

**Master's Degree in Speech-Language Pathology:  
Policies and Procedures Handbook**

**Department of Speech, Language,  
and Hearing Sciences**

**Auburn University**

**2024-2025**



**AUBURN**  
UNIVERSITY

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## **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](#).

## 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 2024 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). The reaccreditation process will take place Fall of 2024 to assure continued accreditation for the clinical training program. 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)

The **thesis track** requires a minimum of 52-59 hours beyond the bachelor's degree including SLHS 7990 Thesis. This number represents the 50 hours of coursework and 4-6 hours of registered thesis hours. The Graduate School stipulates that the student must enroll in SLHS 7990 for a minimum total of four semester hours) but no more than four hours may count toward the 52-hour degree requirement. **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 53 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 the 55-hour minimum and 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 last on-campus semester non-thesis track students sit for a written comprehensive examination. 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, of course, adds to the time required to complete the program. 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 28 hours must be earned at AU and for non-thesis track students no fewer than 27 hours (assuming the minimum requirement of 52 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
Eval. Of Research in Speech Pathology	SLHS 7570	3	Dysphagia	SLHS 7820	3
Speech Science	SLHS 7860	3	Adult Aphasia	SLHS 7550	3
Clin. Prob. Solving I	SLHS 7700	2	Clin. Prob. Solving II	SLHS 7720	2
Special Topics Seminar	SLHS 7970	2	Clinical Practicum in Speech	SLHS 7500	1
Clinical Practicum in Speech	SLHS 7500	1	Adv. Artic/Phonological Dis.	SLHS 7510	3
Lang. Dis.: B-5	SLHS 7520	3	<b>Total Hours</b>	<b>12</b>	
<b>Total Hours</b>	<b>14</b>				

Summer	Course Number	Credit Hours	Fall Year 2	Course Number	Credit Hours
AAC	SLHS 7840	3	Motor Speech Dis.	SLHS 7810	3
Adv. Fluency	SLHS 7530	3	Craniofacial Anomalies	SLHS 7560	3
Lang. Dis.: School-Age	SLHS 7590	3	Special Topics Seminar	SLHS 7970	2
Clinical Practicum in Speech	SLHS 7500	1	Clinical Practicum in Speech	SLHS 7500	1
<b>Total Hours</b>	<b>10</b>		Adv. Voice Dis.	SLHS 7540	3
			<b>Total Hours</b>	<b>12</b>	
Spring Year 2	Course Number	Credit Hours			
Internship in SLP	SLHS 7920	5			
<b>Total Hours</b>	<b>5</b>				

## 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 and one practicum for a total of 10-14 hours each semester.

### 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, Evaluation of Research in Speech 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.

SLHS 3400	Anatomy and Physiology of Speech
SLHS 3410	Phonetics
SLHS 3550	Speech and Hearing Science
SLHS 3560	Neuroanatomy
SLHS 4520	Language Acquisition
SLHS 4580	Introduction to Clinical Procedures
SLHS 4600	Introduction to Audiology
SLHS 4620	Hearing Rehabilitation

In addition, students are 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.

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 supports, the graduate advisor will contact the student to set up a meeting with the student to create an action plan. The clinic coordinator will also attend. 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. 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 telepractice, 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 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 be determined 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**

### **Thesis**

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 is required to be from the SLHS Department. The third committee member can either be from the SLHS Dept or an outside department. 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 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. A

maximum of six hours can count toward the minimum number of hours required for the 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 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 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.

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.

### **Masters 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 Final Examination; and 2) a Written 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.*

