



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

EAST TENNESSEE STATE UNIVERSITY

GRADUATE HANDBOOK
SPEECH-LANGUAGE PATHOLOGY

2015-2016

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WELCOME TO THE MASTER’S PROGRAM IN SPEECH-LANGUAGE PATHOLOGY

We want to welcome you to the Master’s Program in Speech-Language Pathology in the Department of Audiology and Speech-Language Pathology (ASLP). 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 for answers to many of your questions before contacting a faculty member.

The Department of Audiology and Speech-Language Pathology offers the Master of Science degree in Speech-Language Pathology and the Doctorate of Audiology. Both programs are accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association (ASHA). The programs are 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 Master’s degree in Communicative Disorders include successful completion of a minimum of 36 semester credit hours of academic and clinical coursework at the graduate level, and a minimum of 400 clock hours of supervised clinical practice (25 hours in clinical observation and 375 in direct client/patient contact) with a minimum of 325 hours completed at the graduate level, as specified by ASHA guidelines. These credit and clock hour requirements are minimal standards and our program is designed to exceed these basic standards. The Standards for the Certificate of Clinical Competence are contained in the Appendices, as are guidelines for Tennessee licensure and Tennessee public school licensure.

FACULTY

The faculty of Audiology and Speech-Language Pathology covers a diverse field of specialties within speech-language pathology and audiology. The faculty is here to share with you current knowledge of human communication 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. The faculty and area of specialty are provided below.

Speech-Language Pathology

Faculty	Area of Specialty
Dr. Brenda Louw, D. Phil, Chair Professor University of Pretoria, South Africa, 1986	Cleft Palate, Early Language Intervention
Teresa Boggs, M.S. CCC-SLP Assistant Professor , Director of Speech-Language Clinical Services East Tennessee State University, 1991	Autism Spectrum Disorders, Child Language, Clinical Supervision, Parent Training in Language
Kerry Proctor-Williams, Ph.D., Professor, Graduate Coordinator University of Kansas, 2005	Child Language Development & Disorders, Intervention, Service Delivery Models, Interprofessional Education
Vijay Guntupalli, Ph.D., Associate Professor East Carolina University, 2007	Fluency Disorders, Motor Speech Disorders
Chayadevie Nanjundeswaran, Ph.D. Assistant Professor University of Pittsburgh, 2013	Voice Disorders, Speech Science, Clinical Supervision

Neina Ferguson, Ph.D. Assistant Professor University of South Alabama, 2013	Dysphagia, Neurogenic Communication Disorders, Feeding Disorders, NSSLHA Advisor
A. Lynn Williams, Ph.D., Professor Indiana University, 1988	Phonology and Child Language
Samantha Wampler, M.S. CCC-SLP Adjunct Professor East Tennessee State University, 2003	Speech-Language Pathology Services in the Schools
Heather Carpenter, M.S. CCC-SLP Adjunct Professor East Tennessee State University, 2009	Speech-Language Pathology Services in the Schools

ETSU Clinical Faculty

Faculty	Area of Specialty
Lindsay Greer, M.S. CCC-SLP East Tennessee State University, 2009	School-Age Children, Phonological Disorders, Clinical Supervision

Marie Fillers Johnson, M.S. CCC-SLP East Tennessee State University, 2009	Language Disorders of Children, Clinical Supervision, Aural Rehabilitation
Sarah Boyce, M.S. CCC-SLP Community Health Clinic East Tennessee State University, 2009	Speech-Language Services Across the life- Johnson City Span, Clinical Supervision
Kristy Eisenzopf, M.S. Valdosta State University, 2001	Neurodevelopmental/Neurogenic Speech and Language Disorders of Children and Adults
Christine Matthias, M.A. University of Northern Iowa, 2001	School-Age Children, Phonological Disorders

VA Medical Center – Mountain Home SLP Faculty

Faculty	Area of Specialty
Jody Rice, M.S., Adjunct Professor East Tennessee State University, 2001	Adult Neurogenic Disorders, Dysphagia
Kelli Johnson, M.S. East Tennessee State University, 2008	Clinical Supervision, TBI
P.J. Henley, M.S. East Tennessee State University, 2001	Clinical Supervision, Dysphagia, Laryngectomy
Kara Burton, M.S. University of Central Arkansas, 2000	Clinical Supervision, Dysphagia
Jill Metcalf, M.S. East Tennessee State University, 2010	Clinical Supervision, Dysphagia, Cognitive- Communication Disorders Neurogenic Communication Disorders

Audiology

ETSU Campus Audiology Faculty

Faculty	Area of Specialty
Saravanan Elangovan, Ph.D. Associate Professor East Carolina University, 2005	Electrophysiology, Speech Perception
Marc A. Fagelson, Ph.D. Professor; Assistant Chair Director of Audiology University of Texas at Austin, 1995	Diagnostics, Psychoacoustics, Tinnitus
Jacek Smurzynski, Ph.D., Professor Institute of Telecommunication and Acoustics Wroclaw University of Technology, Poland, 1987	Auditory Perception, Otoacoustic Emissions

Lindsay Bondurant, Ph.D. Assistant Professor University of Texas, 2010	Pediatric Audiology and (Re) Habilitation, Teleaudiometry, Service Learning
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ETSU Clinical Faculty

Faculty	Area of Specialty
Shannon Bramlette, Au.D. Salus University, 2008	Clinical Supervision
Krisztina Johnson, Au.D. East Tennessee State University, 2013	Clinical Supervision

