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DEPARTMENT *of* AUDIOLOGY &  
SPEECH-LANGUAGE PATHOLOGY  
College of Clinical and Rehabilitative Health Sciences

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EAST TENNESSEE STATE UNIVERSITY

## **GRADUATE HANDBOOK**

*Doctor of Audiology (AuD)*

**2021-2022**

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## **WELCOME TO AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY**

We want to welcome you to the Department of Audiology and Speech-Language Pathology. This handbook is provided to acquaint you with requirements of the program. It provides an overview of faculty, the program, graduation requirements, advisement, and accreditation and licensing requirements. We recommend that you consult the handbook first for answers to many of your questions. Please note that several aspects of the program, e.g., sequence and the method of delivery of courses, dates and format of the comprehensive examinations, are subject to change due to unexpected circumstances, for instance resulting from public health issues. The doctoral (AuD) education program in Audiology at ETSU is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association, 2200 Research Boulevard #310, Rockville, Maryland 20850, phone: (800) 498-2071 or (301) 296-5700.

**Dr. Bess Sirmon-Taylor serves as the Chair of the Department.** The program (see below for the AuD Program of Study) is designed to meet the requirements for certification including the attainment of the Certificate of Clinical Competence (CCC) of the American Speech-Language-Hearing Association (ASHA), Tennessee state licensure, and Tennessee public school licensure. The certification requirements for the Doctorate in Audiology include successful completion of coursework, a three-trimester externship (of 32-40 hours/week) sequence typically completed during the summer, fall and spring of the fourth year of the program, and completion of ASHA competencies as outlined on the Knowledge and Skills Acquisition (KASA) form. These requirements are the minimal required standards and some additional, such as the SLP observation hours, may be required in some States. Our program is designed to provide a clinic

and coursework experience that exceeds these basic certification requirements. The Standards for the Certificate of Clinical Competence are contained in Appendix A, the Tennessee licensure requirements are contained in Appendix B.

## FACULTY

The faculty of Audiology and Speech-Language Pathology cover a diverse field of specialties within audiology and speech-language pathology. The faculty is here to share with you current knowledge of human communication and balance sciences and disorders. To facilitate this process, it is necessary that you actively engage in study and interaction with your advisor as well as the entire graduate faculty. All Audiology faculty, regardless of the physical location of their office, are appointed at ETSU, and are responsible for teaching, supervising, committee activity, and mentoring student research. The list of department faculty below includes each faculty member's primary location and area of specialty. Speech-Language Pathology faculty members are included for your information. You will also come in contact with clinical preceptors at a variety of external placement sites. You should consider the faculty as a single unit and recognize that each member of the faculty is invested in the AuD program at ETSU. Any problems or concerns that arise during a student's coursework or clinical activity should be addressed in a timely manner with the appropriate faculty member and/or the Graduate Coordinator.

### Audiology

#### *ETSU Campus Audiology Academic Faculty*

Faculty	Area of Specialty
Saravanan Elangovan, Ph.D. Professor; Director of Audiology East Carolina University, 2005	Electrophysiology, Speech Perception
Marc A. Fagelson, Ph.D. Professor; University of Texas at Austin, 1995	Diagnostics, Psychoacoustics, Tinnitus
Marcy Hite, Au.D., Ph.D. Assistant Professor; Clinical Education Coordinator Texas Tech University, 2012, 2017	Listening Efforts, Pediatrics
Joseph Smaldino Ph.D. Adjunct Professor University of Florida, 1974	Classroom Acoustics, Adult Aural Rehabilitation, Speech Perception, Hearing Science
Jacek Smurzynski, Ph.D. Professor; AuD Program Coordinator Wroclaw University of Technology, Poland, 1987	Auditory Perception, Otoacoustic Emissions

#### *ETSU Clinical Faculty*

Faculty	Area of Specialty
Shannon Bramlette, Au.D. Salus University, 2007 University of Tennessee, 1997	Clinical Supervision, Pediatric Assessment

***VA Medical Center – Mountain Home Audiology Academic Faculty***

<b>Faculty</b>	<b>Area of Specialty</b>
Faith Akin, Ph.D. Professor Vanderbilt University, 1997	Vestibular Assessment and Rehabilitation
Nicholas Giuliani, Ph.D. Assistant Professor University of Iowa, 2017	Assistive Listening Technologies, Measures of Listening Effort, Amplification
Courtney Hall, Ph.D. Professor University of Texas at Austin, 2000	Vestibular Rehabilitation
Earl Johnson, Ph.D., Au.D. Associate Professor Vanderbilt University, 2007 University of Florida, 2009	Adult Amplification
Owen Murnane, Ph.D. Professor; Associate Chief of Staff-Research VA Medical Center Syracuse University, 1995	Vestibular and Auditory Electrophysiology
Sharon Rutledge, Au.D. Associate Professor University of Florida, 2001	Implantable Hearing Devices, Audiologic Rehabilitation
Kim Schairer, Ph.D. Associate Professor; Service Chief, Audiology and Speech-Language Pathology University of Memphis, 2000	Otoacoustic Emissions, Middle Ear Measurements, Psychoacoustics

***VA Medical Center – Mountain Home Audiology Clinical Faculty and Research Staff***

<b>Faculty</b>	<b>Role</b>
Christopher Burks, Au.D. AT Still University, 2011	Clinical Supervision
Erin Dula, Au.D. East Tennessee State University, 2017	Research, Study Coordinator, Clinical Supervision
Kelly Koder, Au.D. East Tennessee State University, 2006	Clinical Supervision
Kelly McConnell, Au.D. Salus University, George Osborne School of Audiology, 2006	Assistant Service Chief for Audiology and Speech Pathology
Kara McGregor, Au.D. Western Michigan University, 2018	Research, Study Coordinator, Clinical Supervision, Teaching Assistant
Jennifer Robinson, M.S. East Tennessee State University, 1998	Clinical Supervision
Stephanie Rouse, Au.D. Missouri State University, 2008	Clinical Supervision, Teaching Assistant

David Ryan, Ph.D. East Tennessee State University, 2014	Research; Area of Specialty: Cognitive Psychology
Jennifer Sears, Au.D. West Virginia University, 2009	Clinical Supervision, Education Coordinator
Jennifer Trammell, Au.D. East Tennessee State University, 2014	Clinical Supervision

### **Speech-Language Pathology**

#### ***ETSU Campus Speech-Language Pathology Academic Faculty***

Faculty	Area of Specialty
Bess Sirmon-Taylor, Ph.D. Professor and Department Chair University of Georgia, 2006	Public Policy in Concussion Management, Analysis of Ethics in Healthcare, Patterns of Language Use in Mental Illness
Teresa Boggs, Ph.D. Associate Professor; Director of Speech-Language Clinical Services East Tennessee State University, 2016	Autism Spectrum Disorders, Child Language, Clinical Supervision, Parent Training in Language
Chaya Guntupalli, Ph.D. Associate Professor University of Pittsburgh, 2013	Voice Disorders, Speech Science, Clinical Supervision
Dr. Brenda Louw, D. Phil. Professor; University of Pretoria, South Africa, 1986	Cleft Palate, Early Language Intervention, Child Language
Kerry Proctor-Williams, Ph.D. Professor Emerita University of Kansas, 2005	Child Language Development & Disorders, Intervention, Service Delivery Models, Interprofessional Education
A. Lynn Williams, Ph.D. Professor; Associate Dean CCRHS Indiana University, 1988	Phonology and Child Language

#### ***ETSU Speech-Language Pathology Clinical Faculty***

Faculty	Area of Specialty
Courtney Andrews, M.A. Assistant Professor Louisiana State University, 2012	Adult Neurodegenerative Disorders, Concussion Management, Telepractice
Kristy Eisenzopf, M.Ed. Valdosta State University, 2001	Autism Spectrum Disorders, Childhood Speech and Language Disorders, Parent Education
Lindsay Greer, M.S. East Tennessee State University, 2009	Preschool Language and Literacy, School-Age Language Disorders, Reading and Writing Disorders
Marie Johnson, M.S. East Tennessee State University, 2010	Autism Spectrum Disorders, Childhood Speech and Language, Pediatric Aural (Re)habilitation, Auditory-verbal Therapy

***VA Medical Center – Mountain Home Speech-Language Pathology Faculty***

<b>Faculty</b>	<b>Area of Specialty</b>
Kara Burton, M.S. University of Central Arkansas, 2000	Clinical Supervision, Dysphagia
Patrick J. Henley, M.S. East Tennessee State University, 2000	Clinical Supervision, Dysphagia, Adult Neurogenics, Trach/Vent
Kelli Johnson, M.S. East Tennessee State University, 2008	Clinical Supervision, TBI
Jill Metcalf, M.S. East Tennessee State University, 2010	Clinical Supervision, Dysphagia, Cognitive-Communication Disorders
Jody Rice, M.S., Adjunct Professor East Tennessee State University, 2001	Clinical Supervision, Adult Neurogenic Disorders, Dysphagia, Head/Neck Cancer. Geriatrics

**ADVISEMENT**

Your academic and clinical file is housed in the department office. That file contains your application package and all graduate related documents. Your file is strictly confidential; only you and the faculty/staff of ASLP have access to it. You may review it at any time in the office of Departmental Executive Aide, Ms. Rachel Hatfield; however, none of its contents may be removed.

Your main academic advisor is Dr. Jacek Smurzynski. Dr. Smurzynski serves as the Graduate Coordinator for Audiology and in this capacity, he is the person who is available to answer questions, address concerns or problems that you encounter, and administer your program of study, Tuition Scholarship, and/or Graduate Assistantship. Dr. Smurzynski will also assist you when it is time to prepare paperwork for graduation, and is also available to guide your decision as you develop an AuD Research Capstone Project during your second year of study. Dr. Saravanan Elangovan serves as the Director of Audiology and Dr. Marcy Hite serves as the Clinical Education Coordinator. In this capacity they are available to answer questions, address concerns or problems that you encounter, administer your KASA documentation, and to facilitate the fourth-year clinical externship placement.

We have also implemented an individual academic advising process for all AuD students to help us monitor your successful progress through the program, while also facilitating an opportunity for you to provide and obtain timely feedback regarding different aspects of your training. As a part of this advising plan, you will be meeting with your individual Faculty Advisor, assigned to you during the first fall trimester, once every term (Fall, Spring, and Summer) at a determined time around midterm. Each student will fill in required items of an appropriate advising form before meeting with the advisor. During the meeting the form will be completed, mutually signed and then filed in your student folder in the Executive Aide's office.

***Enrollment Procedures***

You will need to contact the Graduate Coordinator to enroll for the prescribed didactic and clinical courses each trimester. Enrollment can be completed during the pre-enrollment period  
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the preceding trimester. During the orientation you and your classmates will meet with the Director of Audiology and the Graduate Coordinator to address your doctoral program of study. The program may change slightly on individual cases, however you will be advised regarding the requirements you have met and which you have yet to meet in order to obtain a degree from ETSU and satisfy the requirements for an ASHA certification. The Program of Study can be changed, if necessary, with the approval of the ASLP Department and the School of Graduate Studies.



## COURSE REQUIREMENTS

### Department of Audiology and Speech-Language Pathology

**NOTES:** Course sequence subject to change.  
Course descriptions appear in the Graduate Catalog

#### Professional Course Requirements (Au.D.) First Year Curriculum (42 credits)

**Fall Trimester** 15 credit hours

CDIS 5010:	Neurological Bases of Communication and Cognition	3 Credits
CDIS 6100:	Instrumentation and Acoustic Measurement	3 Credits
CDIS 6110:	Anatomy and Physiology of the Auditory System	3 Credits
CDIS 6115:	Audiologic Evaluation I	3 Credits
CDIS 6520:	Audiology Clinic	3 Credits

**Spring Trimester** 15 credit hours

CDIS 6140:	Amplification Systems I	3 Credits
CDIS 6145:	Pathologies of the Auditory System	3 Credits
CDIS 6150:	Hearing Science and Psychoacoustics	3 Credits
CDIS 6195:	Electrophysiology I	3 Credits
CDIS 6520:	Audiology Clinic	3 Credits

**Summer Trimester** 12 credit hours

CDIS 6141:	Amplification Systems II	3 Credits
CDIS 6160:	Audiologic Evaluation II	3 Credits
CDIS 6330:	Auditory Measures of Speech Perception	3 Credits
CDIS 6520:	Audiology Clinic	3 Credits

#### Second Year Curriculum (38 Credits)

**Fall Trimester** 13 credit hours

CDIS 6142:	Amplification Systems III	3 Credits
CDIS 6180:	Pediatric Audiology	3 Credits
CDIS 6360:	Vestibular Assessment	3 Credits
CDIS 6401:	Research Design: Introduction	1 Credit
CDIS 6520:	Audiology Clinic	3 Credits

**Spring Trimester**

13 credit hours

CDIS 6300:	Rehabilitative Audiology for Children	3 Credits
CDIS 6361:	Advanced Vestibular Assessment and Rehabilitation	3 Credits
CDIS 6390:	Issues in Medical Audiology	3 Credits
CDIS 6402:	Research Design: Implementation	1 Credit
CDIS 6520:	Audiology Clinic	3 Credits

**Summer Trimester**

12 credit hours

CDIS 5295:	Counseling in Communicative Disorders	3 Credits
CDIS 6310:	Rehabilitative Audiology for Adults	3 Credits
CDIS 6196:	Electrophysiology II	3 Credits
CDIS 6520:	Audiology Clinic	3 Credits

**Third Year Curriculum (22 Credits)**

**Fall Trimester**

10 credit hours

CDIS 6355:	Tinnitus Management	3 Credits
CDIS 6403:	Research Design: Completion	1 Credit
CDIS 6590:	Externship: Audiology	6 Credits

**Spring Trimester**

9 credit hours

CDIS 6370/40:	Hearing Conservation/Audiology Clinical Practice Mgt.	3 Credits
CDIS 6410:	Audiology Research Seminar	3 Credits
CDIS 6520:	Audiology Clinic	3 Credits

**Summer Trimester**

3 credit hours

CDIS 6520:	Audiology Clinic	3 Credits
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**Fourth Year Curriculum (18 Credits)**

**Fall Trimester**

9 credit hours

CDIS 6590:	Externship: Audiology	9 Credits
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**Spring Trimester**

9 credit hours

CDIS 6370/40:	Hearing Conservation/Audiology Clinical Practice Mgt.	3 Credits
CDIS 6590:	Externship: Audiology	6 Credits

The School of Graduate Studies requires that the following criteria be met throughout students' matriculation:

- **The time limit for completion of the AuD degree, from the semester of admission, is six years; and**
- **Students must register for a minimum of one graduate credit hour if they have not completed all degree requirements before the first day of classes of the term they expect to graduate.**

The students are responsible for the following:

1. Filing the Application for Candidacy form;
2. Filing the Intent to Graduate form;
3. Removing all conditions required at the time of admission by the College of Graduate and Continuing Studies.

Forms for these administrative requirements may be downloaded from the Web site of the College of Graduate and Continuing Studies (<http://www.etsu.edu/gradstud/forms.php>). Item 1 is expected to be completed by the end of the third year of graduate coursework. Items 2 and 3 must be completed before the end of the second week of the final trimester.

### *Credit Hours of Enrollment*

A “full-time” graduate student, according to College of Graduate and Continuing Studies regulations, must be enrolled in a minimum of nine hours during the fall and spring semesters and six hours during the summer session. Students with appointments as graduate assistants and tuition scholarships must enroll in a minimum of nine graduate hours during the Fall and Spring semesters.

### *Procedures for Admission to Doctoral Candidacy*

Admission to the College of Graduate and Continuing Studies, and the approval to pursue a degree program does not in any way imply that a student is admitted to candidacy for the doctoral (AuD) degree. To be admitted to candidacy the College of Graduate and Continuing Studies requires that the student:

1. Remove all conditions required at the time of admission by the College of Graduate and Continuing Studies.
2. Meet the specific requirements of the major associated with clinical and didactic coursework as outlined in this handbook with a grade point average of 3.0 or above. Additionally, AuD students are required to pass a series of comprehensive examinations following each year in the program (see page 14).

Submit the completed form for admission to candidacy and receive the approval of the program of study by the Dean of Graduate Studies before the beginning of the last semester of residency. When the application for candidacy is approved, the student may be considered a candidate for the graduate degree. Changes in the planned program of study for candidacy will not be approved by the College of Graduate and Continuing Studies if the changes or course substitutions are not made prior to enrollment in courses.

### *Retention Requirements for the AuD Degree*

In order to remain in good standing, AuD students must adhere to the following guidelines. Failure to do so will result in the student being placed on academic and/or clinic probation.

1. 3.0 cumulative GPA in academic courses taken as an AuD candidate;
2. 3.0 (a grade of “B” or higher) in all clinical practica taken at the graduate level.

A student who fails to obtain at least a 3.0 cumulative average in academic courses and a 3.0 clinical average by the end of the probationary trimester will be dismissed from the program. Such a student may petition the graduate faculty for reinstatement if he/she believes extenuating circumstances exist. No student will be allowed more than two probationary trimesters, whether consecutive or cumulative. Graduate assistants and tuition scholarship recipients who fail to achieve a 3.0 cumulative GPA will be allowed one semester to remedy the grade deficiency.

**Courses taken at another college or university for graduate credit transfer as credit only. These courses are not counted in determining a student’s GPA at ETSU. An “F” in any course at ETSU must be retaken.**

### *Graduation Requirements for the AuD Degree*

The AuD is conferred upon those students who meet the following requirements:

- Satisfactory completion of all ETSU College of Graduate and Continuing Studies retention and graduation requirements as outlined in the ETSU Graduate Catalog: <http://catalog.etsu.edu/index.php>
- Satisfactory completion of no less than 120 semester hours (75 of which will be didactic/instructional, 45 of which will be clinical).
- Completion of all required courses with the grade of “C” or better and an overall minimum GPA of 3.0. Students will repeat a didactic course for which the final grade is “F” **only one time** in order to complete graduation requirements; however, in repeating a course, the previous grade as well as the grade earned when the course was repeated is averaged in the subsequent GPA.
- Satisfactory completion of all required clinic practica as determined by the appropriate supervisor(s) and the Faculty Advisor. A clinic practicum experience must be repeated when the grade assigned is lower than a “B” by any given clinical faculty. No clinical hours will be awarded for substandard clinic practica (Note that grade requirements for repeating a course are different for clinic practica versus didactic courses). **Satisfactory progress in clinical practica, in the form of formative and summative assessments, will also be considered during the process of assigning a student to off-campus clinics.**
- Satisfactory completion of all program comprehensive evaluations. The nature of these comprehensive examinations are summarized below, and are consistent with the

- formative and summative evaluations recommended of ASLP programs by ASHA.
- Satisfactory completion of the program's culminating experience as outlined in the AuD Capstone Project guidelines (see page 17).
  - Satisfactory attainment of all competencies as specified in the KASA.

### ***Graduation Checklist for the AuD Degree***

In order to graduate as planned, the student must complete the following paperwork during his/her final term at ETSU:

- Enroll in a minimum of 1 credit hour in the semester in which he/she will graduate.
- File *Intent to Graduate* form with the College of Graduate and Continuing Studies no later than the end of the second week of the semester in which the student expects to complete the requirements for the graduate degree.
- Schedule a final conference with the Director of Audiology. At this time, final clock hours and competencies will be tabulated to assure that ASHA and departmental requirements have been met. Also, all final paperwork will be filed and signed by the student and the Graduate Coordinator.

## Qualifying Examination Process for the AuD

### *Schedule of Exams:*

1. Written qualifying examinations will be held during Spring trimesters. Students will be informed about the format and dates before the end of the Fall trimester of the first and the second year of the program. Tentatively, the exams will be planned for Monday and Tuesday following the Spring break but their schedule and the format are subject to change.
2. Grading of qualifying examinations will be completed within a week. Incompletes (see below for grading scheme) **must be cleared within two weeks after the 'Incomplete' grade is assigned.**

Qualifying examinations consist of written and/or oral comprehensive tests completed in the spring term of each year of coursework and provide formative and summative assessment of AuD students. Students are provided a list of course materials for which they are responsible, and test questions are drafted by the instructor(s) of record for courses in the students' programs of study. Information pertaining to specific examination topics or questions may be provided at the instructor's discretion. These formative and summative exams provide the means by which students' retention of foundation material and their ability to integrate didactic coursework with clinical practice may be monitored. Results from any set of the formative/summative assessments will confirm that students are progressing in a satisfactory manner toward graduation. The exams may also indicate the need to review or modify a student's Program of Study, develop an action/remediation plan, or dismiss a student from the program if the results are unsatisfactory (see below). All regulations regarding academic dishonesty, such as sharing answers and plagiarism apply to the comprehensive examinations. **Examination time is set at one hour per written test for all students unless specific documentation regarding a disabling condition is provided by the student at least two weeks prior to the first exam date.**

### *First Year Comprehensive Examinations*

All courses from the first fall trimester are covered across one day of written exams, with students writing for up to four hours. The exams are intended to provide an opportunity for formative assessment of Audiology foundation courses. The instructor who prepares questions for the exam is also responsible for evaluating the student responses. Each exam question is evaluated using the following grading scale:

**Pass (Grade: >90%):** The student's written answer satisfied all relevant aspects of the questions; no additional work is required for that particular portion of exam.

**Partial Pass (Grade: 81-90%):** The student's written answer failed to address some aspects of the question; however, the majority of the expected information was present. The student is required to provide clarification of those components that were inadequate during a meeting with the instructor. **Students are responsible for scheduling the meeting, which must take place no more than two weeks after the partial pass grade is assigned.**

**Incomplete (Grade: 71-80%):** The student's written answer failed to address several important aspects of the question. The student is required to provide **extensive clarification** of those components that were inadequate by completing **an oral examination** focusing on the deficient

area(s) with that instructor. **Students are responsible for scheduling the oral exam, which must take place no more than two weeks after the ‘Incomplete’ grade is assigned.** If the instructor determines the oral examination fails to resolve the issues identified in the written comprehensive exam, then the student receives a **failing grade** for that course’s comprehensive exam. The student is then required to complete the process related to a failing grade as specified below.