#### ***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

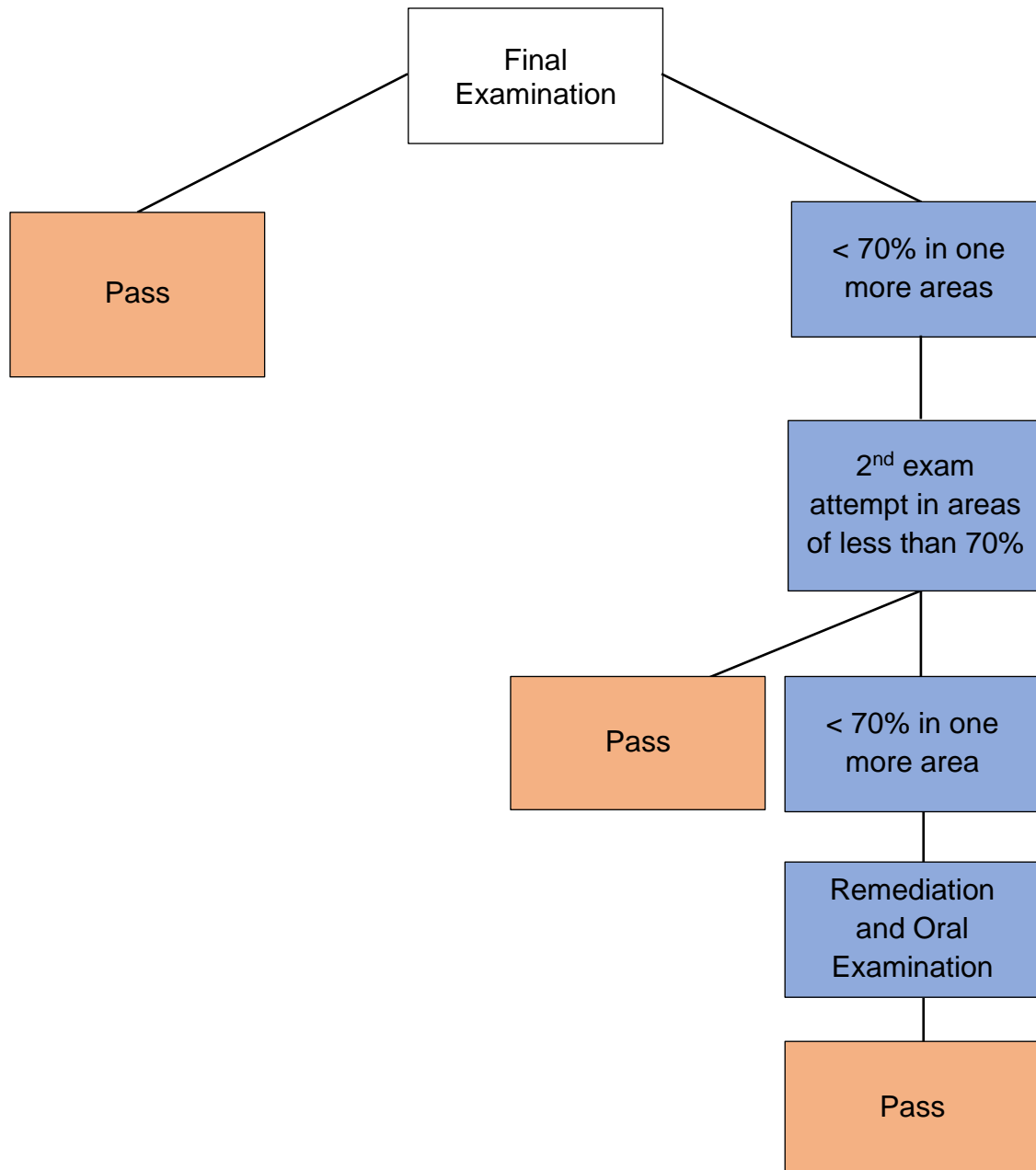
- 8) Social Aspects of Communication
- 9) Communication Modalities
- 10) Research and Professional

### *Grading Criteria and Outcomes*

Students will be required to pass 70% of the questions in each of the 10 areas to pass the Final Examination component of the Summative Assessment. 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 70% benchmark 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)*

The initial exam will occur during Finals Week of their fourth semester. The second attempt will occur early in their 5th semester. Remediation and oral examination will occur during their fifth semester. *Both components of Summative Assessment process need to be successfully completed 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.*





## ***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 disorder-based courses are taught. 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 on the 10<sup>th</sup> day of the semester in which the course is taught. The written question will need to be submitted at the end of this same 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 are as follows:

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

### *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. 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.

### *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 10<sup>th</sup> day of the next 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 passed. *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 masters non-thesis program of study may delay graduation.*

*The template and rubric will be shared on the Summative Assessment canvas course.*

### **Exit Interviews(s)**

An exit interview will be scheduled with the graduate advisor in SLP late in the semester prior to beginning the internship. At this time graduation requirements, 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. 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.

