may change their track, e.g. Non-Thesis to Thesis track, during their first semester of graduate study. The final decision needs to be made by the Fall 1 midterm to allow for completion of either 1) all of the summative assessments conducted over the first 4 semesters of the

graduate program or 2) completion of a thesis project. If a Thesis track student wishes to change to Non-Thesis after the first semester, all missed written summative assessments will have to be completed by the end of finals the 4th semester of the program.

The **thesis track** requires a minimum of 63-64 hours beyond the bachelor's degree including SLHS 7990 Thesis. This number represents the 54 hours of coursework, 4-5 hours of registered thesis hours (58-59 total credit hours), and 5 hours of SLHS 7920, Internship (63-64 total credit hours). The Graduate School stipulates that the student must enroll in SLHS 7990 for a minimum total of four semester hours. **It is intended that the thesis track student will take all of the required academic courses in the speech-language pathology curriculum.** All students pursuing the M.S. degree must enroll in clinical practicum each semester. Students in the thesis option defend their thesis as part of an oral examination toward the end of the program. Although SLHS 7920, Internship, is not required for the thesis track students, historically all students have enrolled in this course. If you are a thesis track student who elects not to enroll in SLHS 7920 internship you should meet with both the clinical coordinator and graduate advisor prior to this decision to ensure that mastery of all knowledge and skills has been documented and all required clock hours have been obtained. It is only in this situation that the requirement for final externship may be waived.

The **non-thesis track** requires a minimum of 59 semester hours beyond the Bachelor's degree, including five semester hours of SLHS 7920 Internship. **It is intended that the non-thesis track student will take all the required academic courses in the speech-language pathology curriculum.** In unusual circumstances the student's academic committee may approve some deviation from the required core so long as all ASHA knowledge and skill requirements are met. All students pursuing the M.S. degree must enroll in clinical practicum each semester. Non-thesis track students must enroll in SLHS 7920, Internship, usually during the last semester of their program. This is a full-time off-campus practicum experience. Non-thesis students will complete summative assessments for nine specific courses spread across the first four semesters of the program. During the finals week of their fourth semester, non-thesis track students will complete an initial comprehensive final multiple-choice examination covering the knowledge requirements for the training program. If the required criterion is not passed, a second attempt will occur in their fifth semester of the program. The summative experience and comprehensive examination are described in more detail later in this handbook.

Program Length

Students with an undergraduate degree in Speech, Language, and Hearing Sciences can usually complete the Master's program in Speech-Language Pathology in five semesters (Two academic years + one summer). This includes four semesters of on-campus course work and one semester of off-campus internship. Students without undergraduate preparation in Speech, Language, and Hearing Sciences must take most undergraduate prerequisites prior to matriculation into the masters' program. One or two missing courses may be added into the graduate course sequence. This may add to the time required to complete the program; however, most students complete the program in 5 semesters. Students with no undergraduate coursework in Speech, Language, and Hearing Sciences

will need to complete all prerequisite undergraduate courses prior to starting the Master's degree.
Graduate credit taken in residence at another CAA accredited graduate program may be transferred to Auburn. The credit transferred must be acceptable to the SLHS faculty and be pertinent to the Plan of Study. A student must earn at least 24 hours, or half of the total hours required for a master's degree, whichever is greater, at Auburn University. For students on the thesis track, no fewer than 32 hours must be earned at AU and for non-thesis track students no fewer than 29.5 hours (assuming the minimum requirement of 59 hours; in the case that more hours are taken, they must be earned at AU). In order to be counted toward ASHA certification requirements, all graduate coursework and practicum must have been completed at a CAA accredited program.

Required Courses and Course Sequence

Fall Year 1	**Course Number**	**Credit Hours**	**Spring Year 1**	**Course Number**	**Credit Hours**
Research Methods in SLP	SLHS 7570	2	Dysphagia	SLHS 7820	3
Adv. Speech Sound Disorders	SLHS 7510	3	Cognition Across the Lifespan	SLHS 7580	3
Clin. Prob. Solving I	SLHS 7700	2	Motor Speech Disorders	SLHS 7810	3
Adult Aphasia	SLHS 7550	3	Clin. Prob. Solving II	SLHS 7720	2
Clinical Practicum in SLP	SLHS 7500	1	Clinical Practicum in SLP	SLHS 7500	2
Lang. Dis.: B-5	SLHS 7520	3	Professional Practice in SLP	SLHS 7800	1
Professional Practice in SLP	SLHS 7800	1	*Thesis	SLHS 7990	1
Total Hours		**15**	**Total Hours**		**14-15**
Summer	**Course Number**	**Credit Hours**	**Fall Year 2**	**Course Number**	**Credit Hours**
AAC	SLHS 7840	3	Voice & Upper Airway	SLHS 7540	3
Stuttering	SLHS 7530	3	Craniofacial Anomalies	SLHS 7560	3
Lang. Dis.: School-Age	SLHS 7590	3	Counseling in SLP	SLHS 7890	2
Clinical Practicum in SLP	SLHS 7500	2	Special Populations	SLHS 7880	2
Professional Practice in SLP	SLHS 7800	1	Clinical Practicum in SLP	SLHS 7500	2

*Thesis	SLHS 7990	1	*Thesis	SLHS 7990	1
Total Hours		**12-13**	**Total Hours**		**12-13**

Spring Year 2	**Course Number**	**Credit Hours**
Internship in SLP	SLHS 7920	5
*Thesis	SLHS 7990	1
Total Hours		**5-6**

Academic Policies and Requirements

Course Credit

At Auburn University courses numbered 1000, 2000, 3000, and 4000 carry undergraduate credit only. Courses identified by 5000 numbers are for professional degree programs. Courses identified by a 6000 number may be counted for either undergraduate or graduate credit (Speech, Language, and Hearing Sciences offers no 6000 level courses). Courses at the 7000 level are for graduate credit only. In rare instances, with special permission from their Dean and from the Graduate School, undergraduates may enroll in and receive undergraduate credit for a 7000-level course. Also, with special permission from the Dean of the Graduate School, an undergraduate may enroll in and receive graduate credit for a 7000-level course. Such special permission is granted only to students who are within 30 semester hours of graduating and have at least a 3.0 GPA.

Course Loads

University policy states that a full load for a graduate student is nine semester hours. A student may carry a maximum load of 16 semester hours (14 in the summer). In the speech-language pathology program, students typically enroll in four to five academic courses, two practicum/professional practice courses, and 1-2 thesis credits (if applicable) for a total of 12-15 hours each semester.

Artificial Intelligence

Use of artificial intelligence (AI) in graduate courses is up to the explicit discretion of the course instructor or professor. AI policy may range from permitted use with attribution, use of AI on specific assignments but not all as indicated in the syllabus, or no AI permitted for any course assignments. If students are uncertain, they are encouraged to ask the instructor directly. There is a specific AI policy also included in the Clinic Manual that addresses limited use of AI for clinical responsibilities.

Graduate Research Requirement

All graduate students should be exposed to the research process. The speech-language pathology program allows students to be exposed to the research process in several ways.

All students are required to enroll in SLHS 7570, Research Methods in Speech-Language Pathology. As part of this course, students study research design, explore the concept of evidence-based practice, and design a research project which may be, but is not required to be, completed later as a thesis. Students who wish to conduct a supervised research project on their own are encouraged to pursue the program's thesis option. Students are encouraged to volunteer to assist faculty in ongoing research projects. Finally, most of the graduate level courses require students to read, analyze and apply published research as part of the course requirements.

Part-time Study
Because of the nature of the academic and practicum requirements and the sequence of required courses, *Auburn University does not currently offer part-time study in Speech-Language Pathology*.

Students Without Undergraduate Preparation in Speech, Language, and Hearing Sciences
Students entering the MS program in Speech-Language Pathology without undergraduate preparation in Speech, Language, and Hearing Sciences typically must take at least the following prerequisite coursework prior to beginning the graduate sequence: anatomy & physiology of speech, phonetics, speech science, neuroanatomy, language acquisition, introduction to audiology, and hearing (aural) rehabilitation.

Students are also required to take the following prerequisites required by ASHA: a biological science, a physical science (must be physics or chemistry), a social science, and a statistics course. Finally, students must provide evidence of successful completion of 25 clinical observation hours prior to the start of the clinical master's curriculum.

Observation hours must be provided in the form of a signed record, supervised by a speech-language pathologist with a current American Speech, Language & Hearing Association (ASHA) license and who has completed 2 hours of supervision training. Departmental approval of prerequisite coursework as course equivalents requires review of transcripts and syllabi for the courses. Should prerequisite coursework remain unfulfilled at the time of matriculation, the student should be aware that these courses will need to be added into their plan of study and can potentially delay their graduation.

Advising
The Master's program in speech-language pathology is a lock step program in which all students take the same courses in the same sequence. The graduate advisor for speech-language pathology serves as the primary advisor for all graduate students. The graduate advisor meets with all students during the first semester of study to verify they have completed all prerequisite coursework. In instances where a student begins the program and needs additional courses (e.g., Statistics, Neuroanatomy), an alternate plan of study is made and monitored on a semester basis by the graduate advisor. In addition, the graduate advisor reviews each student plan of study as needed and meets to discuss unusual situations which do not allow the student to follow the typical sequence of courses. Thesis track students will be also advised by the graduate advisor with regard to the student's plan of study; however, in addition they will select a major

professor to direct their thesis and two additional faculty members to serve as committee members. The graduate advisor holds a final formal advisement meeting for all graduate students in their second Fall to review graduation and certification information.

Plan of Study

Plans of study including course sequence are tracked using DegreeWorks. This will allow the student and graduate advisor to view progress toward graduation. DegreeWorks is located on the My Academics tab after you log onto AU Access. Once logged on, students will see a list of courses which the student must complete prior to graduation. Completed courses are noted in green. In progress courses are noted in blue, and courses that have not yet been taken are noted in red. If a student decides to do a thesis, they should inform the graduate advisor so that the appropriate changes can be made in DegreeWorks.

Guidelines for Remediation

The MS Program in Speech-Language Pathology is designed to ensure that students meet the knowledge and skills required for the Certificate of Clinical Competence in Speech-Language pathology (CCC-SLP) from the American Speech-Language Hearing Association. The requisite knowledge and skills can be attained through the combination of required academic courses and clinical practicum. For academic courses, the knowledge and skills are attained by meeting specific student learning outcomes designated for each course and tied to a specific knowledge or skill required for the CCC. The student learning outcomes and the certification standards to which they are tied are provided in the syllabus for each SLHS course. To meet each learning objective associated with a KASA 80% mastery is expected. Should any learning objective associated with a KASA not be met, the faculty member will develop a remediation plan, to be shared with and agreed upon by the student. In instances where the remediation plan extends beyond the semester the faculty member will inform the graduate advisor for SLP that a remediation plan is in place and the graduate advisor will document the remediation plan in Calipso. The remediation plan will be submitted to the graduate advisor for archiving in the student's file. When the student has successfully completed the remediation plan, they will be informed by the faculty member who will also inform graduate advisor for SLP. The graduate advisor will then update Calipso to reflect that all knowledge and skills associated with the course have been successfully completed. Remediation policies specific to clinical performance can be found in the Speech-Language Pathology Clinic Manual.

Tracking Student Progress

A student's progress toward meeting the knowledge and skill requirements for the CCC as they move through the program is tracked by means of the SLP Knowledge and Skills Acquisition (KASA) Summary Form in the web-based application, CALIPSO (See Appendix C). This form is maintained by the graduate advisor for SLP. Students may review their SLP Knowledge and Skills Acquisition Form at any time by logging into their CALIPSO account. Knowledge and skills met via clinical practicum are tracked by the clinical faculty and discussed with students at the end of each semester.

MS-SLP Program Progress Review

The SLHS MS-SLP clinical and academic faculty recognize that the graduate student clinical training program is rigorous and the transition from an undergraduate program or full-time employment to the clinical training program may be challenging in ways that students do not anticipate. In the interest of providing support to all students, mid-semester meetings will be scheduled with MS-SLP clinical graduate students in each of the first 4 semesters as a means of checking in on student well-being and establishing support processes where appropriate. Prior to each mid-semester meeting, feedback from clinical and academic faculty will be solicited.

Meetings will be held with the SLP Clinical Coordinator and the Graduate Advisor. Additional faculty may be included as needed. Meetings will be scheduled for 10-15 minutes. During the individual meeting, the Clinical Coordinator, Graduate Advisor, and student will come together and determine whether additional resources would be helpful and if a follow-up meeting should be scheduled between the student, academic advisor, and clinical advisor. Examples of factors which may indicate the need for a follow up meeting:

- Global concern that affects academic and clinical progress
- Significant wellness concern
- Significant professionalism concern

Should a significant issue be identified for any student that requires formalized support, the graduate advisor and clinic coordinator will schedule a meeting with the student to create an action plan. Feedback will be provided during this meeting, and an action plan will be created with the student's input. The goal is to help the student resolve the identified concern(s) to successfully complete the clinical training program.
MS-SLP students are also scheduled for separate mid-semester meetings with clinical faculty each semester. These meetings serve the purpose of an exchange of information (formative assessment) between supervisors and students to discuss clinical strengths and areas of identified growth. Although the focus of these meetings is on clinical skills, students may also share general concerns or feedback.