Fail (**Grade: <71%**): The student’s written answer is insufficient for an ‘Incomplete’ grade or the student failed an oral examination following an ‘Incomplete’ written exam. The student is required to pass an oral examination before a committee of three faculty members. Unlike the oral examination following an ‘Incomplete’ grade, the oral exam that addresses a grade of ‘fail’ draws upon material from the entire course in question. By drawing from a broader topic area it is the faculty’s intention to identify the need for remediation as it pertains to that portion of Audiology’s scope of practice in which the student’s knowledge base is inadequate. **Students are responsible for scheduling the oral exam, which must take place no more than two weeks after the grade is assigned.** The oral examination committee consists of three faculty members, selected by the instructor responsible for the exam question. The oral examination is scheduled for 60 minutes. The faculty committee evaluates student responses through guided questioning relevant to the topic area at hand and assigns a grade of ‘Pass’ or ‘Fail’ within 24 hours following the exam. If this oral exam was completed on a Friday, the student will be notified by 9 AM the following Monday of the results. If the student earns a ‘Pass’, work on that exam topic is finished. **A failing grade on this oral examination will result in one of two outcomes, depending upon the number of failing grades the student receives throughout a specific set (i.e., 1<sup>st</sup> year or 2<sup>nd</sup> year) of comprehensive exams.**

**Students who fail one oral examination will have the option of completing a remediation plan designed by the faculty and determined on a case-by-case basis. A student who received a failing grade on the comprehensive exam and whose final grade in the course in question was “C” may need to retake the relevant coursework as one of the requirements of the remediation plan, thus resulting in the need of modifying the program of study appropriately. Students who decline the remediation plan will be dismissed from the program immediately and the Dean of Graduate Studies will be notified of the recommendation to dismiss the student within 24 hours of the decision. The remediation plan will specify the timeline and the evaluation procedure of assignments to be completed. The final outcome will be evaluated during an oral exam before a committee of three faculty members. If the committee determines the outcome fails to resolve the issues identified earlier in the process, then the final decision regarding student’s status will be determined on a case-by-case basis but generally it will result in the dismissal from the program. Remediation plan activities are considered a portion of the comprehensive exam process and are evaluated using rubrics presented to the student at the start of the plan. All rules set forth in the Handbook section “Academic Dishonesty and Misconduct” section apply to material evaluated during the remediation plan.**

**Students receiving more than one failing grade on oral comprehensive examinations during the first year of testing will be dismissed from the program immediately, and the recommendation for dismissal will be sent to the Dean of Graduate Studies at that time. In this way, students who do not display adequate, comprehensive knowledge of foundation Audiology subject material will not matriculate through the program, nor will they take part in advanced coursework or clinical rotations. Students who receive failing grades on**

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**more than one written comprehensive examinations during the first year of testing will be dismissed from the program without the option of scheduling oral exams.**

### ***Second Year Comprehensive Examination***

Courses from the first five trimesters of the program of study, except for those included in the first-year comprehensive examination, are covered across two days of written exams, with students writing up to five hours per day. This set of exams will provide an opportunity for formative assessment of students' knowledge acquired in advanced Audiology courses, as well as their ability to integrate material from the first five trimesters of their program of study. Evaluation of each written exam is the responsibility of the instructor who presented the questions. Each exam question is evaluated using the same grading scale as that specified in the first-year comprehensive exams. The consequences for an 'Incomplete' or 'Fail' grade are the same as those following the first-year exams. **A student, who is required to complete a remediation plan resulting from a failing grade on the comprehensive exam (or exams), is expected to finish the remediation prior to the beginning of the fall semester of the third-year in the program. Any exception needs to be approved by Program Director. The student is not allowed to accept an offer of the fourth-year externship until the remediation is successfully completed and approved by the exam committee.**

**Students who receive failing grades on more than two written comprehensive examinations during the second year of testing will be dismissed from the program without the option of scheduling oral exams. Students receiving more than two failing grades on oral comprehensive examinations will be dismissed from the program immediately.**

### ***Third Year Comprehensive Examination***

During the third spring trimester of coursework and prior to the student's 4<sup>th</sup>-year Audiology Residency/Externship, a final set of exams will be completed. This summative evaluation will be conducted orally and will assess the student's ability to integrate didactic and clinic coursework through the analysis and discussion of cases designed by faculty and drawn from clinic records. **All confidentiality requirements related to case review will be maintained.**

Each student will discuss four cases with the collected AuD faculty. The four cases will center upon the assessment of an adult, a child, a vestibular patient, and a patient with undiagnosed disorder for whom the student will make a diagnosis and state an appropriate treatment and management plan. Students will review the case history and diagnostic test results and discuss orally the significant information in the case history. Students will describe appropriate assessment strategies and diagnostic test batteries, and in some cases will be encouraged to request additional information that will be provided during the exam. Students will be expected to interpret diagnostic test results, identify site-of-lesion/pathology, and make appropriate recommendations for the treatment/rehabilitation of the test patients. In addition, the student will answer questions from the AuD faculty concerning each case study. Evaluation of the oral examination will be conducted by the examining faculty immediately following the exercise. Grading will be 'Pass' or 'Fail'. The criteria upon which the student will be evaluated will be associated with the presented cases. For example, criteria appropriate for the analysis of a pediatric case may differ from those of an adult case.

Pass: In general, the student will be expected to address satisfactorily the following points for each case: (1) a thorough review of case history, (2) a description of appropriate assessment



strategies and diagnostic test batteries, (3) interpretation of diagnostic tests, (4) identification of site-of-lesion/pathology, (5) an integration of case history and diagnostic test results, and (6) recommendations for the treatment/rehabilitation of the patient.

Fail: Failure to pass the comprehensive exam will occur if the student is unable to discuss adequately two or more of the following items for each case: (1) a thorough review of case history, (2) a description of appropriate assessment strategies and diagnostic test batteries, (3) an interpretation of diagnostic tests, (4) an identification of site-of-lesion/pathology, (5) an integration of case history and diagnostic test results, and (6) recommendations for the treatment/rehabilitation of the patient. A failing grade on any specific case comprising this final comprehensive examination will require the student to retake that specific portion of the exam. The student will be allowed to retake the final comprehensive examinations **one time. Failure at a second attempt will result in a review of the deficiencies identified during the examination process. A performance/remediation plan will be designed for the student on a case-by-case basis. The plan may include retaking the relevant coursework, thus resulting in the need of modifying the program of study appropriately, delaying the start of the fourth-year externship and the graduation date. Students who decline the remediation plan will be dismissed from the program immediately and the Dean of Graduate Studies will be notified of the recommendation to dismiss the student within 24 hours of the decision. Students who receive failing grades on more than two oral comprehensive examinations at the second attempts will be evaluated on a case-by-case basis, including a possibility of being dismissed from the program without the option of completing a remediation plan. Students will not be allowed to begin their fourth-year residency/externship until they have passed all comprehensive (case) examinations.**

### **AuD Capstone Project**

All AuD students are required to complete a research course sequence. The first class of the sequence (CDIS 6401 during the fall trimester of the second year) provides students with foundations for designing and executing a capstone project. Subsequent courses (CDIS 6402 during the spring trimester of the second year and CDIS 6403 during the fall trimester of the third year) provide more opportunities to enhance knowledge and experience related to developing research methods, evidence-based practice, statistical analyses of the data, and strategies to prepare successful slide and poster presentations. Students register for the final component of the research sequence in their third spring trimester (CDIS 6410). Students are required to have the capstone project completed prior to beginning their fourth-year externship. Therefore, they are encouraged to initiate their projects' activities during the fall trimester of the second year. It is expected that by the end of that term each student will develop a project prospectus, including the timeline of all steps needed to proceed with the project's implementation. The mentor of a capstone project will determine what a student should complete by the end of each trimester and will assign a grade for that component/those components of the project to be incorporated into the final grade of each research course (CDIS 6401, 6402, 6403). It is the student's responsibility to work closely with the mentor to complete the required work by the assigned date. **A formal written progress report needs to be prepared by the student at the end of each trimester and approved by the mentor.** Students must comply with ETSU Institutional Review Board (IRB) guidelines and, if the research project is conducted at the VA, then they must also comply with the VA Research and Development Committee (R&DC) guidelines. It is recommended (and mandatory, for students receiving tuition scholarships or graduate assistantships) to complete IRB compliance training as early as possible in the program of study.

The research capstone project must culminate in the following: (a) an oral Powerpoint presentation for the ASLP department faculty and students during AuD Capstone Day, and (b) presentation of the project at the ETSU Research Forum, and/or submission/presentation of the project (oral or a poster presentation) at a professional meeting approved by the capstone committee chair.

### ***Purposes of the AuD Capstone Project***

The primary objectives of the AuD research project are:

- To create an opportunity for students to engage in an in-depth study of an area of Audiology;
- To foster the student's appreciation for research;
- To enhance the student's capacity to be a critical consumer of audiologic research, and
- To provide a forum conducive for the student to demonstrate critical thinking.

### ***Capstone Project Guidelines***

The following steps and guidelines should be completed during development of the research project:

#### **A. Identification of a Topic**

Students will decide upon an area of interest and a faculty member (mentor) to direct the project. Students are encouraged to develop an original research question but some AuD research projects may arise from the collaboration of the student and a faculty member on a project related to an ongoing line of research. Therefore, it is beneficial for students to actively discuss possible research project ideas with course instructors, advisors, and other faculty members. **Students are encouraged to initiate this process at the beginning of their second year in the program.**

It is expected that the student will interact closely with the mentor to refine the original project idea into its final form, develop a proposal, conduct the project, moderate the student's oral presentation, and assist in the development of the presentation of the project at a professional meeting. In this respect, the mentor is expected to provide guidance to the student during all phases of the research experience, and, as necessary, to consult with other faculty members as the project is developed, initiated, and brought to fruition.

#### **B. AuD Capstone Project Committee (optional)**

Since the capstone project is not a thesis, recently, the College of Graduate and Continuing Studies has lifted the requirement of forming a committee consisting of a chair and two other members. Therefore, once a student has selected a topic for a research project and a mentor, the next step is to decide whether additional faculty members could be invited to participate as members of the capstone project committee. The decision about specific responsibilities of those members will be determined by the mentor.

#### **C. Informing the AuD Research Coordinator**

After selection of a research project and the mentor (and the committee if applicable), the student is responsible for informing the AuD Research Coordinator (Dr. Smurzynski) as to the topic/title of the project and the identities of the mentor and committee. It is also the responsibility of the student to immediately notify the

AuD Research Coordinator of any changes re: the project topic, mentor, or makeup of the committee.

#### **D. The AuD Capstone Project Proposal**

**The student must prepare a narrative that describes the proposed research project.** This proposal should be prepared in close consultation with the capstone project mentor.

Sufficient detail should be provided in the proposal so that each section contains a clear and succinct description of the project. The proposal must provide fundamental direction for the project that subsequently will be followed as the project is completed. **The approved proposal should be considered a formal agreement between the student and the mentor as to the content of the completed project.**

1. The title of the capstone project should be brief, but descriptive and suggest the project's purpose.
2. The introduction section should contain the literature review and purpose of the project. The literature review should support and logically lead to a statement of the purpose of the project.
3. The procedures section of the project proposal addresses the methodological approaches the student will use to complete the project. Minimally it includes a description of the subjects, how the project will be conducted, specific procedures that will be employed, types of data that will be collected and how the information collected will be analyzed and described.
4. Students should include as appendices any information that might be distracting, or which is not needed in the body of the proposal. Appendices may include copies of questionnaires, models, computer programs or software applications specific to the project, formulas and calculations, and detailed description of instrumentation or assessment instruments, etc.
5. Each proposal must include a list of references – a listing of the articles and other sources that the student has cited in the proposal narrative. The ASLP Department has specified that all formal papers must list references consistent with the most recent edition of the *APA Publication Manual*.
6. The capstone project mentor helps the student to prepare a time line suggesting appropriate times for developing and completing various stages of the project.

#### **E. Institutional Review Board (IRB) and VA Research and Development Committee (VA R&DC)**

ETSU and the Mountain Home VA Health Care System have specific policies that govern projects involving human or animal subjects. When a research project involves human or animal subjects, an application must be submitted for ETSU IRB review and approval. If the project is to be conducted at the VA, then approval by the VA R&DC is required in addition to IRB approval. The submission and review process is electronic (web-based) via IRB Manager. Although the students' projects may be covered by existing IRB/VA R&DC-approved studies, it is the responsibility of each student and the mentor to ensure that the appropriate approvals have been obtained prior to initiating the project.

Directions on how to prepare an IRB and/or VA R&DC application as well as the required forms that must be submitted with the applications can be obtained from:

<http://www.etsu.edu/irb>

The IRB and/or VA R&DC application should be prepared by the student and the mentor. When the application is complete, it must be submitted for review to the ETSU IRB committee and/or the VA R&DC. In general, it will take about three to four weeks, or more, for an IRB or VA R&DC application to be reviewed and notification sent to the student and committee chair. **A research project involving human or animal subjects must not begin without IRB and VA R&DC (if applicable) approval.**

#### F. Data Collection and Analyses

Once all necessary approvals have been obtained as discussed in the previous sections of these guidelines, the student will conduct the research project consistent with the procedures section of the project proposal. Prior to data collection, the student will work with the project mentor to develop data collection materials, study procedures, study database, or other materials needed for the data collection phase of the project. After the data collection is completed, the student will work with the project mentor on analyzing the data in preparation for capstone presentation(s). **It is the student's responsibility to work closely with the mentor to prepare in-class presentations required within all three research-related courses, i.e., CDIS 6401, 6402, and 6403.**

#### G. Oral Presentation: ASLP Department

**The oral presentation must be made prior to beginning the fourth-year externship.**

After the mentor has reviewed and approved the completion of the project, the student must prepare a power point presentation. Although the oral presentation is not considered a formal defense, it will contribute to the overall grade assigned for the Research Seminar Course (CDIS 6410). Typically, presentations are done on one day near the end of the third spring trimester.

If the data collection part of the project is completed but the student needs some extra time to finish data analyses, the capstone project mentor may consider extending the deadline of the oral presentation towards the beginning of the 4<sup>th</sup>-year externship. Such a decision will be made on a case-by-case basis and it will result in receiving an incomplete grade in CDIS 6410.

In general, the format of the oral presentation is the responsibility of the student and the mentor but will typically consist of a 20-minute power point summary of the project, followed by questions/discussion of the project by all individuals in attendance.

#### H. Oral or Poster Presentations

The student, working closely with the capstone project mentor, will develop a presentation of the project. The student is not permitted to submit an abstract to the meeting/conference organizer without the review and approval of the mentor. **The project may be presented at the annual ETSU Research Forum (March/April) and/or submitted/presented at a professional meeting approved by the mentor.** Meetings where the project may be presented include (but are not limited to) the conferences of the following professional organizations:

<u>Organization</u>	<u>Abstract</u>	<u>Meeting</u>
ETSU Research Forum	Feb/March	March/April
Acoustical Society of America	January/July	May/Nov
American Academy of Audiology	November	April
American Auditory Society	December	Feb/March
American Balance Society	October	Feb/March
ASHA	April	November
Assoc. for Research in Otolaryngology	October	February
Tennessee Academy of Audiology	April	October

### I. Grading

The committee project mentor is responsible for submitting a grade for the capstone research project (CDIS 6410, Research Seminar).

### J. Authorship

Students will consult with the project mentor and the committee, if applicable, concerning authorship (and order of authorship) of professional presentations/posters and manuscripts submitted for publication.

### Research Training

All students participating in any aspect of research during their program must complete training pertaining to protection of human subjects' privacy of information and data security, except when the capstone project is exclusively theoretical without any use of patients' data. The training for Audiology students must occur prior to their participation in research either as a research assistant or as the researcher.

### FOURTH-YEAR CLINICAL EXTERNSHIP

When students complete **all requirements** related to the Program of Study, Comprehensive Examinations (written and oral), and Capstone Research Project, they may embark upon a clinical externship that comprises their fourth and final year in the AuD program. This clinical assignment is a curriculum component required by the boards that govern Certification in Audiology. Students are urged to identify options for their fourth-year placement some time during the summer of their second year in the program.

The following items must be taken into consideration by students as they plan their fourth-year externship:

1. All clinic placements require faculty approval prior to a student proceeding with an application and/or interview at the site. **It is the students' responsibility to ensure that members of the faculty are aware of externship preference(s) prior to committing to any Fourth-Year Externship.**
2. Initial contact with a potential clinical placement site should be made by a member of the faculty. Students should discuss potential sites with Dr. Hite who will contact sites. In this way, standardization of ETSU's required affiliation process may be maintained, and any potential conflicts of interest will be avoided.

- 3. A student, who is required to complete a remediation plan resulting from a failing grade on the comprehensive exam (or exams) during the second year of the program, is not allowed to accept an offer of the externship until the remediation is successfully completed and approved by the exam committee. Dr. Hite will inform the site regarding the status of the remediation process.**

Once the placement site completes an affiliation agreement with ETSU, the student is advised to sign a contract with the site that specifies the nature of the assignment, its time requirement, and any financial compensation associated with the placement. Students should understand that:

- Most placement sites will require an interview prior to any hiring decisions;
- Not all extern sites provide stipends or salary;
- Externship sites outside the immediate area should be expected for most students;
- Externships must be at least nine months in length, and may be as long as twelve months, depending upon the time period required by the extern site.

### **PRAXIS EXAMINATION**

The Praxis Examination in Audiology (0342) is an integral component of ASHA certification standards. The development of the examination is commissioned by ASHA and facilitated by the Educational Testing Service (ETS) to provide a system of thorough, fair, and carefully validated assessments. The audiology Praxis examination is owned and administered by ETS as part of *The Praxis II*®: Subject Assessments; however, ASHA's Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) makes a final determination for the passing score. Students may take the Praxis exam as early as in their third year of the program or after they have graduated. It is important to specify two recipient codes at the time of the exam in order to verify the score. For students obtaining a school credential, specify #1198 (College of Education). All students must specify the ASLP department code of #0281. Current passing score for purposes of ASHA certification (test code 5343) is 162. ASHA will continue to accept a passing score on the Praxis test (both the 5342 and 0342 test codes) if this version is required by your state's licensing agency. The passing score on those versions of the test is 170. The exam may be retaken if a passing score on the first attempt is not achieved. It is important to prepare for the ASHA exam. We suggest the following:

1. Student must take responsibility to study for the ASHA exam. We encourage students to form study groups prior to the ASHA exam.
2. The faculty supports the student review for the ASHA exam by presenting colloquia on how to prepare for the exam. We also refer students to the [ASHA](#) website for more information. The department has several references and materials for preparation for the ASHA exam.

### **PROFESSIONAL ORGANIZATIONS**

There are many professional organizations available in the areas of education, medicine, and communication sciences and disorders. As a concerned member of the profession, you should consider joining the American Speech-Language-Hearing Association (ASHA) and/or the American Academy of Audiology (AAA) as well as your state speech and hearing association as a minimum. Some of the benefits of membership are personal. You receive the publications of the organizations and can attend conventions at reduced rates. Some of the benefits are to the

profession as a whole. For instance, your ASHA and AAA membership helps to support legislation and public relations campaigns, which will increase awareness and support of our profession. Membership in the state organization supports licensure legislation and appropriate teacher certification standards.

You are encouraged to become a member of both the ETSU Chapter of the National Student Speech-Language-Hearing Association (NSSLHA), which is affiliated with ASHA, and the Student Academy of Audiology (SAA), which is affiliated with AAA. With these memberships you receive the ASHA and AAA journals, and discounts on attending conferences. NSSLHA also publishes their own journal, which is geared to students, and both organizations sponsor awards for travel and research. As a member of NSSLHA you also save a substantial amount when you apply for liability insurance, ASHA certification and membership. ETSU has established NSSLHA and SAA chapters. The members generally meet once a month and some of the meetings involve speakers or social events. TAASLP (Tennessee Association of Audiologists and Speech-Language Pathologists) also has student membership available which entitles you to receive their newsletter and to attend the fall state convention for a reduced fee.

Applications for student membership in NSSLHA, SAA or TAASLP can be obtained from the clinic office or NSSLHA/SAA faculty advisors, Mrs. Lindsay Greer, Mrs. Marie Johnson or Dr. Marcy Hite.

You can become a regular member of ASHA, AAA, or TAASLP once you have completed the academic and practicum requirements for membership.

Students are encouraged to participate in educational and clinical activities organized by local and national professional or commercial organizations. However, the plan of participation must be discussed with the Program Director (Dr. Elangovan) and Program Coordinator (Dr. Smurzynski). Appropriate provisions related to changes in clinical assignments or classes need to be approved. Moreover, number of students participating in a particular activity may be limited. For example, students are limited to attending only **one summer camp** organized by hearing-aid manufacturers during the first two years of the AuD program.

## UNIVERSITY FACILITIES

Students who are enrolled in ETSU pay for the use of the Student Health Center and the Center for Physical Activity in their student fees. The University Library is also available to all ETSU students. The library provides guidebooks and tours for those who are unfamiliar with the building and its services. Of special interest to students involved in research are the computer-assisted literature searches and interlibrary loan service.

A variety of cultural and athletic events are also scheduled on campus. Students can obtain tickets to athletic events at reduced rates. Concerts, plays, speakers, films, etc., are frequently presented on campus.

## USE OF COMPUTERS

**According to ETSU E-mail policy all correspondence with students should be done via**

**ETSU account due to confidentiality issues that may occur when using a non-secure system. Should students send faculty/staff E-mails from another address they need to be requested to resend the mails from their ETSU accounts. Students are encouraged to check ETSU mailboxes frequently.**

The University Computer Center is located in the Sherrod Library. Additionally, there are numerous student computer labs across campus that provide such access.

In order to assure appropriate use of the computers, please honor the following guidelines: (1) students should receive instruction in appropriate use of the computers either in class, through a university-sponsored workshop, or from a knowledgeable colleague; (2) eating and drinking are not allowed in the computer work areas, and (3) students **must log off** after completing any work requiring the use of a public computer (e.g., those in student computer labs) to protect private information.

### **GRADUATE HOODING CONVOCATION/UNIVERSITY COMMENCEMENT**

In May of each year, the University holds a commencement for all graduates. Each recipient of the AuD degree who is present is recognized and is “hooded” by an AuD faculty recommended by the graduating class.

Students are invited to participate in the Graduate Convocation of the ASLP Department the Friday evening before commencement. This activity is a student-led event. The Presidents of NSSLHA and SAA will coordinate planning the ceremony with the students. Faculty advisors will be available to assist the students with the planning and will serve as liaisons between the students and the faculty. The following is a suggested timeline for planning:

1. The department Executive Aide schedules time and date for the Hooding Ceremony.
2. In the Fall Semester prior to the ceremony, the Presidents of NSSLHA and SAA will review prior ceremonies and outline plan for ceremony, i.e. invited speakers, music, etc.
3. Establish a committee to work on the Hooding Ceremony. (Fall)
4. Invite speakers, schedule musicians. (Fall)
5. Contact possible donors for flowers. (Fall)
6. Assign a student to develop an invitation. (Fall)
7. The Presidents of SAA/NSSLHA will finalize plan with faculty advisors. (Spring)
8. The Presidents of SAA/NSSLHA will select food for reception and arrange with the department Executive Aide. (Spring)
9. The Presidents of SAA/NSSLHA will assign students to set up stage and seating day of ceremony.

Students wishing to participate in either of these ceremonies should arrange to pick up a cap, gown, and hood from the Registrar’s Office. While preparing the Intention to Graduate form, select the hood for a Doctor of Audiology.

### **ASHA EMPLOYER AND ALUMNI SURVEYS**

We request that you keep us updated as to your correct mailing address after you leave. Approximately a year after you finish your program we will contact you, sending you an Alumni and Employer survey. These are general questionnaires pertaining to your training here at ETSU. The information is used for our ASHA accreditation. We hope you will take the time to assist us in completing these questionnaires.



## STUDENT GRIEVANCES

Occasionally students will have complaints about faculty members or about departmental procedures. Complaints about faculty may range from an assignment being too long to a test that is perceived to be too difficult or a grade that is thought to be unfair. In most cases the complaints represent what amounts to a simple breakdown of communication between the faculty member and the student. Usually the parties involved resolve the problem satisfactorily without anyone else necessarily being aware that a problem existed. Very few complaints need to go any further for a solution.

If a student has a complaint concerning a faculty member that cannot be resolved in discussion with the faculty member or a problem that the student does not feel free to discuss with the faculty member, then the student should come to the Department Chair, Graduate Coordinator, or a Faculty Adviser. If the student can present evidence demonstrating the possibility of a valid complaint against the faculty member, then the Department Chair, Graduate Coordinator or Faculty Adviser will discuss the matter with the faculty member in an attempt to resolve the problem. The Department Chair, Graduate Coordinator or Faculty Adviser may bring the student and faculty member together as part of this attempt. If the problem still cannot be resolved, then the Department Chair could convene a grievance committee.