VA Medical Center – Mountain Home Audiology Faculty

Faculty	Area of Specialty
Faith Akin, Ph.D. Associate Professor Vanderbilt University, 1997	Vestibular Assessment and Rehabilitation
Courtney Hall, Ph.D. Associate Professor University of Texas at Austin, 2000	Vestibular Rehabilitation
Earl Johnson, Ph.D., Au.D. Assistant Professor Vanderbilt University, 2007 University of Florida, 2009	Adult Amplification
Owen Murnane, Ph.D. Associate Professor Syracuse University, 1995	Human Vestibular and Auditory Electrophysiology
Colleen Noe, Ph.D. Associate Professor Deputy Chief of Staff The Ohio State University, 1994	Adult Amplification, Audiologic Rehab. Assistive Listening Technologies, Epidemiology
Kristal Mills Riska, Au.D., Ph.D. East Carolina University, 2010	Vestibular Assessment, Genetics of Inner Ear Disorders
Kim Schairer, Ph.D. Associate Professor University of Memphis, 2000	Otoacoustic Emissions, Middle Ear Measurements, Psychoacoustics
Sherri L. Smith, Au.D., Ph.D., Associate Professor University of Florida, 2001, 2003	Audiologic Rehabilitation and Gerontology

ADVISEMENT

It is the student's responsibility to independently review the Admission, Advisement and Registration, Academic, and Degree and Graduation Requirements that are printed annually in

the Graduate Catalog. It is the student's responsibility to fulfill these requirements and the accompanying administrative tasks for successful matriculation.

Your academic and clinical file is housed in the department office. That file contains: (1) grade sheets as sent from the registrar's office; (2) transcripts; (3) copies of your clinical grade sheets and a record of your clinical clock hours; and (4) all other graduate related forms, including application, candidacy, advisory committee forms, etc. 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 the departmental secretary; however, none of its contents may be removed.

You will select a graduate advisory committee with the assistance of the Graduate Coordinator. This is typically done after the completion of the first 9-12 hours of graduate study. For the thesis option, the advisory committee will be your thesis committee who will assist you in your thesis prospectus and defense. For the non-thesis option, the advisory committee will assist you in your case presentation and will serve as the evaluation committee for your presentation. The three- to four-person committee must consist of at least one Ph.D. level faculty member, who will serve as your chair. After the selection of a committee, your program chair becomes your advisor for the rest of the capstone experience. Any changes in the above require permission with the accompanying paperwork through the School of Graduate Studies.

Enrollment Procedures

Enrollment can be completed during the pre-enrollment period during the preceding semester or during the week before classes begin. During your first meeting with the Graduate Coordinator, your admission forms will be reviewed so that you know which requirements you have met and which you have yet to meet in order to obtain a degree from ETSU, teacher licensure, and ASHA certification. With this information, you and the Coordinator will then draw up a tentative Program of Study for your program. (See Appendices for a copy of Worksheet for Academic and Clinic Planning for Speech Pathology).

The Program of Study must be completed after the end of 9-12 hours of graduate coursework and before the final semester before graduation. It must be filed with the School of Graduate Studies. The Program of Study specifies the courses that you will take and the semester that they will be taken in order to complete your degree. The Program of Study can be changed at a later date, if necessary, with the approval of the ASLP Department and the School of Graduate Studies.

The School of Graduate Studies requires that the following criteria be met:

- No more than 9 semester hours of graduate level courses with grades of "B" or higher may be petitioned for transfer of credit to ASLP at East Tennessee State University.
- The time limit for the use of credit toward the Master's degree from the date of enrollment in the earliest course applied toward the degree, including transferred courses is eight years for the AuD program, and six years for the SLP program.
- Candidates for a Master's degree with a thesis option must continue to register each semester (minimum of one hour) from the time of the initial registration for CDIS 5960 Thesis until the thesis is accepted by the School of Graduate Studies.
- No less than three credit hours or more than six credit hours of thesis may be applied toward the Master's degree.

- 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 graduate catalog states that students are responsible for the following:

1. Filing an application for candidacy (Admission to Candidacy form)
2. Completing an approved program of study (Program of Study form)
3. Establishing your graduate committee
4. Filing an intent to graduate
5. Removing all conditions required at the time of admission by the School of Graduate Studies
6. Paying fees for graduation

Items 1-3 must be completed by no later than the semester prior to the final semester. Items 4-6 must be completed before the end of the second week of the final semester. Finally, each Master's student must declare a thesis/non-thesis option by the final summer semester.

Credit Hours of Enrollment

A "full-time" graduate student, according to University 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 9 graduate hours during the semester.

Retention and Graduation Requirements

In order to remain in good standing, students in ASLP must meet the following criteria:

1. 3.00 cumulative minimum GPA in academic courses taken as a Master's or AuD candidate or special student in ASLP
 - a. Complete all required courses with the grade of "B-" or better. Students will repeat a course for which the final grade is lower than "B-" 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. No more than two required courses are allowed to repeat.
2. 3.00 in each clinical practica taken at the graduate level
 - a. Satisfactory completion of all required clinic practica as determined by the appropriate supervisor(s) and the Graduate Coordinator. A clinic practicum experience must be repeated when the grade assigned is "B-" or lower. No clinical hours will be awarded for substandard clinic practica.
3. 3.00 GPA in courses taken as an undergraduate, a prerequisite student, a special student or as a graduate student
4. Satisfactorily complete all ETSU School of Graduate Studies retention and graduation requirements as outlined in the ETSU *Graduate Catalog*.

If these requirements are not met, a student will be placed on academic and/or clinical probation. The graduate faculty will review the status of each student on probation at the end of each semester. A student who fails to obtain at least a 3.00 cumulative average in academic courses

and a 3.00 clinical average by the end of the probationary semester will be dropped from the program. Such a student may petition the graduate faculty for reinstatement if he/she believes extenuating circumstances exist. Students who have been dismissed from the School of Graduate Studies for academic reasons may address a written request for reinstatement to the chair of their department of their major. The request should include reasons why the reinstatement should be considered. The department will review the request for reinstatement and make recommendations to the dean of the Graduate School. If the request is denied at the departmental level, the student may then direct a written appeal to the Dean of the Graduate School, and a final decision will be made in accordance with policies established by the Graduate Council. Students on probation will not be eligible for department assistantships or be advanced to a higher clinical competency level.