Practicum Requirements

In addition to the academic requirements outlined above, students must also meet several clinical practicum requirements. Graduate students in Speech-Language Pathology enroll in a clinical practicum course (SLHS 7500 or SLHS 7920) every semester and SLHS 7800 for the first 3 semesters. In order to meet ASHA certification requirements, students must acquire at least **400** clock hours of supervised practicum in speech-language pathology. Auburn adheres to the 2023 CFCC guidelines for obtaining hours for certification as follows:

- Minimum of 25 hours of guided observation
- Minimum of 375 hours of direct client contact (must include 250 hours of in-person contact and may include 125 hours of tele-practice, 75 hours of clinical simulation and 50 hours from the undergraduate level)

It is the goal of our program to provide students with more than the minimum number of hours. In addition to clinical clock hours, practicum must also include experience with client populations across the life span and from culturally diverse backgrounds. Practicum must include experience with client populations with various types and severities of communication disorders, differences, and disabilities. In order to meet this requirement, Auburn University students are assigned to practicum experiences at a variety of off-campus sites including Easter Seals, local school systems, primary care and rehabilitation hospitals, preschool centers/Head Start programs, residential care facilities, home health care services and private practices. Simulation, interprofessional learning experiences, and community outreach will also be used to accomplish training. Students are required to provide their own transportation to and from off-campus practicum sites (up to 90 miles one way). Finally, your clinical competence and qualifications for certification will also determine your attainment of the **knowledge and skills** outlined in the certification standards. In addition to regular meetings and feedback, clinical faculty meet with each student at the middle and end of each semester to review that student's progress toward demonstrating the requisite knowledge and skills.

Statement of Ethical Practices

Both student clinicians and fully certified clinicians are under a moral and professional obligation to conduct their professional affairs in an ethical fashion. The American Speech-Language-Hearing Association has developed a Code of Ethics for professionals Speech-Language Pathology and Audiology. This code will be reviewed in practicum courses. A copy of the ASHA Code of Ethics is presented in Appendix B.

Field Experience

It is the student's responsibility to schedule an appointment with the Internship Coordinator no later than the summer semester preceding the internship (earlier, if the site has not been used previously as a practicum site by the SLHS program or if the site is located in a state other than Alabama). This meeting may be scheduled as early as a year in advance of the internship.

Generally, the student is responsible for identifying an available internship position. The internship must be completed within the United States of America, and there are a few geographical restrictions. Contact the internship coordinator if you wish to complete your internship outside the state of Alabama. It is the student's responsibility, together with the Internship Coordinator, to determine if a given internship site will meet his or her clinical practicum needs (types of cases, hour deficiencies) prior to making a commitment with a given facility. Internship sites must be approved by the internship and clinic coordinators and must agree to the department's contract with practicum facilities. While further detail can be found in the clinical handbook, policies regarding internship sites include:

1. The student's internship supervisor must have CCC and state licensure in the appropriate area. Supervisors are also required to have taken a minimum of 2 hours of professional development in the area of supervision/clinical instruction.
2. Direct supervision must be provided according to ASHA minimum requirements.

3. The facility must provide the variety of cases that the student needs toward ASHA certification practicum requirements.
4. The internship supervisor or student is asked to submit ASHA hours through the web-based application, Calipso one week prior to the end of the semester a signed cumulative ASHA hours form. A grade for the student's internship performance and an evaluation of the student's performance is required.
5. When an Auburn University student is assigned to a practicum facility, it is considered a professional position. This implies that the student is to work according to the facility's schedule, not the schedule of the University. Absences are to be minimal, but, when necessary, the student is to follow the established procedure of the placement facility for reporting such absences.
6. The number of work hours per week is flexible within each facility, however, Auburn's faculty expect the student to be involved in the site full-time, depending on the site's schedule. Internship placement generally conforms to the 15-week semester system; hence starting time may differ from the University Calendar but must terminate by the last day of class.
7. The student is expected to participate fully in the responsibilities of the professional staff (e.g., paperwork, conferences, meetings, etc.) in addition to direct client contact.
8. The student is expected at all times to behave in a professional manner. This includes interaction with other professionals, relationships with clients and their families, and in matters of personal appearance.
9. The student is responsible for keeping track of all patient contact hours through CALIPSO. The student must ensure that all hours are approved by a certified and licensed supervisor and received by the Internship Coordinator no later than the last day of final examinations.
10. The student will complete a site, supervisor, and self-evaluation on Calipso. The Internship Coordinator must receive this report one week prior to the end of the semester. Failure to submit this report on time may result in a grade of Incomplete (and possibly delay graduation)

Additional Graduation Requirements

Master's Thesis Track

Thesis track students are not required to participate in the summative experience and comprehensive examination processes. Early in the graduate program, typically the first semester, the student should select a thesis chairperson and collaboratively develop a topic for investigation. In addition to the thesis chairperson, Graduate School regulations require at least two additional committee members. They are selected by the student, in consultation with the chairperson, and invited by the student to serve on the committee. The second committee members are required to be from the SLHS Department. The third committee member can either be from the SLHS Dept or an outside department within the College of Liberal Arts or any other College at Auburn University. Once the decision is made to write a thesis, the graduate advisor should be informed so that he or she can arrange to make the appropriate changes in DegreeWorks. A complete guide to the master's thesis process is available at this link. When you have your committee confirmed complete the committee selection form at this link.

A Master's degree student in a thesis program is required by the Graduate School to enroll on SLHS 7990, Research and Thesis, for a minimum of four credit hours and maximum of six hours towards the terminal degree. The Graduate School requires that students enroll in 7990 for at least one credit per semester enrolled from the time the Plan of Study is filed with the Graduate School until the oral defense is held. Preparation of the prospectus (proposal) includes a review of the literature, statement of the problem and procedures to be used in the study. The student should consult the Electronic Thesis and Dissertation Guide in preparation of the prospectus and completed thesis. The written prospectus, following the chairperson's approval, should be submitted to the committee at least two weeks in advance of the scheduled prospectus meeting. After the prospectus has been circulated to the committee, a formal meeting (2-hour limit) is held. The committee approves or disapproves of the prospectus, indicating permission to begin the research project following requested revisions. Upon receipt of committee approval to proceed with the research project, approval from the Institutional Review Board (IRB) for protection of human subjects will be required for all investigations that involve human participants.

With prospectus approval and receipt of IRB permissions as required by the study protocol, the student engages in data collection and analyses as well as final thesis writing. After the completed thesis has been approved by the chairperson, the student will distribute the thesis document to the committee members 10-14 days before the scheduled oral defense of the thesis. The student is required to schedule a two-hour final oral examination with the committee. The scheduled oral examination date and time must be reported to the Graduate School to initiate the Smartsheet form for final committee approval, available at this link. The thesis director must distribute a public notice of the oral defense (or invitation to attend) to all faculty and graduate students of the department, at least 7 days prior to the orals. The Master's Thesis Forms Workflow is available at this link.

The final oral examination has the following three possible results, and the decision will be made by majority vote of the committee.

1. Unconditional pass. The student is recommended to the Graduate School as having completed the requirements for the degree.
2. Conditional pass. This is the most common situation. The committee does not see a need for a second examination, but there are changes to be made in the thesis, which must be completed before the student graduates. The thesis chairperson is responsible for seeing that the revisions are completed before the thesis is submitted to the Graduate School.
3. Fail. The student is required to review some aspect of his/her work and to eliminate serious weaknesses. There will be a second oral examination.

The student should refer to the calendar on the Graduate School's website for the last date each semester on which a thesis approved by the Thesis Advisory Committee may be accepted by the Graduate School. The Graduate School will also provide a "format check" to ensure that the thesis is in an acceptable form. There is a separate deadline for format checks each semester.

Auburn University graduate students are required to demonstrate competency in electronic publication and must submit their theses/dissertations/projects through AUETD (the Auburn University Electronic Thesis and Dissertation library). AUETD allows a student's work to be viewed freely by anyone on the World Wide Web, or access may be limited for up to three years.

After the thesis is finalized and approved by your committee you will submit your thesis document to Auburn University Electronic Theses and Dissertations (AUETD) at this link.

If a student completed all graduate degree requirements (including thesis defense) in a given semester but did not meet the deadline for Graduation that semester, graduation will be deferred and the student should register for GRAD 7000 "Clearing Graduation" the following semester in order to comply with the university requirement that one must be registered in the university the semester in which one is graduated. GRAD 7000 is, therefore, a convenience number, which is to be used only in this particular situation. Many students will never have occasion to register for GRAD 7000, and no student should ever register for it more than once.

Master's Non-Thesis Track Summative Assessment

Students who entered the program and chose the non-thesis option are required to complete a two-step summative evaluation process: 1) a Written Component; and 2) a Final Examination Component. *Both of these components will be administered and submitted through the SLHS Summative Assessment Canvas course. Students who receive accommodations through the Auburn University Office of Accommodations will have the opportunity to apply approved accommodations to this process as is appropriate.*

Written Component

Knowledge of published evidence that supports clinical decision-making is a vital aspect for clinical training and for high-quality practice following completion of graduate school. Non-thesis track students benefit from the experience of reading, evaluating, and synthesizing published literature that supports clinical decision making as part of the evidence-based care triad. To satisfy the written component of the non-thesis track summative examination, students will complete a written application question in each of the disorder-based courses for which they will be required to complete the following:

- demonstrate ability to complete a literature search;
- identify current, relevant literature;
- complete an annotated bibliography for each peer-reviewed resource;
- synthesize the relevant literature to answer the written application question; and,
- clearly communicate how the published evidence would inform the clinical pathway and decision-making for the written application question.

Schedule

The written application questions assigned will correspond to the semester in which the 9 disorder-based courses are taught with one exception. The Aphasia written component will be integrated with Cognition in Spring 1 to optimize the written component learning. The faculty member responsible for developing the written application question (e.g., instructor of record) will develop the written application question for the master's non-thesis track students. Within the non-credit Summative Experience Canvas course, these written questions will be *released by the 10th day of the semester (or mini-semester)* in which the course is taught. The written question will need to be *submitted at the end of this same semester (or mini-semester) between reading day and last day of finals week to the specific course assignment posted in the non-credit Summative Experiences Canvas course*.

The schedule of the disorder-based courses is as follows:

a. Fall 1: Speech Sound Disorders
b. Spring 1: Dysphagia, Aphasia & Cognition, Motor Speech
c. Summer 1: AAC, Stuttering, School-Age Language
d. Fall 2: Craniofacial, Voice & Upper Airway Disorders

Determination of Non-Thesis track

Students must declare thesis track or non-thesis track by mid-semester of Fall 1. Any time prior to Summer 1 semester students (thesis track and non-thesis track) may change their track; however, students must inform the department Graduate Program Officer/Graduate Advisor and adhere to the timeline requirements for the selected track. If a thesis track student changes to the non-thesis track, the student must submit the already assigned and completed written components no later than the Fall 2 semester's written components to graduate on time. If the non-thesis track student changes to the thesis track, the student no longer is required to continue the submission of written components or the final examination. Historically, it has been very rare for a student to change to thesis after the first Fall term as it is very difficult to complete a thesis that is started in the Spring 1 semester and graduate within the 5-semester curriculum.

Written Question and Grading Criteria
While the written application question provided can and should vary between the courses, the manner in which the written component is completed and evaluated will be consistent across courses. ***Note:*** **The template and evaluation rubric will be provided on the Summative Assessment Canvas course.**
Faculty will adhere to the following requirements:

1. The faculty member responsible for developing the written application question will adhere to the templates provided to standardize the written responses across courses.
2. The faculty member responsible for evaluating responses will use only the grading rubric provided to standardize evaluation of the written components across courses.

The following minimum criteria are established for the students:

1. Students will complete a peer-reviewed resource template containing annotated bibliography for each resource used to address the written application question.
    - Students will have a minimum of 4 and maximum of 6 peer-reviewed resources for each course summative assessment written component as determined by the course instructor.
2. Students will complete a synthesis of these peer-reviewed resources for each written application question.
3. Student work must be individual to best assess individual student progress toward graduation.
4. Student will comply with the Guideline on the Use of AI for all aspects of the summative assessment written component for each course.
5. Failure to complete the summative assessment written component within a course will result in a remediation plan to achieve satisfactory completion of the written component.

Guideline on the Use of AI for Course Summative Assessments
The guideline on the use of AI for the written component of Summative Assessment ensures academic integrity and the development of essential skills in graduate students of Speech-Language Pathology. This guideline applies to all graduate students enrolled in Speech-Language Pathology courses.

Guideline:

- *Prohibition of AI Use*: The use of artificial intelligence (AI) tools, including but not limited to text generators, language models, and automated content creation software, is strictly prohibited for the completion of course summative assessments.
- *Academic Integrity*: Students are expected to complete their assessments independently, demonstrating their own understanding, critical thinking, and application of course material.
- *Consequences*: Any student found to be using AI tools to complete summative assessments will face disciplinary actions, which may include an automatic rewrite of written component(s) and/or referral to the

Academic Honesty Committee, which may result in academic probation or other penalties as determined by the committee.

- *Support*: Students are encouraged to seek support from the specific faculty member should they have questions about the summative assessment written component. Students should not consult with peers to enhance their learning and successfully complete their assessments.
- *Implementation*: This guideline will be enforced through regular monitoring and evaluation of student submissions, which may include AI detection tools/software. Faculty members are responsible for ensuring compliance and reporting any violations.
- *Review*: This guideline will be reviewed annually to ensure its effectiveness and relevance.