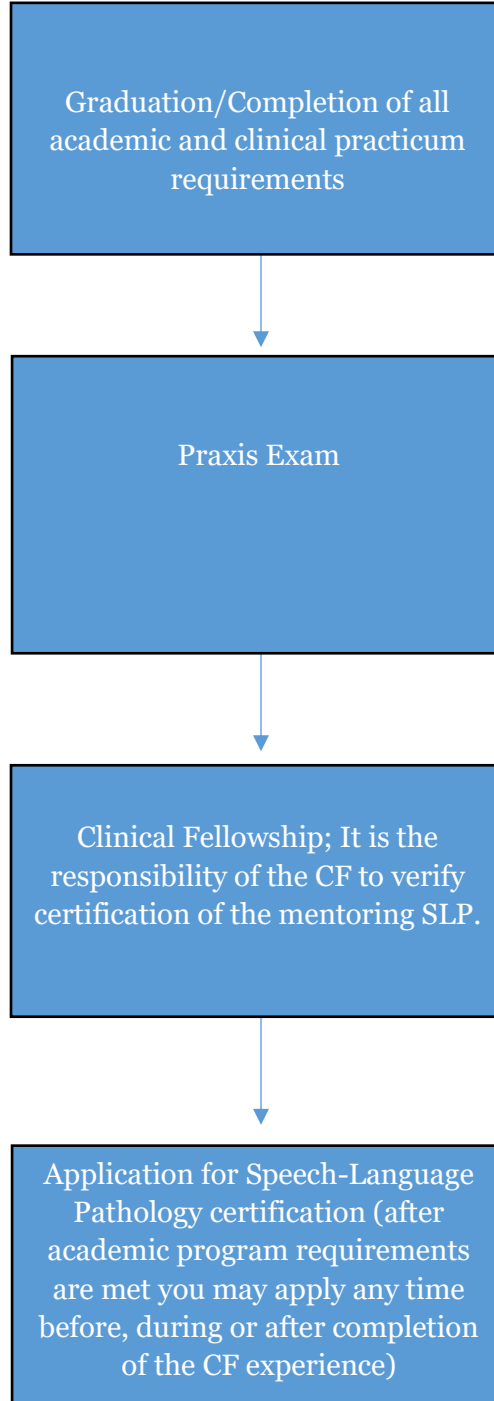
It is the Clinical Fellow's responsibility to identify a mentoring speech-language pathologist (SLP) who holds a current Certificate of Clinical Competence in Speech-Language Pathology to provide the requisite on-site and other monitoring activities mandated during the SLP-CF experience. Before beginning 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 [www.asha.org/certification/SLPCertification](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:

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 working and academic environment free from discrimination and harassment and to fostering a nurturing and vibrant community founded upon the fundamental dignity and worth of all its members.

In accordance with applicable federal law, Auburn University complies with all regulations regarding unlawful discrimination against or harassment of its students. Any form of discrimination or harassment related to a student's race, color, sex, religion, national origin, age, sexual orientation, or disability (protected classes) is a violation of University policy. This policy is intended to cover any prohibited harassment 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.

At a minimum, the completed file must contain the following:

1. Undergraduate transcripts;
2. Documentation of 25 hours of supervised observation
3. 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.)
4. 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 Clinicians' 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 be 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

# 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/2020-SLP-Certification-Standards/>

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

### Standard I: Degree

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

### Standard II: Education Program

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

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

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

### Standard III: Program of Study

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

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

## **Standard IV: Knowledge Outcomes**

### **Standard IV-A**

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

Implementation: Standalone coursework in (a) biological sciences, (b) chemistry or physics, (c) social/behavioral sciences, and (d) statistics that fulfill non-communication-sciences-and-disorders-specific university requirements. Refer to the list of acceptable coursework for further details and to the following for general guidance.

- Biological sciences coursework provides knowledge in areas related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science).
- Chemistry or physics coursework provides foundational knowledge in the areas below.
  - Chemistry: Substances and compounds composed of atoms and molecules, and their structure, properties, behavior, as well as 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, including acoustics, resonance, and neurophysiology.
  - Physics: Matter, energy, motion, and force. This knowledge contributes to better appreciation of the role of physics in everyday experiences and in today's society and technology.
- Social/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 coursework focuses on learning from data and measuring, controlling, and communicating uncertainty. It provides the navigation 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 biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

### **Standard IV-C**

The applicant must have demonstrated knowledge of communication and swallowing

disorders and differences, including the appropriate etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

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

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

#### **Standard IV-D**

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

#### **Standard IV-E**

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

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

#### **Standard IV-F**

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

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

## **Standard IV-G**

The applicant must have demonstrated knowledge of contemporary professional issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues may include but are not limited to trends in professional practice; academic program accreditation standards; ASHA practice policies and guidelines; cultural competency and diversity, equity, and inclusion (DEI); educational legal requirements or policies; and reimbursement procedures.