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

Initial Evaluation for Students

The graduate faculty will evaluate each new graduate or special student at the beginning of the second semester of enrollment. Academic performance, clinical performance, communication skills (written and spoken) and professionalism will be considered. The Graduate Coordinator will discuss with each new graduate or special student his/her area of strength and areas for improvement as perceived by the graduate faculty. If there is a need for special help, such as in the area of writing skills, options will be presented. The student's Program of Study will be established during this meeting.

ACADEMIC OPTIONS

Areas of Concentration

The necessary course requirements for the speech-language pathology and audiology programs are listed in Appendix A. In addition to the requirements set by the Department, it is important to meet the requirements established by the School of Graduate Studies. The graduate catalog states that you are responsible for filing an application for candidacy, approved program of study, and committee form upon completion of 9-12 hours and maintaining at least a 3.0 average (see Appendix B). You must file intent to graduate forms, clear records, and pay fees for graduation before the end of the second week of the final semester. Prior to establishing your graduate advisory committee, you will need to select between the thesis and non-thesis option. You will have opportunities during your first two semesters to hear more about these two options and discuss the options with the Graduate Coordinator and faculty. Some of these opportunities include attending department colloquia series, student case presentations on Fridays during September and January, NSSLHA, student defense of theses, and asking current second year students.

FORMS FOR THE SCHOOL OF GRADUATE STUDIES

In order to graduate as planned, the student must complete the following paperwork with the School of Graduate Studies:

1. Enroll in a minimum of 1 credit hour in the semester in which he/she will graduate.

2. Review with the Graduate Coordinator the final Program of Study by the second week of the semester in which the degree is conferred.
3. File *Plan of Study* form with the School of Graduate Studies after completion of 9-12 hours and no later than the end of the second week of the semester before the semester in which the student expects to complete the requirements for graduate degree
4. File an *Appointment of a Graduate Committee* after completion of 9-12 hours and no later than the end of the second week of the semester before the semester in which the student expects to complete the requirements for graduate degree
5. File *Application for Candidacy* form with the School of Graduate Studies no later than the end of the second week of the semester in which the student expects to complete the requirements for graduate degree
6. File *Intent to Graduate* form with the School of Graduate Studies no later than the end of the second week of the semester in which the student expects to complete the requirements for graduate degree.
7. File *Graduate in Absentia* form with the School of Graduate Studies no later than one month before the end of the semester in which the student expects to complete the requirements for graduate degree, *if the student is not planning to attend convocation.*
8. Pay fees for graduation before the end of the second week of the final semester of study.
9. Schedule a final conference with the Graduate Coordinator. At this time final clock hours will be tabulated to assure that ASHA and departmental requirements have been met. Also, all final paperwork will be filed and the Graduation Checklist for a M.S. or AuD. in CDIS will be signed by the student and the Graduate Coordinator.

All forms are available at [School of Graduate Studies](#)

CULMINATING EXPERIENCE

Thesis Option for the Master's Degree

The thesis option is offered in speech-language pathology. This option provides students with the opportunity to develop and execute a research project with mentoring by their faculty committee. Guidance is given by the faculty advisor through all phases of a research project, from the development of the research topic and exploration of the relevant literature through development of methodology and analysis and interpretation of finding. The thesis requires a considerable commitment to writing and independence in meeting deadlines and should be undertaken with advice from the faculty.

Departmental Criteria

Student electing a thesis option must meet the following departmental criteria:

1. Graduate GPA of 3.50
2. Proven writing skills
3. Grade of A/B in English composition *OR* a score at 50th percentile or above in Verbal area of GRE
4. Proven ability to meet deadlines in a timely fashion
5. History of meeting practicum and class work deadlines on time
6. Completion of CDIS 5400 Research Methods or equivalent with a grade of "A"
7. Development of a viable research project

Students who meet 5 of the 6 criteria must apply to the Graduate and Research Committees for permission to write a thesis (see Appendix C). The applications are due June 7th (May graduation), January 14 (December graduation). These applications are reviewed by the Graduate Committee of the department. The review evaluates skills that are associated with successful completion of the thesis such as the student's grades in courses, clinical preparation, writing abilities and time management.

Prospectus Preparation

The prospectus is developed with assistance from the student's thesis advisor. The prospectus is a means for the student to present his/her proposed research project to the advisory committee. The prospectus generally is comprised of two or three chapters that: (1) review the relevant literature; (2) present the research topic; and (3) present the participant description, procedures and data analyses techniques to be used in the project. The first chapter generally outlines the purpose of the research and rationale for the project based on published research. This chapter may be divided into two chapters at the discretion of the faculty advisor: (1) statement of the problem; and (2) review of literature. The second chapter provides a detailed description of the methodology to be used in the study in sufficient detail for the committee to understand what procedures will be used to answer the research questions. For most students, this is the first experience with developing a project, so drafts of these chapters are given to the advisor for review and comments. Through this process of review and modification of the drafts, the student will refine his/her proposal and make it understandable for the rest of the committee. The prospectus will be ready to present to the committee when the student's advisor determines that the written proposal is complete and clearly written.

Prospectus Meeting

The prospectus meeting is an opportunity for the student to present the proposed research. The committee should receive a copy of the prospectus one to two weeks prior to the meeting to allow sufficient time to read the proposal. The meeting is generally scheduled for one hour. In the first 20-25 minutes, the student will present a summary of the purpose of the study, relevant literature and methodology to be used. Generally PowerPoint is used to present a short summary of the project without going into great detail. Following the presentation, the committee will ask questions regarding the proposal and there will be discussion of issues pertinent to the project. The committee may recommend changes in methodology and/or the written manuscript. These comments and questions are intended to improve the project before it is executed. Following the prospectus meeting, the student will proceed to the data collection phase.