Midterm Approval
The students will submit their proposed topic (if applicable) and a list of APA-formatted references for approval at midterm each semester (or mini-semester) on Canvas. This provides the students with the opportunity to receive feedback regarding whether their topic and/or articles selected are appropriate for the written application question. If the student submits the assignment late, it is the discretion of the faculty reviewer whether feedback will be provided. Students are responsible for reaching out to determine next steps if submitted late. Midterm approval is not part of the grading criteria for the summative assessment written component.

Outcome Policies
The written application question will be evaluated within the non-credit Summative Experience Canvas course by the faculty member responsible for evaluating responses for the topic by the 10th day of the *next semester (or mini-semester)*. On each written application question, a minimum performance of 80% is required (passed). If the initial submission does not achieve 80%, students may revise and resubmit until 80% criterion is met. Once met for all questions, this component of the summative written examination process is completed. *All questions must be passed no later than the Graduate Schools deadline to submit comprehensive examinations of their fifth semester. Failure to achieve completion of this portion of the graduation requirement for the master's non-thesis program of study may delay graduation.*

> ***The template and rubric will be shared on the Summative Assessment Canvas course, to which all Non-Thesis students will be enrolled.***

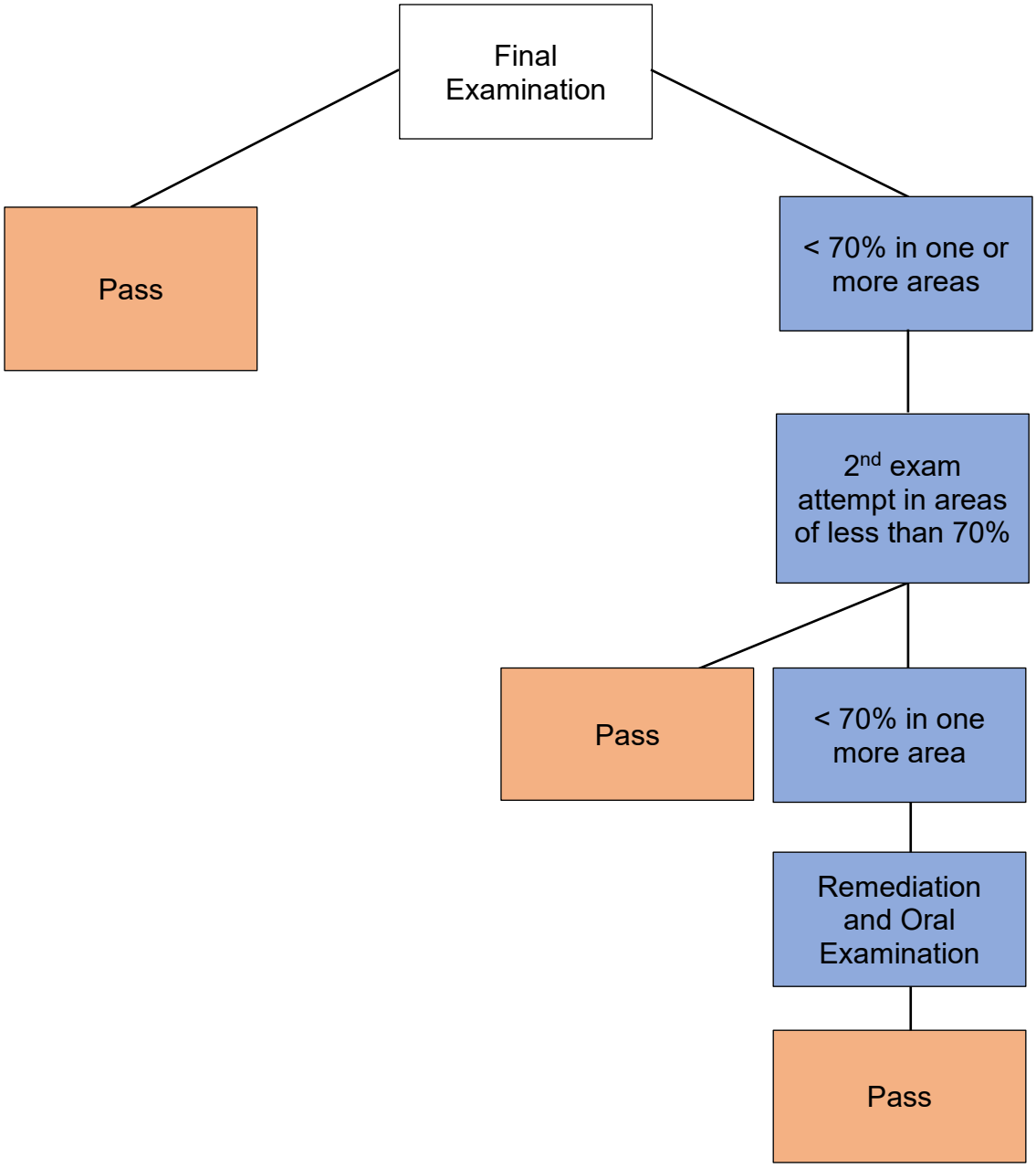
Final Examination
The final examination component will be a 100-question, multiple choice examination on the non-credit Summative Experience Canvas course. The examination will have 10-questions from each of the Big 9 disorder-based areas and 10-questions covering research and professional practice.

1) Articulation (this includes all Speech Sound Disorders)
2) Fluency
3) Voice and Resonance (including respiration and phonation)

4) Receptive and Expressive Language
5) Swallowing
6) Cognitive Aspects of Communication
7) Hearing
8) Social Aspects of Communication
9) Communication Modalities
10) Research and Professional

Grading Criteria and Outcomes
Students are required to meet an overall 80% benchmark on the final examination component with 70% benchmark for each of the 10 areas to pass the Final Examination component of their Summative Experience. Two opportunities will be provided, an initial and second attempt. All 100 questions will be presented in the initial examination attempt. The second examination attempt will be required for any areas in which the student does not meet the 70% benchmark. Failures in meeting the 80% overall benchmark or 70% benchmark for each of the 10 areas with the second examination attempt will result in a remediation plan requiring an oral examination during their fifth semester *(see the flow chart on next page)*.

Schedule
The initial attempt will occur on campus with a proctoring system during finals week of their fourth semester. The results will be shared by the 10th day of their fifth semester. The second attempt will occur using a proctoring system (students are responsible for the related fee) during the first week in February. The results will be shared by the end of the following week. Remediation and oral examination will occur for any of the areas not passed after two attempts. *All of the areas must be passed no later than the Graduate Schools deadline to submit comprehensive examinations of their fifth semester. Failure to do so will extend remediation and graduation to the following Summer term.*


Final Examination
Pass
< 70% in one or more areas
2nd exam attempt in areas of less than 70%
Pass
< 70% in one more area
Remediation and Oral Examination
Pass

Exit Survey(s)
An anonymous exit survey will be scheduled by the graduate advisor in SLP late in the semester prior to beginning the internship. The exit survey will inquire about student preparation across the scope of practice for certification.

Licensure & Clinical Fellow
During the 4th semester, state licensure requirements and the guidelines for the clinical fellowship will be reviewed. Also, students will be provided with information regarding application for ASHA membership and certification.

Individual meetings will be held with the clinical faculty prior to beginning the final internship. All clinical practicum hours will be audited to assure compliance with minimum requirements and to verify the minimum number of hours, which the student must accrue during internship. The graduate advisor will arrange individual meetings with students in instances in which expected courses on the plan of study have not been completed or knowledge and skills appropriate to this point in the program have not yet been verified as attained.

Graduation Check
The Graduate School requires each student to notify them of intentions to graduate at the end of a particular semester and to request that a **"graduation check"** be done on the student's record. This must be done **prior to the end of the semester preceding the semester of anticipated graduation. Students who do not complete the graduation check at the appropriate time will have their graduation delayed until the next semester.**

To initiate the graduation check, you must fill out your Graduation Application (under AU Access, on My Academics). This is to be done one semester before you graduate. As most students graduate their second spring, this means that they should apply by the end of the preceding Fall. This is required for both degree programs as well as certificate programs. The graduate school will then respond to the students indicating if any graduation requirements are unmet. Any problems and work to be completed are identified. This procedure provides sufficient time for a student to address any problems or needs to meet graduation deadlines. This procedure also facilitates the final graduation clearance.

Additional Certification Requirements

Praxis Examinations in Speech Pathology
The PRAXIS Examination in Speech-Language Pathology is administered by Educational Testing Service (ETS) and is designed to assess mastery of professional concepts. The multiple-choice format covers all areas of academic and clinical preparation, including but not limited to, normal communication and swallowing, disordered communication and swallowing, instrumentation, professional/ethical issues, and research methodology. The exam may be taken before, during, or after the CFY. Typically, the exam is given a minimum of twice yearly. Testing sites are nation-wide. It should be noted that Auburn University is not a testing site. Tuskegee University, Alabama State University in Montgomery, and Columbus College in Georgia are typically nearby sites.

Information about the PRAXIS may be obtained by contacting ETS at http://www.ets.org. Additional information about preparing for the PRAXIS and reporting scores may be found at http://www.asha.org/certification/praxis/ **Students must request that their PRAXIS exam scores be sent to ASHA and to the Auburn University SLHS Department. These scores are an important part of the department's accreditation and quality assessment processes. Additionally, some states request this information from the department for licensure, and we are unable to sign off if scores have not been sent to the department. *It is important that all students have scores sent to the department*.**

Clinical Fellowship
After completion of academic course work and practicum and graduation from the University, the applicant must successfully complete a Speech-Language Pathology Clinical Fellowship (SLP-CF). The clinical fellowship is not part of the program's educational program. This is between the clinical fellow, his/her employer, the mentoring SLP and ASHA. The Guide to the ASHA Clinical Fellowship Experience is available at this link.

The Clinical Fellow may be engaged in clinical service delivery or clinical research that fosters the continued growth and integration of the knowledge, skills, and tasks of clinical practice in speech-language pathology consistent with ASHA's current Scope of Practice. At least 80% of the Clinical Fellow's major responsibilities during the CF experience must be in direct client/patient contact, consultations, record keeping, and administrative duties. For example, in a 5-hour work week, at least 4 hours must consist of direct clinical activities; in a 15-hour work week, at least 12 hours must consist of direct clinical activities; in a 35-hour work week, at least 28 hours must consist of direct clinical activities.

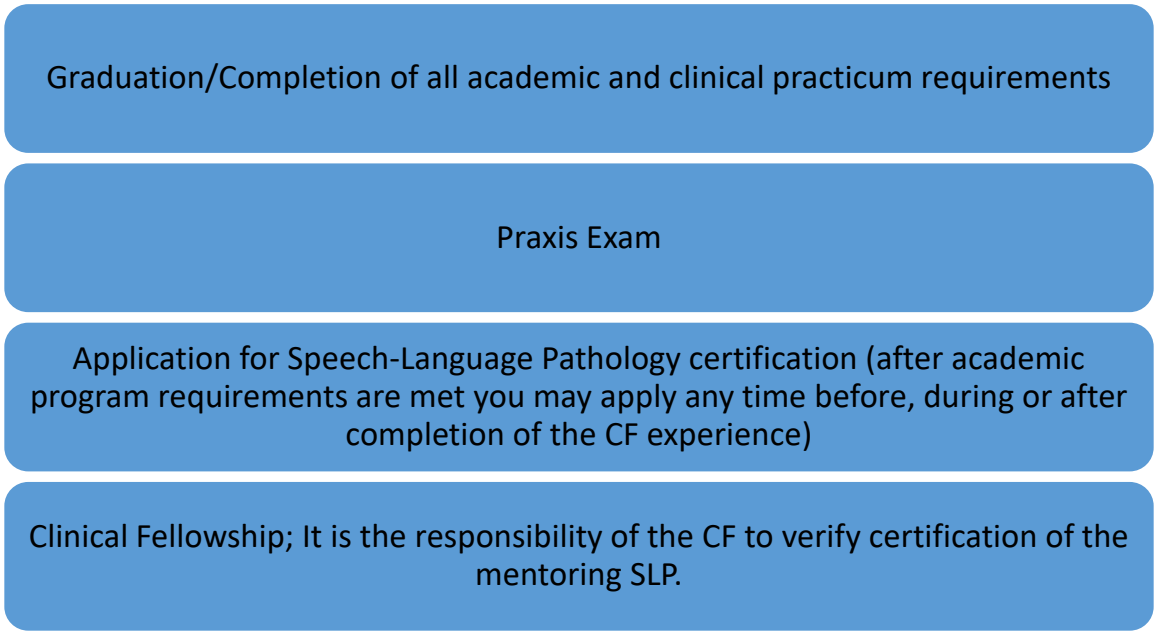
The SLPCF may not be initiated until completion of the graduate course work and successfully completion of the graduate clinical practicum experiences required for ASHA certification.