If a student has a complaint about a departmental procedure, then this should also be discussed with the Department Chair or Program Director. If the Department Chair or Program Director feels that the complaint is legitimate, then he/she will solicit input from other students and/or faculty members if appropriate, and alternatives may then be suggested and adopted. If the complaint does not appear justified, then no change in procedures will be made. Again, a grievance committee could be convened.

Outside the university, students should follow the Complaint Procedure against Graduate Education Programs briefly described below, which can be found in Section XIII of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) Accreditation Handbook: <https://caa.asha.org/siteassets/files/accreditation-handbook.pdf>

## PROCEDURES FOR COMPLAINTS AGAINST GRADUATE EDUCATION PROGRAMS

Complaints about programs must meet all of the following criteria:

- a. be against an accredited graduate education program or program in candidacy status in audiology or speech-language pathology;
- b. relate to the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech-Language Pathology in effect at the time that the conduct for the complaint occurred, including the relationship of the complaint to the accreditation standards;
- c. be clearly described, including the specific nature of the charge and the data to support the charge;
- d. be within the timelines specified below:
  - if the complaint is being filed by a graduate or former student, or a former faculty or staff member, the complaint must be filed within one year of separation from the program, even if the conduct occurred more than 4 years prior to the date of filing the complaint;

- if the complaint is being filed by a current student or faculty member, the complaint must be filed as soon as possible, but no longer than 4 years after the date the conduct occurred;
- if the complaint is being filed by other complainants, the conduct must have occurred at least in part within 4 years prior to the date the complaint is filed.

Complaints also must meet the following submission requirements:

- include verification, if the complaint is from a student or faculty/instructional staff member, that the complainant exhausted all pertinent institutional grievance and review mechanisms before submitting a complaint to the CAA;
- include the complainant's name, address, and telephone contact information and the complainant's relationship to the program in order for the Accreditation Office staff to verify the source of the information;
- be submitted using the CAA's complaint form;
- must be complete at the time of submission, including the complaint and all appendices;
- append documented evidence in support of the complaint, including as appropriate relevant policies/procedures, relevant correspondence (including email), timelines of referenced events, etc. Complainants should not enclose entire documents; only the specific pages should be included that present content germane to the complaint. Page numbers to these appendices should be referenced in the complaint. Materials may be returned to the complainant if not properly organized to support the complaint.
- must submit all complaints and supporting evidence in English, consistent with the business practices of the CAA;
- be signed and submitted in writing via U.S. mail, overnight courier, or hand delivery, not via e-mail or as a facsimile to:

Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology  
 American Speech-Language-Hearing Association  
 2200 Research Boulevard, #310  
 Rockville, MD 20850

### **DISABILITY SERVICES**

In compliance with federal regulations outlined in Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, ETSU makes accommodations, course substitutions, and other academic adjustments when necessary to ensure equal access for students with disabilities. While all students with disabilities are protected from discrimination, some students may not be eligible for all of the services coordinated by Disability Services. Classroom and testing accommodations are made on an individual case-by-case basis. Students who wish may request an accommodation or academic adjustment because of a disability by completing the intake process with Disability Services self-identity. For more details please check the graduate catalog: <https://catalog.etsu.edu/content.php?catoid=32&navoid=1485#disability-services>

## **STATEMENT OF NONDISCRIMINATION**

East Tennessee State University is fully in accord with the belief that educational and employment opportunities should be available to all eligible persons without regard to age, gender, color, race, religion, national origin, disability, veteran status or sexual orientation. It is the intent of the university to comply fully with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all other federal civil rights statutes. Inquiries and complaints alleging violation of this policy should be directed to the Special Assistant to the ETSU President for Equity and Inclusion (phone: 423 439-4445). More information can be found here: <https://www.etsu.edu/equity/default.php>.

## **ACADEMIC DISHONESTY AND MISCONDUCT**

Academic dishonesty includes plagiarism (representing someone else's ideas as if they are one's own), unauthorized collaboration on out-of-class projects, cheating on in-class exams, unauthorized advance access to an exam, fraudulent alterations of academic materials, and knowing cooperation with another person in an academically dishonest undertaking. Dishonesty will not be tolerated. Appropriate disciplinary action is at the discretion of the instructor and could include: a substitute assignment or exam, a grade of "zero" or "F" for the assignment or exam, a reduced grade for the exam, assignment or course, a grade of "F" for the course or recommendation of probation, suspension or expulsion. Whenever disciplinary action is taken, this must be communicated in writing within 10 working days to the (1) student; (2) student's advisor; (3) instructor's department chair; and (4) student's academic dean.

Academic misconduct involves obtaining undeserved academic credit or advantage, but the intent to defraud is not present. The instructor consults with the student and can require the student to complete a substitute assignment or exam. No further notification of university officials is required.

Students have the right to appeal any allegations or actions. Further details regarding this policy are available in the ETSU Graduate Catalog.

## **CERTIFICATE OF CLINICAL COMPETENCE CCC-AUD**

To practice as an Audiologist, your employer may require you to obtain the Certificate of Clinical Competence offered by the American Speech-Language-Hearing Association. In order to receive the certificate, you must complete your graduate program of study, including the 4<sup>th</sup>-year externship and achieve a passing score on the National Examination in Audiology (the Praxis Exam). Guidelines and procedures for certification and information concerning the 4<sup>th</sup>-year externship are contained in the ASHA Membership and Certification Handbook (see Appendix A for summary).

## **NEW ASHA CERTIFICATION REQUIREMENTS**

ASHA has changed the certification requirements for audiology to reflect a trend in health care training programs nationally. These changes were substantial in that they move away from course and clinical hour requirements to achievement of competencies. Each course and clinic will have specific competencies that will be acquired during your participation in that experience. While this change does not eliminate course and clinical hour requirements, some competencies will be achieved outside of these formats (e.g., invited workshops, internet

tutorials, presentations, and Brown Bag Lunch Symposia) and your attendance at these events will be **mandatory**. These extra workshops may be the only time that these competencies can be met. In other words, check with faculty before scheduling trips or commitments on open Fridays during the semesters (including summer) to avoid missing critical workshops. One of those additional activities is a series of case conferences with students presenting clinical cases to the faculty and their peers. Those meetings are typically scheduled for the first Friday of the month, from 11:30 AM to 12:30 PM. The schedule of the case conferences and the list of students presenting is provided at the beginning of the fall trimester. Your attendance is **mandatory**. Unexcused absence may result in lowering the grade of the clinic course (CDIS 6520). The competencies have been given to us by ASHA in a form called the Knowledge and Skills Acquisition (KASA) document.

The department has implemented a Web-based system, Typhon, to record clinical hours and track progress in achieving the clinical competencies. This documentation is necessary for graduation and for ASHA certification. It is the student's responsibility to meet at least once a trimester with his/her main clinical preceptor during the first three years of the program and the Clinical Education Coordinator while on final year externship to discuss progress through the curriculum and ensure that the appropriate documentation has been entered into the Typhon system.

### **ASHA CODE OF ETHICS**

The ASLP faculty at ETSU is dedicated to demonstrating and facilitating the standards of professional and ethical conduct. As part of that commitment to professional competence, the faculty emphasizes student understanding of the Code of Ethics of the American Speech-Language-Hearing Association (See Appendix C). Upon successful completion of your graduate program, you should be ready to begin your career with full understanding of the importance of preserving the standards and principles of the Code of Ethics and with the ability to adhere strictly to those principles throughout your career.

### **SUBSTANCE ABUSE POLICY**

Appendix D contains the policy on substance abuse for students enrolled in clinical training programs approved by the College of Clinical and Rehabilitative Health Sciences and also applicable to AuD students.

### **GRADUATE ASSISTANTSHIPS AND TUITION SCHOLARSHIPS**

The ASLP Department offers tuition scholarships (8 hours per week) for full-time first-year AuD students and half-graduate assistantships (GAs; 10 hours per week) for first-, second- and third-year students. These financial-aid mechanisms are awarded on a competitive basis. If you are awarded one of these positions, you will be assigned to a faculty member for your work commitment. You should plan to be available to your faculty supervisor the week prior to start of classes through exam week. Clinical half-GA positions may be offered to second- and/or third-year students. If such opportunities are supported by outside clinics academic and clinical faculty will provide those sites with their recommendations based on academic and clinical performance of the students. Final decisions will be made after completing the interviews conducted by audiologists who would supervise the students in those clinics.

Details of each financial-aid positions are presented below.

### **A Half-Graduate Assistant (GA)**

1. Out-of-state tuition and one-half maintenance fees (in-state tuition) are waived for fall and spring trimesters.
2. Out-of-state tuition is waived for summer but maintenance fees are not waived in the summer trimester.
3. Students must register for at least 9 credit hours in fall and spring trimesters and 6 credits for summer.
4. Receives a stipend of \$3,500 per academic year (or more) paid in 8 monthly installments.
5. Must maintain a 3.0 GPA.
6. Appointments are from August 15 through May 15 (15 weeks per trimester). You are responsible to your assigned faculty member for your work hours during that time. You must make arrangements to make up your hours with your faculty member if you will not be on campus during that time.

**Your initial appointment is for one year and the opportunity to renew is contingent upon the availability of funds, as well as academic and clinical performance.**

### **Tuition Scholarship (TS)**

1. Out-of-state tuition and maintenance fees (in-state tuition) are waived for fall and spring trimesters.
2. Out-of-state tuition is waived for summer but maintenance fees are not waived in the summer trimester.
3. Students must register for at least 9 credit hours in fall and spring trimesters and 6 credits for summer.
4. Students must maintain a 3.0 GPA.
5. Appointments are from August 15 through May 15. You are responsible to your assigned faculty member for your work hours during that time. You must make arrangements to make up your hours with your faculty member if you will not be on campus during that time.
6. Your appointment is for the first year of the program.

### **Graduate Assistanships available outside ASLP**

In the past, many second- and third-year AuD students applied successfully for full GA positions across the campus, for example, in the library, tutoring, the testing center, financial-aid office, etc. Those positions require 20 hours per week of work, provide the coverage of the entire in-state tuition for fall and spring and of the out-of-state tuition for summer, and a stipend ranging from \$7,000 to over \$8,000 per academic year. The faculty support students' applications for financial assistance opportunities outside our Department. However, students need to keep in mind that accepting a full GA position requiring 20 hours per week, especially when a student needs to work during regular business hours (typically from 8 AM to 4:30 PM, Monday through Friday), may not be feasible due to the clinic schedule. Clinical and course-related activities **will not be modified** to accommodate obligations linked to a GA position.

# **APPENDIX A**

## **Standards for Certificate of Clinical Competence**

# 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Audiology

Effective Date: January 1, 2020

## Introduction

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

A [Practice and Curriculum Analysis of the Profession of Audiology](#) was conducted in 2016 under the auspices of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the CFCC. The survey analysis was reviewed by the CFCC, and the following standards were developed to better fit current practice models.

The 2020 standards and implementation procedures for the Certificate of Clinical Competence in Audiology (CCC-A) went into effect on January 1, 2020. View the [Audiology Standards Crosswalk](#) [PDF] for more specific information on how the standards have changed.

## Citation

Cite as: Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2018). *2020 Standards for the Certificate of Clinical Competence in Audiology*. Retrieved from [www.asha.org/certification/2020-Audiology-Certification-Standards/](http://www.asha.org/certification/2020-Audiology-Certification-Standards/)

The Standards for the CCC-A are shown in bold. The CFCC implementation procedures follow each standard.

- [Standard I—Academic Qualifications](#)
- [Standard II—Knowledge and Skills Outcomes](#)
- [Standard III—Verification of Knowledge and Skills](#)
- [Standard IV—Examination](#)
- [Standard V—Maintenance of Certification](#)

## Standard I: Academic Qualifications

**Applicants for certification must hold a doctoral degree in audiology from a program accredited by the CAA, a program in CAA candidacy status, or equivalent.**

Implementation: Verification of the graduate degree is accomplished by submitting (a) an official transcript showing that the degree has been awarded or (b) a letter from the university registrar verifying completion of requirements for the degree. Applicants must have graduated from a program holding CAA accreditation or candidacy status in audiology throughout the period of enrollment.

Applicants from non-CAA-accredited programs (e.g., PhD programs, internationally educated, etc.) with a doctoral degree and audiology coursework will have their application evaluated by the CFCC to determine substantial equivalence to a clinical doctoral degree program accredited by the CAA. **Individuals educated outside the United States or its territories** must submit official transcripts and evaluations of their degrees and courses to verify equivalency. These evaluations must be conducted by **credential evaluation services agencies** recognized by the National Association of Credential Evaluation Services (NACES). Evaluations must (a) confirm that the degree earned is equivalent to a U.S. clinical doctoral degree, (b) show that the coursework is equivalent to a CAA-accredited clinical doctoral program, (c) include a translation of academic coursework into the American semester-hour system, and (d) indicate which courses were completed at the graduate level.

## Standard II: Knowledge and Skills Outcomes

**Applicants for certification must have acquired knowledge and developed skills in the professional areas of practice as identified in Standards II A–F, as verified in accordance with Standard III.**

Implementation: The knowledge and skills identified in this standard, although separated into areas of practice, are not independent of each other. The competent practice of audiology requires that an audiologist be able to integrate across all areas of practice. Therefore, assessments used to verify knowledge and skills acquisition must require that the candidate for certification demonstrate integration of the knowledge and skills found in Standards II A – F below.

### Standard II-A: Foundations of Practice

**Applicant has demonstrated knowledge of:**

- A1. Genetics, embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology of hearing and balance over the life span**
- A2. Effects of pathogens, and pharmacologic and teratogenic agents, on the auditory and vestibular systems**
- A3. Language and speech characteristics and their development for individuals with normal and impaired hearing across the life span**
- A4. Principles, methods, and applications of acoustics, psychoacoustics, and speech perception, with a focus on how each is impacted by hearing impairment throughout the life span**
- A5. Calibration and use of instrumentation according to manufacturers' specifications and accepted standards**
- A6. Standard safety precautions and cleaning/disinfection of equipment in**



accordance with facility-specific policies and manufacturers' instructions to control for infectious/contagious diseases

A7. Applications and limitations of specific audiologic assessments and interventions in the context of overall client/patient management

A8. Implications of cultural and linguistic differences, as well as individual preferences and needs, on clinical practice and on families, caregivers, and other interested parties

A9. Implications of biopsychosocial factors in the experience of and adjustment to auditory disorders and other chronic health conditions

A10. Effects of hearing impairment on educational, vocational, social, and psychological function throughout the life span

A11. Manual and visual communication systems and the use of interpreters/translitterators/translators

A12. Effective interaction and communication with clients/patients, families, professionals, and other individuals through written, spoken, and nonverbal communication

A13. Principles of research and the application of evidence-based practice (i.e., scientific evidence, clinical expertise, and client/patient perspectives) for accurate and effective clinical decision making

A14. Assessment of diagnostic efficiency and treatment efficacy through the use of quantitative data (e.g., number of tests, standardized test results) and qualitative data (e.g., standardized outcome measures, client/patient-reported measures)

A15. Client-centered, behavioral, cognitive, and integrative theories and methods of counseling and their relevance in audiologic rehabilitation

A16. Principles and practices of client/patient/person/family-centered care, including the role and value of clients'/patients' narratives, clinician empathy, and shared decision making regarding treatment options and goals

A17. Importance, value, and role of interprofessional communication and practice in patient care

A18. The role, scope of practice, and responsibilities of audiologists and other related professionals

A19. Health care, private practice, and educational service delivery systems

A20. Management and business practices, including but not limited to cost analysis, budgeting, coding, billing and reimbursement, and patient management

A21. Advocacy for individual patient needs and for legislation beneficial to the profession and the individuals served

A22. Legal and ethical practices, including standards for professional conduct, patient rights, confidentiality, credentialing, and legislative and regulatory mandates

A23. Principles and practices of effective supervision/mentoring of students, other professionals, and support personnel

## **Standard II-B: Prevention and Screening**

Applicant has demonstrated knowledge of and skills in:

B1. Educating the public and those at risk on prevention, potential causes, effects, and treatment of congenital and acquired auditory and vestibular disorders

- B2. Establishing relationships with professionals and community groups to promote hearing wellness for all individuals across the life span**
- B3. Participating in programs designed to reduce the effects of noise exposure and agents that are toxic to the auditory and vestibular systems**
- B4. Utilizing instrument(s) (i.e. sound-level meter, dosimeter, etc.) to determine ambient noise levels and providing strategies for reducing noise and reverberation time in educational, occupational, and other settings**
- B5. Recognizing a concern on the part of medical providers, individuals, caregivers, or other professionals about hearing and/or speech-language problems and/or identifying people at risk to determine a need for hearing screening**
- B6. Conducting hearing screenings in accordance with established federal and state legislative and regulatory requirements**
- B7. Participating in occupational hearing conservation programs**
- B8. Performing developmentally, culturally, and linguistically appropriate hearing screening procedures across the life span**
- B9. Referring persons who fail the hearing screening for appropriate audiologic/medical evaluation**
- B10. Identifying persons at risk for speech-language and/or cognitive disorders that may interfere with communication, health, education, and/or psychosocial function**
- B11. Screening for comprehension and production of language, including the cognitive and social aspects of communication**
- B12. Screening for speech production skills (e.g., articulation, fluency, resonance, and voice characteristics)**
- B13. Referring persons who fail the screening for appropriate speech-language pathology consults, medical evaluation, and/or services, as appropriate**
- B14. Evaluating the success of screening and prevention programs through the use of performance measures (i.e., test sensitivity, specificity, and positive predictive value)**

## **Standard II-C: Audiologic Evaluation**

**Applicant has demonstrated knowledge of and skills in:**

- C1. Gathering, reviewing, and evaluating information from referral sources to facilitate assessment, planning, and identification of potential etiologic factors**
- C2. Obtaining a case history and client/patient narrative**
- C3. Obtaining client/patient-reported and/or caregiver-reported measures to assess function**
- C4. Identifying, describing, and differentiating among disorders of the peripheral and central auditory systems and the vestibular system**
- C5. Providing assessments of tinnitus severity and its impact on patients' activities of daily living and quality of life**
- C6. Providing assessment of tolerance problems to determine the presence of hyperacusis**
- C7. Selecting, performing, and interpreting a complete immittance test battery based on patient need and other findings; tests to be considered include single probe tone tympanometry or multifrequency and multicomponent protocols, ipsilateral and**

contralateral acoustic reflex threshold measurements, acoustic reflex decay measurements, and Eustachian tube function

C8. Selecting, performing, and interpreting developmentally appropriate behavioral pure-tone air and bone tests, including extended frequency range when indicated

C9. Selecting, performing, and interpreting developmentally appropriate behavioral speech audiometry procedures to determine speech awareness threshold (SAT), speech recognition threshold (SRT), and word recognition scores (WRs); obtaining a performance intensity function with standardized speech materials, when indicated

C10. Evaluating basic audiologic findings and client/patient needs to determine differential diagnosis and additional procedures to be used

C11. Selecting, performing, and interpreting physiologic and electrophysiologic test procedures, including electrocochleography, auditory brainstem response with frequency-specific air and bone conduction threshold testing, and click stimuli for neural diagnostic purposes

C12. Selecting, performing, and interpreting otoacoustic emissions testing

C13. Selecting, performing, and interpreting tests for nonorganic hearing loss

C14. Selecting, performing, and interpreting vestibular testing, including electronystagmography

(ENG)/videonystagmography (VNG), ocular vestibular-evoked myogenic potential (oVEMP), and cervical vestibular evoked myogenic potential (cVEMP)

C15. Selecting, performing, and interpreting tests to evaluate central auditory processing disorder

Applicant has demonstrated knowledge of:

C16. Electrophysiologic testing, including but not limited to auditory steady-state response, auditory middle latency response, auditory late (long latency) response, and cognitive potentials (e.g., P300 response, mismatch negativity response)

C17. Posturography

C18. Rotary chair tests

C19. Video head impulse testing (vHIT)

## **Standard II-D: Counseling**

Applicant has demonstrated knowledge of and skills in:

D1. Identifying the counseling needs of individuals with hearing impairment based on their narratives and results of client/patient and/or caregiver responses to questionnaires and validation measures

D2. Providing individual, family, and group counseling as needed based on client/patient and clinical population needs

D3. Facilitating and enhancing clients'/patients' and their families' understanding of, acceptance of, and adjustment to auditory and vestibular disorders

D4. Enhancing clients'/patients' acceptance of and adjustment to hearing aids, hearing assistive technologies, and osseointegrated and other implantable devices

D5. Addressing the specific interpersonal, psychosocial, educational, and vocational implications of hearing impairment for the client/patient, family members, and/or

caregivers to enhance their well-being and quality of life

D6. Facilitating patients' acquisition of effective communication and coping skills

D7. Promoting clients'/patients' self-efficacy beliefs and promoting self-management of communication and related adjustment problems

D8. Enhancing adherence to treatment plans and optimizing treatment outcomes

D9. Monitoring and evaluating client/patient progress and modifying counseling goals and approaches, as needed

## **Standard II-E: Audiologic Rehabilitation Across the Life Span**

Applicant has demonstrated knowledge of and skills in:

E1. Engaging clients/patients in the identification of their specific communication and adjustment difficulties by eliciting client/patient narratives and interpreting their and/or caregiver-reported measures

E2. Identifying the need for, and providing for assessment of, concomitant cognitive/developmental concerns, sensory-perceptual and motor skills, and other health/medical conditions, as well as participating in interprofessional collaboration to provide comprehensive management and monitoring of all relevant issues

E3. Responding empathically to clients'/patients' and their families' concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship

E4. Providing assessments of family members' perception of and reactions to communication difficulties

E5. Identifying the effects of hearing problems and subsequent communication difficulties on marital dyads, family dynamics, and other interpersonal communication functioning

E6. Engaging clients/patients (including, as appropriate, school-aged children/adolescents) and family members in shared decision making regarding treatment goals and options

E7. Developing and implementing individualized intervention plans based on clients'/patients' preferences, abilities, communication needs and problems, and related adjustment difficulties

E8. Selecting and fitting appropriate amplification devices and assistive technologies

E9. Defining appropriate electroacoustic characteristics of amplification fittings based on frequency-gain characteristics, maximum output sound-pressure level, and input-output characteristics

E10. Verifying that amplification devices meet quality control and American National Standards Institute (ANSI) standards

E11. Conducting real-ear measurements to (a) establish audibility, comfort, and tolerance of speech and sounds in the environment and (b) verify compression, directionality, and automatic noise management performance

E12. Incorporating sound field functional gain testing when fitting osseointegrated and other implantable devices

E13. Conducting individual and/or group hearing aid orientations to ensure that

- clients/patients can use, manage, and maintain their instruments appropriately
- E14. Identifying individuals who are candidates for cochlear implantation and other implantable devices
- E15. Counseling cochlear implant candidates and their families regarding the benefits and limitations of cochlear implants to (a) identify and resolve concerns and potential misconceptions and (b) facilitate decision making regarding treatment options
- E16. Providing programming and fitting adjustments; providing postfitting counseling for cochlear implant clients/patients
- E17. Identifying the need for—and fitting—electroacoustically appropriate hearing assistive technology systems (HATS) based on clients'/patients' communication, educational, vocational, and social needs when conventional amplification is not indicated or provides limited benefit
- E18. Providing HATS for those requiring access in public and private settings or for those requiring necessary accommodation in the work setting, in accordance with federal and state regulations
- E19. Ensuring compatibility of HATS when used in conjunction with hearing aids, cochlear implants, or other devices and in different use environments
- E20. Providing or referring for consulting services in the installation and operation of multi-user systems in a variety of environments (e.g., theaters, churches, schools)
- E21. Providing auditory, visual, and auditory-visual communication training (e.g., speechreading, auditory training, listening skills) to enhance receptive communication
- E22. Counseling clients/patients regarding the audiologic significance of tinnitus and factors that cause or exacerbate tinnitus to resolve misconceptions and alleviate anxiety related to this auditory disorder
- E23. Counseling clients/patients to promote the effective use of ear-level sound generators and/or the identification and use of situationally appropriate environmental sounds to minimize their perception of tinnitus in pertinent situations
- E24. Counseling clients/patients to facilitate identification and adoption of effective coping strategies to reduce tinnitus-induced stress, concentration difficulties, and sleep disturbances
- E25. Monitoring and assessing the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies to ensure treatment benefit and successful outcome(s)
- E26. Providing canalith repositioning for patients diagnosed with benign paroxysmal positional vertigo (BPPV)
- E27. Providing intervention for central and peripheral vestibular deficits
- E28. Ensuring treatment benefit and satisfaction by monitoring progress and assessing treatment outcome

## **Standard II-F: Pediatric Audiologic (Re)habilitation**

Applicant has demonstrated knowledge of and skills in:

- F1. Counseling parents to facilitate their acceptance of and adjustment to a child's diagnosis of hearing impairment**
- F2. Counseling parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for children with hearing impairment**
- F3. Educating parents regarding the potential effects of hearing impairment on speech-language, cognitive, and social-emotional development and functioning**
- F4. Educating parents regarding optional and optimal modes of communication; educational laws and rights, including 504s, individualized education programs (IEPs), individual family service plans (IFSPs), individual health plans; and so forth**
- F5. Selecting age/developmentally appropriate amplification devices and HATS to minimize auditory deprivation and maximize auditory stimulation**
- F6. Instructing parents and/or child(ren) regarding the daily use, care, and maintenance of amplification devices and HATS**
- F7. Planning and implementing parent education/support programs concerning the management of hearing impairment and subsequent communication and adjustment difficulties**
- F8. Providing for intervention to ensure age/developmentally appropriate speech and language development**
- F9. Administering self-assessment, parental, and educational assessments to monitor treatment benefit and outcome**
- F10. Providing ongoing support for children by participating in IEP or IFSP processes**
- F11. Counseling the child with hearing impairment regarding peer pressure, stigma, and other issues related to psychosocial adjustment, behavioral coping strategies, and self-advocacy skills**
- F12. Evaluating acoustics of classroom settings and providing recommendations for modifications**
- F13. Providing interprofessional consultation and/or team management with speech-language pathologists, educators, and other related professionals**

## **Standard III: Verification of Knowledge and Skills**

**Applicants for certification must have completed supervised clinical practicum under an experienced ASHA-certified audiologist (1) who has a minimum of 9 months of full-time clinical experience, and (2) who has completed at least 2 hours of professional development in the area of clinical instruction/supervision. The experiences must meet CAA standards for duration and be sufficient to demonstrate the acquisition of the knowledge and skills identified in Standard II.**

Implementation: The applicant's doctoral program director or designated signatory must verify that the applicant has acquired and demonstrated all of the knowledge and skills identified in Standard II.