Individual Thesis Timelines

Both the student and the faculty advisor benefit from a clear understanding of the student's thesis project. Expectations of both parties must be made clear prior to the commencement of the project and so it is commended that a written agreement be used to define both the scope of the thesis, and the timetable required for completion of the project in a reasonable manner. Adherence to the written agreement should facilitate completion of the thesis while minimizing potential misunderstandings between candidate and committee. The agreement does not guarantee the completion of the thesis, but clarifies roles and timetables for both parties. The written agreement should include at least the following information:

- List of deadlines
- Estimate of financial obligation of the student
- Committee membership
- Proposal of student's alternative if the thesis project is dropped

The Graduate School catalog indicates the relevant deadlines for thesis submission. Additionally, a list of deadlines appears in the Graduate School Thesis Manual. Students considering a thesis should obtain and read the Thesis Manual sometime early in their second semester (ideally by the start of their second semester). The advisor and student may then design a reasonable timetable with the understanding that deviation from the timetable puts the student at-risk for a late graduation. Table 1 provides a rough outline of mileposts for the thesis candidate.

Timeline for Thesis, Spring Graduation 2017

Thesis Progression	Completion
Identify topic & select thesis chair & committee members	2 nd semester
Submit an application for a thesis	June 3, 2016
Introduction and review of literature to committee chair	July 8, 2016
Prospectus Meeting	September 2016
IRB Approval	Within 1 wk. of prospectus meeting
Register for thesis- (section for thesis advisor)	4 th semester (3units) 5 th semester (3 units)
Data collection/analysis completed	January 20, 2017
Draft of results to thesis advisor	February 3, 2017
Draft of discussion to thesis advisor	February 17, 2017
Oral Defense: "Scheduled by" and "Completed by" date	See School of Graduate Studies deadlines in Schedule of Classes
File copy of review to graduate school	See School of Graduate Studies deadlines in Schedule of Classes
Last day for submission of final copies to graduate school	See School of Graduate Studies deadlines in Schedule of Classes

Institutional Review Board (IRB)

IRB approval proceeds according to the IRB committees preset time table and can be lengthy. The schedule is available on their website ([IRB](#)). It is suggested that the student begin the IRB process during preparation of the prospectus. The ETSU IRB oversees the protection of a research participant's rights and safety when an experiment is conducted using humans. In general, the requirements imposed by the IRB on an experimenter are proportional in the

invasiveness of the experimental technique. There are three types of review procedures used by the IRB when approving research and such approval **MUST** be received prior to the initiation of an experiment. All forms and instructions are available on the IRB website. **THESE INSTRUCTIONS MUST BE FOLLOWED CAREFULLY.**

1. Full Review- the most rigorous approval process
 - Used for research involving experimental drugs, surgical techniques, and other invasive experimental protocols.
 - Requires submission of Form 103 (check the box marked “Full Review”) and all accompanying paperwork (including informed consent, narrative description of project, references section, and a complete set of survey/questionnaire items when applicable).
 - Reviews are conducted monthly (second Tuesday of each month) and deadlines for submissions are firm (see the IRB web page for a list of the deadlines prior to submission).

2. Short Review (Expedited) – commonly used for CDIS research
 - Used for research involving nothing more invasive than blood draws, testing of speech, hearing, language, development, or questionnaires containing items that could cause depression or anxiety among research subjects (i.e., questions dealing with past or present abusive situations, terminal illnesses, smoking habits).
 - Requires submission of Form 103 (check the box marked, “Short Review”) and all accompanying paperwork (including informed consent, narrative description of project, references section, and a complete set of survey/questionnaire items when applicable).
 - Review process is typically faster and less demanding than full review, and there are no deadlines for submission.

3. Short Review (Expedited) with Request for Waiver- commonly used with noninvasive educational surveys relating to clinical practice or instructional techniques.
 - Used for research that poses no risk at all to the research participants (i.e., research using unobtrusive surgery, chart reviews, or established, noninvasive clinical protocols).
 - Requires submission of Form 103 (check the box marked “Exemption Review”) and all accompanying paperwork (including informed consent, narrative description of projects, references sections, and a complete set of survey/questionnaire items when applicable).
 - Review conducted by IRB Chairperson who may, upon examining the materials, decide that the study poses no risk to participants and may therefore be conducted without further review. No deadline for submission as review process is ongoing.

IRB and HIPPA Training

All students participating in any aspect of research during their program (whether related to a thesis, GA work, or projects) must complete training pertaining to protection of human subjects and privacy of information. The training for SLP students is in the Research Methods class while Audiology students obtain their training during the third year in the Research Methods class or sooner if they participate in research before that time as part of their Graduate Assistant

responsibilities. The student must place certificates indicating successful completion of training in their academic and clinic file.

Manuscript Preparation/Distribution to Committee

It is recommended that students follow the APA manual (Sixth Edition) throughout the preparation of all drafts, as ultimately the thesis must conform to APA standards. Additionally, information a student needs regarding the specific aspects of the thesis format is available from the School of Graduate Studies. The graduate school provides workshops to assist in thesis preparation. The workshops' contents are placed on-line after completion. It is highly recommended that students use the services available from the School of Graduate Studies to determine the most appropriate way to format the text of their thesis. Additionally, any copyrighted or sensitive material from survey items must be treated appropriately. Guidelines for the former are available from the School of Graduate Studies, the latter from the IRB. The thesis must be submitted to the graduate school electronically. Procedures are available on the School of Graduate Studies webpage.

Oral Thesis Defense

Once the thesis advisor approves the final draft, the School of Graduate Studies will be contacted to schedule an oral defense. School of Graduate Studies deadlines should be checked in the Schedule of Classes book. In addition to the committee, the School of Graduate Studies will send a representative to sit in on the defense. This faculty member serves as an observer to verify that the committee conducted the defense appropriately. They are not active participants in the meeting and they do not vote in determining whether the candidate meets the requirements for the defense. They write a report to the School of Graduate Studies following the defense. The defense is organized similar to the prospectus meeting in that the student will present a 20-25 minute summary of his/her findings and then the committee members will ask questions or comment on the project. At the end of the meeting (generally an hour) the candidate will step out of the room and the committee will discuss the performance. The candidate will be asked back into the room and given the results of the committee decision. The committee members will make suggestions regarding revisions to the manuscript. These revisions must be made prior to submission of the thesis to the Graduate School.