It is the Clinical Fellow's responsibility to identify a mentoring speech-language pathologist (SLP) who holds a current Certificate of Clinical Competence in Speech-Language Pathology to provide the requisite on-site and other monitoring activities mandated during the SLP-CF experience. Before beginning the SLP-CF, the Clinical Fellow must contact the ASHA National office to verify the mentoring SLP's certification status. The mentoring SLP must hold ASHA certification throughout the SLP-CF period. Should the certification status of the mentoring SLP change during the experience, the Clinical Fellow will be awarded credit only for that portion of time during which the mentoring SLP held certification. It is, therefore, incumbent on the Fellow to verify the mentoring SLP's status not only at the beginning of the experience but also at the beginning of each new year.

A family member or individual related in any way to the clinical fellow may not serve as a mentoring SLP.

The student is reminded that, in Alabama, state licensure enrollment applies to Clinical Fellows. (Refer to the section on ABESPA.)
A flow chart representing the steps toward application for ASHA certification is presented on the following page of this handbook.

Steps toward Application for ASHA Certification



For more information visit http://www.asha.org/certification/SLPCertification

ABESPA/Alabama Licensure

Alabama law requires that persons presenting themselves as speech-language pathologists and/or audiologists, or providing such services to the public, be licensed. The law (Act 90 of the 1975 Legislature) applies to everyone providing services including those working in their supervised clinical fellowship year (CFY). Excluded are those under a physician's supervision and those employed by Alabama's public schools or the United States Government, provided the services are performed solely within the confines or under the jurisdiction of those organizations. Eligibility requirements for state licensure are equivalent to ASHA certification standards. Licensure information and application forms may be obtained from the Alabama Board of Examiners for Speech Pathology and Audiology (ABESPA)

400 South Union Street,
Suite 435
Montgomery, AL 36130-4760
(334) 269-1434
1-800-219-8315 (in AL)
Fax: (334) 834-9618
Or via the ABESPA website at this link.

Some Things Every SLHS Student Should Know

Non-Discrimination Policy
Auburn University is committed to providing a work and educational environment free of Discrimination and Harassment. Auburn University is equally committed to the principle of equal opportunity in education and employment. The University does not discriminate or tolerate Discrimination or Harassment against individuals on the basis of sex, (sexual orientation, gender identity, and gender expression), race, color, religion, national origin, age, disability, genetic information or protected veteran status (collectively, "Protected Status") in its employment, admissions, and/or education programs and activities.

This policy is intended to cover any prohibited harassment of or discrimination against a student by other students, employees, or University agents. This policy also covers harassment of students by non-employees on University property or while engaged in University sponsored activities, as well as discrimination against students by University contractors.

Reporting and Resolution Procedures
Students who believe they have been discriminated against on the basis of their race, color, sex, religion, national origin, age, sexual orientation, or disability should report incidents to the Office of Affirmative Action/Equal Employment Opportunity (AA/EEO). In addition to the Office of Vice President for Student Affairs, all faculty, staff, and administrators should assist students in directing their harassment and/or discrimination complaints to the Office of AA/EEO.

The Office of AA/EEO will investigate the incident and will consult with witnesses and other appropriate University officials as necessary. Complaints will be handled on a "need to know" basis with a view toward protecting the complaining party from possible reprisal and protecting the accused from irresponsible or mistaken complaints. Specifics regarding this policy are available at this link.

Student Services

Office of Accessibility: Any student with a qualifying special needs condition which requires accommodations should contact the Office of Accessibility at 1228 Haley Center (844-2096 V/TTY). Academic and clinical instructors in SLHS will work with the student and the Office of Accessibility to accommodate the needs of qualifying students.

Other Student Services: Auburn University offers many and varied student services. A description of these services and contact information is provided in the Student Policy eHandbook, available at this link.

Students' Departmental Files
Throughout the student's program, the student and the advisor must ensure that proper documentation is maintained to verify in the future compliance with ASHA regulations and state licensure.

1. Documentation of 25 hours of supervised observation
2. Signed clock hours via Calipso showing compliance with contact hours in the appropriate categories and verifying the sites at which the hours were acquired. (Note: obtain copies of clinical hours from other institutions, if necessary.)
3. A tracking form showing how students demonstrated the knowledge and skills required for receipt of the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).

Grievance Procedure

General complaints and/or suggestions regarding the daily operation of the department or curricular issues may be submitted to a suggestion/complaint box located in the Student Clinician's Room. A more formal process exists for more substantive individual or group grievances. This formal procedure is outlined below:

Students in the Department of Speech, Language, and Hearing Sciences are encouraged to resolve any grievance issues first with their academic/clinical instructor. If the issue cannot be resolved with the instructor, students should then communicate the complaint to the Department Chair. The Department Chair will make every attempt to resolve the issue in a fair and equitable manner between the faculty member and the student. If the concern cannot be resolved within the department, the student is advised to pursue the University's Academic Grievance Procedure as detailed in the *Student Policy eHandbook,* available at this link. This publication contains a well-defined Academic Grievance Policy designed to address student grievances, which result from actions of the faculty or administration. The grievance policy emphasizes that, "The resolution should by achieved at the lowest level" referring to a progression from instructor through department chair, academic dean, University student Academic Grievance Committee, and possibly higher levels of university administration.

If the student complaint concerns a student with a disability, the Office of Accessibility (1228 Haley Center; 844-2906) may become involved in the process. If the student complaint concerns discrimination issues, the Office of EEO-Affirmative Action (005 Quad Center; 844-4794) may become involved.

The Department of Speech, Language, and Hearing Sciences is accredited by the Council on Academic Accreditation (CAA) of the American Speech-Language Hearing Association (ASHA). Students who have questions or complaints regarding the department's adherence to accreditation standards are encouraged to contact the Council at:

Council on Academic Accreditation
American Speech-Language Hearing Association
2200 Research Boulevard
Rockville, MD 20850-3289
Phone (301) 296-5700, Fax (301) 296-5777

More details regarding the complaint procedure against a CAA accredited program may be found at this link. **Speech and Hearing Association of Alabama**

The Speech and Hearing Association of Alabama (SHAA) is a professional organization geared to continuing education. Yearly meetings, workshops and conventions are offered. Speech-language pathologists, audiologists, and deaf educators are urged to join SHAA and keep abreast of happenings in the field **and** within the state. Application for membership and other information about SHAA may be obtained from their web site http://www.alabamashaa.org/

National Student Speech-Language-Hearing Association (NSSLHA)
The National Student Speech Language Hearing Association (NSSLHA) is a pre-professional membership association for students interested in the study of communication sciences and disorders.

National membership is available to undergraduate, graduate, or doctoral students enrolled full- or part-time in a communication sciences program or related major. NSSLHA. NSSLHA has over 300 chapters on college and university campuses in the United States, Canada, and Greece. Graduate students are encouraged to join NSSLHA at both the chapter and national level. Additional information about national NSSLHA can be found at this link.

Appendix A

Essential Functions for Admission and Matriculation of an SLHS Graduate Program

The Essential Functions for admission to and continued enrollment in a Speech, Language, and Hearing Sciences (SLHS) graduate program reflect the qualities and abilities that are deemed critical for success as an independent clinician upon graduation. Students must agree that they exhibit these standards for admission and matriculation through the program. If a student is unable to demonstrate these standards, with or without reasonable accommodation, then the student will be dismissed from the program.

Auburn University and the SLHS graduate programs adhere to the Americans with Disabilities Act of 1990, ADA Amendments Act of 2008, and Section 504 of the Rehabilitation Act of 1973. We are committed to assisting students with identified disabilities who are able to complete a graduate program with reasonable accommodation. However, the SLHS faculty reserve the right to not admit applicants or discontinue enrollment of students in cases where reasonable accommodations are not available to allow successful completion of program requirements. Reasonable accommodations are those deemed to not alter the fundamental nature of an SLHS graduate program.

Upon admission to a SLHS graduate program, all students must sign this document acknowledging that they have read and understand the essential Functions listed below:

COMMUNICATION SKILLS
A student must demonstrate adequate communication skills to communicate proficiently with faculty, staff, peers, client, caregivers, and other healthcare professionals in both verbal and written English language.

Verbal Communication:
The student must be able to:

- Produce English phonemes with 90% accuracy
- Model specific phonemes, grammatical features, or other aspect of speech and language for a client or caregiver
- Use appropriate volume, rate, and prosody when speaking
- Use Mainstream English
- Explain all aspects of clinical evaluation, treatment, and recommendations
- Answer questions or clarify the information when needed

Written Communication:
The student must be able to:

- Possess reading skills sufficient to meet academic and clinical responsibilities
- Prepare grammatically correct assignments and reports
- Present content in an organized manner with professional writing style

- Proofread and edit written work

Non-verbal Communication:
The student must be able to:

- Use the appropriate amount of eye contact and facial expression for the communication intent
- Detect and process non-verbal communication from clients, caregivers, supervisors, and other professionals

PHYSICAL ABILITIES/MOTOR SKILLS
Students must be physically able to:

- Manipulate technology, equipment, tests, materials, and toys in a timely and effective manner
- Demonstrate the fine and gross motor skills necessary to execute evaluation and treatment for all disorders within our scope of practice
- Meet the physical demands across clinical settings (i.e. sitting on the floor, standing for long periods of time, holding infants, picking up and/or carrying small children, assisting ambulatory patients in walking, pushing a wheelchair and assistance/transfer, etc).
- Manage behavior of non-compliant client
- Respond quickly to facilitate a safe environment in emergency situations
- Perform CPR (if the setting allows it and the student is certified)
- Consistently attend and engage in class, clinical sessions, and meetings
- Care for their own personal hygiene
- Access reliable transportation to and from all academic and clinical settings.

SENSORY/OBSERVATIONAL ABILITIES
Students must have sufficient visual and auditory skills to participate effectively in academic and clinical settings.

Students must have adequate **vision** (aided or unaided) to:

- Evaluate non-verbal communication
- Complete physical examinations (i.e. otoscopy, oral-peripheral exam, swallowing evaluation)
- Analyze speech production errors
- Process written or visual materials
- Visualize and identify anatomic structures
- Identify and discriminate findings on imaging studies
- Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests
- Read text, diagnostic tests, equipment, and documentation
- Complete documentation on a computer (Electronic Medical Record).

Students must have adequate **hearing** (aided or unaided) in order to:

- Accurately administer and score diagnostic tests
- Discern subtle phonemic differences
- Hear an emergency alert to safely assist the clients

EMOTIONAL/MENTAL HEALTH:

Students must have the emotional health to interact with faculty and staff members, fellow students, other health professionals, as well as patients and their caregivers. Thus, students must be able to:

- Maintain composure, emotional stability, and a mature, positive attitude in intense and stressful situations
- Make timely and appropriate decisions
- Recognize personal values, attitudes, beliefs, emotions, and/or experiences affect perceptions and relationships with others and prevent these from interfering academic or clinical work
- Respond with empathy and put clients at ease when they are experiencing or report stressful situations
- Remain free from substance abuse that could interfere with academic or clinical work

INTELLECTUAL/COGNITIVE ABILITIES:

Students must be able to:

- Process auditory and written information in academic and clinical courses at a level deemed appropriate by faculty and professional staff.
- Comprehend, memorize, integrate, analyze, synthesize, retain and apply material in academic and clinical settings.
- Exhibit the reasoning and decision-making skills needed for problem solving appropriate to the field.
- Identify, understand, integrate, and synthesize a large body of information and knowledge to analyze complex client problems.
- Maintain attention and concentration for sufficient time to complete academic and clinical tasks (e.g., up to 4-hour blocks of time in clinical practice with one or two breaks.)
- Critically evaluate information, solve problems, reason, and make clinical judgments in assessment and treatment plans.
- Use logic and reasoning to identify strengths and weaknesses of possible courses of actions.
- Self-assess clinical and academic performance and reflect on performance accurately
- Solicit and respond appropriately to feedback
- Recognize the changing levels/roles of supervision as competence grows or settings change

PROFESSIONAL SKILLS

To succeed in the program, the student must be able to:

- Demonstrate flexibility in new and stressful environments
- Comply with the AL and ASHA Code of Ethics
- Comply with the university's academic integrity policy
- Accept feedback and respond by modification of behavior
- Dress appropriately and professionally (dependent on the setting)
- Respect faculty, staff, and peers
- Maintain confidentiality of client/patient information and follow HIPAA guidelines
- Demonstrate honesty, integrity, and professionalism, regardless of the situation
- Demonstrate appreciation and respect for individual, social, and cultural differences in clients, fellow students, colleagues, and staff
- Prioritize academic and clinical responsibilities and activities
- Arrive on time and prepared to classes and clinic
- Provide documentation in a timely manner

Essential Functions Administrative Processes

As a condition of accepting an offer of admission, all entering students are required to review, and must agree to adhere to all SLHS Standards, Policies and Codes of Conduct, which includes these Essential Functions. If a student cannot adhere to these Essential Functions, they should contact the Clinic Coordinator to initiate the accommodations process as soon as possible. If the student's abilities change during the program, they should contact the Clinic Coordinator in writing as soon as possible to begin the process.

The Clinic Coordinator will refer all individuals requesting accommodation to the Office of Accessibility (OA), which will evaluate and make a decision on each request. If accommodation is recommended by OA, a SLHS faculty panel will review the requests and provide recommendations to the OA regarding the feasibility of specific student requests for accommodations. The faculty panel will include the following individuals:

- SLHS Department Chair
- AUSHC Clinic Director
- Clinic Coordinator for the student's discipline
- Graduate Program Officer for the student's discipline
- One additional clinical faculty member (annually appointed faculty member)

The faculty panel will evaluate specific accommodation requests and provide recommendations to the OA regarding the feasibility and reasonableness of requested accommodation. A specific focus in the evaluation of accommodation requests will be whether or not the requested accommodation will fundamentally alter the nature of the student's SLHS graduate program and the student's ability to succeed in an SLHS career.