Clinical instructors and supervisors must have:

- current CCC-A certification,



- a minimum of 9 months of full-time clinical experience\* of direct patient care after earning the CCC-A, and
- **completed at least 2 hours of professional development** (2 certification maintenance hours [CMHs], or 0.2 ASHA continuing education units [ASHA CEUs]) in the area of clinical instruction/supervision **after earning the CCC-A.**

Clinical instruction and supervision within a doctoral program must:

- be conducted for a variety of clinical training experiences (i.e., different work settings and with different populations) to validate knowledge and skills across the scope of practice in audiology;
- include oversight of clinical and administrative activities directly related to client/patient care, including direct client/patient contact, consultation, recordkeeping, and administrative duties relevant to audiology service delivery;
- be appropriate to the student's level of training, education, experience, and competence;
- include direct observation, guidance, and feedback to permit the student to (a) monitor, evaluate, and improve performance and (b) develop clinical competence; and
- be provided on site.

Any portion of the applicant's supervised clinical experience that was not completed under an audiologist meeting the requirements above can be completed post-graduation. The applicant's post-graduation clinical instructor/ supervisor must also meet the above requirements will also verify that the applicant has demonstrated and acquired the knowledge and skills for ASHA certification following completion of the required supervised clinical experience.

Applicants who apply for certification without completing a full, supervised clinical experience under a clinical instructor/supervisor who meets the requirement above within their degree program will have 24 months from their application-received date to initiate the remainder of their experience and will have 48 months from the initiation date of their post-graduation supervised clinical experience to complete the experience.

Clinical simulations (CS) are distinct from labs and may include the use of standardized patients and simulation technologies (e.g., virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). These supervised CS experiences under a CCC-A can be synchronous simulations (real-time) or asynchronous (not concurrent in time) simulations. Up to 10% of an applicant's supervised clinical experience for ASHA certification can be obtained through CS. CS experiences for ASHA certification can only count when obtained within the doctoral program. Experience may be acquired through telepractice by the CCC-A audiologist when the audiologist and student are "shoulder to shoulder" *with the patient at a distance*, provided telepractice is permitted by the prevailing regulatory body and the patient consents.

If clinical instruction and supervision are completed post-graduation, they must comply with the requirements above with the exception of on-site clinical instruction and

supervision. Remote supervision or telesupervision methods may be used, provided they are permitted by the employer(s) and by local, state, and federal regulations.

The supervised clinical experience should include interprofessional education and interprofessional collaborative practice (IPE/IPP). Under the supervision of their audiologist supervisor, students'/applicants' experience should include experiences with allied health professionals who are appropriately credentialed in their area of practice to enhance the student's knowledge and skills in an interdisciplinary, team-based, comprehensive health care delivery setting.

\*Individuals with experience as a clinical educator may count their experience as being "clinical" (1) if they have worked directly with clients/patients, and (2) if they have been the patients' recognized provider and have been ultimately responsible for the care of the clients/patients. Individuals whose experience has been limited to classroom teaching, research/lab work, or working with only clinical simulations, cannot count this experience as clinical.

## Standard IV: Examination

**The applicant must pass the national examination adopted by ASHA for purposes of certification in audiology.**

Implementation: Results of the [Praxis Examination in Audiology](#) must be submitted directly to ASHA from ETS. A passing exam score must 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 applicant does not successfully pass the exam and does not report the results of the exam to ASHA within the 2-year application period, then the applicant's certification file will be closed. If the applicant passes or reports the results of the exam at a later date, then the individual will be required to reapply for certification under the standards that are in effect at that time.

## Standard V: Maintenance of Certification

**Individuals holding certification must demonstrate (1) continuing professional development, including 1 hour of continuing education in ethics; (2) adherence to the ASHA Code of Ethics; and (3) payment of annual dues and fees.**

Implementation: Individuals who hold the CCC in Audiology (CCC-A) must accumulate and report 30 CMHs (or 3.0 ASHA CEUs) of professional development, which **must include 1 CMH (or 0.1 ASHA CEU) in ethics** during every **3-year certification maintenance interval**. Individuals will be subject to **random audits** of their professional development activities.

Individuals who hold the CCC-A must adhere to the ASHA *Code of Ethics* ("Code"). Any violation of the Code may result in professional discipline by the ASHA Board of Ethics and/or the CFCC.

Annual payment of certification dues and/or fees is also a requirement of certification maintenance. If **certification maintenance requirements** are not met, certification status will become **Not Current**, and then certification will expire. In order to regain certification,



individuals must meet the reinstatement requirement that is in effect at the time they submit their reinstatement application.

# **APPENDIX B**

## **Requirements for Tennessee Licensure**

# Tennessee Licensing Requirements for Audiologists and Speech-Language Pathologists

The information below is collected from state licensure boards or regulatory agencies responsible for regulating the professions of speech-language pathology and/or audiology. It is intended for informational use only, and should not be construed as legal advice.

[Contact the state's licensure board or regulatory agency](#) for exact licensure, certification, or registration requirements in your jurisdiction.

## Initial Licensure Requirements

1. Be at least 18 years old
2. Possess at least a master's degree in speech-language pathology or audiology from an accredited institution  
and
3. Possess a current Certificate of Clinical Competence from ASHA or  
Have successfully completed and documented a minimum of 400 clock hours of supervised clinical practicum from an accredited institution recognized by ASHA,
4. A clinical fellowship or clinical externship in the area in which licensure is sought,
5. A clinical fellowship in the area in which licensure is sought, and
6. Passage of the Specialty Area Tests in Speech-Language Pathology and Audiology of the Professional Assessments for Beginning Teachers (Praxis test)

## Audiology (on or after January 1, 2009)

1. Applicants for licensure as an audiologist on or after January 1, 2009 must possess a doctoral degree from an accredited education program approved by the Board of Communications Disorders and Sciences (Board) and
2. Possess a current CCC in audiology issued through ASHA,

OR

3. Complete 1820 clock hours of supervised clinical practicum by a licensed audiologist or ASHA or ABA certified audiologist and
4. Passage of Praxis test
5. The doctoral degree requirement shall not apply to audiologists licensed in Tennessee or any other state prior to January 1, 2009.

**Note:** Audiologists and SLP's must pay a state privilege tax.

**RULES  
OF  
TENNESSEE BOARD OF COMMUNICATIONS DISORDERS AND SCIENCES**

**CHAPTER 1370-01  
RULES FOR SPEECH PATHOLOGY AND AUDIOLOGY**

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**1370-01-.01 DEFINITIONS.** As used in these rules, the following terms and acronyms shall have the following meaning ascribed to them:

- (1) ABA – The American Board of Audiology Examiners.
- (2) Accredited Institution – Refers to the status of the school in relation to requirements of recognized agencies other than the Tennessee Board of Communications Disorders and Sciences. These would include U.S. Department of Education recognized Regional University Accrediting Agencies, Council of Academic Accreditation in Audiology and Speech – Language Pathology (CAA) and the Accreditation Commission for Audiology Education (ACAE).
- (3) Advertising - Informational communication to the public in any manner to attract attention to the practice of a speech language pathologist or audiologist. Includes, but is not limited to, business solicitation, with or without limiting qualifications, in a card, sign or device issued to a person; in a sign or marking in or on any building; or in any newspaper, magazine, directory, or other printed matter. Advertising also includes business solicitations communicated by individual, radio, video, television broadcasting, electronic media, or any other means designed to secure public attention.
- (4) Alternate Supervision – Supervision provided in the temporary and impermanent absence of the supervising licensee.
- (5) Applicant - Any individual seeking licensure by the Board who has submitted an official application and paid all required fees.
- (6) ASHA - American Speech Language and Hearing Association.
- (7) Board - The Board of Communication Disorders and Sciences.
- (8) Board Administrative Office - The office of the Unit Director assigned to the Board and located at 665 Mainstream Drive, Nashville, TN 37243.

(Rule 1370-01-.01, continued)

- (9) Board Consultant - Any person who has received a delegation of authority by the Board to perform Board functions subject to review and ratification by the full Board where provided by these rules.
- (10) Certificate - The document which bears an expiration date and is issued by the Division of Health Related Boards to a licensee who has completed the licensure renewal process.
- (11) Client - The individual or patient who is receiving direct services and/or treatment.
- (12) Clinical Extern – An audiology student who is in the process of obtaining professional experience, as defined by a Board-approved accreditation agency, before being qualified for licensure.
- (13) Clinical Fellow – A Speech Language Pathologist who is in the process of obtaining his or her paid professional experience, as defined by a Board-approved accreditation agency, before being qualified for licensure.
- (14) Closed Files - An administrative action which renders an incomplete or denied file closed.
- (15) Continuing Education (CE) – Education required as a condition of continued licensure.
- (16) Council - The Council for Licensing Hearing Instrument Specialists.
- (17) Department - Tennessee Department of Health.
- (18) Direct Supervision - On-site supervision which includes directing, coordinating, reviewing, inspecting, and approving each act of service.
- (19) Division - The Division of Health Related Boards, Tennessee Department of Health, from which the Board receives administrative support.
- (20) Fee - Money, gifts, services, or anything of value offered or received as compensation in return for rendering services.
- (21) Fee Splitting - The practice of paying commissions to colleagues out of fees received from clients who have been referred by the colleague for rendering services.
- (22) General Supervision - Direct and/or indirect supervision, including reviewing, inspecting, and approving specific acts of service.
- (23) He/She Him/Her - When “he” appears in the text of these rules, the word represents both the feminine and masculine genders.
- (24) HRB - The acronym HRB represents the Health Related Boards.
- (25) Inactive License - Pro Bono Services Category - Licensure available to speech language pathologists and audiologists licensed by this Board whose practice is limited to the performance of services without compensation only for those persons receiving services from organizations which have received a determination of exemption under 26 U.S.C. § 501(c)(3) of the Internal Revenue Code.
- (26) Inactive License - Retirement - Licensure status available to licensees who hold current licenses and do not intend to practice as a Speech Language Pathologist or Audiologist and who have completed an Affidavit of Retirement form.

(Rule 1370-01-.01, continued)

- (27) License - The document issued by the Board to an applicant who has successfully completed the application process and represents the artistically designed form for purposes of display.
- (28) Private Practice - Those licensed practitioners who, on either a full or part-time basis, establish their own conditions or exchange with their clients, and are solely responsible for the services they provide to clients, regardless of the organizational structure.
- (29) Registration – The process by which a Clinical Extern, Clinical Fellow, a Speech Language Pathology Assistant, or other person so required registers with the Board’s Administrative Office.
- (30) SLPA - The acronym for Speech Language Pathology Assistant.
- (31) Speech Language Pathology Assistant – An individual who has registered with the Board pursuant to Rule .14, and who meets minimum qualifications as provided in Rule .14 which are less than those established for licensure as a speech language pathologist , and who works under supervision of a Speech Language Pathologist.
- (32) Supervising Licensee.
  - (a) The term used to designate any Tennessee licensed Audiologist, or Speech Language Pathologist or ASHA certified Audiologist who provides supervision of a Clinical Extern, Clinical Fellow, registered speech language pathology assistant, or student clinician in speech language pathology or audiology.
  - (b) The term used to designate and Tennessee licensed speech Language Pathologist who provides supervision of a Speech Language Pathology Assistant.
- (33) TAASLP - Tennessee Association of Audiologists and Speech Language Pathologists.

**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 63-17-103, 63-17-105, 63-17-114, and 63-17-128. **Administrative History:** Original rule filed September 10, 1974; effective October 10, 1974. Amendment filed July 31, 1978; effective September 13, 1978. Amendment filed March 2, 1979; effective April 16, 1979. Repeal and new rule filed July 8, 1987; effective August 21, 1987. Amendment filed September 17, 1991; effective November 1, 1991. Amendment filed September 18, 1991; effective November 2, 1991. Repeal and new rule filed January 31, 2000; effective April 15, 2000. Amendment filed September 13, 2001; effective November 27, 2001. Amendment filed April 26, 2002; effective July 10, 2002. Amendment filed August 3, 2005; effective October 17, 2005. Amendment filed September 11, 2006; effective November 25, 2006. Amendment filed April 6, 2010; effective July 5, 2010. Amendments filed September 14, 2010; effective December 13, 2010.

#### **1370-01-.02 SCOPE OF PRACTICE.**

- (1) The practice of speech language pathology and the practice of audiology are defined by statute at T.C.A. § 63-17-103. Exceeding the scope of practice or performing functions which the licensee is not adequately trained for or experienced in may result in disciplinary action pursuant to T.C.A. §§ 63-17-117, 63-17-126, and Rule 1370-01-.13.
- (2) Licensed speech language pathologists and audiologists who qualify under Rule 1370-01-.03 for the Inactive License-Pro Bono Services category shall limit their practice to performing services without compensation only for those persons receiving services from organizations which have received a determination of exemption under 26 U.S.C. § 501(c)(3) of the Internal Revenue Code. Exceeding the scope of practice set out within the practice act and these Rules may result in disciplinary action pursuant to T.C.A. §§ 63-17-117, 63-17-127, and Rule 1370-01-.13.

(Rule 1370-01-.02, continued)

- (3) Clinical Fellows, pursuant to T.C.A. § 63-17-114(6), shall work under the supervision of a Tennessee licensed Speech Language Pathologist or an ASHA certified Speech Language Pathologist while the Clinical Fellow is obtaining a year of paid professional experience and shall adhere to the regulations established under Rule 1370-01-.10.
- (4) Clinical Externs, pursuant to T.C.A. § 63-17-114(4) and (7), shall work under the supervision of a Tennessee licensed Audiologist, an ASHA Certified Audiologist, or an ABA Certified Audiologist while the clinical extern year is completed, and shall adhere to the regulations established under Rule 1370-01-.10.
- (5) Speech Language Pathology Assistants shall work under the supervision of a licensed Speech Language Pathologist at all times and shall adhere to the regulations established under Rule 1370-01-.14.

**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 63-17-103, 63-17-105, 63-17-109, 63-17-110, 63-17-114, 63-17-115, 63-17-116, 63-17-117, 63-17-126, 63-17-127, and Public Chapter 523 of the Public Acts of 1989.

**Administrative History:** Original rule filed September 10, 1974; effective October 10, 1974. Amendment filed July 31, 1978; effective September 13, 1978. Amendment filed April 29, 1986; effective May 29, 1986. Repeal and new rule filed July 8, 1987; effective August 21, 1987. Amendment filed December 8, 1989; effective January 22, 1990. Amendment filed September 18, 1991; effective November 2, 1991. Repeal and new rule filed January 31, 2000; effective April 15, 2000. Amendment filed September 14, 2010; effective December 13, 2010.

#### **1370-01-.03 NECESSITY OF LICENSURE OR REGISTRATION.**

- (1) Prior to engaging in the practice of speech language pathology or audiology, a person must hold a current Tennessee license pursuant to T.C.A. § 63-17-110, unless the person meets the exemption requirements of T.C.A. §§ 63-17-111 (g) or 63-17-114.
- (2) Inactive License - Pro Bono Services category - Applicants who intend to exclusively practice speech language pathology or audiology without compensation on patients who receive speech language pathology or audiology services from organizations granted a determination of exemption pursuant to Section 501 (c)(3) of the Internal Revenue Code may obtain an inactive volunteer license to do so as follows:
  - (a) Applicants who currently hold a valid Tennessee license to practice speech language pathology or audiology issued by the Board which is in good standing must:
    1. Retire their active licenses pursuant to the provisions of Rule 1370-01-.11; and
    2. Have submitted to the Board Administrative Office directly from the qualified organization proof of the determination of exemption issued pursuant to Section 501 (c)(3) of the Internal Revenue Code; and
    3. Certify that they are practicing speech language pathology or audiology exclusively on the patients of the qualified entity and that such practice is without compensation.
  - (b) Applicants who do not currently hold a valid Tennessee license to practice speech language pathology or audiology must comply with all provisions of Rules 1370-01-.04 and 1370-01-.05.
  - (c) Inactive Licensees - Pro Bono Services category - Licensees are subject to all rules governing renewal, retirement, reinstatement, reactivation, and continuing education, as provided by Rules 1370-01-.09, 1370-01-.11, and 1370-01-.12. These licenses are also

(Rule 1370-01-.03, continued)

subject to disciplinary action for the same causes and pursuant to the same procedures as active licenses.

- (d) Inactive Licensees - Pro Bono Services category, are distinguished from the inactive licensees referred to in Rules 1370-01-.09 and 1370-01-.11 only by the fact that licenses issued pursuant to this rule allow the practice of speech language pathology or audiology in Tennessee with the restrictions placed on it by this rule.
  - (e) Application review and licensure decisions shall be governed by Rule 1370-01-.07.
- (3) Speech language pathology and audiology are healing arts and, as such, the practice is restricted to those persons licensed by this Board. Persons engaging in the practice of audiology or speech language pathology, without being licensed, or expressly exempted by law, are in violation of T.C.A. § 63-17-110.
- (4) It is unlawful for any person who is not licensed in the manner prescribed in T.C.A. §§ 63-17-101, et seq., or expressly exempted by law, to represent himself as a speech language pathologist or audiologist or to hold himself out to the public as being licensed by means of using any title or description of services set out in T.C.A. § 63-17-103 on signs, mailboxes, address plates, stationery, announcements, telephone listings, business cards, or other instruments or means of professional identification.
- (5) Registration with the Board, but not licensure, is required for the following classifications:
- (a) Clinical Externs are required to register with the Board through their supervising licensee while they are working under the supervising licensee's supervision.
  - (b) Clinical Fellows are required to register with the Board through their supervising licensee while they are working under the supervising licensee's supervision.
  - (c) Speech Language Pathologist Assistants who meet the qualifications of Rule 1370-01-.14 are required to register with this Board through their supervising licensee.
  - (d) Persons from another state who are not licensed as a speech language pathologist or audiologist may offer speech language pathology and/or audiology services in the State of Tennessee, provided that person does so for no more than five (5) days within a calendar year, meets the qualifications of Rule 1370-01-.04, and does not sell hearing instruments.
  - (e) Persons licensed or certified by a similar board in another state, territory, or foreign country or province as a speech language pathologist may offer speech language pathology services in the State of Tennessee for a total of not more than thirty (30) days in any calendar year, provided that the board of the other state or foreign country, on the date of the person's certification or licensure, has standards that are equivalent to, or higher than, the requirements of the Tennessee Board.
  - (f) Persons who reside in another state, territory, or foreign country or province which does not grant certification or licensure as a speech language pathologist may offer speech language pathology services in the State of Tennessee for a total of not more than thirty (30) days in any calendar year, provided that that person meets the qualifications and requirements of the Tennessee Board at the time the person offers such speech language pathology services in this State.
- (6) Use of Titles



(Rule 1370-01-.03, continued)

- (a) Any person who possesses a valid, unsuspended and unrevoked license issued by the Board has the right to use the title "Speech Language Pathologist" and to practice speech language pathology, as defined in T.C.A. § 63-17-103.
- (b) Any person who possesses a valid, unsuspended and unrevoked license issued by the Board has the right to use the title "Audiologist" and to practice audiology, as defined in T.C.A. § 63-17-103.
- (c) Any person who possesses a valid, unsuspended and unrevoked registration issued by the Board has the right to use the title "Speech Language Pathology Assistant" and to practice under supervision as a Speech Language Pathology Assistant, as defined in T.C.A. § 63-17-103.
- (d) Any person licensed or registered by the Board to whom this rule applies must use one of the titles authorized by this rule in every "advertisement" [as that term is defined in rule 1370-01-.20 (2) (a)] he or she publishes or the failure to do so will constitute an omission of a material fact which makes the advertisement misleading and deceptive and subjects the audiologist or speech language pathologist to disciplinary action pursuant to T.C.A. § 63-17-117.

**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 63-1-145, 63-1-146, 63-17-103, 63-17-105, 63-17-114, and 63-17-117. **Administrative History:** Original rule filed September 10, 1974; effective October 10, 1974. Amendment filed July 31, 1978; effective September 13, 1978. Repeal and new rule filed July 8, 1987; effective August 21, 1987. Amendment filed September 18, 1991; effective November 2, 1991. Repeal and new rule filed January 31, 2000; effective April 15, 2000. Amendment filed July 21, 2004; effective October 4, 2004. Amendment filed September 11, 2006; effective November 25, 2006. Amendment filed April 6, 2010; effective July 5, 2010. Amendment filed September 14, 2010; effective December 13, 2010.