Non-Thesis Option for the Master's Degree

The non-thesis option for the Master of Science degree in Communicative Disorders includes (1) a written literature review, and (2) an oral presentation of a clinical case.

Clinical Case Presentation

The clinical case is a developmental and applied experience combining theoretical, clinical, and research issues. The Case Presentation, in its entirety, resembles a research article. The Literature Review portion includes introduction of the case, a review of the pertinent literature, the presentation of a clinical question, and a description of the assessment and treatment methodology. The Oral Presentation includes a brief review of the case, a description of assessment and treatment results, and discussion of treatment outcomes as they relate to the clinical question, current literature, and personal experience. Preparation of case material is

intended to be independent, but students are encouraged to consult with their clinical supervisor and advisory committee.

In order to be eligible for the case presentation, the student must meet the following departmental criteria:

1. Be in their fourth semester of academic coursework;
2. Have no incomplete grades on their Program of Study;
3. Hold a 3.00 or higher GPA in clinical practicum; and,
4. Maintain a 3.00 GPA in academic course on the Program of Study.

Table 2 lists the specific steps and provides a timetable for the case presentation and is included below. A discussion of each step is also provided.

Timeline of Case Presentation: May Graduation 2017

Non-Thesis Progression	Completion
Application for case presentation with expanded Case History	July 22, 2016
Feedback on case history from chair of committee	August 5, 2016
<i>Chair's Option:</i> Outline of Literature Review Due	August 19, 2016
<i>Chair's Option:</i> Feedback on Outline from Chair	August 26, 2016
Literature review to advisory committee	September 23, 2016
Evaluation of literature review by committee members to students	October 28, 2016
Assignment of Oral Presentation Dates	November 18, 2016
Resubmission of literature review (if applicable)	December 2, 2016
Oral presentation	January 27 or February 3, 2017
Evaluation of oral presentation to students	January 30 or February 9, 2017, (Monday following oral presentation)
Oral examination (if applicable)	February 10 or 17, 2017, (two weeks following case presentation)

* Expanded Case History includes: (a) speech diagnosis; (b) medical diagnosis if available; (c) evaluation results; (d) treatment goals; (e) period of treatment covered in case presentation (i.e., number of months)

Application for Case Presentation

Students electing the non-thesis option will complete an Application for Case Presentation (Appendix D), which can be obtained from the ASLP Student Handbook or from the Graduate Coordinator in SLP. These applications are due to the graduate coordinator by the date included in the *Timeline of Case Presentation: May Graduation*. (Check with your advisor if you are

planning graduation other than in May.) Return the completed application to the Graduate Coordinator who will collect all applications for review by the Graduate and Clinic Committees. Students will be notified of their eligibility or need to satisfy prerequisites before becoming eligible to complete the case presentation.

Selection of Case and Advisory Committee

The student will select an appropriate case from the allied health or education disciplines. Cases may be selected from evaluation, treatment, or research experience, and may cross discipline areas. Cases do not need to be from current caseloads.

It is beneficial to discuss the theoretical significance of the treatment used with the client while the student is performing the treatment or differential diagnosis. A proactive approach by the student would include a review of the literature and discussions of the efficacy of treatment while the client is in treatment. Otherwise, it is assumed that the student will explore the literature after the treatment is rendered for the literature review and defend it after the fact. At the time of the application process, the chair of your advisory committee will provide you with feedback on the information you submit on your patient's expanded case history, if appropriate.

Cases must be approved by the graduate advisory committee, which consists of three members chosen by the student with a minimum of 1 Ph.D. level faculty member. All members must hold graduate faculty status. The chair of your committee must hold a Ph.D. and graduate faculty status. If you change your committee, you must submit an *Application for Change in Graduate Advisory Committee* form to the Graduate Coordinator. All committee forms are available on the School of Graduate Studies website.

Literature Review

The student will search the literature to prepare a thorough written review of the theoretical, clinical, and research issues relevant to the case. Case-specific historical information will guide the student to research the significant medical, cognitive, developmental, social, and educational conditions existing in the case. The review will also include a discussion of alternative assessment and/or alternative treatments and models appropriate to the communicative impairments observed in the case. The discussion should lead to the development of a rationale for the model or models, which were actually applied. A minimum of 10 primary source references will be required; however, this minimum number may not be sufficient to address the relevant issues of each case. While you are reviewing the literature, use this information to prepare yourself to answer questions from the advisory committee during your oral case presentation.

The completed review of the literature will be submitted to the committee members for review by the date stated in the *Timeline of Case Presentation: May Graduation*. Evaluation of the literature review by committee members will be completed as stated in the *Timeline of Case Presentation: May Graduation*. This evaluation will be one component of the student's final assessment of the Capstone Experience. The student is expected to use feedback from the evaluation to prepare for the oral case presentation and to anticipate specific questions from committee members (See Literature Review Evaluation in Appendix E).

The Literature Review will be evaluated by the student's Advisory Committee, using the evaluation form included in Appendix E. Two outcomes are possible. The student may Pass and move directly to the Oral Presentation stage. Alternatively, the committee will direct the student to Revise and Resubmit the Literature Review within approximately one month (see *Timeline of Case Presentation: May Graduation*). The student will be advised to meet with each committee member to discuss how the paper should be improved. The resubmitted paper will be re-evaluated using the original guidelines. Two outcomes are possible. The student may Pass and move directly to the Oral presentation stage on the original timetable (see *Timeline of Case Presentation: May Graduation*). Alternatively, the student may Fail. In this case, the student will meet with the Graduate Coordinator and Advisory Committee to consider dismissal from the program. Failure of the Literature Review is sufficient for dismissal from the program.