## **Standard IV-H**

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

## **Standard V: Skills Outcomes**

### **Standard V-A**

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

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

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

### **Standard V-B**

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

#### **1. Evaluation**

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

- f. Complete administrative and reporting functions necessary to support evaluation.
- g. Refer clients/patients for appropriate services.

## **2. Intervention**

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

## **3. Interaction and Personal Qualities**

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

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

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

These experiences allow students to:

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



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

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

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

**A minimum of 9 months of full-time clinical experience with clients/patients, after being awarded the CCC, is required in order for a licensed and certified speech-language pathologist to supervise graduate clinicians for the purposes of ASHA certification.** Individuals who have been clinical educators may consider their experience as "clinical" if (a) they are working directly with clients/patients being assessed, treated, or counseled for speech, language, fluency, cognition, voice, or swallowing function/disorder, or providing case management, and (b) they are the client's/patient's or individual's recognized provider and as such are ultimately responsible for their care management. Individuals whose experience includes only classroom teaching, research/lab work, CS debriefing, or teaching only clinical methods cannot count such experience as "clinical" unless it meets the criteria in (a) and (b).

## **Standard V-C**

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

### **For Graduate Students Initiating their Graduate Program On Or After January 1, 2023**

Implementation: The guided observation and direct client/patient contact hours must be within the ASHA *Scope of Practice in Speech-Language Pathology* and must be under the supervision of a clinician who holds current ASHA certification in the appropriate profession and who, after earning the CCC-SLP, has completed (a) a minimum of 9 months of post-certification, full-time experience (or its part-time equivalent) and (b) a minimum of 2 hours of professional development in the area of clinical instruction/supervision.

Applicants should be assigned practicum only after they have acquired a knowledge base sufficient to qualify for such experience. Only direct contact (e.g., the individual receiving services must be present) with the individual or the individual's family in

assessment, intervention, and/or counseling can be counted toward practicum. When counting clinical practicum hours for purposes of ASHA certification, only the actual time spent in sessions can be counted, and the time spent cannot be rounded up to the nearest 15-minute interval.

### *Guided Clinical Observations*

Twenty-five (25) hours of guided clinical observation hours must be completed in the undergraduate or graduate program and generally precede direct contact with clients/patients. Guided clinical observations may occur simultaneously during the student's observation or afterwards through review and approval of the student's written reports or summaries. Students may use video recordings of client services for observation purposes. Examples of guided clinical observations with a clinical educator who holds the CCC-SLP may include but are not limited to the following activities:

- debriefing of a video recording
- discussion of therapy or evaluation procedures that had been observed
- debriefings of observations that meet course requirements
- written records of the observations

It is important to confirm that there was communication between the clinical educator and observer, rather than passive experiences where the student views sessions and/or videos. The student is encouraged to (a) observe live and recorded sessions across settings with individuals receiving services for a variety of disorders and (b) complete debriefing activities as described above. The graduate program will determine how the guided observation experience should be documented. Evidence of guided observations includes signatures from the clinical educator and documentation of hours, dates, and activities observed.

### *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.

### *Undergraduate Supervised Clinical Practicum*

At the discretion of the graduate program, up to 50 hours of on-site and in-person direct contact hours obtained at the undergraduate level may be counted toward the 400-hour supervised clinical practicum requirement.

### *Clinical Simulations (CS)*

At the discretion of the graduate program, up to 75 direct contact hours may be obtained

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

*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).

<b>Supervised Clinical Practicum Options</b>	<b>Required</b>	<b>Minimum Toward the 400 Hours</b>	<b>Maximum Toward the 400 Hours</b>
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.

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

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

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

### **Standard V-F**

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

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

### **Standard VI: Assessment**

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

Implementation: Results of the Praxis® Examination in Speech-Language

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

## **Standard VII: Speech-Language Pathology Clinical Fellowship**

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

Implementation: The CF experience can be initiated only after completing all graduate credit hours, academic coursework, and clinical experiences required to meet the knowledge and skills delineated in Standards IV and V. The CF experience must be initiated within 24 months of the date on which the application for certification is received. Once the CF application process has been initiated, it must be completed within 48 months of the initiation date. Applicants completing multiple CFs experiences must complete the CF experiences related to the application within 48 months of the date on which the first CF was initiated. Applications will be closed if CF experiences are not completed within the 48-month timeframe or are not submitted to ASHA within 90 days after the 48-month deadline. If an application is closed, then the Clinical Fellow may reapply for certification and must meet the standards that are in effect at the time of re-application. CF experiences more than 5 years old at the time of application will not be accepted.