At any point during the program, the SLHS faculty panel can reconvene to review the use of accommodations, if it is affecting the student's performance or progress at on- or off-campus clinical practicums. The clinical grading form and CAA/CFCC standards are the guiding tools to determine the demonstration of a student's Essential Functions. Evaluation of non-academic traits do involve some degree of subjectivity.

Other situations regarding the Essential Functions may include the following:

- Prospective students inquiring about admission to the SLHS graduate programs and noting that they need accommodation to meet the standards.
- Applicants who have been admitted and subsequently request accommodation.
- Enrolled students who become unable to meet the Essential Functions (based on student or faculty concerns) Changes in abilities could be due to an accident, illness, or newly diagnosed medical condition.

The OA will communicate to the student decisions regarding accommodation requests. In cases where a request is approved, SLHS will work with the OA to implement the approved accommodation. In cases where accommodation requests are denied, a decision will be made by the Faculty Panel regarding whether the student is dismissed from the SLHS for not being able to meet the Essential Functions or is allowed to continue in the Program without the denied accommodation. This decision will be communicated by the SLHS Department Chair.

*Students will not be given a clinical placement or receive clinical hours until the accommodations process is complete.

_____

Printed Name

_____ _____

Signature Date

Appendix B

Standards for the Certificate of Clinical Competence in Speech-Language Pathology including the Clinical Fellowship and Maintenance of Certification

To ensure you have the latest version of these standards you should check the ASHA website at https://www.asha.org/Certification/2027-SLP-Certification-Standards/

Standards and Implementation for the Certificate of Clinical Competence in Speech-Language Pathology

Standard I: Qualifying Degree

The applicant for certification (hereafter, "applicant") must have a master's or a doctoral degree.

Standard II: Speech-Language Pathology Graduate Education Program

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

Implementation: The applicant's program director or official designee must complete and submit a program director verification form. Applicants must submit an official graduate transcript with a graduate degree conferral date – a letter from the college/university registrar will not be accepted. The official graduate transcript must be received by the ASHA National Office no later than one (1) year from the date on which the application was received. Verification of the applicant's graduate degree is required before the CCC-SLP can be awarded.

Applicants who were educated outside the United States or its territories must meet all certification standards. Coursework must be completed at a higher education institution that is regionally accredited or recognized by the appropriate regulatory authority for that country.

Standard III: Program of Study

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

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

Standard IV: Knowledge Outcomes

Standard IV-A

The applicant must have demonstrated knowledge of various topic areas. These knowledge outcomes consist of Standards IV-A through IV-H, which are described in detail in the subsections below.

Implementation: Applicants must complete academic coursework in (a) biology, (b) chemistry or physics, (c) social and/or behavioral sciences, and (d) statistics and/or research methods as follows:

- Biology coursework provides knowledge in areas related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics).
- Chemistry or physics coursework provides foundational knowledge in the areas below.
    - Chemistry: Substances and compounds that are composed of atoms and molecules, and their structure, properties, behavior, and the changes that occur during reactions with other compounds. This knowledge contributes to better acquisition and synthesis of the underlying processes of speech and hearing science.
    - Physics: Matter, energy, motion, and force. This knowledge contributes to a better appreciation of the role that physics plays in everyday experiences, society, and technology.
- Social and/or behavioral sciences coursework provides knowledge in the analysis and investigation of human and animal behavior through controlled and naturalistic observation and disciplined scientific experimentation.
- Statistics and/or research methods coursework focuses on learning from data and from measuring, controlling, and communicating uncertainty. This coursework provides the knowledge essential for controlling the course of scientific and societal advances.

Coursework in research methodology in the absence of basic statistics is vital to speech-language pathology practices; however, it cannot be used to fulfill this requirement. Program directors must evaluate the course descriptions or syllabi of any courses completed prior to students entering their programs to determine if the content provides foundational knowledge in the CFCC's guidance for acceptable coursework.

Standard IV-B

The applicant must have demonstrated knowledge of basic human communication and swallowing processes—including the appropriate acoustic, biologic, cultural, developmental, genetic, embryologic, linguistic, neurologic, and psychologic bases. The applicant must have demonstrated the ability to integrate information pertaining to typical and atypical human development across the life span.

Standard IV-C

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences—including the appropriate etiologies, characteristics, anatomic, physiologic, acoustic, cultural, developmental, linguistic, and psychological considerations in the following areas:

- Speech sound production—including articulation, motor planning and execution, phonology, and accent services
- Stuttering, cluttering, and fluency
- Voice and resonance—including respiration, phonation, and upper airway
- Receptive and expressive language and literacy—including phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication
- Hearing—including structure and function of the auditory systems and the impact on speech, language, and communication
- Swallowing/feeding—including anatomic, physiologic, and neurologic processes of oral, pharyngeal, laryngeal, respiratory, esophageal, and gastrointestinal systems
- Cognition and cognitive aspects of communication—including language organization, attention, memory, sequencing, problem solving, and executive function
- Social aspects of communication
- Augmentative and alternative communication modalities

Implementation: It is expected that coursework addressing the professional knowledge specified by these standards (Standards IV-B and IV-C) will occur primarily at the graduate level.

Standard IV-D

For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for individuals with communication and swallowing disorders—including consideration of a person's anatomy, physiology, neurology, psychology, development, language, and culture.

Standard IV-E

The applicant must have demonstrated knowledge of the principles and rules of the ASHA Code of Ethics (hereafter, "Code of Ethics").

Standard IV-F

The applicant must have demonstrated knowledge of processes used in research and must know how to integrate research principles into evidence-based clinical practice.

Implementation: The applicant must have demonstrated (a) knowledge of the principles of basic and applied research and research design; (b) knowledge of how to access and critically review sources of research information; and (c) ability to relate research to clinical practice.

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues that impact speech-language pathology practice.

Implementation: "Contemporary professional issues" may include but are not limited to the following: trends in professional practice and interprofessional practice (IPP), service provision that aligns with the unique histories, values, and circumstances of individuals, families, and/or communities, telepractice and telesupervision, technology literacy, academic program accreditation standards, ASHA practice policies and guidelines, and social determinants of health.

Standard IV-H

The applicant must have demonstrated knowledge of (a) entry-level and advanced certifications; (b) state licensure; (c) other relevant professional credentials; (d) billing and reimbursement; and (e) local, state, and federal regulations and policies relevant to professional practice including but not limited to the Individuals with Disabilities Education Act (IDEA), the Health Insurance Portability and Accountability Act (HIPAA), and the Family Educational Rights and Privacy Act (FERPA).

Standard V: Skills Outcomes

Standard V-A

The applicant must have demonstrated skills in various topic areas and must have completed a program of study, all of which are described in the subsections below.

Implementation: The applicant must have demonstrated communication skills that are sufficient for effective clinical and professional interactions. The applicant must have demonstrated the ability to write, comprehend, and use technology for technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.

Standard V-B

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

1) **Evaluation**
   a) Conduct screening procedures and prevention activities.
   b) Collect case history information—including social determinants of health—and integrate that information during the assessment process through collaboration with the individual receiving services, family members, care partners, and relevant professionals.
   c) Select and implement appropriate evaluation procedures—such as behavioral observations, non-standardized and standardized assessments, and instrumental procedures.

d) Modify procedures during an evaluation to reflect the needs of the individual. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations.
e) Complete documentation, report writing, and administrative tasks—including the use of electronic medical records.
f) Communicate results and recommendations of the assessment with the individual receiving services, family members, care partners, and relevant professionals.
Make referrals, as appropriate.

2) **Intervention**
   a) Develop setting-appropriate individualized treatment plans with measurable and achievable long-term goals and short-term objectives that target functional outcomes to meet the individual's needs.
   b) Determine appropriate frequency, intensity, and duration of intervention to achieve functional outcomes.
   c) Implement setting-appropriate treatment plans and procedures.
   d) Use appropriate materials and instrumentation for prevention and intervention. measure and evaluate individual's performance and progress, including functional outcomes.
   e) Dynamically modify treatment plans, strategies, materials, instrumentation, and/or the environment, as appropriate, to meet the individual's needs.
   f) Complete documentation, report writing, and administrative tasks—including the use of electronic medical records.
   g) Communicate all relevant information to support intervention.
   h) Make referrals, as appropriate.
3) **Interaction and Personal Qualities**
   a) Communicate effectively by recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individuals, family members, care partners, and relevant others.
   b) Collaborate in the care management of individuals to ensure an interprofessional, team-based approach.
   c) Provide counseling regarding communication and swallowing disorders and differences to individuals, family members, care partners, and relevant others.
   d) Adhere to the Code of Ethics, and maintain high standards of professionalism.

Implementation: The applicant must demonstrate these skills across the nine (9) major areas listed in Standard IV-C; the applicant can achieve this through the following methods: direct clinical contact with individuals receiving services, labs, clinical simulations, practical examinations, and completion of independent projects.

The applicant must have obtained a variety of supervised clinical experiences in different work settings and with different populations so that the applicant can demonstrate skills within the *Scope of Practice in Speech-Language Pathology*. Supervised clinical experiences should include interprofessional education and interprofessional collaborative practice.

The use of clinical simulation (CS) can include standardized patients and/or simulation technologies—such as virtual patients, digitized mannequins, immersive reality, task trainers, and computer-based interactive experiences. To be considered CS, the activity must include all of the following elements:

- clearly stated student learning outcomes
- a pre-brief, an introduction, or an orientation, which sets expectations for learning and outlines preparatory activities
- a valuable, reliable simulation that replaces real-world experience, including hands-on interaction with materials and immersion into the learning process
- a debrief with the clinical educator, reflecting upon the clinical experience
- an assessment that verifies the student has met stated learning outcomes

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

Standard V-C

The applicant must complete a minimum of 400 clock hours of supervised clinical practicum in the practice of speech-language pathology that meets the requirements outlined in the implementation language.

For Graduate Students Initiating their Graduate Program On Or After August 1, 2027

Implementation: During the supervised clinical practicum experience, for purposes of ASHA certification, the applicant must adhere to the following requirements:

- All activities that an applicant completes during the graduate clinical practicum experience must be within the Scope of Practice in Speech-Language Pathology and supervised by a clinician who meets the requirements specified in Standard V-E.
- An applicant should be assigned practicums only after they have acquired a knowledge base specific to the practice setting and population of the experience.
- Only the actual time spent in sessions can be counted for clock hours, and the time spent cannot be rounded up to the nearest 15-minute interval.
- Up to two graduate student clinicians can actively participate in a session together and count the entire session for clock hours.
- The applicant must maintain documentation of time spent in supervised clinical practicum clock hours, and the graduate program must verify this documentation in accordance with Standards III and IV.

How to Earn 400 Supervised Clinical Practicum Clock Hours

Required: Minimum of 250 hours of graduate level, on-site, in-person, direct contact The graduate student, individual receiving services, and graduate clinical educator must be in the same location during the clinical session. Students can also earn up to 150 of the 400 minimum required clock hours through the following optional activities:

Non-Clinical Care Management
At the discretion of the graduate program, up to 50 non-clinical care management clock hours are allowed with an eligible 10 hours per semester across 5 semesters (e.g., note writing, report writing, test scoring with interpretation, chart reviews, interprofessional care conferences, programming augmentative and alternative communication [AAC] devices) without the individual receiving services or the care partner(s) present. These activities must be associated with the clinical services that the graduate student clinician provided.

Guided Clinical Observations
At the discretion of the graduate program, applicants may include up to 25 clock hours of observation of activities within the *Scope of Practice in Speech-Language Pathology* that are followed by a guided debrief with a clinical educator who meets the requirements specified in Standard V-E.
These observation hours can occur at the undergraduate or graduate level. Debrief activities that occur simultaneously during the student's observation can count toward the total observation time. Debrief activities that occur after the observation cannot count toward the total observation time. The guided debrief can occur through discussion and/or through review and approval of the student's written reports or summaries. Students can use video recordings of clinical services for observation purposes, and the guided debrief must occur between the clinical educator and the student observer.

Undergraduate Supervised Clinical Practicum
At the discretion of the graduate program, the applicant may count clock hours obtained at the undergraduate level through on-site, in-person, direct contact. This can include supervised clinical practicum hours earned while enrolled in an undergraduate communication sciences and disorders (CSD) program or in a speech-language pathology assistant (SLPA) program. Maximum of 50 hours.

Clinical Simulation (CS)
At the discretion of the graduate program, the applicant may obtain up to 75 clock hours through CS. The only hours that an applicant can count are those in which they actively engage with CS. Debriefing activities cannot be included as clock hours. (See Standard V-B.)

On-Site and In-Person Graduate Supervised Clinical Practicum
A minimum of 250 hours of supervised clinical practicum within the graduate program must be acquired through on-site and in-person direct contact hours.
Although several students may be present in a clinical session at one time, each graduate student clinician may count toward the supervised clinical practicum only the time that they spent in direct contact with the client/patient or family during that session. Time spent in preparation for or in documentation of the clinical session may not be counted toward the supervised clinical practicum. The applicant must maintain documentation of their time spent in supervised clinical practicum, and this documentation must be verified by the program in accordance with Standards III and IV.