#### 1370-01-.04 QUALIFICATIONS FOR LICENSURE.

- (1) An applicant for licensure as a speech language pathologist or audiologist must meet the following initial requirements to be considered for licensure by the Board:
  - (a) Be at least eighteen (18) years of age;
  - (b) Be of good moral character;
  - (c) An applicant in the area of speech-language pathology must possess at least a master's degree in speech language pathology from an accredited institution; and
    - 1. Possess a current Certificate of Clinical Competence (CCC) in the area of speech language pathology issued through the American Speech Language and Hearing Association (ASHA); or
    - 2. Have successfully completed and documented the following:
      - (i) A minimum of four hundred (400) clock hours of supervised clinical experience (practicum) with individuals having a variety of communications disorders, as required by ASHA. The experience shall be obtained through an accredited institution which is recognized by ASHA; and
      - (ii) A Clinical Fellowship in the area of Speech Language Pathology; and
      - (iii) Passage of the Written Professional Assessments for Beginning Teachers (Praxis Test) as required by Rule 1370-01-.08.

(Rule 1370-01-.04, continued)

- (d) An applicant in the area of audiology;
  - 1. For applications received after January 1, 2009, the applicant must possess at least a Doctor of Audiology degree or other doctoral degree with emphasis in audiology or hearing science from an accredited institution; and
    - (i) Possess a current Certificate of Clinical Competence (CCC) in the area of audiology issued through ASHA; or
    - (ii) Have successfully completed and documented the following:
      - (I) a minimum of one thousand eight hundred twenty (1820) clock hours of supervised clinical experience (practicum) by a licensed audiologist or ASHA or ABA certified audiologist; and
      - (II) passage of the written Professional Assessments for Beginning Teachers (Praxis Test) as required by Rule 1370-01-.08.
  - 2. When the applicant has been licensed in Tennessee or another state prior to 2009, the applicant must possess at least a Master's degree in Audiology from an accredited institution; and
    - (i) Possess a current Certificate of Clinical Competence (CCC) in the area of audiology issued through ASHA, or ABA certification; or
    - (ii) Have successfully completed a minimum of four hundred (400) clock hours of supervised clinical experience (practicum) with individuals having a variety of communications disorders, as required by ASHA. The experience shall be obtained through an accredited institution which is recognized by ASHA; and
    - (iii) The Clinical Fellowship in the area of audiology; and
    - (iv) passage of the written Professional Assessments for Beginning Teachers (Praxis Test) as required by Rule 1370-01-.08.
- (2) An individual who seeks licensure in the State of Tennessee and who holds a current license in another state may be granted a Tennessee license, if such person meets the qualifications of licensure by reciprocity pursuant to Rule 1370-01-.05 (10).

**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 63-17-102, 63-17-103, 63-17-105, 63-17-109 through 63-17-115, and Public Chapter 288 of the Public Acts of 2001. **Administrative History:** Original rule filed September 10, 1974; effective October 10, 1974. Amendment filed July 31, 1978; effective September 13, 1978. Repeal and new rule filed July 8, 1987; effective August 21, 1987. Amendment filed September 18, 1991; effective November 2, 1991. Repeal and new rule filed January 31, 2000; effective April 15, 2000. Amendment filed April 26, 2002; effective July 10, 2002. Amendment filed September 14, 2010; effective December 13, 2010.

**1370-01-.05 PROCEDURES FOR LICENSURE.** To become licensed as a speech language pathologist or audiologist in Tennessee, a person must comply with the following procedures and requirements:

- (1) An applicant shall download a current application from the Board's Internet Web page or shall obtain a current application packet from the Board's Administrative Office, respond truthfully and completely to every question or request for information contained in the application form, and submit it, along with all documentation and fees required, to the Board's Administrative Office. It is the intent of this Rule that all steps necessary to accomplish the filing of the

(Rule 1370-01-.05, continued)

- required documentation be completed prior to filing an application and that all materials be filed simultaneously.
- (2) An applicant shall submit with his application a certified birth certificate or a notarized photocopy of a certified birth certificate.
  - (3) An applicant shall submit with his application a "passport" style photograph taken within the preceding twelve (12) months and attach it to the appropriate page of the application.
  - (4) An applicant shall disclose the circumstances surrounding any of the following:
    - (a) Conviction of a crime in any country, state, or municipality, except minor traffic violations.
    - (b) The denial of certification or licensure application by any other state or country, or the discipline of the certificate holder or licensee in any state or country.
    - (c) Loss or restriction of certification or licensure privileges.
    - (d) Any judgment or settlement in a civil suit in which the applicant was a party defendant, including malpractice, unethical conduct, breach of contract, or any other civil action remedy recognized by the country's or state's statutory, common law, or case law.
  - (5) An applicant shall cause to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials, the result of a criminal background check.
  - (6) If applying by Certificate of Clinical Competence, an applicant shall file with the application documentation of proof of possessing the following certification:
    - (a) Audiology applicants shall file with their application documentation that they possess a current Certificate of Clinical Competence (CCC) in the area of audiology issued through ASHA.
    - (b) Speech Language Pathology applicants shall file with their application documentation that they possess a current Certificate of Clinical Competence (CCC) in the area of speech language pathology issued through ASHA.
  - (7) An applicant shall have successfully completed the following requirements and cause the supporting documentation to be provided to the Board's Administrative Office:
    - (a) A master's or doctorate degree in speech language pathology or audiology. Unless already submitted pursuant to rule 1370-01-.10, it is the applicant's responsibility to request that a graduate transcript be submitted directly from the educational institution to the Board's Administrative Office. The transcript must show that graduation with at least a master's level degree has been completed, and must carry the official seal of the institution.
    - (b) Documentation of the required supervised clinical experience (practicum) with individuals having a variety of communications disorders, as specified in Rule 1370-01-.04 for the discipline for which licensure is being sought. The experience must be obtained through an accredited institution. Unless already provided pursuant to Rule 1370-01-.10, the applicant shall have a letter transmitted directly from the authorized individual at the accredited institution to the Board's Administrative Office attesting to the standards of the practicum and the applicant's successful completion.

(Rule 1370-01-.05, continued)

- (c) A Clinical Fellowship or Clinical Externship in the area in which licensure is being sought.
  - 1. The applicant shall ensure that the supervising Speech Language Pathologist or Audiologist submits a letter which attests to the Clinical Fellowship or Clinical Externship pursuant to Rule 1370-01-.10 directly to the Board's Administrative Office; or
  - 2. An audiologist initially licensed after January 1, 2009 shall have a letter transmitted directly from the authorized individual at the accredited institution to the Board's Administrative office attesting that the applicant has completed the clinical externship requirement or equivalent 1820 supervised clinical clock hours.
- (d) The examination for licensure pursuant to Rule 1370-01-.08. When the examination has been successfully completed, the applicant shall cause the examining agency to submit directly to the Board's Administrative Office documentation of the successful completion of the examination.
- (8) Proof of good moral character
  - (a) An applicant shall submit evidence of good moral character. Such evidence shall include at least one (1) recent (dated within the preceding twelve (12) months) original letter from a professional attesting to the applicant's personal character and professional ethics and typed on the signator's letterhead.
- (9) When necessary, all required documents shall be translated into English and such translation, together with the original document, shall be certified as to authenticity by the issuing source. Both versions must be submitted simultaneously.
- (10) Reciprocity
  - (a) If the applicant is licensed or was ever licensed in another state, the applicant shall cause the appropriate licensing Board in each state in which he holds or has held a license to send directly to the Board an official statement which indicates the condition of his license in such other state, including the date on which he was so licensed and under what provision such license was granted (i.e. certificate of clinical competence, examination, reciprocity, grandfathering, etc.).
  - (b) In order to be licensed in the State of Tennessee by reciprocity, the Board must determine that the standards for licensure in effect in that state when the individual was licensed there are at least equivalent to, or exceed, the current requirements for licensure in Tennessee.
- (11) A speech language pathologist or audiologist who holds an ASHA certification or equivalent, or holds a doctor of audiology degree (AuD) from an accredited institution of higher learning and has passed the examination required for licensure under § 63-17-110 (b) (2), or is licensed in another state and who has made application to the Board for a license in the State of Tennessee, may perform activities and services of a speech language pathology or audiological nature without a valid license pending disposition of the application. For purposes of this rule, "pending disposition of the application" shall mean a Board member or the Board's designee has determined the application is complete and the applicant has received written authorization from the Board member or the Board designee to commence practice, pursuant to T.C.A. § 63-1-142.

**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 63-17-105, 63-17-110 through 63-17-113, 63-17-115, and 63-17-117. **Administrative History:** Repeal and new rule filed July 8, 1987; effective August 21, 1987. Repeal

(Rule 1370-01-.05, continued)

*and new rule filed January 31, 2000; effective April 15, 2000. Amendment filed April 26, 2002; effective July 10, 2002. Amendment filed June 22, 2004; effective September 5, 2004. Amendment filed July 21, 2004; effective October 4, 2004. Amendment filed August 3, 2005; effective October 17, 2005. Amendment filed March 17, 2006; effective May 31, 2006. Amendment filed September 11, 2006; effective November 25, 2006. Amendment filed September 14, 2010; effective November 13, 2010. Amendments filed March 24, 2016; effective June 22, 2016.*

**1370-01-.06 FEES.**

- (1) The fees authorized by the Licensure Act for Communication Disorders and Sciences (T.C.A. §§ 63-17-101, et seq.) and other applicable statutes are established as nonrefundable fees, as follows:
  - (a) Application Fee - A fee to be paid by all applicants, including those seeking licensure by reciprocity. It must be paid to the Board each time an application for licensure is filed, or a license is reactivated.
  - (b) Duplicate License Fee - A fee to be paid when a licensee requests a replacement for a lost or destroyed 'artistically designed' license.
  - (c) Endorsement/Verification Fee - A fee to be paid for each certification, verification, or endorsement of an individual's record for any purpose.
  - (d) Examination Fee - The fee to be paid each time an examination is taken or retaken.
  - (e) Initial Licensure Fee - A fee to be paid when the Board has granted licensure and prior to the issuance of the 'artistically designed' wall license.
  - (f) Late Renewal Fee - A fee to be paid when an individual fails to timely renew and is in addition to the Licensure Renewal Fee.
  - (g) Licensure Renewal Fee - To be paid biennially by all licensees except retired licensees and Inactive Volunteers. This fee also applies to licensees who reactivate a retired, inactive, or expired license.
  - (h) State Regulatory Fee - To be paid by all individuals at the time of application and biennially (every other year) with all renewal applications.
- (2) All fees may be paid in person, by mail or electronically by cash, check, money order, or by credit and/or debit cards accepted by the Division. If the fees are paid by certified, personal or corporate check they must be drawn against an account in a United States Bank, and made payable to the Tennessee Board of Communications Disorders and Sciences.

(3) Fee Schedule

(a) Speech Language Pathologist	Amount
1. Application	\$ 50.00
2. Duplicate License Fee	25.00
3. Endorsement/Verification Fee	25.00
4. Inactive Volunteer Licensure Renewal Fee	0.00
5. Initial Licensure Fee	100.00

(Rule 1370-01-.06, continued)

6.	Late Renewal Fee	150.00
7.	Licensure Renewal Fee (biennial)	80.00
8.	State Regulatory Fee (initial and biennial)	10.00
(b)	Audiologist	Amount
1.	Application	\$ 50.00
2.	Duplicate License Fee	25.00
3.	Endorsement/Verification Fee	25.00
4.	Inactive Volunteer Licensure Renewal Fee	0.00
5.	Initial Licensure Fee	100.00
6.	Late Renewal Fee	150.00
7.	Licensure Renewal Fee (biennial)	80.00
8.	State Regulatory Fee (initial and biennial)	10.00
(c)	Dual Licenses (Speech Language Path/Audiologist)	Amount
1.	Application	\$ 50.00
2.	Duplicate License Fee	25.00
3.	Endorsement/Verification Fee	25.00
4.	Inactive Volunteer Licensure Renewal Fee	0.00
5.	Initial Licensure Fee	100.00
6.	Late Renewal Fee	150.00
7.	Licensure Renewal Fee (biennial)	80.00
8.	State Regulatory Fee (initial and biennial)	10.00
(d)	Speech Language Pathology Assistant	Amount
1.	Application	\$ 10.00
2.	Duplicate Registration Fee	25.00
3.	Endorsement/Verification Fee	25.00
4.	Initial Registration Fee	10.00
5.	Late Renewal Fee	25.00
6.	Registration Renewal Fee	25.00

(Rule 1370-01-.06, continued)

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|----|---|-------|
| 7. | State Regulatory Fee (initial and biennial) | 10.00 |
|----|---|-------|
- (4) Persons who are licensed as a Speech Language Pathologist and an Audiologist at the same time shall pay according to the fees established for Dual Licenses. Persons who are licensed at separate times for these specialties shall pay the application, initial license, and state regulatory fees for that additional license, but only at the time of application. After these initial applications, only one renewal and state regulatory fee will be required.

**Authority:** T.C.A. §§ 4-3-1011, 4-5-202, 4-5-204, 63-1-105, and 63-17-128. **Administrative History:** Original rule filed February 23, 1990; effective April 9, 1990. (Formerly 1370-01-.09) Repeal and new rule filed January 31, 2000; effective April 15, 2000. Amendment filed April 26, 2002; effective July 10, 2002. Amendment filed June 22, 2004; effective September 5, 2004. Amendment filed July 21, 2004; effective October 4, 2004. Amendment filed September 11, 2006; effective November 25, 2006.

### 1370-01-.07 APPLICATION REVIEW, APPROVAL, AND DENIAL.

- (1) Application for licensure will be accepted throughout the year and processed in the Board's Administrative Office.
- (2) Completed licensure applications received in the Board's Administrative Office shall be submitted to a member of the Board or a Board designee for review. If the completed application was received before the thirtieth (30<sup>th</sup>) day of the month preceding the next Board meeting, an initial determination shall be made prior to the next Board meeting.
- (3) Licensure issuance decisions pursuant to this rule may be preliminarily made upon review by any Board member or a Board designee.
- (4) The initial determination shall be presented to the full Board for review. The license will not be issued until such time as the full Board ratifies the initial determination. [A Speech Language Pathologist or Audiologist who is ASHA certified (or equivalent) or is licensed in another state and has made application in Tennessee may practice in Tennessee pending disposition of the application.]
- (5) If an application is incomplete when received in the Board's Administrative Office, or the reviewing Board member determines additional information is required from an applicant before an initial determination can be made, the applicant shall be notified and the necessary information requested by the Administrative Office. The applicant shall cause the requested information to be received in the Board's Administrative Office on or before the sixtieth (60<sup>th</sup>) day after receipt of the notification.
  - (a) If the requested information is not received within the sixty (60) day period, the application file shall be closed and the applicant notified that the Board will not consider licensure until a new application is received pursuant to the rules governing that process, including another payment of all applicable fees.
  - (b) Once a file has been closed, no further Board action will take place until a new application is submitted. Failure to complete all forms, provide requested information, submit all fees, take or retake required examinations within the specified time frame will be just cause for the application file to be closed. This action may be made by the Board's Unit Director.
- (6) If a completed application file has been initially denied by the reviewing Board member and ratified as such by the Board, the action will become final and the following shall occur:

(Rule 1370-01-.07, continued)

- (a) A notification of the denial shall be sent to the applicant by the Board's Administrative Office by certified mail, return receipt requested. Specific reasons for the denial will be stated, such as incomplete information, unofficial records, failure of examination, and other matters judged insufficient for licensure, and such notification shall contain all the specific statutory and rule authorities for the denial.
  - (b) The notification, when appropriate, shall also contain a statement of the applicant's right to request a contested case hearing under the Tennessee Administrative Procedures Act (T.C.A. §§ 4-5-201, et seq.) to contest the denial and the procedure necessary to accomplish that action.
  - (c) An applicant has a right to a contested case hearing only if the licensure denial was based on subjective or discretionary criteria.
- (7) If the Board finds that it has erred in the issuance of a license, the Board will give written notice by certified mail, return receipt requested, of intent to revoke the license. The notice will allow the applicant the opportunity to meet the requirements of licensure within thirty (30) days from the date of receipt of the notification. If the applicant does not concur with the stated reason and the intent to revoke the license, the applicant shall have the right to proceed according to Rule 1370-01-.07(6)(b).

**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 63-1-142, 63-17-105, 63-17-110 through 63-17-114(6), 63-17-115, and 63-17-117. **Administrative History:** Original rule filed March 11, 1991; effective April 25, 1991. Repeal and new rule filed January 31, 2000; effective April 15, 2000. Amendment filed January 31, 2003; effective April 16, 2003. Amendment filed August 3, 2005; effective October 17, 2005.

**1370-01-.08 EXAMINATIONS.** All persons intending to apply for licensure as a Speech Language Pathologist or Audiologist in Tennessee must successfully complete examinations pursuant to this Rule.

- (1) The Specialty Area Tests in Speech-Language Pathology and Audiology of the Professional Assessments for Beginning Teachers (Praxis Test) must be completed prior to application for licensure.
- (2) Evidence of successful completion must be submitted by the examining agency directly to the Board's Administrative Office as part of the application process pursuant to Rule 1370-01-.05.
- (3) The Board adopts the Praxis Test, or its successor examination, as its licensure examination. Successful completion of examination is a prerequisite to licensure pursuant to Rule 1370-01-.05.
- (4) The Board adopts the ASHA determination as to the passing score on the Praxis Test or successor examination.
- (5) The Tennessee Jurisprudence Exam, established by the Board on the rules and statutes, must be successfully completed prior to licensure and/or reinstatement of licensure.

**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 63-17-105, 63-17-110, and 63-17-111. **Administrative History:** Original rule filed March 11, 1991; effective April 25, 1991. Repeal and new rule filed January 31, 2000; effective April 15, 2000. Amendment filed April 26, 2002; effective July 10, 2002. Amendment filed September 11, 2006, effective November 25, 2006. Amendments filed March 24, 2016; effective June 22, 2016.

**1370-01-.09 RENEWAL OF LICENSE OR REGISTRATION.**

- (1) Renewal Application.



(Rule 1370-01-.09, continued)

- (a) The due date for license renewal is the expiration date indicated on the renewal certificate.
  - (b) Methods of Renewal
    1. Internet Renewals - Individuals may apply for renewal and pay the necessary fees via the Internet. The application to renew can be accessed at:  

[www.tennesseeanytime.org](http://www.tennesseeanytime.org)
    2. Paper Renewals - For individuals who have not renewed their license or registration online via the Internet, a renewal application form will be mailed to each individual licensed or registered by the Board to the last address provided to the Board. Failure to receive such notification does not relieve the licensee or registrant from the responsibility of meeting all requirements for renewal.
  - (c) To be eligible for license or registration renewal, an individual must submit to the Board's Administrative Office on or before the due date for renewal all of the following:
    1. A completed Renewal Application form;
    2. The renewal and state regulatory fees as provided in Rule 1370-01-.06; and
    3. Attestation on the Renewal Application form to indicate and certify completion of continuing education requirements pursuant to Rule 1370-01-.12.
  - (d) Licensees and registrants who fail to comply with the renewal rules or notification received by them concerning failure to timely renew shall have their licenses or registrations processed pursuant to rule 1200-10-01-.10.
- (2) Exemption from Licensure or Registration Renewal - A licensee or registrant who does not plan to practice in Tennessee and who therefore does not intend to use the title 'speech language pathologist' or 'audiologist' or any title which conveys to the public that he is currently licensed or registered by this Board may apply to convert an active license or registration to retired, or inactive, status. These licensees must comply with the requirements of Rule 1370-01-.11.
- (3) Reinstatement of an Expired License or Registration.
- (a) Licensees and registrants who fail to comply with the renewal rules or notification received by them concerning failure to timely renew shall have their licensure processed pursuant to Rule 1200-10-01-.10.
  - (b) Licensees and registrants who wish to reinstate a license or registration that has been expired for five (5) years or less shall meet the following conditions:
    1. Payment of all past due renewal fees and state regulatory fees, pursuant to Rule 1370-01-.06; and
    2. Payment of the late renewal fee, pursuant to Rule 1370-01-.06; and
    3. Provide documentation of successfully completing continuing education requirements for every year the license or registration was expired, pursuant to Rule 1370-01-.12.

(Rule 1370-01-.09, continued)

4. License and registration reinstatement applications hereunder shall be treated as license and registration applications, and review and decisions shall be governed by Rule 1370-01-.07.
- (c) Licensees and registrants who wish to reinstate a license or registration that has been expired for more than five (5) years shall be required to reapply for licensure in accordance with applicable laws and rules of the Board. As part of the application, the licensee or registrant shall include documentation of current ASHA certification or equivalent and documentation of having successfully completed continuing education requirements for each year the license or registration was expired pursuant to Rule 1370-01-.12.

**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 63-17-105, 63-17-116, 63-17-116(e), and 63-17-128.

**Administrative History:** Original rule filed September 18, 1991; effective November 2, 1991. Repeal and new rule filed January 31, 2000; effective April 15, 2000. Amendment filed April 26, 2002; effective July 10, 2002. Amendment filed July 22, 2003; effective October 5, 2003. Amendment filed September 11, 2006; effective November 25, 2006. Amendment filed June 28, 2013; effective September 26, 2013.

### 1370-01-.10 CLINICAL FELLOWSHIPS, CLINICAL EXTERNS, AND SUPERVISION.

- (1) Clinical Fellows must work under the supervision of a licensed or ASHA certified Speech Language Pathologist (“supervising licensee”).
  - (a) The clinical fellowship experience shall include no less than thirty-six (36) supervisory activities in the following combination:
    1. Eighteen (18) direct (on-site) observations, with one (1) hour equaling one (1) on-site observation.
    2. Eighteen (18) monitored activities which may, for example, include telephone conferences, tape reviews, and record reviews.
  - (b) Each month of the clinical fellowship shall include two (2) on-site observations and two (2) other monitored activities.
- (2) Clinical Fellows: Procedures for Registration
  - (a) An applicant for registration as a Clinical Fellow shall cause a graduate transcript to be submitted directly from the educational institution to the Board's Administrative Office. The transcript must show that graduation with at least a master's or doctorate level degree has been completed and must carry the official seal of the institution.
  - (b) An applicant for registration as a Clinical Fellow shall have successfully completed a minimum of four hundred (400) clock hours of supervised clinical experience (practicum) with individuals having a variety of communications disorders, as required by ASHA. The experience shall have been obtained through an accredited institution. The applicant shall have a letter transmitted directly from the authorized individual at the accredited institution to the Board's Administrative office attesting to the standards of the practicum and the applicant's successful completion.
  - (c) All supervising licensees must register any and all Clinical Fellows working under their supervision with the Board on a Registration form to be provided by the Board at the request of the supervising licensee. Registration must be made by the supervising licensee before or within ten (10) days of retaining each Clinical Fellow.
- (3) Clinical Fellows: Period of Effectiveness

(Rule 1370-01-.10, continued)

- (a) Persons with doctoral degrees or doctoral degree candidates - Clinical fellowships are effective for a period of no less than nine (9) months and no more than four (4) years.
  - (b) Persons with master's degrees - Clinical fellowships are effective for a period of no less than nine (9) months and no more than one (1) year.
    - 1. Notwithstanding the provisions of subparagraph (b), the clinical fellowship's period of effectiveness for applicants for licensure who are awaiting national certification and subsequent Board review of their application may be extended for a period not to exceed three (3) additional months. Such extension will cease to be effective if national certification or Board licensure is denied. At all times while awaiting national certification results and until licensure is received, clinical fellows shall practice only under supervision as set forth in this rule.
    - 2. Application for licensure or re-registration by the supervising licensee for an additional clinical fellowship should be made thirty (30) days before the expiration of the clinical fellowship.
  - (c) In the case of extenuating circumstances, a supervising licensee may request an application for re-registration to extend the clinical fellowship registration. The Board or its designee will determine if an extension will be granted.
- (4) Clinical Fellows: Supervision Limitations.
- (a) Supervising licensees shall supervise no more than three (3) individuals concurrently.
  - (b) Supervising licensees shall supervise no more than two (2) Speech Language Pathology Assistants concurrently.
  - (c) Supervising licensees shall supervise no more than three (3) Clinical Fellows concurrently.
  - (d) Supervising licensees shall be at least two (2) years removed from the completion of their Clinical Fellowship work.
- (5) Clinical Externs must work under the supervision of a licensed, ASHA certified or ABA certified Audiologist (supervising licensee).
- (6) Clinical Externs: Procedures for Registration
- (a) An applicant for registration as a Clinical Extern shall have a letter transmitted directly from the authorized individual at the accredited institution to the board administrator verifying that he or she has successfully completed sufficient academic course work to engage in outside supervised clinical practice.
  - (b) An applicant for registration as a Clinical Extern shall have successfully completed a minimum of four hundred (400) clock hours of supervised clinical experience (practicum) with individuals having a variety of communications disorders. The experience shall have been obtained through an accredited institution. The applicant shall have a letter transmitted directly from the authorized individual at the accredited institution to the Board's Administrative office attesting to the standards of the practicum and the applicant's successful completion.
  - (c) All supervising licensees must register any and all Clinical Externs working under their supervision with the Board on a registration form to be provided by the Board at the

(Rule 1370-01-.10, continued)

request of the supervising licensee. Registration must be made by the supervising licensee prior to the start of the externship.