The CF must be completed under the mentorship of a clinician who has met the qualifications described in Standard VII-B before serving as the CF mentor. It is the Clinical Fellow's responsibility to identify a CF mentor who meets ASHA's certification standards. Should the mentoring SLP not meet the qualifications described in Standard VII-B before the start of the CF experience, the Clinical Fellow will be awarded credit only for that portion of time during which the mentoring SLP met all qualifications. Therefore, it is incumbent upon the Clinical Fellow to verify the mentoring SLP's status before and periodically throughout the CF experience. Family members or individuals who are related in any way to the Clinical Fellow may not serve as mentoring SLPs to that Clinical Fellow.

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

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

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

for individuals who exhibit communication and/or swallowing disabilities.

*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.

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

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

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

Implementation: CF mentors for ASHA certification must complete 2 hours of professional development/continuing education in clinical instruction/supervision after being awarded the CCC-SLP and before mentoring the Clinical Fellow. The Clinical Fellow may not count any hours earned toward the CF experience until their mentor has met all supervisory requirements.

Direct observation must be in real time and may include both on-site and virtual (telesupervision) observations. A mentor must be available to consult with the Clinical Fellow who is providing clinical services. Direct observation of clinical practicum is intended to provide guidance and feedback and to facilitate the Clinical Fellow's independent use of essential clinical skills.

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

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

The mentoring SLP must engage in no fewer than 36 supervisory activities during the

CF experience and must include 18 on-site observations of direct client contact at the Clinical Fellow's work site (1 hour = one (1) on-site observation; a maximum of six (6) on-site observations may be accrued in 1 day). At least six (6) on-site observations must be conducted during each third of the CF experience. Direct observations must consist of the Clinical Fellow engaging in screening, evaluation, assessment, and/or habilitation/rehabilitation activities. Mentoring must include on-site and in-person observations; however, the use of real-time, interactive video and audio-conferencing technology (telesupervision) may be permitted as a form of observation. At least three (3) observations per segment must be completed on site and in person with the Clinical Fellow and clients/patients (not through telesupervision).

Additionally, supervision must include 18 other monitoring activities. *Other monitoring activities* are defined as the evaluation of reports written by the Clinical Fellow, conferences between the CF mentor and the Clinical Fellow, discussions with professional colleagues of the Clinical Fellow, and so forth, and may be completed by correspondence, telephone, or review of video and/or audio tapes. At least six (6) other monitoring activities must be conducted during each third of the CF experience.

If the Clinical Fellow and their CF mentor want to use supervisory mechanisms other than those outlined above, they may submit a written request to the CFCC prior to initiating the CF experience. Written requests may be emailed to cfcc@asha.org or mailed to: CFCC, c/o ASHA Certification, 2200 Research Blvd. #313, Rockville, MD 20850. Requests must include the reason for the alternative plan for mentorship, a detailed description of supervisory process to be implemented (i.e., type, length, frequency, etc.), and signatures from both the Clinical Fellow and the CF mentor. On a case-by-case basis, the CFCC will review the circumstances and decide whether to approve the supervisory process to be conducted in other ways. Additional information may be requested by the CFCC prior to approving any request.

## **Standard VII-C: Clinical Fellowship Outcomes**

The Clinical Fellow must demonstrate knowledge and skills consistent with the ability to practice independently.

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

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

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

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

the CF experience. This report must be signed by both the Clinical Fellow and CF mentor.

## **Standard VIII: Maintenance of Certification**

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

Implementation: Clinicians who hold the CCC-SLP must accumulate and report 30 professional development hours (PDHs) [formerly certification maintenance hours (CMHs)], which is equivalent to 3.0 ASHA continuing education units (CEUs). The PDHs must include a minimum of 1 PDH (or 0.1 ASHA CEU) in ethics and 2 PDHs (or 0.2 ASHA CEUs) in cultural competency, cultural humility, culturally responsive practice, or diversity, equity, and inclusion (DEI) during every 3-year certification maintenance interval. The ethics requirement began with the 2020–2022 maintenance interval and the cultural competency, cultural humility, culturally responsive practice, and/or DEI requirement begins with the 2023–2025 certification maintenance interval.