Telepractice Graduate Supervised Clinical Practicum
At the discretion of the graduate program and when permitted by the employer/practicum site and by prevailing regulatory body/bodies—and when deemed appropriate for the client/patient/student and the applicant's skill level—the applicant may provide services via telepractice. The clinical educator/supervisor who is responsible for the client/patient/student and graduate student should be comfortable, familiar, and skilled in providing and supervising services that are delivered through telepractice. Provided that these conditions are met, telepractice may be used to acquire up to 125 contact hours, in addition to those earned through guided clinical observations (25 hours) or on-site and in-person direct contact hours (250 hour minimum).

Supervised Clinical Practicum Options	**Required**	**Minimum Toward the 400 Hours**	**Maximum Toward the 400 Hours**
Guided Clinical Observations	Yes	25	25
On-Site and In-Person Direct Contact Hours	Yes	250	No maximum
Undergraduate Hours	No	0	50
Clinical Simulations	No	0	75
Telepractice	No	0	125

Standard V-D

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

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

Standard V-E

Supervision of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession and who, after earning the CCC-A or CCC-SLP, has completed (1) a minimum of 9 months of full-time clinical experience (or its part-time equivalent), and (2) a minimum of 2 hours of professional development in clinical instruction, supervision, and/or mentorship.
The amount of direct supervision provided during each practicum placement must be at least 25% of the student clinician's total contact with each individual receiving services; commensurate with the student clinician's knowledge, skills, and expertise; provided

throughout the practicum experience; and sufficient to ensure the welfare of the individual who is receiving services.

Implementation: Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills. Direct supervision must be in real time. A clinical educator must be available and on site to consult with a student providing on-site, in-person clinical services. A clinical educator must be available either virtually or in-person with a graduate student providing telepractice. Asynchronous supervision for CS must include debriefing activities that are commensurate with a minimum of 25% of the clock hours for each case.

Standard V-F

Supervised clinical practicum must include assessment and intervention experiences with individuals across the life span and from various cultural/linguistic backgrounds. Practicum must include experience with individuals who have various types and severities of communication and/or related disorders, differences, and disabilities named in Standard IV-C.

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

Standard VI: Assessment

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

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

Standard VII: Speech-Language Pathology Clinical Fellowship

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

Implementation: The applicant can initiate the CF experience only after completing all of the graduate credit hours, academic coursework, and clinical experiences required to meet the knowledge and skills delineated in Standards IV and V. The applicant must initiate the CF experience within 24 months of the date that ASHA receives the application for certification. Once the CF experience is initiated, it must be completed within 48 months of the initiation date, and it can include multiple jobs and/or mentors. An application will be closed if the applicant does not complete the CF experience within the 48-month timeframe or if the applicant does not submit it to ASHA within 90 days after the 48-month deadline. If an application is closed, then the Clinical Fellow can re-

apply for certification—when doing so, they must meet the standards that are in effect at the time of re-application.

CF experiences that are more than 5 years old at the time of application will not be accepted. The applicant must complete the CF under the mentorship of a clinician who has met the requirements of Standard VII-B; this is required of the clinician before they can serve as the CF mentor. The Clinical Fellow

- is responsible for identifying a CF mentor who meets the supervision requirements and
- cannot count any hours earned during the time that the CF mentor does not meet all supervision requirements.

Therefore, it is the Clinical Fellow's responsibility to verify the mentor's status before—and periodically throughout—the CF experience.
In accordance with *Principle III, Rule B* of the *Code of Ethics*, individuals who have a personal, professional, financial, or other interest or relationship to a Clinical Fellow may not serve as the CF mentor.

Standard VII-A: Clinical Fellowship Experience

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

Implementation: At least 80% of the Clinical Fellow's major responsibilities during the CF experience must fall within those that are (a) listed in the *Scope of Practice in Speech-Language Pathology* and (b) related to clinical practice and the management process for individuals who exhibit communication and/or swallowing disabilities.
The Clinical Fellow cannot

- count any weeks consisting of fewer than 5 hours of professional experience or
- shorten the experience to fewer than 36 weeks by working more than 35 hours per week.

The CF experience can include more than one job, CF mentor, or setting, and each must fulfill the requirements for time and mentorship.

For CF experiences beginning before December 31, 2022: See the COVID-19 guidance and accommodations.

For CF experiences beginning on or after January 1, 2023: When permitted by the employer and prevailing regulatory body/bodies and deemed appropriate for the client/patient/student and Clinical Fellow's skill level, up to 25% of the direct client/patient contact hours may be earned through telepractice.
Any CF experience segment that begins on or after August 1, 2027, can include up to 100% telepractice and up to 100% telesupervision.

Standard VII-B: Clinical Fellowship Mentorship

The Clinical Fellow must receive ongoing mentoring by the CF mentor. Mentorship must be provided by a clinician who holds a current CCC-SLP, has completed a minimum of 9 months of full-time clinical* experience (or its part-time equivalent) while ASHA certified, and has completed a minimum of 2 hours of professional development in clinical instruction, supervision, and/or mentorship after being awarded ASHA certification and prior to mentoring a Clinical Fellow

Implementation: The Clinical Fellow cannot count any hours earned during the time that the CF mentor does not meet all CF mentorship requirements. Mentorship during the CF experience is intended to (a) provide the mentor with adequate information to score the Clinical Fellowship Skills Inventory (CFSI) and (b) allow the mentor to provide guidance and feedback to further the Clinical Fellow's expertise for both clinical and professional skill sets. Therefore, the CF mentor must be available to consult with the Clinical Fellow who provides clinical services.

The CF mentor must provide a minimum of 6 hours of direct observation and 6 hours of mentorship during each segment of the CF experience to effectively rate skills listed in the CFSI and validate the hours and weeks worked by the Clinical Fellow.
Direct observation of clinical practice must

- occur in real time via either in-person or virtual platforms (up to 6 hours of direct observation can occur in 1 day) and
- consist of the Clinical Fellow engaging in screening, evaluation, assessment, and/or habilitation/rehabilitation activities.

Mentorship can include but is not limited to

- reviewing documentation written by the Clinical Fellow,
- meeting with the Clinical Fellow to promote development of clinical skills,
- reviewing video and/or audio recordings,
- providing feedback and guidance after clinical observation, and
- engaging in didactic learning activities.

The Clinical Fellow and CF mentor must participate in regularly scheduled formal evaluations of the Clinical Fellow's progress during the CF experience. The CF mentor must document and verify a Clinical Fellow's clinical and professional skills using the CFSI at the end of each segment of the CF experience. This report must be signed and dated by both the Clinical Fellow and the CF mentor.

Use of Telesupervision for Mentorship

For mentorship of CF experiences beginning on or after January 1, 2023: At least six (6) direct care observations are required per segment. Of those, mentoring must include at least three (3) on-site and in-person. Of the remaining three (3) direct observations, optional use of real-time, interactive video and audio-conferencing technology (telesupervision) are permitted.

If the Clinical Fellow began their CF experience on or before December 31, 2022: Although the CFCC prefers that the six (6) direct observations per segment be

completed on site and in person, use of virtual observation may be used in place of on-site, and in-person observations of Clinical Fellows by CF mentors. The use of real-time telesupervision may be used when the CF is providing teletherapy with remote students/clients/patients/caregivers or with in-person care.

Standard VII-C: Clinical Fellowship Outcomes

The Clinical Fellow must demonstrate knowledge and skills consistent with those specified within the *Scope of Practice in Speech-Language Pathology* and the *Code of Ethics*.

Implementation: At the end of the third and/or final segment of the CF experience, the Clinical Fellow must

- complete the requirements outlined in Standard VII-A,
- earn a score of 2 or 3 across all skills on the CFSI, and
- receive a positive recommendation for certification from the CF mentor(s).

If the Clinical Fellow does not earn a score of 2 or 3 across all skills on the CFSI at the end of the third and/or final segment the CF experience can extend until such time as the Clinical Fellow meets the requirements.

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

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

Standard VIII: Maintenance of Certification

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

Implementation: Individuals holding certification must earn and report at least 30 professional development hours (PDHs) during the 3-year certification maintenance interval, adhere to the Code of Ethics, and pay annual certification fees to renew certification. The 30 PDHs must include the following content areas:

- Content Area 1: 1 PDH in ethics.
- Content Area 2: 2 PDHs in topics that strengthen the ability of ASHA-certified individuals to provide services that
    - align with the unique histories, values, and circumstances of individuals, families, and communities and/or
    - enhance capacity for self-reflection, adaptability, and collaboration with colleagues, students, externs, Clinical Fellows, assistants, professionals, care partners, and others, as appropriate.

ASHA-certified individuals who do not renew certification can reinstate certification by meeting the reinstatement requirements that are in place at the time of reinstatement application. If maintenance of certification is not accomplished within the 3-year interval, then certification will expire.

Appendix C
American Speech-Language-Hearing Association (2023)
Code of Ethics

Also available at this link.

Preamble

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as "the Association") has been committed to a framework of common principles and standards of practice since ASHA's inception in 1925. This commitment was formalized in 1952 as the Association's first Code of Ethics. This code has been modified and adapted to reflect the current state of practice and to address evolving issues within the professions. The ASHA Code of Ethics reflects professional values and expectations for scientific and clinical practice. It is based on principles of duty, accountability, fairness, and responsibility and is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions. The Code of Ethics is a framework and a guide for professionals in support of day-today decision making related to professional conduct. The Code of Ethics is obligatory and disciplinary as well as aspirational and descriptive in that it defines the professional's role. It is an integral educational resource regarding ethical principles and standards that are expected of audiologists, speech-language pathologists, and speech, language, and hearing scientists. The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is applicable to the following individuals: • a member of ASHA holding the Certificate of Clinical Competence • a member of ASHA not holding the Certificate of Clinical Competence • a nonmember of ASHA holding the Certificate of Clinical Competence • an applicant for ASHA certification or for ASHA membership and certification ASHA members who provide clinical services must hold the Certificate of Clinical Competence and must abide by the Code of Ethics. By holding ASHA certification and/or membership, or through application for such, all individuals are subject to the jurisdiction of the ASHA Board of Ethics for ethics complaint adjudication. The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and research participants; (II) responsibility for one's professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct. The Code of Ethics is designed to provide guidance to members, certified individuals, and applicants as they make professional decisions. Because the Code of Ethics is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are

expected to follow its written provisions and to uphold its spirit and purpose. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for those who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

Terminology

ASHA Standards and Ethics:	**The mailing address for self-reporting in writing is American Speech-Language-Hearing Association, Standards and Ethics, 2200 Research Blvd., #313, Rockville, MD 20850.**
advertising:	Any form of communication with the public about services, therapies, products, or publications.
diminished decision-making ability:	Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.
individuals:	Members and/or certificate holders, including applicants for certification.
informed consent:	May be verbal, unless written consent is required; constitutes consent by persons served, research participants engaged, or parents and/or guardians of persons served to a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks.

may vs. shall:	*May* denotes an allowance for discretion; *shall* denotes no discretion.
misrepresentation:	Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false or erroneous (i.e., not in accordance with the facts); any statement made with conscious ignorance or a reckless disregard for the truth.
negligence:	Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s); failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.
nolo contendere:	No contest.
plagiarism:	False representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing; ethical misconduct does not include honest error or differences of opinion.
publicly sanctioned:	A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.
reasonable or reasonably:	Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

self-report:	A professional obligation of self-disclosure that requires (a) notifying ASHA Standards and Ethics and (b) mailing a hard copy of a certified document to ASHA Standards and Ethics (see term above). All self-reports are subject to a separate ASHA Certification review process, which, depending on the seriousness of the self-reported information, takes additional processing time.
shall vs. may:	*Shall* denotes no discretion; *may* denotes an allowance for discretion.
telepractice:	Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service. For more information, see the telepractice section on the ASHA Practice Portal.
written:	Encompasses both electronic and hard-copy writings or communications.

Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities.

Rules of Ethics

A. Individuals shall provide all clinical services and scientific activities competently.
B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified audiologist or speech-language pathologist.
H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed,

and they shall provide services or dispense products only when benefit can reasonably be expected.

L. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
M. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
N. Individuals who hold the Certificate of Clinical Competence may provide services via telepractice consistent with professional standards and state and federal regulations, but they shall not provide clinical services solely by written communication.
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 legally authorized or required by law.
P. Individuals shall protect the confidentiality of information about persons served professionally or participants involved in research and scholarly activities. Disclosure of confidential information shall be allowed only when doing so is legally authorized or required by law.
Q. Individuals shall maintain timely records; shall 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 shall not allow personal hardships, psychosocial distress, substance use/misuse, or physical or mental health conditions to interfere with their duty to provide professional services with reasonable skill and safety. Individuals whose professional practice is adversely affected by any of the above-listed factors should seek professional assistance regarding whether their professional responsibilities should be limited or suspended.
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 such a mechanism exists and, when appropriate, externally to the applicable professional licensing authority or board, other professional regulatory body, or professional association.
T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

Principle of Ethics II

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

Rules of Ethics

A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional

practice and competence, considering their certification status, education, training, and experience.