- (7) Clinical Externs: Period of effectiveness
  - (a) Registration of a Clinical Extern is effective for a period of fifteen (15) continuous months, beginning with the month after the month in which the registration is made.
  - (b) The length of the externship is set by the accredited institution.
  - (c) Notwithstanding the provisions of subparagraph (a), the clinical externship's period of effectiveness may be extended for a period not to exceed four (4) additional months for applicants for licensure who are awaiting national certification and subsequent Board review of their application. Such extension will cease to be effective if national certification or Board licensure is denied. At all times while awaiting national certification results and until licensure is received, clinical externs shall practice only under supervision as set forth in this rule.
  - (d) In the case of extenuating circumstances, a supervising licensee may request an application for re-registration to extend the clinical externship registration. The Board or its designee will determine if an extension will be granted.
- (8) Clinical Externs: Supervision Limitations. Supervising licensees shall concurrently supervise no more than two (2) Clinical Externs.

**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 63-17-103, 63-17-105, 63-17-110, and 63-17-114.

**Administrative History:** Original rule filed December 18, 1995; effective March 1, 1996. Repeal and new rule filed January 31, 2000; effective April 15, 2000. Amendment filed January 31, 2003; effective April 16, 2003. Amendment filed June 22, 2004; effective September 5, 2004. Amendment filed August 3, 2005; effective October 17, 2005. Amendment filed September 11, 2006; effective November 25, 2006. Amendment filed April 6, 2010; effective July 5, 2010. Amendment filed September 14, 2010; effective December 13, 2010. Amendment filed June 28, 2013; effective September 26, 2013. Amendment filed April 17, 2014; effective July 16, 2014.

#### **1370-01-.11 RETIREMENT AND REACTIVATION OF LICENSE OR REGISTRATION.**

- (1)
  - (a) A licensee who holds a current license and does not intend to practice as a Speech Language Pathologist or Audiologist or intends to obtain an Inactive-Pro Bono Services license may apply to convert an active license to an Inactive-Retired status. Such licensee who holds a retired license may not practice and will not be required to pay the renewal fee
  - (b) A registrant who holds a current registration and does not intend to practice as a Speech Language Pathology Assistant may apply to convert and active registration to an Inactive-Retired status. Such registrant who holds a retired registration may not practice and will not be required to pay the renewal fee.
- (2) A person who holds an active license or registration may apply for retired status in the following manner:
  - (a) Obtain, complete and submit to the Board's Administrative Office an Affidavit of Retirement form; and
  - (b) Submit any documentation which may be required by the form to the Board's Administrative Office.

(Rule 1370-01-.11, continued)

- (3) A licensee or registrant who holds a retired license may apply to reactivate his license in the following manner:
  - (a) Submit a written request for licensure or registration reactivation to the Board's Administrative Office;
  - (b) Pay the licensure or registration renewal fee and state regulatory fee as provided in Rule 1370-01-.06; and
  - (c) Provide documentation of successfully completing continuing education requirements pursuant to Rule 1370-01-.12.
- (4) License and registration reactivation applications shall be treated as licensure applications and review decisions shall be governed by Rule 1370-01-.07.

**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 63-17-105, 63-17-116, 63-17-124, and 63-17-128. **Administrative History:** Original rule filed January 31, 2000; effective April 15, 2000. Amendment filed April 26, 2002; effective July 10, 2002. Amendment filed September 11, 2006; effective November 25, 2006.

**1370-01-.12 CONTINUING EDUCATION.** All Speech Language Pathologists, Audiologists, and Speech Language Pathology Assistants must comply with the following continuing education rules as a prerequisite to licensure and registration renewal.

- (1) Continuing Education - Hours Required
  - (a) All Speech Language Pathologists and Audiologists must complete a minimum of ten (10) hours of continuing education during each calendar year.
    1. Five (5) hours of the ten (10) hour requirement must have been obtained in the licensee's area of practice (Speech Language Pathology or Audiology); and
    2. Five (5) hours of the ten (10) hour requirement may regard either Speech Language Pathology or Audiology.
    3. For new licensees, proof of successful completion of all education and training requirements required for licensure in Tennessee, pursuant to Rule 1370-01-.04, which have been completed during the twelve (12) months preceding licensure, shall constitute continuing education credit for the initial period of licensure.
  - (b) All Speech Language Pathology Assistants must complete a minimum of five (5) hours of continuing education during each calendar year. For new registrants, proof of successful completion of all education and training requirements required for registration in Tennessee, pursuant to Rule 1370-01-.14, which have been completed during the twelve (12) months preceding registration, shall constitute continuing education credit for the initial period of registration.
  - (c) The Board does not pre-approve continuing education programs. It is the responsibility of the licensee or registrant, using his/her professional judgment, to determine whether or not the continuing education course is applicable and appropriate and meets the guidelines specified in this rule. Continuing education credit will not be allowed for the following
    1. Regular work activities, administrative staff meetings, case staffing/reporting, etc.
    2. Membership or holding office in or participation on boards or committees, or business meetings of professional organizations.

(Rule 1370-01-.12, continued)

3. Independent unstructured, or self-structured, learning.
  4. Training specifically related to policies and procedures of an agency.
  5. Seminars, conferences or courses not directly related to Speech Language Pathology or Audiology (i.e. computers, finance, business management, etc.) or inconsistent with the requirements of subparagraph (a).
- (d) Persons who hold dual licenses (Speech Language Pathology and Audiology) must complete a minimum of twenty (20) hours of continuing education during each calendar year. The hours must be distributed equally between each specialty.
- (e) For purposes of these Rules, one-tenth (0.1) Continuing Education Unit (CEU), as defined by ASHA and other CE course providers, is equivalent to sixty (60) minutes or one (1) hour of continuing education.
- (f) Multi-Media - With successful completion of a written post-experience examination to evaluate material retention, multi-media courses may be taken for continuing education credit.
1. For Speech Language Pathologists and Audiologists, all of the hours required in subparagraph (a) may be granted for multi-media courses during each calendar year.
  2. For Speech Language Pathology Assistants, all of the hours required in subparagraph (b) may be granted for multi-media courses during each calendar year.
  3. Multi-Media courses may include courses utilizing:
    - (i) Group: Synchronous, live event. Instruction requires the simultaneous participation of all students and instructors in real time. Learners interact with the learning materials and the instructor at a specific location and time. Examples include but are not limited to workshops, seminars, symposium, webinar/videoconference, journal group, grand rounds, conventions, and conferences.
    - (ii) Individual: Asynchronous. Learners choose their own instructional time frame and location and interact with the learning materials and instructor according to their own schedules. Examples include but are not limited to video recordings, correspondence courses, audio recordings, programmed study, computer-assisted learning, and reading peer review journals/newsletters.
    - (iii) Blended: Combines elements of both group and individual learning experiences. These may be distance learning/online as well as face-to-face/in person. These courses might have prerequisite reading, videotaping/case study viewing that must be completed prior to, during, or after the face-to-face/in person portion. Examples include but are not limited to live webinar that has required reading/case study review for which the participant will earn credit for successfully completing prior to, during, or after the live segment.

(Rule 1370-01-.12, continued)

- (iv) Independent Study: A learning event proposed by the learner and reviewed, monitored and approved by a Board approved independent study provider.
- (g) The Board, in cases of documented illness, disability, other undue hardship or retirement, may
  - 1. waive the continuing education requirements; or
  - 2. extend the deadline to complete continuing education requirements.
- (h) To be considered for a waiver of continuing education requirements, or for an extension of the deadline to complete the continuing education requirements, a licensee or registrant must request such in writing with supporting documentation before the end of the calendar year in which the continuing education requirements were not met.
- (2) Documentation - Proof of Compliance.
  - (a) Each licensee and registrant must retain documentation of attendance and completion of all continuing education. If asked by the Board for inspection and/or verification purposes, the licensee or registrant must produce one (1) of the following:
    - 1. Verification of continuing education by evidencing certificates which verify attendance at continuing education program(s); or
    - 2. An original letter on official stationery from the continuing education's program's sponsor verifying the continuing education and specifying date, hours of actual attendance, program title, licensee or registrant name and number.
  - (b) Each licensee and registrant on the biennial renewal form must attest to completion of the required continuing education hours and that such hours were obtained during the two (2) calendar years (January 1 - December 31) that precede the licensure or registration renewal year.
  - (c) Each licensee and registrant shall maintain, for a period of not less than four (4) years, all documentation pertaining to continuing education.
- (3) Violations.
  - (a) Any licensee or registrant who falsely certifies attendance and completion of the required hours of continuing education requirements, or who does not or can not adequately substantiate completed continuing education hours with the required documentation, may be subject to disciplinary action pursuant to Rule 1370-01-.13.
    - 1. Prior to the institution of any disciplinary proceedings, a letter shall be issued to the last known address of the individual stating the facts or conduct which warrants the intended action.
    - 2. The licensee or registrant has thirty (30) days from the date of notification to show compliance with all lawful requirements for the retention of the license or registration.
    - 3. Any licensee or registrant who fails to show compliance with the required continuing education hours in response to the notice contemplated by part (3) (a) 1. above may be subject to disciplinary action

(Rule 1370-01-.12, continued)

- (4) Continuing Education for Reactivation or Reinstatement of Retired or Expired Licenses and Registrations.
  - (a) An individual whose license or registration has been retired or has expired must complete the continuing education requirements for each year the license or registration was retired or expired as a prerequisite to reactivation or reinstatement. The number of continuing education hours to be obtained, and the modality through which the continuing education hours may be obtained, shall be in accordance with the continuing education rules in place at the time the application for reactivation or reinstatement is submitted. The number of continuing education hours required for reactivation or reinstatement shall not exceed 100 hours. The continuing education hours obtained will be considered replacement hours and cannot be counted during the next licensure or registration renewal period.

**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 63-17-105, 63-17-124, and 63-17-128. **Administrative History:** (Formerly 1370-01-.10) New rule filed January 31, 2000; effective April 15, 2000. Amendment filed September 13, 2001; effective November 27, 2001. Amendment filed April 26, 2002; effective July 10, 2002. Amendment filed January 31, 2003; effective April 16, 2003. Amendment filed July 22, 2003; effective October 5, 2003. Amendment filed September 11, 2006; effective November 25, 2006. Amendments filed June 28, 2013; effective September 26, 2013.

**1370-01-.13 UNPROFESSIONAL AND UNETHICAL CONDUCT.** The Board has the authority to refuse to issue a license or registration, or may suspend, revoke, or condition a license or registration for a period of time, or assess a civil penalty against any person holding a license to practice as a Speech Language Pathologist, or Audiologist, or registration as a Speech Language Pathology Assistant. In addition to the statute at T.C.A. § 63-17-117, unprofessional and/or unethical conduct shall include, but not be limited to the following

- (1) Engaging in clinical work when the licensee or registrant is not properly qualified to do so, pursuant to Rules 1370-01-.04 and 1370-01-.14, by successful completion of training, course work and/or supervised practicum;
- (2) Failure to take precautions to avoid injury to the client;
- (3) The guarantee or warranty of any sort, whether expressed orally or in writing, of the results of any speech, language, or hearing consultative or therapeutic procedure for the client;
- (4) Diagnosis or treatment (excluding general information of an educational nature) of any individual speech, language or hearing disorders by correspondence;
- (5) Willfully betraying a professional secret;
- (6) Accepting for treatment, and/or continuing treatment of, any client where benefit cannot reasonably be expected to accrue or is unnecessary;
- (7) Violation, or attempted violation, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of the practice act or any lawful order of the Board issued pursuant thereto;
- (8) Making false statements or representations, being guilty of fraud or deceit in obtaining admission to practice, or being guilty of fraud or deceit in the practice as a Speech Language Pathologist, Audiologist, or Speech Language Pathology Assistant;
- (9) Engaging in the practice as a Speech Language Pathologist, Audiologist, or Speech Language Pathology Assistant under a false or assumed name, or the impersonation of another practitioner under a like, similar or different name;



(Rule 1370-01-.13, continued)

- (10) Violation of the continuing education provisions of Rule 1370-01-.12;
- (11) Conviction of a felony or any offense involving moral turpitude;
- (12) Failing to provide adequate supervision for any assistant pursuant to Rule 1370-01-.14 or clinical fellow pursuant to Rule 1370-01-.10, including timely registration with the Board;
- (13) Supervising a quantity of assistants or clinical fellows inconsistent with the provisions of Rules 1370-01-.10 and/or 1370-01-.14

**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 63-17-105, 63-17-114, 63-17-117, and 63-17-128. **Administrative History:** Original rule filed January 31, 2000; effective April 15, 2000. Amendment filed September 11, 2006; effective November 25, 2006.

#### **1370-01-.14 SPEECH LANGUAGE PATHOLOGY ASSISTANTS AND SUPERVISION.**

- (1) Requirements.
  - (a) Speech Language Pathology Assistants.
    - 1. Speech Language Pathology Assistants must work under the supervision of a licensed Speech Language Pathologist ("Supervising Licensee").
    - 2. The minimum qualifications for persons employed as Speech Language Pathology Assistants shall be as follows:
      - (i) The applicant must have completed a program of study designed to prepare the student to be a Speech Language Pathology Assistant. The applicant must have earned sixty (60) college-level semester credit hours in a program of study that includes general education and the specific knowledge and skills for a Speech Language Pathology Assistant. The training program shall include a minimum of one hundred (100) clock hours of field experience supervised by a licensed Speech Language Pathologist.
        - (I) At least twenty (20) semester credit hours of the sixty (60) hour requirement shall be in general education.
        - (II) At least twenty (20) semester credit hours of the sixty (60) hour requirement shall be in technical content. The course content must include the following:
          - I. overview of normal processes of communication and overview of communication disorders;
          - II. instruction in assistant-level service delivery practices;
          - III. instruction in workplace behaviors;
          - IV. cultural and linguistic factors in communication; and
          - V. observation.
        - (III) The one hundred (100) hours of supervised fieldwork experience must provide appropriate experience for learning the job responsibilities and workplace behaviors of a Speech Language

(Rule 1370-01-.14, continued)

Pathology Assistant. This experience is not intended to develop independent practice.

3. If the applicant's academic institution does not provide for the full one hundred (100) hours of supervised field work experience by a licensed Speech Language Pathologist, then the applicant shall register with the Board and shall have a minimum of thirty (30) days up to a maximum of ninety (90) days to acquire the full one hundred (100) clock hours of field experience needed to become a fully credentialed Speech Language Pathology Assistant.

(2) Scope of Practice.

(a) A Speech Language Pathology Assistant shall not perform the following:

1. Interpret test results or perform diagnostic evaluations;
2. Conduct parent or family conferences or case conferences;
3. Perform client or family counseling;
4. Write, develop, or modify a client's individualized treatment plan;
5. Treat clients without following the established plan;
6. Sign any document without the co-signature of the supervising Speech Language Pathologist;
7. Select or discharge clients for services;
8. Disclose clinical or confidential information, either orally or in writing, to anyone not designated by the Speech Language Pathologist;
9. Refer clients for additional outside service

(3) Supervision by and Responsibilities of the Supervising Licensee.

(a) Prior to the commencement of training and/or employment, individuals seeking to be Speech Language Pathology Assistants must be registered by the supervising licensee with the Board on a registration form provided at the request of the supervising licensee.

1. The registration form shall be completed by the supervising licensee who shall return the completed form to the Board's administrative office with a copy of the written plan of training to be used for that Speech Language Pathology Assistant.
2. The Speech Language Pathology Assistant shall not begin training and/or employment until he/she has registered with the Board and paid the required fees, as provided in Rule 1370-01-.06.
3. For those applicants whose academic institution does not provide for the full one hundred (100) hours of supervised field work experience by a licensed Speech Language Pathologist:
  - (i) The registration form shall be completed by the supervising licensee who shall return the completed form to the Board's Administrative Office with a copy of the written plan of training to be used by the applicant.

(Rule 1370-01-.14, continued)

- (ii) The applicant shall not begin training and/or employment until he/she has registered with the Board. No fee shall be required during the thirty (30) to ninety (90) day period in which the applicant obtains the full one hundred (100) hours of supervised field work experience. Upon the completion of the full one hundred (100) hours, the applicant shall pay the required fees, as provided in Rule 1370-01-.06, to become a fully credentialed Speech Language Pathology Assistant.
- (b) The supervising licensee is responsible for designating an alternate licensed Speech Language Pathologist and ensuring that the designated alternate licensed Speech Language is available on-site to provide supervision when he/she is off site for any period of time. The designated alternate licensed Speech Language Pathologist must be registered with the Board as the alternate and should be documented on all written materials for training
- (c) Notice of employment, change of supervisor, or termination of any Speech Language Pathology Assistant must be forwarded by the supervising licensee to the Board's administrative office within thirty (30) days of such action.
- (d) Prior to utilizing a Speech Language Pathology Assistant, the licensed Speech Language Pathologist who is responsible for his or her direction shall carefully define and delineate the role and tasks. The Speech Language Pathologist shall:
  - 1. Define and maintain a specific line of responsibility and authority; and
  - 2. Assure that the Speech Language Pathology Assistant is responsible only to him or her in all client-related activities.
- (e) Any licensed Speech Language Pathologist may delegate specific clinical tasks to a registered Speech Language Pathology Assistant who has completed sufficient training. However, the legal, ethical, and moral responsibility to the client for all services provided, or omitted, shall remain the responsibility of the supervising licensee or of the licensed Speech Language Pathologist acting as supervisor in the absence of the supervising licensee. A Speech Language Pathology Assistant shall be clearly identified as an assistant by a badge worn during all contact with the client.
- (f) When a Speech Language Pathology Assistant assists in providing treatment, a supervising licensee shall:
  - 1. Provide a minimum of fifteen (15) hours of training for the competent performance of the tasks assigned. This training shall be completed during the first thirty (30) days of employment. A written plan for this training shall be submitted with registration. This training should include, but not be limited to, the following:
    - (i) Normal processes in speech, language, and hearing;
    - (ii) A general overview of disorders of speech, language, and hearing;
    - (iii) An overview of professional ethics and their application to the Speech Language Pathology Assistant activities;
    - (iv) Training for the specific job setting shall include information on:

(Rule 1370-01-.14, continued)

- (I) The primary speech, language, and hearing disorders treated in that setting;
  - (II) Response discrimination skills pertinent to the disorders to be seen;
  - (III) Equipment to be used in that setting;
  - (IV) Program administration skills, including stimulus presentation, data collection, and reporting procedures, screening procedures, and utilization of programmed instructional materials; and
  - (V) Behavior management skills appropriate to the population being served.
2. Evaluate each client prior to treatment.
  3. Outline and direct the specific program for the clinical management of each client assigned to the Speech Language Pathology Assistant.
  4. Provide direct/indirect, but on-site observation according to the following minimum standards:
    - (i) Provide direct observation for the first ten (10) hours of direct client contact following training;
    - (ii) Supervision of a Speech Language Pathology Assistant means direct supervision of not less than ten percent (10%) of a Speech Language Pathology Assistant's time each week. Direct supervision means on-site and in-view supervision as a clinical activity is performed;
    - (iii) The supervising licensee shall provide indirect supervision of not less than twenty percent (20%) of a Speech Language Pathology Assistant's time each week. Indirect supervision may include audio and video recordings, numerical data, or review of written progress notes. The supervising licensee, or the licensed Speech Language Pathologist acting as supervisor in the absence of the supervising licensee, must still be on-site;
    - (iv) At all times, the supervising licensee shall be available at a minimum by telephone whenever a Speech Language Pathology Assistant is performing clinical activities;
    - (v) All direct and indirect observations shall be documented and shall include information on the quality of a Speech Language Pathology Assistant's performance;
    - (vi) Whenever the Speech Language Pathology Assistant's performance is judged to be unsatisfactory over two (2) consecutive observations, the Speech Language Pathology Assistant shall be retrained in the necessary skills. Direct observations shall be increased to one hundred percent (100%) of all clinical sessions, until the Speech Language Pathology Assistant's performance is judged to be satisfactory over two (2) consecutive observations;
    - (vii) Ensure that the termination of services is initiated by the Speech Language Pathologist responsible for the client; and

(Rule 1370-01-.14, continued)

- (viii) Make all decisions regarding the diagnosis, management, and future disposition of the client.
- 5. Provide supervision for an individual who is completing the required one hundred (100) hours of supervised field work experience pursuant to part (3)(a)3., as follows:
  - (i) Fifty percent (50%) of the remaining hours must be supervised directly, on-site;
  - (ii) Of the hours remaining pursuant to subpart (3)(f)5.(i), at least twenty-five percent (25%) must be supervised directly, on-site and
  - (iii) Any remaining hours must be supervised indirectly.
  - (iv) Example: If the individual needs to complete eighty (80) of the required 100 hours of supervised field work experience, the first forty (40) hours (50%) must be supervised directly, on-site. Of the remaining forty (40) hours, at least ten (10) of those hours (25%) must be supervised directly, on-site and the remaining thirty (30) hours must be supervised indirectly.
- (g) Supervision limitations.
  - 1. Supervising licensees shall supervise no more than three (3) individuals concurrently.
  - 2. Supervising licensees shall supervise no more than two (2) Speech Language Pathology Assistants concurrently.
  - 3. Supervising licensees shall supervise no more than three (3) Clinical Fellows concurrently.
- (4) Supervising licensees shall be at least two (2) years removed from the completion of their Clinical Fellowship work.

**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 63-17-103, 63-17-105, 63-17-114, and 63-17-128. **Administrative History:** Original rule filed January 31, 2000; effective April 15, 2000. Amendment filed June 22, 2004; effective September 5, 2004. Amendment filed August 3, 2005; effective October 17, 2005. Amendment filed September 11, 2006; effective November 25, 2006. Amendment filed April 6, 2010; effective July 5, 2010. Repeal and new rule filed June 28, 2013; effective September 26, 2013. Amendments filed March 24, 2016; effective June 22, 2016.