Literature Review outcomes are based on Advisory Committee *consensus*, guided by evaluation outcomes. At a minimum, two of the three committee members must assign scores of >1.0. Scores are *not* averaged. If any one committee member assigns a score of ≤ 1.0 , the committee will meet to discuss the Literature Review and make a decision.

If a Literature Review is late it will be counted as Fail. Therefore, students must be aware of all deadlines so that the Literature Review receives the consideration it deserves. It is the student's responsibility to meet with the committee chair in a timely fashion to resolve any questions.

The following are some guidelines and suggestions regarding your literature review. Additionally, a colloquium will be presented to answer your questions about its preparation.

Guidelines for Literature Review

I. INTRODUCTION

The following components must be included in the Introduction though the order may vary to best present your case.

A. Description of the client. Should include:

1. History of the problem
 - a. Social history
 - b. Educational/vocational history
 - c. Medical/developmental history
2. Current diagnoses and communication function
(Note: you may have to gather information beyond that available in the chart to provide a comprehensive description)

B. Discussion of the population of interest and application to the client. This should be related to the client described in the first paragraph, and include:

1. Characteristics of the disorder.
 - a. General characteristics
 - b. Speech/language characteristics
 - c. Differential diagnosis

C. Discussion of evaluation methodologies for the population of interest. This should include the following aspects:

1. General description of possible evaluation frameworks.

- a. Describe different assessment frameworks
 - b. What components are included in each?
 - c. Advantages and disadvantages of each
- D. Discussion of treatment approaches for the population of interest. This should include the following aspects:
- 1. General description of applicable treatment approaches.
 - a. Principles (including assumptions and predictions of each treatment approach)
 - b. Strengths of treatment approaches
 - c. Weaknesses of treatment approaches
- E. Clinical/Research question/purpose. This provides a motivation for the selection of your specific case and a focus for your Literature Review and Oral Presentation. It should be clearly stated and very specific. Examples include: Does this client inform SLPs about characteristics related to a complex differential diagnosis? Did the case compare two treatments or try a new treatment? How does this client provide SLPs with new information about best practices?
- F. Detailed description of specific assessment battery used by student. Including:
- 1. Rationale/justification for selecting the assessment battery based on the presenting problem.
 - a. Rationale for the selection of the protocol
 - b. What aspects of communication did the assessment battery specifically assess?
 - c. How did the assessment tool measure the results and lead to interpretation of the results? What types of scores did the assessment tool use?
- (Note: Do not provide specific assessment results in the Literature Review. The relevant results should be presented during the Oral Presentation.)
- G. Specific treatment goals.
- 1. Consistency of goals with assessment outcomes
 - a. What target selection criterion (approach) was used?
 - b. What are the predictions of treatment outcomes based on goal selection
 - c. Provide a rationale for the goal attack strategy that was used (i.e., horizontal, vertical, cyclical)
- H. Specific intervention(s) utilized by the student.
- 1. Detailed description of the intervention procedures. You should include sufficient detail that another clinician could replicate your procedures.
 - a. Describe treatment stimuli
 - b. Describe treatment protocol or paradigm
 - c. Describe frequency/duration of treatment
 - 2. Consistency of intervention with selected goals.
- I. Data collection.
- 1. Detailed description of the data.
 - a. What types of data were collected (treatment, generalization, social validity)?
 - b. Describe data collection procedures, including frequency
 - 2. Rationale/justification for data collection.
 - a. How do the data address treatment efficacy, effectiveness, and effects?

- b. How do the data inform the clinician about treatment progress and need for treatment modification?
- 3. How does the data collection apply to the research question?
(Note: Do not provide specific results of the treatment approach that you administered. Details of the treatment results should be presented during the Oral presentation).

II. STRUCTURE

- A. Minimum of 10 references that are current, accurate, & relevant. The majority should be from primary, rather than secondary sources.
- B. Grammar & spelling with no or very few errors.
- C. Accurate use of APA guidelines.
- D. Overall organization/readability of the paper.

Differential Diagnosis or Evaluation-Focused Case

**Please note that two clients must be chosen for a capstone project with this focus.

Guidelines for Literature Review

I. Introduction

- A. Description of patient
 - 1. Reason for referral to speech pathology
 - 2. Patient history:
 - a. Social history
 - b. Educational/vocational history
 - c. Medical history
 - 3. Current diagnoses and function (communication, cognitive, or swallowing)
- B. Discussion of population of interest and application to the patient
 - 1. Characteristics of the disorder:
 - a) General characteristics of medical condition (e.g., stroke, dementia)
 - b) Specific characteristics of disorder (communication, cognition, or swallowing)
- C. Discussion of approaches to evaluation in medical speech pathology
 - 1. General approaches to speech pathology evaluations with adult patients and/or within medical setting (i.e., general approaches that may be used regardless of patient diagnosis)
 - 2. Considerations for different work settings (hospital, skilled nursing facility, rehab facility, outpatient clinic, etc.)
 - 3. Approaches to the patient and family interview process
- D. Discussion of evaluation methodologies for population of interest
 - 1. Describe possible assessment framework(s) (specific to disorder: may include models, decision trees, flow charts, assessment of anatomy/physiology, etc.)
 - 2. What components are included?
 - 3. Ecological validity, if applicable
 - 4. Advantages/disadvantages
- E. Clinical question/purpose
 - 1. Should be very specific, such as examination of evaluation methodology or examination of differential diagnosis.

II. Methods

- A. Detailed description of the assessment battery used
 - 1. Rationale/justification for assessment battery selection based on presenting problem
 - a. What aspects of communication, cognition, or swallowing did the assessment battery evaluate?
 - b. What type of information is gathered? Types of information may include standard scores, norm-referenced scores, biological systems (anatomical/physiological) information if evaluating in medical framework.
- B. Discussion of differential diagnosis
 - 1. Considerations for population of interest
 - 2. Barriers/challenges for population of interest
 - 3. How did the assessment protocol and outcomes guide determination of differential diagnosis (May include flow charts, decision trees, etc. Do not include actual findings)
- C. Discussion of recommendations
 - a. Description of possible treatment approaches or other recommendations appropriate for the case (do not include actual recommendations)
- D. How do the assessment methodology and results relate to the clinical question/purpose?