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

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

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



# Appendix B

## 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-to-day 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

<b>ASHA Standards and Ethics:</b>	<b>The mailing address for self-reporting in writing is American Speech-Language-Hearing Association, Standards and Ethics, 2200 Research Blvd., #313, Rockville, MD 20850.</b>
<b>advertising:</b>	Any form of communication with the public about services, therapies, products, or publications.
<b>diminished decision-making ability:</b>	Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.
<b>individuals:</b>	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 C

### CALIPSPO

#### Knowledge And Skills Acquisition (KASA) Summary Form 2020 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 demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.				

• Basic Human Communication Processes				
• Biological				
• Neurological				
• Acoustic				
• Psychological				
• Developmental/Lifespan				
• Linguistic				
• Cultural				
• Swallowing Processes				
• Biological				
• Neurological				
• Psychological				
• Developmental/Lifespan				
• Cultural				
Standard IV-C. The applicant must have <u>demonstrated knowledge</u> of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:				
• Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				

• Etiologies				
• Characteristics				
• Fluency and fluency disorders				
• Etiologies				
• Characteristics				
• Voice and resonance, including respiration and phonation				
• Etiologies				
• Characteristics				
• Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				
• Etiologies				
• Characteristics				
• Hearing, including the impact on speech and language				
• Etiologies				
• Characteristics				
• Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				

• Etiologies				
• Characteristics				
• Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				
• Etiologies				
• Characteristics				
• Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				
• Etiologies				
• Characteristics				
• Augmentative and alternative communication modalities				
• Characteristics				
Standard IV-D: The applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for persons with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.				
• Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
• Prevention				
• Assessment				

• Intervention				
• Fluency and Fluency Disorders				
• Prevention				
• Assessment				
• Intervention				
• Voice and resonance, including respiration and phonation				
• Prevention				
• Assessment				
• Intervention				
• Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				
• Prevention				
• Assessment				
• Intervention				
• Hearing, including the impact on speech and language				
• Prevention				
• Assessment				

• Intervention				
• Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
• Prevention				
• Assessment				
• Intervention				
• Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				
• Prevention				
• Assessment				
• Intervention				
• Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				
• Prevention				
• Assessment				
• Intervention				
• Augmentative and alternative communication modalities				
• Assessment				



• Intervention				
Standard IV-E: The applicant must have demonstrated knowledge of standards of ethical conduct.				
Standard IV-F: The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.				
Standard IV-G: The applicant must have demonstrated knowledge of contemporary professional issues.				
Standard IV-H: The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.				
Standard V-A: The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice (including Speech and Language skills in English, consistent with ASHA's position statement on students and professionals who speak English with accents and nonstandard dialects).				
Standard V-B: The applicant must have completed a program of study that included supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes. (These skills may be developed and demonstrated through direct clinical experiences, academic coursework, labs, simulations, and examinations, as well as through the completion of independent projects.)				
1. Evaluation (must include all skill outcomes listed in a-g below for each of the 9 major areas except that prevention does not apply to communication modalities)				
• Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				

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

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

• Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Hearing, including the impact on speech and language				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				

Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				

Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				

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

Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
2. Intervention (must include all skill outcomes listed in a-g below for each of the 9 major areas)				
• Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				



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

intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				

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

• Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
• Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				

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

Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
Augmentative and alternative communication modalities				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
3. Interaction and Personal Qualities				
Std. V-B 3a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others.				

Std. V-B 3b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.				
Std. V-B 3c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.				
Std. V-B 3d. Adhere to the ASHA Code of Ethics and behave professionally.				

## **Appendix D.**

### **Peer-reviewed Publication Template**

*Complete for each reference used for the assignment*

Complete citation of manuscript in APA 7th ed. format:

Research Design (e.g, systematic review or controlled trial without randomization):

How is the study population relevant for case study example provided:

How are the study findings relevant for case study example provided:

Level of Evidence (using Evidence Pyramid available here - <https://libguides.auburn.edu/SLH/ebp> ):

Specific value of this resource for determining the clinical pathway for this case study.  
Provide an evaluative annotated bibliography format with 250 word maximum:



**Search Diary for Written Application Question**

*Limited to one page, single-spaced*

*List two databases used during search:*

*Provide one search strategy (you may have used more than one) indicating the search terms and correct use of AND and OR:*

*Explain any additional search strategies used (e.g., Google Scholar, citation mining, Library resources):*

**Synthesis of Evidence for Case Study**  
*Limited to one page, single-spaced*