B. ASHA members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may provide clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
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 who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research.
E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
G. Individuals shall use technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is warranted but not available, an appropriate referral should be made.
H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

Principle of Ethics III

In their professional role, individuals shall act with honesty and integrity when engaging with the public and shall provide accurate information involving any aspect of the professions.

Rules of Ethics

A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
B. Individuals shall avoid engaging in conflicts of interest whereby a personal, professional, financial, or other interest or relationship could influence their objectivity, competence, or effectiveness in performing professional responsibilities. If such conflicts of interest cannot be avoided, proper disclosure and management is required
C. Individuals shall not misrepresent diagnostic information, services provided, results of services provided, products dispensed, effects of products dispensed, or research and scholarly activities.

D. Individuals shall not defraud, scheme to defraud, or engage in any illegal or negligent conduct related to obtaining payment or reimbursement for services, products, research, or grants.
E. Individuals' statements to the public shall provide accurate information regarding the professions, professional services and products, and research and scholarly activities.
F. Individuals' statements to the public shall adhere to prevailing professional standards and shall not contain misrepresentations when advertising, announcing, or promoting their professional services, products, or research.
G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

Principle of Ethics IV

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

Rules of Ethics

A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.
C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
F. Individuals who mentor Clinical Fellows, act as a preceptor to audiology externs, or supervise undergraduate or graduate students, assistants, or other staff shall provide appropriate supervision and shall comply—fully and in a timely manner—with all ASHA certification and supervisory requirements.
G. Applicants for certification or membership, and individuals making disclosures, shall not make false statements and shall complete all application and disclosure materials honestly and without omission.
H. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
I. Individuals shall not engage in sexual activities with persons over whom they exercise professional authority or power, including persons receiving services,

other than those with whom an ongoing consensual relationship existed prior to the date on which the professional relationship began.

J. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
K. 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.
L. 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.
M. Individuals shall not discriminate in their relationships with colleagues, members of other professions, or individuals under their supervision on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; socioeconomic status; or veteran status.
N. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
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 making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
R. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
S. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
T. Individuals who have been convicted of, been found guilty of, 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 ASHA Ethics Office in writing within 60 days of the conviction, plea, or finding of guilt. Individuals shall also provide a copy of the conviction, plea, or nolo contendere record with their self-report notification, and any other court documents as reasonably requested by the ASHA Ethics Office.
U. Individuals who have (1) been publicly disciplined or denied a license or a professional credential by any professional association, professional licensing

authority or board, or other professional regulatory body; or (2) voluntarily relinquished or surrendered their license, certification, or registration with any such body while under investigation for alleged unprofessional or improper conduct shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the final action or disposition. Individuals shall also provide a copy of the final action, sanction, or disposition—with their self-report notification—to the ASHA Ethics Office.

Appendix D

CALIPSPO

Knowledge And Skills Acquisition (KASA) Summary Form

2027 CFCC Standards (SLP)

Standards	Knowledge/Skill Met? (check)	Course # and Title	Practicum Experiences # and Title	Other (e.g. labs, research) (include descriptions of activity)
Standard IV-A. The applicant must have demonstrated knowledge of:				
• Biological Sciences (human or animal sciences)				
• Physical Sciences (physics or chemistry)				
• Statistics (stand-alone course)				
• Social/behavioral Sciences (psychology, sociology, anthropology, or public health)				
Standard IV-B. The applicant must have demonstrated knowledge of basic human communication and swallowing processes—including the appropriate acoustic, biologic, cultural, developmental, genetic, embryologic, linguistic, neurologic, and psychologic bases. The applicant must have demonstrated the ability to integrate information pertaining to typical and atypical human development across the life span.				
• Basic Human Communication Processes				
• Biological				
• Neurological				

• Acoustic				
• Psychological				
• Developmental/Lifespan				
• Genetic/Embryologic				
• Linguistic				
• Cultural				
• Swallowing Processes				
• Biological				
• Neurological				
• Psychological				
• Developmental/Lifespan				
• Genetic/Embryologic				
• Cultural				
Standard IV-C. The applicant must have demonstrated knowledge of communication and swallowing disorders and differences—including the appropriate etiologies, characteristics, anatomic, physiologic, acoustic, cultural, developmental, linguistic, and psychological considerations in the following areas:				
• Speech Sound Production—including articulation, motor planning and execution, phonology, and accent services				
• Etiologies				
• Characteristics				
• Stuttering, Cluttering, and Fluency				
• Etiologies				
• Characteristics				
• Voice and Resonance—including respiration, phonation, and upper airway				
• Etiologies				
• Characteristics				

• Receptive and Expressive Language and Literacy—including phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication				
• Etiologies				
• Characteristics				
• Hearing—including structure and function of the auditory systems and the impact on speech, language, and communication				
• Etiologies				
• Characteristics				
• Swallowing/Feeding—including anatomic, physiologic, and neurologic processes of oral, pharyngeal, laryngeal, respiratory, esophageal, and gastrointestinal systems				
• Etiologies				
• Characteristics				
• Cognition and Cognitive Aspects of Communication—including language organization, attention, memory, sequencing, problem solving, and executive function				
• Etiologies				
• Characteristics				
• Social Aspects of Communication				
• Etiologies				
• Characteristics				
• Augmentative and Alternative Communication Modalities				
• Characteristics				

Standard IV-D**:** For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for individuals with communication and swallowing disorders—including consideration of a person's anatomy, physiology, neurology, psychology, development, language, and culture.				
• Speech Sound Production—including articulation, motor planning and execution, phonology, and accent services				
• Prevention				
• Assessment				
• Intervention				
• Stuttering, Cluttering, and Fluency				
• Prevention				
• Assessment				
• Intervention				
• Voice and Resonance—including respiration, phonation, and upper airway				
• Prevention				
• Assessment				
• Intervention				
• Receptive and Expressive Language and Literacy—including phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication				
• Prevention				
• Assessment				
• Intervention				
• Hearing—including structure and function of the auditory systems and the impact on speech, language, and communication				
• Prevention				
• Assessment				
• Intervention				

• Swallowing/Feeding—including anatomic, physiologic, and neurologic processes of oral, pharyngeal, laryngeal, respiratory, esophageal, and gastrointestinal systems				
• Prevention				
• Assessment				
• Intervention				
• Cognition and Cognitive Aspects of Communication—including language organization, attention, memory, sequencing, problem solving, and executive function				
• Prevention				
• Assessment				
• Intervention				
• Social Aspects of Communication				
• Prevention				
• Assessment				
• Intervention				
• Augmentative and Alternative Communication Modalities				
• Assessment				
• Intervention				
Standard IV-E: The applicant must have demonstrated knowledge of the principles and rules of the ASHA Code of Ethics.				
Standard IV-F: The applicant must have demonstrated knowledge of processes used in research and must know how to integrate research principles into evidence-based clinical practice.				
Standard IV-G: The applicant must have demonstrated knowledge of contemporary professional issues that impact speech-language pathology practice.				

Standard IV-H: The applicant must have demonstrated knowledge of (a) entry-level and advanced certifications; (b) state licensure; (c) other relevant professional credentials; (d) billing and reimbursement; and (e) local, state, and federal regulations and policies relevant to professional practice including but not limited to the Individuals with Disabilities Education Act (IDEA), the Health Insurance Portability and Accountability Act (HIPAA), and the Family Educational Rights and Privacy Act (FERPA).				
Standard V-A: The applicant must have demonstrated skills in oral, written, and nonverbal communication for entry into professional practice.				
Standard V-B: The applicant must have completed a program of study that included practical experiences sufficient in breadth and depth to achieve the following skills outcomes:				
1. Evaluation (must include all skill outcomes listed in a- h below for each of the 9 major areas except that prevention does not apply to communication modalities)				
Speech Sound Production—including articulation, motor planning and execution, phonology, and accent services				
Std. V-B 1a. Conduct screening and prevention activities				
Std. V-B 1b. Collect case history information—including social determinants of health—and integrate that information during the assessment process through collaboration with the individual receiving services, family members, care partners, and relevant professionals				
Std. V-B 1c. Select and implement appropriate evaluation procedures—such as behavioral observations, non-standardized and standardized assessments, and instrumental procedures				

Std. V-B 1d. Modify procedures during an evaluation to reflect the needs of the individual				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations				
Std. V-B 1f. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records				
Std. V-B 1g. Communication results and recommendations of the assessment with the individual receiving services, family members, care partners, and relevant professionals				
Std. V-B 1h. Make referrals as appropriate				
Stuttering, Cluttering, and Fluency				
Std. V-B 1a. Conduct screening and prevention activities				
Std. V-B 1b. Collect case history information—including social determinants of health—and integrate that information during the assessment process through collaboration with the individual receiving services, family members, care partners, and relevant professionals				
Std. V-B 1c. Select and implement appropriate evaluation procedures—such as behavioral observations, non-standardized and standardized assessments, and instrumental procedures				
Std. V-B 1d. Modify procedures during an evaluation to reflect the needs of the individual				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations				
Std. V-B 1f. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records				
Std. V-B 1g. Communication results and recommendations of the assessment with the individual receiving services, family members, care partners, and relevant professionals				
Std. V-B 1h. Make referrals as appropriate				
Voice and Resonance—including respiration, phonation, and upper airway				

Std. V-B 1a. Conduct screening and prevention activities				
Std. V-B 1b. Collect case history information—including social determinants of health—and integrate that information during the assessment process through collaboration with the individual receiving services, family members, care partners, and relevant professionals				
Std. V-B 1c. Select and implement appropriate evaluation procedures—such as behavioral observations, non-standardized and standardized assessments, and instrumental procedures				
Std. V-B 1d. Modify procedures during an evaluation to reflect the needs of the individual				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations				
Std. V-B 1f. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records				
Std. V-B 1g. Communication results and recommendations of the assessment with the individual receiving services, family members, care partners, and relevant professionals				
Std. V-B 1h. Make referrals as appropriate				
Receptive and Expressive Language and Literacy—including phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication				
Std. V-B 1a. Conduct screening and prevention activities				
Std. V-B 1b. Collect case history information—including social determinants of health—and integrate that information during the assessment process through collaboration with the individual receiving services, family members, care partners, and relevant professionals				
Std. V-B 1c. Select and implement appropriate evaluation procedures—such as behavioral observations, non-standardized and standardized assessments, and instrumental procedures				

Std. V-B 1d. Modify procedures during an evaluation to reflect the needs of the individual				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations				
Std. V-B 1f. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records				
Std. V-B 1g. Communication results and recommendations of the assessment with the individual receiving services, family members, care partners, and relevant professionals				
Std. V-B 1h. Make referrals as appropriate				
Hearing—including structure and function of the auditory systems and the impact on speech, language, and communication				
Std. V-B 1a. Conduct screening and prevention activities				
Std. V-B 1b. Collect case history information—including social determinants of health—and integrate that information during the assessment process through collaboration with the individual receiving services, family members, care partners, and relevant professionals				
Std. V-B 1c. Select and implement appropriate evaluation procedures—such as behavioral observations, non-standardized and standardized assessments, and instrumental procedures				
Std. V-B 1d. Modify procedures during an evaluation to reflect the needs of the individual				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations				
Std. V-B 1f. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records				
Std. V-B 1g. Communication results and recommendations of the assessment with the individual receiving services, family members, care partners, and relevant professionals				
Std. V-B 1h. Make referrals as appropriate				

Swallowing/Feeding—including anatomic, physiologic, and neurologic processes of oral, pharyngeal, laryngeal, respiratory, esophageal, and gastrointestinal systems				
Std. V-B 1a. Conduct screening and prevention activities				
Std. V-B 1b. Collect case history information—including social determinants of health—and integrate that information during the assessment process through collaboration with the individual receiving services, family members, care partners, and relevant professionals				
Std. V-B 1c. Select and implement appropriate evaluation procedures—such as behavioral observations, non-standardized and standardized assessments, and instrumental procedures				
Std. V-B 1d. Modify procedures during an evaluation to reflect the needs of the individual				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations				
Std. V-B 1f. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records				
Std. V-B 1g. Communication results and recommendations of the assessment with the individual receiving services, family members, care partners, and relevant professionals				
Std. V-B 1h. Make referrals as appropriate				
Cognition and Cognitive Aspects of Communication—including language organization, attention, memory, sequencing, problem solving, and executive function				
Std. V-B 1a. Conduct screening and prevention activities				
Std. V-B 1b. Collect case history information—including social determinants of health—and integrate that information during the assessment process through collaboration with the individual receiving services, family members, care partners, and relevant professionals				

Std. V-B 1c. Select and implement appropriate evaluation procedures—such as behavioral observations, non-standardized and standardized assessments, and instrumental procedures				
Std. V-B 1d. Modify procedures during an evaluation to reflect the needs of the individual				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations				
Std. V-B 1f. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records				
Std. V-B 1g. Communication results and recommendations of the assessment with the individual receiving services, family members, care partners, and relevant professionals				
Std. V-B 1h. Make referrals as appropriate				
Social Aspects of Communication				
Std. V-B 1a. Conduct screening and prevention activities				
Std. V-B 1b. Collect case history information—including social determinants of health—and integrate that information during the assessment process through collaboration with the individual receiving services, family members, care partners, and relevant professionals				
Std. V-B 1c. Select and implement appropriate evaluation procedures—such as behavioral observations, non-standardized and standardized assessments, and instrumental procedures				
Std. V-B 1d. Modify procedures during an evaluation to reflect the needs of the individual				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations				
Std. V-B 1f. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records				
Std. V-B 1g. Communication results and recommendations of the assessment with the				

individual receiving services, family members, care partners, and relevant professionals				
Std. V-B 1h. Make referrals as appropriate				
Augmentative and Alternative Communication Modalities				
Std. V-B 1a. Conduct screening and prevention activities				
Std. V-B 1b. Collect case history information—including social determinants of health—and integrate that information during the assessment process through collaboration with the individual receiving services, family members, care partners, and relevant professionals				
Std. V-B 1c. Select and implement appropriate evaluation procedures—such as behavioral observations, non-standardized and standardized assessments, and instrumental procedures				
Std. V-B 1d. Modify procedures during an evaluation to reflect the needs of the individual				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations				
Std. V-B 1f. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records				
Std. V-B 1g. Communication results and recommendations of the assessment with the individual receiving services, family members, care partners, and relevant professionals				
Std. V-B 1h. Make referrals as appropriate				
2. Intervention (must include all skill outcomes listed in a-i below for each of the 9 major areas)				
Speech Sound Production—including articulation, motor planning and execution, phonology, and accent services				
Std. V-B 2a. Develop setting-appropriate individualized treatment plans with measurable and achievable long-term goals and short-term objectives that target functional outcomes to meet the individual's needs.				