III. Structure

- A. Minimum of 10 references that are current, accurate, and relevant
- B. Grammar & spelling with no or very few errors
- C. Accurate use of APA guidelines
- D. Overall organization/readability of paper

Guidelines in Writing a Literature Review
(Adapted from Galvan, 1992)

I. Getting started

- 1. Conducting a review of the literature vs. writing a literature review
- 2. Writing for a purpose – VERY IMPORTANT!!
- 3. Steps:
 - a. Searching databases. Note that if you are a NSSLHA member, you have access to most of the ASHA journal articles and many of these articles are oriented towards treatment efficacy (evidence-based practice)
 - b. Collecting articles
 - i. Current, published articles (1997-present)
 - ii. Look for experimental studies, descriptive studies, theoretical articles, review articles, classic or landmark studies
 - iii. Limit book references
 - c. Scan articles to get overview of each one
 - i. Based on your overview, group articles by categories
 - ii. Develop a system or consistent format to review articles (see sample form)
 - iii. You want to be able to:

- identify major trends or patterns in the results
 - identify gaps in the literature
 - identify relationships among studies
 - note how each article relates to your topic
- iv. Evaluate your reference list for currency and for coverage

II. Beginning the Writing Process

1. Consider your purpose and clinical question in writing the literature review-
IMPORTANT!
2. Reevaluate your notes to determine how the articles/topic should be organized.
3. Create an outline that traces your ARGUMENT and includes all the major parts of the written literature review.
 - a. Introduction and Methods
 - b. Relate the information to your client in each section.
 - c. Discuss controversies in the literature regarding evaluation and treatment, if applicable.
 - d. Use your journal articles as a justification to support argument. This is your opportunity to change from a critique of articles to evidence for your case.
4. Reorganize your notes according to your argument.
5. Within each topic heading, note relationships among studies.
6. Within each topic heading, look for obvious gaps or areas needing more research.
7. Plan to discuss how individual studies relate to and advance theory.
8. Plan to summarize periodically and, again, near the end of the review.
9. Plan to present conclusions and implications.
10. Flesh out your outline with details from your review of the literature

III. Writing the First Draft

1. Identify the broad problem area.
2. Emphasize the need/importance of your case presentation.
3. Provide an overview of your review:
 - You can state what will and will not be covered
 - You can state your point of view early in the review (e.g., “My goal in this review is to determine the conditions under which....”)
4. Write a clear and cohesive essay – AVOID ANNOTATIONS.
5. Use headings and subheadings.
6. Use transitions to help trace your argument.
7. Tables can be useful to compare important characteristics of the studies reviewed.
8. Write a conclusion for the end of the review – pull all the threads together.
9. Check the flow of your argument for coherence.
10. Check your draft with your topic outline
11. Guidelines on Style, Mechanics, and Language Usage
 - a. Avoid overusing direct quotations (especially long ones)
 - b. Check APA manual (5th edition) for correct use of citations and reference list
 - c. Spell out all acronyms when you first use them and avoid using too many
 - d. Avoid contractions (they are inappropriate in formal writing)
 - e. Spell-check, proofread, and edit your paper – read it backwards once
 - f. DO NOT PLAGIARIZE; THIS WILL RESULT IN FAILURE.

Assignment of Oral Presentation Dates

The order of case student presentations will be determined by lottery at the end of November taking your committee members' schedules into account. (See *Timeline of Case Presentation: May Graduation 2017*).

Oral Presentations

Each student will be scheduled for a 40-minute oral presentation addressing both faculty and students. The first 20 minutes will consist of a brief summary of the client, presentation of assessment and treatment results, and a discussion of the theoretical clinical and personal implications. Audiovisual support must be included in the presentation and handouts may be used if needed. The final 10-20 minutes will be devoted to a question/answer period by your committee, and if time permits, by the rest of the faculty and students in the audience. Case presentations will be scheduled on Fridays in January and February (see *Timeline of Case Presentation: May Graduation*).

The Oral Presentation will be evaluated by the student's Advisory Committee, using the evaluation form included in Appendix F. Two outcomes are possible. The student may Pass, in which case the student will have successfully completed the capstone experience. Alternatively the student will receive an Incomplete. In this case the student will meet with the committee within two weeks (*Timeline of Case Presentation: May Graduation*) to orally defend the case. The student will respond to questions of the committee with minimal supporting documentation as specified by the committee. Two outcomes are possible. The student may Pass, in which case the student will have successfully completed the capstone experience. Alternatively, the student may Fail. In this case, the student will meet with the Graduate Coordinator and Advisory Committee to consider dismissal from the program. Failure of the Case Presentation is sufficient for dismissal from the program.

Oral Presentation outcomes are decided in the same manner as that used for the Literature Review, but using The Oral Presentation evaluation. In the case of an oral defense following an Incomplete, the committee will discuss the performance, and arrive at a consensus decision. The student will be asked back into the room and given the results of the committee decision.

Guidelines for Oral Presentation

I. RECAP OF THE CLINICAL CASE

Provide a brief review of the significant characteristics of the case, particularly as they relate to diagnoses, assessment, intervention, outcome, and the clinical question.

- A. Orients audience to case
- B. Represents the clinical question(s) to be answered

II. RESULTS

This section focuses on the data you collected during assessment and treatment of the case. The data relevant to the clinical question should be included.

- A. Presents diagnostic measures and evidence of integration of information across assessment tools.
- B. Presents treatment goals and rationale for selection of treatment goals
- C. Presents and interprets results and treatment data accurately
- D. Appropriately presents and interprets treatment efficacy data

III. DISCUSSION

This section focuses on meaningfully interpreting the data and presenting the implications relevant to client specific considerations and the clinical questions. Reference to theoretical and clinical aspects initially presented in the literature review should be part of the discussion.