#### **1370-01-.15 DISCIPLINARY ACTIONS, CIVIL PENALTIES, ASSESSMENT OF COSTS, AND SUBPOENAS.**

- (1) Upon a finding by the Board that the Speech Language Pathologist, Audiologist, or Speech Language Pathology Assistant has violated any provision of the Tennessee Code Annotated §§ 63-17-101, et seq., or the rules promulgated thereto, the Board may impose any of the following actions separately or in any combination deemed appropriate to the offense:
  - (a) Advisory Censure - This is a written action issued to the Speech Language Pathologist, Audiologist or Speech Language Pathology Assistant for minor or near infractions. It is informal and advisory in nature and does not constitute a formal disciplinary action.
  - (b) Formal Censure or Reprimand - This is a written action issued to a Speech Language Pathologist, Audiologist or Speech Language Pathology Assistant for one (1) time and

(Rule 1370-01-.15, continued)

less severe violations. It is a formal disciplinary action which must be accepted by the Speech Language Pathologist, Audiologist or Speech Language Pathology Assistant and ratified by the Board.

- (c) Probation - This is a formal disciplinary action which places a Speech Language Pathologist, Audiologist or Speech Language Pathology Assistant on close scrutiny for a fixed period of time. This action may be combined with conditions which must be met before probation will be lifted and/or which restrict the individual's activities during the probationary period.
  - (d) Licensure or Registration Suspension - This is a formal disciplinary action which suspends the right to practice for a fixed period of time. It contemplates the re-entry into practice under the licensure or registration previously issued.
  - (e) Licensure or Registration Revocation - This is the most severe form of disciplinary action which removes an individual from the practice of the profession and terminates the license or registration previously issued. If revoked, it relegates the violator to the status he possessed prior to application for licensure or registration. Application for reinstatement of a revoked license or registration shall be treated as a new application for licensure or registration which shall not be considered by the Board prior to the expiration of at least one (1) year, unless otherwise stated in the Board's revocation order.
  - (f) Civil Penalty - A monetary disciplinary action assessed by the Board pursuant to paragraph (4) of this rule.
  - (g) Conditions – Any action deemed appropriate by the Board to be required of a disciplined licensee in any of the following circumstances:
    - 1. During any period of probation, suspension; or
    - 2. During any period of revocation after which the licensee may petition for an order of compliance to reinstate the revoked license; or
    - 3. As a prerequisite to the lifting of probation or suspension or as a prerequisite to the reinstatement of a revoked license; or
    - 4. As a stand-alone requirement(s) in any disciplinary order.
  - (h) Once ordered, probation, suspension, assessment of a civil penalty, or any other condition of any type of disciplinary action may not be lifted unless and until the licensee or registrant petitions, pursuant to paragraph (2) of this rule, and appears before the Board after the period of initial probation, suspension, or other conditioning has run and all conditions placed on the probation, suspension, have been met, and after any civil penalties assessed have been paid.
- (2) Order of Compliance - This procedure is a necessary adjunct to previously issued disciplinary orders and is available only when a petitioner has completely complied with the provisions of a previously issued disciplinary order, including an unlicensed or unregistered practice civil penalty order, and wishes or is required to obtain an order reflecting that compliance.
- (a) The Board will entertain petitions for an Order of Compliance as a supplement to a previously issued order upon strict compliance with the procedures set forth in subparagraph (b) in only the following two (2) circumstances:

(Rule 1370-01-.15, continued)

1. When the petitioner can prove compliance with all the terms of the previously issued order and is seeking to have an order issued reflecting that compliance; or
2. When the petitioner can prove compliance with all the terms of the previously issued order and is seeking to have an order issued lifting a previously ordered suspension or probation.

(b) Procedures

1. The petitioner shall submit a Petition for Order of Compliance, as contained in subparagraph (c), to the Board's Administrative Office that shall contain all of the following:
  - (i) A copy of the previously issued order; and
  - (ii) A statement of which provision of subparagraph (a) the petitioner is relying upon as a basis for the requested order; and
  - (iii) A copy of all documents that prove compliance with all the terms or conditions of the previously issued order. If proof of compliance requires testimony of an individual(s), including that of the petitioner, the petitioner must submit signed statements from every individual the petitioner intends to rely upon attesting, under oath, to the compliance. The Board's consultant and administrative staff, in their discretion, may require such signed statements to be notarized. No documentation or testimony other than that submitted will be considered in making an initial determination on, or a final order in response to, the petition.
2. The Board authorizes its consultant and administrative staff to make an initial determination on the petition and take one of the following actions:
  - (i) Certify compliance and have the matter scheduled for presentation to the Board as an uncontested matter; or
  - (ii) Deny the petition, after consultation with legal staff, if compliance with all of the provisions of the previous order is not proven and notify the petitioner of what provisions remain to be fulfilled and/or what proof of compliance was either not sufficient or not submitted.
3. If the petition is presented to the Board the petitioner may not submit any additional documentation or testimony other than that contained in the petition as originally submitted.
4. If the Board finds that the petitioner has complied with all the terms of the previous order an Order of Compliance shall be issued.
5. If the petition is denied either initially by staff or after presentation to the Board and the petitioner believes compliance with the order has been sufficiently proven the petitioner may, as authorized by law, file a petition for a declaratory order pursuant to the provisions of T.C.A. § 4-5-223 and Rule 1200-10-01-.11.

(c) Form Petition

Petition for Order of Compliance  
Board of Communications Disorders and Sciences

(Rule 1370-01-.15, continued)

Petitioner's Name: \_\_\_\_\_  
 Petitioner's Mailing Address: \_\_\_\_\_

Petitioner's E-Mail Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

Attorney for Petitioner: \_\_\_\_\_  
 Attorney's Mailing Address: \_\_\_\_\_

Attorney's E-Mail Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

The petitioner respectfully represents, as substantiated by the attached documentation, that all provisions of the attached disciplinary order have been complied with and I am respectfully requesting: (circle one)

1. An order issued reflecting that compliance; or
2. An order issued reflecting that compliance and lifting a previously ordered suspension or probation.

Note – You must enclose all documents necessary to prove your request including a copy of the original order. If any of the proof you are relying upon to show compliance is the testimony of any individual, including yourself, you must enclose signed statements from every individual you intend to rely upon attesting, under oath, to the compliance. The Board's consultant and administrative staff, in their discretion, may require such signed statements to be notarized. No documentation or testimony other than that submitted will be considered in making an initial determination on, or a final order in response to, this petition.

Respectfully submitted this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 Petitioner's Signature

- (3) Order Modifications - This procedure is not intended to allow anyone under a previously issued disciplinary order, including an unlicensed or unregistered practice civil penalty order, to modify any findings of fact, conclusions of law, or the reasons for the decision contained in the order. It is also not intended to allow a petition for a lesser disciplinary action, or civil penalty other than the one(s) previously ordered. All such provisions of Board orders were subject to reconsideration and appeal under the provisions of the Uniform Administrative Procedures Act (T.C.A. §§ 4-5-301, et seq.). This procedure is not available as a substitute for reconsideration and/or appeal and is only available after all reconsideration and appeal rights have been either exhausted or not timely pursued. It is also not available for those who have accepted and been issued a reprimand.
  - (a) The Board will entertain petitions for modification of the disciplinary portion of previously issued orders upon strict compliance with the procedures set forth in subparagraph (b) only when the petitioner can prove that compliance with any one or more of the conditions or terms of the discipline previously ordered is impossible. For purposes of this rule the term "impossible" does not mean that compliance is inconvenient or impractical for personal, financial, scheduling or other reasons.



(Rule 1370-01-.15, continued)

(b) Procedures

1. The petitioner shall submit a written and signed Petition for Order Modification on the form contained in subparagraph (c) to the Board’s Administrative Office that shall contain all of the following:
  - (i) A copy of the previously issued order; and
  - (ii) A statement of why the petitioner believes it is impossible to comply with the order as issued; and
  - (iii) A copy of all documents that proves that compliance is impossible. If proof of impossibility of compliance requires testimony of an individual(s), including that of the petitioner, the petitioner must submit signed and notarized statements from every individual the petitioner intends to rely upon attesting, under oath, to the reasons why compliance is impossible. No documentation or testimony other than that submitted will be considered in making an initial determination on, or a final order in response to, the petition.
  
2. The Board authorizes its consultant and administrative staff to make an initial determination on the petition and take one of the following actions:
  - (i) Certify impossibility of compliance and forward the petition to the Office of General Counsel for presentation to the Board as an uncontested matter; or
  - (ii) Deny the petition, after consultation with legal staff, if impossibility of compliance with the provisions of the previous order is not proven and notify the petitioner of what proof of impossibility of compliance was either not sufficient or not submitted.
  
3. If the petition is presented to the Board the petitioner may not submit any additional documentation or testimony other than that contained in the petition as originally submitted.
  
4. If the petition is granted a new order shall be issued reflecting the modifications authorized by the Board that it deemed appropriate and necessary in relation to the violations found in the previous order.
  
5. If the petition is denied either initially by staff or after presentation to the Board and the petitioner believes impossibility of compliance with the order has been sufficiently proven the petitioner may, as authorized by law, file a petition for a declaratory order pursuant to the provisions of T.C.A. § 4-5-223 and Rule 1200-10-01-.11.

(c) Form Petition

Petition for Order Modification  
Board of Communications Disorders and Sciences

Petitioner’s Name: \_\_\_\_\_  
 Petitioner’s Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Rule 1370-01-.15, continued)

Petitioner's E-Mail Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Attorney for Petitioner: \_\_\_\_\_  
Attorney's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Attorney's E-Mail Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

The petitioner respectfully represents that for the following reasons, as substantiated by the attached documentation, the identified provisions of the attached disciplinary order are impossible for me to comply with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note – You must enclose all documents necessary to prove your request including a copy of the original order. If any of the proof you are relying upon to show impossibility is the testimony of any individual, including yourself, you must enclose signed and notarized statements from every individual you intend to rely upon attesting, under oath, to the reasons why compliance is impossible. No documentation or testimony other than that submitted will be considered in making an initial determination on, or a final order in response to, this petition.

Respectfully submitted this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Petitioner's Signature

(4) Civil Penalties.

(a) Purpose - The purpose of this Rule is to set out a schedule designating the minimum and maximum civil penalties which may be assessed pursuant to T.C.A. § 63-1-134.

(b) Schedule of Civil Penalties.

1. A Type A Civil Penalty may be imposed whenever the Board finds a person who is required to be licensed or registered by the Board guilty of a willful and knowing violation of the Act, or regulations pursuant thereto, to such an extent that there is, or is likely to be, an imminent substantial threat to the health, safety, and welfare of an individual client or the public. For purposes of this section, willfully and knowingly practicing as a Speech Language Pathologist, Audiologist or Speech Language Pathology Assistant without a license, registration, or an exempted classification, constitutes a violation for which a Type A Civil Penalty shall be assessed.
2. A Type B Civil Penalty may be imposed whenever the Board finds a person who is required to be licensed or registered by the Board guilty of a violation of the Act, or regulations pursuant thereto, in such a manner as to impact directly on the care of clients or the public.

(Rule 1370-01-.15, continued)

3. A Type C Civil Penalty may be imposed whenever the Board finds a person who is required to be licensed or registered by the Board guilty of a violation of the Act, or regulations pursuant thereto, which is neither directly detrimental to the client or the public, nor directly impacts their care, but which only has an indirect relationship to the care of clients or the public.

(c) Amount of Civil Penalties

1. Type A civil penalties shall be assessed in an amount not less than \$500 nor more than \$1,000.
2. Type B civil penalties shall be assessed in an amount not less than \$100 nor more than \$500.
3. Type C civil penalties shall be assessed in an amount not less than \$50 nor more than \$100.

(d) Procedures for Assessing Civil Penalties

1. The Division of Health Related Boards may initiate a civil penalty assessment by filing a Memorandum of Assessment of Civil Penalty. The Division shall state in the memorandum the facts and the law upon which it relies in alleging a violation, the proposed amount of civil penalty and the basis for such penalty. The Division may incorporate the Memorandum of Assessment of Civil Penalty with a Notice of Charges which may be issued attendant thereto.
2. Civil Penalties may also be initiated and assessed by the Board during consideration of any Notice of Charges. In addition, the Board may, upon good cause shown, assess type and amount of civil penalty which was not recommended by the Division.
3. In assessing the civil penalties pursuant to these Rules, the Board may consider the following factors:
  - (i) Whether the amount imposed will be a substantial economic deterrent to the violator;
  - (ii) The circumstances leading to the violation;
  - (iii) The severity of the violation and the risk of harm to the public;
  - (iv) The economic benefits gained by the violator as a result of non-compliance; and
  - (v) The interest of the public.

- (5) Assessment of costs in disciplinary proceedings shall be as set forth in T.C.A. §§ 63-1-144 and 63-17-219.

(6) Subpoenas

- (a) Purpose - Although this rule applies to persons and entities other than speech language pathologists and audiologists, it is the Board's intent as to speech language pathologists and audiologists that they be free to practice their profession without fear that such practice or its documentation will be unduly subjected to scrutiny outside the profession.

(Rule 1370-01-.15, continued)

Consequently, balancing that intent against the interest of the public and patients to be protected against substandard care and activities requires that persons seeking to subpoena such information and/or materials must comply with the substance and procedures of these rules.

It is the intent of the Board that the subpoena power outlined herein shall be strictly proscribed. Such power shall not be used by the division or council investigators to seek other incriminating evidence against speech language pathologists and audiologists when the division or board does not have a complaint or basis to pursue such an investigation. Thus, unless the division or its investigators have previously considered, discovered, or otherwise received a complaint from either the public or a governmental entity, then no subpoena as contemplated herein shall issue.

(b) Definitions - As used in this chapter of rules the following words shall have the meanings ascribed to them:

1. Probable Cause

- (i) For Investigative Subpoenas - shall mean that probable cause, as defined by case law at the time of request for subpoena issuance is made, exists that a violation of the Licensure Act for Communication Disorders and Sciences or rules promulgated pursuant thereto has occurred or is occurring and that it is more probable than not that the person(s), or items to be subpoenaed possess or contain evidence which is more probable than not relevant to the conduct constituting the violation.
- (ii) The utilization of the probable cause evidentiary burden in proceedings pursuant to this rule shall not in any way, nor should it be construed in any way to establish a more restrictive burden of proof than the existing preponderance of the evidence in any civil disciplinary action which may involve the person(s) or items that are the subject of the subpoena.

2. Presiding Officer - For investigative subpoenas shall mean any elected officer of the Board, or any duly appointed or elected chairperson of any panel of the Board.

(c) Procedures

1. Investigative Subpoenas

- (i) Investigative Subpoenas are available only for issuance to the authorized representatives of the Tennessee Department of Health, its investigators and its legal staff.
- (ii) An applicant for such a subpoena must either orally or in writing notify the Board's Unit Director of the intention to seek issuance of a subpoena. That notification must include the following:
  - (I) The time frame in which issuance is required so the matter can be timely scheduled; and
  - (II) A particular description of the material or documents sought, which must relate directly to an ongoing investigation or contested case, and shall, in the instance of documentary materials, be limited to the records of the patient or patients whose complaint, complaints, or records are being considered by the division or board.

(Rule 1370-01-.15, continued)

- I. In no event shall such subpoena be broadly drafted to provide investigative access to speech language pathology or audiology records of other patients who are not referenced either in a complaint received from an individual or governmental entity, or who have not otherwise sought relief, review, or Board consideration of any speech language pathologist's or audiologist's conduct, act, or omission; and
  - II. If the subpoena relates to the prescribing practices of a licensee, then it shall be directed solely to the records of the patient(s) who received the pharmaceutical agents and whom the board of pharmacy or issuing pharmacy(ies) has so identified as recipients; and
- (III) Whether the proceedings for the issuance are to be conducted by physical appearance or electronic means; and
- (IV) The name and address of the person for whom the subpoena is being sought, or who has possession of the items being subpoenaed.
- (iii) The Board's Unit Director shall cause to have the following done:
- (I) In as timely a manner as possible arrange for either an elected officer of the board, or any duly appointed or elected chairperson of any panel of the board, to preside and determine if issuing the subpoena should be recommended to the full Board; and
  - (II) Establish a date, time and place for the proceedings to be conducted and notify the presiding officer, the applicant and the court reporter; and
  - (III) Maintain a complete record of the proceedings including an audio tape in such a manner as to:
    - I. Preserve a verbatim record of the proceeding; and
    - II. Prevent the person presiding over the proceedings and/or signing the subpoena from being allowed to participate in any manner in any disciplinary action of any kind formal or informal which may result which involves either the person or the documents or records for which the subpoena was issued.
- (iv) The Proceedings
- (I) The applicant shall do the following:
    - I. Provide for the attendance of all persons whose testimony is to be relied upon to establish probable cause; and
    - II. Produce and make part of the record copies of all documents to be utilized to establish probable cause; and
    - III. Obtain, complete and provide to the presiding officer a subpoena which specifies the following:

(Rule 1370-01-.15, continued)

- A. The name and address of the person for whom the subpoena is being sought or who has possession of the items being subpoenaed; and
  - B. The location of the materials, documents or reports for which production pursuant to the subpoena is sought if that location is known; and
  - C. A brief, general description of any items to be produced pursuant to the subpoena; and
  - D. The date, time and place for compliance with the subpoena.
- IV. Provide the presiding officer testimony and/or documentary evidence, which in good faith, the applicant believes is sufficient to establish that probable cause exists for issuance of the subpoena, as well as sufficient proof that all other reasonably available alternative means of securing the materials, documents or items have been unsuccessful.
- (II) The Presiding Officer shall do the following:
- I. Have been selected only after assuring the Board's Unit Director that he or she has no prior knowledge of or any direct or indirect interest in or relationship with the person(s) being subpoenaed and/or the licensee who is the subject of the investigation; and
  - II. Commence the proceedings and swear all necessary witnesses; and
  - III. Hear and maintain the confidentiality, if any, of the evidence presented at the proceedings and present to the full board only that evidence necessary for an informed decision; and
  - IV. Control the manner and extent of inquiry during the proceedings and be allowed to question any witness who testifies; and
  - V. Determine based solely on the evidence presented in the proceedings whether probable cause exists and if so, make such recommendation to the full board; and
  - VI. Sign the subpoena as ordered to be issued; and
  - VII. Not participate in any way in any other proceeding whether formal or informal, which involves the matters, items or person(s) which are the subject of the subpoena. This does not preclude the presiding officer from presiding at further proceedings for issuance of subpoenas in the matter.
- (III) The Board shall do the following:

(Rule 1370-01-.15, continued)

- I. By a vote of two thirds (2/3) of the board members issue the subpoena for the person(s) or items specifically found to be relevant to the inquiry, or quash or modify an existing subpoena by a majority vote; and
  - II. Sign the subpoena as ordered to be issued, quashed or modified.
2. Post-Notice of Charges Subpoenas - If the subpoena is sought for a contested case being heard with an Administrative Law Judge from the Secretary of State's office presiding, this definition shall not apply and all such post-notice of charges subpoenas should be obtained from the office of the Administrative Procedures Division of the Office of the Secretary of State pursuant to the Uniform Administrative Procedures Act and rules promulgated pursuant thereto.
- (d) Subpoena Forms
1. All subpoenas shall be issued on forms approved by the Board.
  2. The subpoena forms may be obtained by contacting the Board's Administrative Office.
- (e) Subpoena Service - Any method of service of subpoenas authorized by the Tennessee Rules of Civil Procedure or the rules of the Tennessee Department of State, Administrative Procedures Division may be utilized to serve subpoenas pursuant to this rule.

**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 63-1-134, 63-17-105, 63-17-110, 63-17-117 through 63-17-120, and 63-17-128. **Administrative History:** Original rule filed January 31, 2000; effective April 15, 2000. Amendment filed February 10, 2000; effective April 25, 2000. Amendments filed May 3, 2001; effective July 17, 2001. Amendment filed July 22, 2003; effective October 5, 2003. Amendments filed September 24, 2004; effective December 8, 2004. Amendments filed September 11, 2006; effective November 25, 2006. Amendment filed September 14, 2010; effective December 13, 2010.

#### **1370-01-.16 DISPLAY/REPLACEMENT OF LICENSES.**

- (1) Display of License or Registration- Every person licensed or registered by the Board shall display his license or registration in a conspicuous place in his office and, whenever required, exhibit such license to the Board or its authorized representative.
- (2) Replacement License - A licensee whose 'artistically designed' wall license has been lost or destroyed may be issued a new wall license upon receipt of a written request to the Board's Administrative Office. Such written request shall be accompanied by an affidavit (signed and notarized) stating the facts concerning the loss or destruction of the original wall license.

**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 63-1-109, 63-17-105, and 63-17-128. **Administrative History:** Original rule filed January 31, 2000; effective April 15, 2000. Amendment filed September 11, 2006; effective November 25, 2006.

#### **1370-01-.17 CHANGE OF ADDRESS AND/OR NAME.**

- (1) Before practicing as a Speech Language Pathologist, Audiologist or Speech Language Pathology Assistant, the licensee or registrant shall notify the Board's Administrative Office, in writing, of the address of his/her primary business.

(Rule 1370-01-.17, continued)

- (2) If any changes occur in the address of his/her place of business, the licensee or registrant must notify the Board's Administrative Office, in writing, within thirty (30) days of such change; such written notification must reference the licensee or registrant name, profession, and number. Failure to give such notice of business address change shall be deemed just cause for disciplinary action by the Board.
- (3) If any changes occur in the licensee's or registrant's name, the licensee or registrant must notify the Board's Administrative Office within thirty (30) days of the name change. Said notification must be made in writing and must also reference the licensee's or registrant's prior name and number. A copy of the official document evidencing the name change must be forwarded with the written notification.

**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 63-1-106, 63-1-108, and 63-17-105. **Administrative History:** Original rule filed January 31, 2000; effective April 15, 2000. Amendment filed September 11, 2006; effective November 25, 2006.

#### **1370-01-.18 CONSUMER RIGHT-TO-KNOW REQUIREMENTS.**

- (1) Criminal Conviction Reporting Requirements - For purposes of the "Health Care Consumer Right-To-Know Act of 1998, the following criminal convictions must be reported:
  - (a) Conviction of any felony; and
  - (b) Conviction or adjudication of guilt of any misdemeanor, regardless of its classification, in which any element of the misdemeanor involves any one or more of the following:
    1. Sexual misconduct on the part of the practitioner.
    2. Alcohol or drug abuse on the part of the practitioner.
    3. Life-threatening, physical injury or threat of life-threatening, physical injury by the practitioner.
    4. Abuse or neglect of any minor, spouse, or the elderly by the practitioner.
    5. Fraud or theft on the part of the practitioner.
- (2) If any misdemeanor or felony conviction reported under this rule is ordered expunged, a copy of the order of expungement signed by the judge must be submitted to the Department before the conviction will be expunged from any profile.

**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 63-17-105, and 63-51-101, et seq. **Administrative History:** Original rule filed February 17, 2000; effective May 2, 2000.

#### **1370-01-.19 BOARD MEETINGS, OFFICERS, CONSULTANTS, DECLARATORY ORDERS AND SCREENING PANELS.**

- (1) Board meetings - The time, place, and frequency of Board meetings shall be at the discretion of the Chairperson or after the written request of any two (2) members of the Board, except at least one (1) meeting shall be held annually.
- (2) The Board shall elect annually from its membership a chairperson and a secretary who each shall hold office for one (1) year, or until the election and qualification of a successor. In the absence of the Board's chair, the meeting shall be chaired by the Board's Secretary.
  - (a) Chairperson - presides at all Board meetings.