Std. V-B 2b. Determine appropriate frequency, intensity, and duration of intervention to achieve functional outcomes				
Std. V-B 2c. Implement setting-appropriate treatment plans and procedures				
Std. V-B 2d. Use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2e. Measure and evaluate individual's performance and progress, including functional outcomes				
Std. V-B 2f. Dynamically modify treatment plans, strategies, materials, instrumentation, and/or the environment, as appropriate, to meet the individual's needs				
Std. V-B 2g. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records				
Std. V-B 2h. Communicate all relevant information to support intervention				
Std. V-B 2i. Make referrals, as appropriate				
Stuttering, Cluttering, and Fluency				
Std. V-B 2a. Develop setting-appropriate individualized treatment plans with measurable and achievable long-term goals and short-term objectives that target functional outcomes to meet the individual's needs.				
Std. V-B 2b. Determine appropriate frequency, intensity, and duration of intervention to achieve functional outcomes				
Std. V-B 2c. Implement setting-appropriate treatment plans and procedures				
Std. V-B 2d. Use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2e. Measure and evaluate individual's performance and progress, including functional outcomes				
Std. V-B 2f. Dynamically modify treatment plans, strategies, materials, instrumentation, and/or the				

environment, as appropriate, to meet the individual's needs				
Std. V-B 2g. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records				
Std. V-B 2h. Communicate all relevant information to support intervention				
Std. V-B 2i. Make referrals, as appropriate				
Voice and Resonance—including respiration, phonation, and upper airway				
Std. V-B 2a. Develop setting-appropriate individualized treatment plans with measurable and achievable long-term goals and short-term objectives that target functional outcomes to meet the individual's needs.				
Std. V-B 2b. Determine appropriate frequency, intensity, and duration of intervention to achieve functional outcomes				
Std. V-B 2c. Implement setting-appropriate treatment plans and procedures				
Std. V-B 2d. Use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2e. Measure and evaluate individual's performance and progress, including functional outcomes				
Std. V-B 2f. Dynamically modify treatment plans, strategies, materials, instrumentation, and/or the environment, as appropriate, to meet the individual's needs				
Std. V-B 2g. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records				
Std. V-B 2h. Communicate all relevant information to support intervention				
Std. V-B 2i. Make referrals, as appropriate				
Receptive and Expressive Language and Literacy—including phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication				

Std. V-B 2a. Develop setting-appropriate individualized treatment plans with measurable and achievable long-term goals and short-term objectives that target functional outcomes to meet the individual's needs.				
Std. V-B 2b. Determine appropriate frequency, intensity, and duration of intervention to achieve functional outcomes				
Std. V-B 2c. Implement setting-appropriate treatment plans and procedures				
Std. V-B 2d. Use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2e. Measure and evaluate individual's performance and progress, including functional outcomes				
Std. V-B 2f. Dynamically modify treatment plans, strategies, materials, instrumentation, and/or the environment, as appropriate, to meet the individual's needs				
Std. V-B 2g. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records				
Std. V-B 2h. Communicate all relevant information to support intervention				
Std. V-B 2d. Use appropriate materials and instrumentation for prevention and intervention				
Hearing—including structure and function of the auditory systems and the impact on speech, language, and communication				
Std. V-B 2a. Develop setting-appropriate individualized treatment plans with measurable and achievable long-term goals and short-term objectives that target functional outcomes to meet the individual's needs.				
Std. V-B 2b. Determine appropriate frequency, intensity, and duration of intervention to achieve functional outcomes				
Std. V-B 2c. Implement setting-appropriate treatment plans and procedures				
Std. V-B 2d. Use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2e. Measure and evaluate individual's performance and progress, including functional outcomes				

Std. V-B 2f. Dynamically modify treatment plans, strategies, materials, instrumentation, and/or the environment, as appropriate, to meet the individual's needs				
Std. V-B 2g. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records				
Std. V-B 2h. Communicate all relevant information to support intervention				
Std. V-B 2i. Make referrals, as appropriate				
Swallowing/Feeding—including anatomic, physiologic, and neurologic processes of oral, pharyngeal, laryngeal, respiratory, esophageal, and gastrointestinal systems				
Std. V-B 2a. Develop setting-appropriate individualized treatment plans with measurable and achievable long-term goals and short-term objectives that target functional outcomes to meet the individual's needs.				
Std. V-B 2b. Determine appropriate frequency, intensity, and duration of intervention to achieve functional outcomes				
Std. V-B 2c. Implement setting-appropriate treatment plans and procedures				
Std. V-B 2d. Use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2e. Measure and evaluate individual's performance and progress, including functional outcomes				
Std. V-B 2f. Dynamically modify treatment plans, strategies, materials, instrumentation, and/or the environment, as appropriate, to meet the individual's needs				
Std. V-B 2g. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records				
Std. V-B 2h. Communicate all relevant information to support intervention				
Std. V-B 2i. Make referrals, as appropriate				
Cognition and Cognitive Aspects of Communication—including language organization, attention, memory, sequencing, problem solving, and executive function				

Std. V-B 2a. Develop setting-appropriate individualized treatment plans with measurable and achievable long-term goals and short-term objectives that target functional outcomes to meet the individual's needs.				
Std. V-B 2b. Determine appropriate frequency, intensity, and duration of intervention to achieve functional outcomes				
Std. V-B 2c. Implement setting-appropriate treatment plans and procedures				
Std. V-B 2d. Use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2e. Measure and evaluate individual's performance and progress, including functional outcomes				
Std. V-B 2f. Dynamically modify treatment plans, strategies, materials, instrumentation, and/or the environment, as appropriate, to meet the individual's needs				
Std. V-B 2g. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records				
Std. V-B 2h. Communicate all relevant information to support intervention				
Std. V-B 2i. Make referrals, as appropriate				
Social Aspects of Communication				
Std. V-B 2a. Develop setting-appropriate individualized treatment plans with measurable and achievable long-term goals and short-term objectives that target functional outcomes to meet the individual's needs.				
Std. V-B 2b. Determine appropriate frequency, intensity, and duration of intervention to achieve functional outcomes				
Std. V-B 2c. Implement setting-appropriate treatment plans and procedures				
Std. V-B 2d. Use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2e. Measure and evaluate individual's performance and progress, including functional outcomes				

Std. V-B 2f. Dynamically modify treatment plans, strategies, materials, instrumentation, and/or the environment, as appropriate, to meet the individual's needs				
Std. V-B 2g. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records				
Std. V-B 2h. Communicate all relevant information to support intervention				
Std. V-B 2i. Make referrals, as appropriate				
Augmentative and Alternative Communication Modalities				
Std. V-B 2a. Develop setting-appropriate individualized treatment plans with measurable and achievable long-term goals and short-term objectives that target functional outcomes to meet the individual's needs.				
Std. V-B 2b. Determine appropriate frequency, intensity, and duration of intervention to achieve functional outcomes				
Std. V-B 2c. Implement setting-appropriate treatment plans and procedures				
Std. V-B 2d. Use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2e. Measure and evaluate individual's performance and progress, including functional outcomes				
Std. V-B 2f. Dynamically modify treatment plans, strategies, materials, instrumentation, and/or the environment, as appropriate, to meet the individual's needs				
Std. V-B 2g. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records				
Std. V-B 2h. Communicate all relevant information to support intervention				
Std. V-B 2i. Make referrals, as appropriate				
3. Interaction and Personal Qualities				
Std. V-B 3a. Communicate effectively by recognizing the needs, values, preferred mode of communication,				

and cultural/linguistic background of individuals, family members, care partners, and relevant others				
Std. V-B 3b. Collaborate in the care management of individuals to ensure an interprofessional, team-based practice				
Std. V-B 3c. Provide counseling regarding communication and swallowing disorders and differences to individuals, family members, care partners, and relevant others				
Std. V-B 3d. Adhere to the Code of Ethics, and maintain high standards of professionalism				
• Swallowing/Feeding—including anatomic, physiologic, and neurologic processes of oral, pharyngeal, laryngeal, respiratory, esophageal, and gastrointestinal systems				
Std. V-B 2a. Develop setting-appropriate individualized treatment plans with measurable and achievable long-term goals and short-term objectives that target functional outcomes to meet the individual's needs.				
Std. V-B 2b. Determine appropriate frequency, intensity, and duration of intervention to achieve functional outcomes				
Std. V-B 2c. Implement setting-appropriate treatment plans and procedures				
Std. V-B 2d. Use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2e. Measure and evaluate individual's performance and progress, including functional outcomes				
Std. V-B 2f. Dynamically modify treatment plans, strategies, materials, instrumentation, and/or the environment, as appropriate, to meet the individual's needs				
Std. V-B 2g. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records				
Std. V-B 2h. Communicate all relevant information to support intervention				
Std. V-B 2i. Make referrals, as appropriate				

• Cognition and Cognitive Aspects of Communication—including language organization, attention, memory, sequencing, problem solving, and executive function				
Std. V-B 2a. Develop setting-appropriate individualized treatment plans with measurable and achievable long-term goals and short-term objectives that target functional outcomes to meet the individual's needs.				
Std. V-B 2b. Determine appropriate frequency, intensity, and duration of intervention to achieve functional outcomes				
Std. V-B 2c. Implement setting-appropriate treatment plans and procedures				
Std. V-B 2d. Use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2e. Measure and evaluate individual's performance and progress, including functional outcomes				
Std. V-B 2f. Dynamically modify treatment plans, strategies, materials, instrumentation, and/or the environment, as appropriate, to meet the individual's needs				
Std. V-B 2g. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records				
Std. V-B 2h. Communicate all relevant information to support intervention				
Std. V-B 2i. Make referrals, as appropriate				
Social Aspects of Communication				
Std. V-B 2a. Develop setting-appropriate individualized treatment plans with measurable and achievable long-term goals and short-term objectives that target functional outcomes to meet the individual's needs.				

Std. V-B 2b. Determine appropriate frequency, intensity, and duration of intervention to achieve functional outcomes				
Std. V-B 2c. Implement setting-appropriate treatment plans and procedures				
Std. V-B 2d. Use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2e. Measure and evaluate individual's performance and progress, including functional outcomes				
Std. V-B 2f. Dynamically modify treatment plans, strategies, materials, instrumentation, and/or the environment, as appropriate, to meet the individual's needs				
Std. V-B 2g. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records				
Std. V-B 2h. Communicate all relevant information to support intervention				
Std. V-B 2i. Make referrals, as appropriate				
Augmentative and Alternative Communication Modalities				
Std. V-B 2a. Develop setting-appropriate individualized treatment plans with measurable and achievable long-term goals and short-term objectives that target functional outcomes to meet the individual's needs.				
Std. V-B 2b. Determine appropriate frequency, intensity, and duration of intervention to achieve functional outcomes				
Std. V-B 2c. Implement setting-appropriate treatment plans and procedures				
Std. V-B 2d. Use appropriate materials and instrumentation for prevention and intervention				

Std. V-B 2e. Measure and evaluate individual's performance and progress, including functional outcomes				
Std. V-B 2f. Dynamically modify treatment plans, strategies, materials, instrumentation, and/or the environment, as appropriate, to meet the individual's needs				
Std. V-B 2g. Complete documentation, report writing, and administrative tasks—including the use of electronic medical records				
Std. V-B 2h. Communicate all relevant information to support intervention				
Std. V-B 2i. Make referrals, as appropriate				
3. Interaction and Personal Qualities				
Std. V-B 3a. Communicate effectively by recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of individuals, family members, care partners, and relevant others				
Std. V-B 3b. Collaborate in the care management of individuals to ensure an interprofessional, team-based practice				
Std. V-B 3c. Provide counseling regarding communication and swallowing disorders and differences to individuals, family members, care partners, and relevant others				
Std. V-B 3d. Adhere to the Code of Ethics, and maintain high standards of professionalism				