(Rule 1370-01-.19, continued)

- (b) Secretary - who along with the Board's administrator shall be responsible for correspondence from the Board.
  - (c) If a need arises, the Board can elect by majority vote a chair Pro Tem to serve as Chairperson for that Board meeting.
- (3) The Board has the authority to select a Board Consultant who shall serve as a Consultant to the Division and who is vested with the authority to do the following acts:
- (a) Review complaints and recommend whether and what type disciplinary actions should be instituted as the result of complaints received or investigations conducted by the Division;
  - (b) Recommend whether and upon what terms a complaint, case or disciplinary action might be settled. Any matter proposed for settlement must be subsequently reviewed, evaluated, and ratified by the Board before it becomes effective; and
  - (c) Undertake any other matter authorized by a majority vote of the Board of Communications Disorders and Sciences.
- (4) Declaratory Orders - The Board adopts, as if fully set out herein, Rule 1200-10-01-.11, of the Division of Health Related Boards and as it may from time to time be amended, as its rule governing the declaratory order process. All declaratory order petitions involving statutes, rules or orders within the jurisdiction of the Board shall be addressed by the Board pursuant to that rule and not by the Division. Declaratory Order Petition forms can be obtained from the Board's administrative office
- (5) Screening panels. – The Board adopts, as if fully set out herein, Rule 1200-10-01-.13, of the Division of Health Related Boards and as it may from time to time be amended, as its Rule governing the screening panel process.
- (6) Reconsiderations and Stays - The Board authorizes the member who chaired the Board for a contested case to be the agency member to make the decisions authorized pursuant to rule 1360-04-01-.18 regarding petitions for reconsiderations and stays in that case.

**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 63-1-138, 63-17-105, 63-17-117, and 63-17-118. **Administrative History:** Original rule filed January 31, 2000; effective April 15, 2000. Amendment filed February 17, 2000; effective May 2, 2000. Amendment filed September 11, 2006; effective November 25, 2006. Amendment filed April 6, 2010; effective July 5, 2010.

#### **1370-01-.20 ADVERTISING.**

- (1) Policy Statement. The lack of sophistication on the part of many of the public concerning communications disorder services, the importance of the interests affected by the choice of a Speech Language Pathologist or Audiologist and the foreseeable consequences of unrestricted advertising by Speech Language Pathologists or Audiologists which is recognized to pose special possibilities for deception, require that special care be taken by Speech Language Pathologists or Audiologists to avoid misleading the public. The Speech Language Pathologist or Audiologist must be mindful that the benefits of advertising depend upon its reliability and accuracy. Since advertising by Speech Language Pathologists or Audiologists is calculated and not spontaneous, reasonable regulation designed to foster compliance with appropriate standards serves the public interest without impeding the flow of useful, meaningful, and relevant information to the public.
- (2) Definitions

(Rule 1370-01-.20, continued)

- (a) Advertisement. Informational communication to the public in any manner designed to attract public attention to the practice of a Speech Language Pathologist or Audiologist who is licensed to practice in Tennessee.
  - (b) Licensee - Any person holding a license to practice speech language pathology and/or audiology in the State of Tennessee. Where applicable this shall include partnerships and/or corporations.
  - (c) Material Fact - Any fact which an ordinary reasonable and prudent person would need to know or rely upon in order to make an informed decision concerning the choice of practitioners to serve his or her particular needs.
  - (d) Bait and Switch Advertising - An alluring but insincere offer to sell a product or service which the advertiser in truth does not intend or want to sell. Its purpose is to switch consumers from buying the advertised service or merchandise, in order to sell something else, usually for a higher fee or on a basis more advantageous to the advertiser.
  - (e) Discounted Fee - Shall mean a fee offered or charged by a person for a product or service that is less than the fee the person or organization usually offers or charges for the product or service. Products or services expressly offered free of charge shall not be deemed to be offered at a "discounted fee".
- (3) Advertising Fees and Services
- (a) Fixed Fees - Fixed fees may be advertised for any service. It is presumed unless otherwise stated in the advertisement that a fixed fee for a service shall include the cost of all professional recognized components within generally accepted standards that are required to complete the service.
  - (b) Range of Fees. A range of fees may be advertised for services and the advertisement must disclose the factors used in determining the actual fee, necessary to prevent deception of the public.
  - (c) Discount Fees. Discount fees may be advertised if:
    - 1. The discount fee is in fact lower than the licensee's customary or usual fee charged for the service; and
    - 2. The licensee provides the same quality and components of service and material at the discounted fee that are normally provided at the regular, non-discounted fee for that service.
  - (d) Related Services and Additional Fees. Related services which may be required in conjunction with the advertised services for which additional fees will be charged must be identified as such in any advertisement.
  - (e) Time Period of Advertised Fees.
    - 1. Advertised fees shall be honored for those seeking the advertised services during the entire time period stated in the advertisement whether or not the services are actually rendered or completed within that time.
    - 2. If no time period is stated in the advertisement of fees, the advertised fee shall be honored for thirty (30) days from the last date of publication or until the next

(Rule 1370-01-.20, continued)

scheduled publication whichever is later whether or not the services are actually rendered or completed within that time.

- (4) Advertising Content. The following acts or omissions in the context of advertisement by any licensee shall constitute unprofessional conduct, and subject the licensee to disciplinary action pursuant to T.C.A. § 63-17-117.
- (a) Claims that the services performed, personnel employed, materials or office equipment used are professionally superior to that which is ordinarily performed, employed, or used, or that convey the message that one licensee is better than another when superiority of services, personnel, materials or equipment cannot be substantiated.
  - (b) The misleading use of an unearned or non-health degree in any advertisement.
  - (c) Promotion of professional services which the licensee knows or should know are beyond the licensee's ability to perform.
  - (d) Techniques of communication which intimidate, exert undue pressure or undue influence over a prospective client.
  - (e) Any appeals to an individual's anxiety in an excessive or unfair manner.
  - (f) The use of any personal testimonial attesting to a quality or competency of a service or treatment offered by a licensee that is not reasonably verifiable.
  - (g) Utilization of any statistical data or other information based on past performances for prediction of future services, which creates an unjustified expectation about results that the licensee can achieve.
  - (h) The communication of personal identifiable facts, data, or information about a patient without first obtaining patient consent.
  - (i) Any misrepresentation of a material fact.
  - (j) The knowing suppression, omission or concealment of any material fact or law without which the advertisement would be deceptive or misleading.
  - (k) Statements concerning the benefits or other attributes of professional procedures or products that involve significant risks without including:
    - 1. A realistic assessment of the safety and efficiency of those procedures or products; and
    - 2. The availability of alternatives; and
    - 3. Where necessary to avoid deception, descriptions or assessment of the benefits or other attributes of those alternatives.
  - (l) Any communication which creates an unjustified expectation concerning the potential results of any treatment.
  - (m) Failure to comply with the rules governing advertisement of fees and services, or advertising records.

(Rule 1370-01-.20, continued)

- (n) The use of "bait and switch" advertisements. Where the circumstances indicate "bait and switch" advertising, the Board may require the licensee to furnish data or other evidence pertaining to those sales at the advertised fee as well as other sales.
  - (o) Misrepresentation of a licensee's credentials, training, experience, or ability.
  - (p) Failure to include the corporation, partnership or individual licensee's name, address, and telephone number in any advertisement. Any corporation, partnership or association which advertises by use of a trade name or otherwise fails to list all licensees practicing at a particular location shall:
    - 1. Upon request provide a list of all licensees practicing at that location; and
    - 2. Maintain and conspicuously display at the licensee's office, a directory listing all licensees practicing at that location.
  - (q) Failure to disclose the fact of giving compensation or anything of value to representatives of the press, radio, television or other communicative medium in anticipation of or in return for any advertisement (for example, newspaper article) unless the nature, format or medium of such advertisement make the fact of compensation apparent.
  - (r) After thirty (30) days of the licensee's departure, the use of the name of any licensee formerly practicing at or associated with any advertised location or on office signs or buildings. This rule shall not apply in the case of a retired or deceased former associate who practiced in association with one or more of the present occupants if the status of the former associate is disclosed in any advertisement or sign.
  - (s) Stating or implying that a certain licensee provides all services when any such services are performed by another licensee.
  - (t) Directly or indirectly offering, giving, receiving, or agreeing to receive any fee or other consideration to or from a third party for the referral of a client in connection with the performance of professional services.
- (5) Advertising Records and Responsibility
- (a) Each licensee who is a principal partner, or officer of a firm or entity identified in any advertisement, is jointly and severally responsible for the form and content of any advertisement. This provision shall also include any licensed professional employees acting as an agent of such firm or entity.
  - (b) Any and all advertisement are presumed to have been approved by the licensee named therein.
  - (c) A recording of every advertisement communicated by electronic media, and a copy of every advertisement communicated by print media, and a copy of any other form of advertisement shall be retained by the licensee for a period of two (2) years from the last date of broadcast or publication and be made available for review upon request by the Board or its designee.
  - (d) At the time any type of advertisement is placed, the licensee must possess and rely upon information which, when produced, would substantiate the truthfulness of any assertion, omission or representation of material fact set forth in the advertisement or public communication.

(Rule 1370-01-.20, continued)

- (6) Severability. It is hereby declared that the sections, clauses, sentences and parts of these rules are severable, are not matters of mutual essential inducement, and any of them shall be rescinded if these rules would otherwise be unconstitutional or ineffective. If any one or more sections, clauses, sentences or parts shall for any reason be questioned in court, and shall be adjudged unconstitutional or invalid, such judgment shall not affect, impair or invalidate the remaining provisions thereof, but shall be confined in its operation to the specific provision or provisions so held unconstitutional or invalid, and the inapplicability or invalidity of any section, clause, sentence or part in any one or more instances shall not be taken to affect or prejudice in any way its applicability or validity in any other instance.

**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 63-1-145, 63-1-146, 63-17-105, and 63-17-117. **Administrative History:** Original rule filed January 31, 2000; effective April 15, 2000. Amendment filed September 11, 2006; effective November 25, 2006.

### **1370-01-.21 USE OF TELECOMMUNICATION TECHNOLOGY.**

- (1) Policy Statement. Audiologists and Speech Language Pathologists often use telecommunication technology to deliver services to clients in Tennessee who are physically present at a different location in the state at the time they receive the services. Such use of telecommunication technology by Audiologists and Speech Language Pathologists is in the public interest provided the practitioners comply with the requirements of this rule.
- (2) Audiologists and Speech Language Pathologists licensed in Tennessee may deliver services to clients in Tennessee through the use of telecommunication technology, including but not limited to dedicated video systems, computers, and other similar devices linked via hardwired or internet connections.
- (3) The services delivered through the use of telecommunication technology shall be equivalent in quality to services delivered face-to-face.
- (4) Audiologists and Speech Language Pathologists using telecommunication technology to deliver services must have the necessary knowledge and skills, obtained through education, training, and experience, to utilize such technology in a competent manner.
- (5) The use of telecommunication technology, including but not limited to the equipment, connectivity, software, hardware, and network compatibility, must be appropriate for the particular service being delivered and must be able to address the unique needs of the client. A licensed audiologist or speech language pathologist must always be physically present at the hub site while interactive telecommunication technology is being utilized to deliver services to a client who is physically present at the distant (remote) site. No asynchronous use of telecommunication technology is permitted by this rule.
- (6) An Audiologist or Speech Language Pathologist utilizing telecommunication technology to deliver services to a client is responsible for:
  - (a) Assessment of the ability of the client to participate meaningfully in the services delivered in this manner, including but not limited to the client's physical, cognitive, and behavioral abilities; and
  - (b) Proper calibration of the clinical instruments utilized to deliver services in accordance with standard operating procedures and manufacturer's specifications.
- (7) The client and/or the client's family members or caregivers shall be informed of the available service delivery options and shall give consent to the use of telecommunication technology for the delivery of services before that method of service delivery is utilized.

(Rule 1370-01-.21, continued)

- (8) When delivering services through the use of telecommunication technology, the Audiologist or Speech Language Pathologist shall:
  - (a) Comply with all laws and rules governing the maintenance of client records, including but not limited to client confidentiality requirements; and
  - (b) Comply with all professional standards governing the delivery of services by Audiologists and Speech Language Pathologists, including but not limited to the applicable Code of Ethics and other relevant professional policy documents.
- (9) An Audiologist or Speech Language Pathologist shall not deliver services to a client solely through the use of regular mail, facsimile, or electronic mail, although these methods of communication may be used to supplement the delivery of services face-to-face or through the use of telecommunication technology.
- (10) This rule applies only to the delivery of services through the use of telecommunication technology within the state of Tennessee. It does not apply to the delivery of services when either the client or the Audiologist or Speech Language Pathologist is physically located outside the state of Tennessee.

**Authority:** T.C.A. §§ 63-17-103 and 63-17-105. **Administrative History:** Original rule filed April 10, 2014; effective July 9, 2014.

# **APPENDIX C**

## **ASHA Code of Ethics**



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

## CODE OF ETHICS

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## PREAMBLE

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

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

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

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

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

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

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the

professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

## TERMINOLOGY

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

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

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

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

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

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

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

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

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

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

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

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

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

**negligence** – Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s);

failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

***nolo contendere*** – No contest.

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

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

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

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

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

***support personnel*** – Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders).

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

***written*** – Encompasses both electronic and hard-copy writings or communications.

## PRINCIPLE OF ETHICS I

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

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## RULES OF ETHICS

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.

- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be

allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

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

## PRINCIPLE OF ETHICS II

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

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## RULES OF ETHICS

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
- D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.

- G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

### PRINCIPLE OF ETHICS III

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

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#### RULES OF ETHICS

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

### PRINCIPLE OF ETHICS IV

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

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#### RULES OF ETHICS

- A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.

- C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
- M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
- S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical

harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

- T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.



# **APPENDIX D**

**College of Clinical and  
Rehabilitative Health Sciences**

**Substance Abuse Policy**

**College of Clinical and Rehabilitative Health Sciences**  
**Substance Abuse Policy**  
**For Students in Clinical Programs and Field Experiences**

Students at East Tennessee State University who have chosen to prepare for a career in clinical and rehabilitative health have placed themselves into a relationship where there is special concern relative to the possession or use of alcohol, drugs or controlled substances. Therefore, the use, possession, distribution, sale or manufacturing of alcoholic beverages or public intoxication on property owned or controlled by the University; at a university-sponsored event; on property owned or controlled by an affiliated clinical site or in violation of any term of the ETSU Drug-Free Schools and Communities Policy Statement is prohibited. In addition, the unlawful use, possession, distribution, sale or manufacturing of any drug or controlled substance (including any stimulant, depressant, narcotic or hallucinogenic drug or substance, or marijuana), being under the influence of any drug or controlled substance or the misuse of legally prescribed or “over the counter” drugs on property owned or controlled by the University; at a university-sponsored event; on property owned or controlled by an affiliated clinical site or in violation of any term of the ETSU Drug-Free Schools and Communities Policy Statement is prohibited.

In addition to the ETSU Policy on a Drug-Free Campus (the file with the Policy can be found under: [https://www.etsu.edu/humanres/documents/ppps/ppp26\\_drug\\_free\\_policy.pdf](https://www.etsu.edu/humanres/documents/ppps/ppp26_drug_free_policy.pdf)), the College of Clinical and Rehabilitative Health Sciences (CCRHS) must also maintain a safe academic environment for students and faculty, and must provide safe and effective care of patients while students are in the classroom and clinical/field settings. The presence or use of substances, lawful or otherwise, which interfere with the judgment or motor coordination of students in these settings, poses an unacceptable risk for patients, colleagues, the institution and the health care agency. This policy will be included in publications distributed to students by CCRHS programs. Students will sign a “Statement of Acknowledgement and Understanding Release Liability” form (attached to this policy) prior to initial clinical and/or field experiences to indicate that they have read and understood the policy.

All students in the College of Clinical and Rehabilitative Health Sciences will be responsible for compliance with:

- Drug-Free Campus Policy Statement found in the ETSU On-line Graduate Catalog <https://catalog.etsu.edu/index.php>
- CCRHS Departmental and Clinical Handbooks
- Clinical/Field Site Regulations

Behaviors that may constitute evidence that an individual is under the influence of alcohol or drugs are stated and attached to this policy (see Reasonable Suspicion of Drug/Alcohol Use). Individuals who suspect a violation of this policy are required to take action. Students may be required to take blood tests, urinalysis and/or other drug/alcohol screen tests when an affiliate used for student clinical/field experiences requires screening without cause if such screenings are the policy for employees of that affiliate, and when clinical supervisory personnel (faculty or

hospital employee), fellow students or a student's self-professed use determine that circumstances justify testing. The actions to be taken are spelled out in the following procedures:

1. If reasonable suspicion has been established (as identified on a form attached to this policy) that any provision of this policy has been violated or if an arrest for drug or alcohol violation occurs by any official law enforcement authority, the following actions are to be taken:
  - a. In all cases, the faculty or affiliate personnel responsible for that student has the responsibility for dismissing the student from the classroom or clinical/field experience immediately.
  - b. If the incident occurs in the classroom. The individual will be accompanied to the Dean or Dean's Designee.
  - c. If the incident occurs in a clinical/field setting, the Dean or Dean's Designee will be notified by telephone. In addition, the clinical/field supervisor will immediately notify the student's clinical/field coordinator in the respective program at the University. The student also has the responsibility to make arrangements immediately to meet with program faculty.
  - d. Because students enrolled in CCRHS programs may have a special patient/provider relationship, the student will be suspended from the program of study when the investigation commences. If the student is referred to the University Judicial Officer for disciplinary action, the suspension will remain in place until such time as the disciplinary process have been completed, including appeals.
2. Subsequent to a preliminary investigation by the Dean or Dean's Designee, the Dean will make the determination as to whether testing is appropriate and will then take steps to have the student tested at the student's expense. If the determination is made that testing is appropriate, the student will immediately be asked to submit to body fluid testing for substances at a laboratory designated by the College of Clinical and Rehabilitative Health Sciences. Based on the outcome of the test, the Dean or Dean's Designee will determine whether to initiate disciplinary charges.
3. If any student is asked and refuses to submit to a drug/alcohol screen, this information will be given to the Dean or Dean's Designee. The Dean's office will determine whether university judicial charges for failure to cooperate with an institutional official are to be forwarded to the Office of Student Affairs.
4. The Dean or Dean's designee will report screening results for licensed students/personnel to the respective state boards of licensure when applicable in accordance with their practices.
5. The Dean may refer the student to the University Judicial Officer for disciplinary action.

6. Upon determination that a student has violated ETSU and/or CCRHS Drug Rules as set forth in this policy, disciplinary sanctions may be imposed as outlined in the *ETSU Graduate Catalog*. Violation of these policies can result in disciplinary sanction up to and including dismissal from the University, even for a first offense.
7. All cases may be appealed by the student to the next higher judicial authority in accordance with the Appeal Procedures outlined in the ETSU Student Disciplinary Rules. A final appeal of any disciplinary action may be made to the University's President.
8. When appropriate, the Dean or Dean's Designee may require the student to develop a specific plan for rehabilitation with a qualified health care professional. Counseling and assistance services for students who are identified as needing help will be recommended. The plan for rehabilitation may include referral to and the completion of Tennessee Professional Assistance Program services (when applicable, to the Clinical and Rehabilitative Health Sciences program). Qualified health care professionals will be responsible for monitoring compliance. All costs for assessment will be the responsibility of the student.
9. Should a student be dismissed from a program of study for violation of these policies, in order for the student to be considered for readmission into the CCRHS program, a written plan for rehabilitation shall be devised by a qualified health care professional which may include, but is not limited to, mandatory counseling, periodic drug/alcohol screening and periodic reporting. The student must assume the responsibility for compliance with this plan before a student's request for readmission into the program of study can be considered.

All educational records related to these procedures will be managed in compliance with the Family Educational Rights and Privacy Act (FERPA) and/or appropriate state board policy.

**Approved 1/9/03 by Academic Council Reasonable Suspicion of Drug/Alcohol Use**

1. State the date and time you contacted the Office of the Dean of the College of Clinical and Rehabilitative Health Sciences (include name of contact).
2. Write a report and include student name, date and time of observation and location.
3. Include any behavioral/visual/olfactory/auditory observations:
  - a. **Speech**

Normal	Incoherent	Confused	Change in Speech	Slurred
Rambling	Shouting	Slow	Using Profanity	
  - b. **Coordination**

Normal	Swaying	Staggering	Lack of Coordination
Grasping for Support			

- c. **Performance**  
 Unsafe Practices      Change in Performance      Unsatisfactory Work
  
- d. **Alertness**  
 Sleepy      Confused      Change in Alertness
  
- e. **Demeanor**  
 Fighting      Excited      Combative      Change in Personality  
 Aggressive      Violent      Threatening      Argumentative  
 Indifferent      Antagonistic
  
- f. **Eyes**  
 Bloodshot      Dilated
  
- g. **Clothing**  
 Dirty      Disheveled      Inappropriate
  
- h. **Breath**  
 Odor of alcohol on breath
  
- i. **Other Observed Actions or Behaviors**

4. List unexplained absences or tardiness.
5. Include if student admitted to the use of drugs/alcohol.
6. Describe if drugs/alcohol were discovered on student.
7. List reports or complaints of student behavior from personnel or other students.
8. List witnesses to behavior.
9. Describe specific incident in detail.
10. Sign and date report.
11. Send a copy of the report to the office of the Dean of the College of Clinical and Rehabilitative Health Sciences (note the date and time that you send the copy of the report).
12. Forward any recommendations of discipline to the CCRHS Dean.

**Consent to Drug/Alcohol Testing  
Statement of Acknowledgment and Understanding  
Release of Liability**

I, \_\_\_\_\_, am enrolled in the health related program, \_\_\_\_\_, at East Tennessee State University. I acknowledge receipt and understanding of the institutional policy with regard to drug and alcohol testing, and the potential disciplinary sanctions which may be imposed for violation of such policy as stated in the respective program handbook.

I understand the purpose of this policy is to provide a safe working and learning environment for patients, students, clinical and institutional staff and property. Accordingly, I understand that prior to participation in the clinical experience, I may be required to undergo drug/alcohol testing of my blood or urine. I further understand that I am also subject to testing based on reasonable suspicion that I am using or am under the influence of drugs or alcohol.

I acknowledge and understand the intention to test for drugs and/or alcohol and agree to be bound by this policy. I hereby consent to such testing and understand that refusal to submit to testing or a positive result of the testing may affect my ability to participate in a clinical experience, and may also result in disciplinary action up to and including dismissal from East Tennessee State University.

If I am a licensed health professional, I understand that the state licensing agency will be contacted if I refuse to submit to testing or if my test result is positive. Full reinstatement of my license would be required for unrestricted return to my professional field of study.

My signature below indicates that:

1. I consent to drug/alcohol testing as required by clinical agencies or as directed by the Office of Student Affairs and/or the Dean of the College of Clinical and Rehabilitative Health Sciences.
2. I authorize the release of all information and records, including test results related to the screening or testing of my blood/urine specimen, to the Office of Student Affairs and/or the Dean of the College of Clinical and Rehabilitative Health Sciences, the director of the program and others deemed to have a need to know.
3. I understand that I am subject to the terms of the general regulations on student conduct and disciplinary sanctions of East Tennessee State University and the Drug-Free Schools and Communities Policy of East Tennessee State University as well as federal, state and local laws regarding drugs and alcohol.
4. I hereby release and agree to hold harmless East Tennessee State University and the Tennessee Board of Regents, their officers, employees and agents from any and all action, claim, demand, damages or costs arising from such test(s), in connection with, but not limited to the testing procedure, analysis, the accuracy of the analysis and the disclosure of the results.

My signature indicates that I have read and understand this consent and release, and that I have signed it voluntarily in consideration of enrollment in the \_\_\_\_\_ program.

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Student's Signature

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Date