- A. Relevance of results to clinical question(s) posed
- B. Interpretation of data with regards to the clinical implications of the case
- C. Interpretation of the data with regards to the theoretical implications of the case
- D. Interpretation of the data with regards to personal implications and relevance of the case

IV. QUESTIONS

You will be asked questions about the case and the information that you have presented. The content of your responses and the manner in which you respond will be evaluated

- A. Response to questions regarding justification, clarification, extension/expansion and/or application of the case
- B. Confidence/professionalism and poise of the case presentation

Suggestions for Oral Presentation

I. The following components must be addressed

1. Who is your client and why is this case interesting? Provide a re-cap of the clinical case and the clinical question to orient the audience.
2. What did you do? Why did you do it? What did the client do? Present of the results of your evaluation and treatment.
 - a. Provide the data
 - b. Provide rationale
 - c. Interpret the data
 - d. Discuss efficacy
3. What did the case teach us about intervention? Discuss the results in relation to:
 - a. The clinical question
 - b. The clinical implications
 - c. The theoretical implications
 - d. The personal implications

II. Be prepared to answer questions about any aspect of the case.

III. Presentation

1. Limit your presentation to 20 minutes.
 - The presentation will be stopped at 20 minutes even if it is not completed
 - Information that is not presented will not be credited and affect the evaluation of the oral presentation

2. Limit the number of slides and the amount of information on your slides
 - a. Include the key points and elaborate orally
 - b. Use tables and graphs and elaborate orally
 - c. Make the slides legible: consider font style and size, color, and graphics.
 - d. DO NOT READ FROM THE SLIDES VERBATIM
3. Present yourself professionally, with confidence and poise.

PRAXIS EXAMINATION

The student may take the PRAXIS exam in their last semester or after they have graduated. When you take the exam it is important to specify two recipient codes at the time of your exam in order to verify your score. For students obtaining a school credential, specify #1198 (College of Education). All students must specify the CDIS department code of #0281. The passing score is 600 or higher and may be retaken if you do not achieve a passing score on your first attempt. 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 [ASHA](#) for more information.

PROFESSIONAL ORGANIZATIONS

There are many professional organizations available in the area 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 memberships help 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 **strongly** encouraged to become a member of the National Student Speech-Language-Hearing Association (NSSLHA) and the ETSU NSSLHA Chapter, which are affiliated with ASHA. Audiology students may also join the National Association of Future Doctors of Audiology (NAFDA) and or Student Academy of Audiologist (SAA). You will receive the ASHA journals, which should prove helpful in your studies. NSSLHA also publishes its own journal, which is geared to students, and sponsors awards. As a member of NSSLHA you also save a substantial amount when you apply for ASHA certification and membership. ETSU has established NSSLHA and NAFDA 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, NAFDA, or TAASLP can be obtained online or NSSLHA/NAFDA faculty sponsors.

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

UNIVERSITY FACILITIES

Students who are enrolled at ETSU pay for the use of the Culp Center, the Student Health Center, and the Physical Activity Center 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.

The University Computer Centers are located in the Culp Center and in the College of Public and Allied Health. Students can use University computer services for their research. To do so, you need to fill out an application for e-mail and obtain an account from computer services. You will need an e-mail address to communicate with faculty and supervisors and to receive information on departmental events. *The department will communicate with you ONLY using your ETSU email account. It is your responsibility to check this account regularly for departmental information.*

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 in the D.P. Culp Center and the VA Theatre.

Use of Departmental Computers

The ASLP Department has made computers available for graduate student use in the graduate student workroom. These computers allow access to the ETSU Library, e-mail, or the Internet. You must provide your own paper for printing for classes; the department will provide paper for printing reports. Additionally, there are numerous student computer labs across campus that provides 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 turn the computer off at the end of the day.

GRADUATE HOODING CONVOCATION/UNIVERSITY COMMENCEMENT

At the completion of the program, students are invited to participate in the Graduate Hooding Convocation the Friday evening before Commencement. Each recipient of the graduate degree who is present is recognized and is “hooded” by faculty members of the class choice. In May and December of each year, the University holds a commencement for all graduates. Chair and Executive Aid will develop the program and the SLP faculty committee determines receipts of the Alpha Eta Honor Society.

This activity is a student-led event. A faculty advisor will assist students in planning the ceremony. The student body will share the cost of the hooding ceremony. Financial support from student organizations may be requested to offset the cost. The following is a suggested timeline for planning:

1. The department secretary has already scheduled time and date for the Hooding Ceremony.
2. In the Fall Semester prior to the ceremony, the student committee and a second year student 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 committee will finalize plan with faculty advisor. (Spring)
8. The committee will select food for reception and arrange with the department secretary. (Spring)
9. The committee will assign students to set up stage and seating day of ceremony.

Students wishing to participate in either of these ceremonies should arrange to purchase or rent a cap, gown, and hood from the University Bookstore. Request a hood for a Master of Science or Doctor of Audiology.

ASHA EMPLOYER AND ALUMNI SURVEY

We will be requesting that you keep us updated of your correct mailing address after you have graduated. Approximately a year after you have finished the program we will send 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, 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, the student should come to the Department Chair or Graduate Coordinator. If the student can present evidence demonstrating the possibility of a valid complaint against the faculty member, the Department Chair or Graduate Coordinator will discuss the matter with the faculty member in an attempt to resolve the problem. The Department Chair or Graduate Coordinator may bring the student and faculty member together as part of this attempt. If the problem still cannot be resolved, the Department Chair could convene a grievance committee.

If a student has a complaint about a departmental procedure, this should also be discussed with the Department Chair or Graduate Coordinator. If the Department Chair or Graduate Coordinator feels that the complaint is legitimate, 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, no change in procedures will be made. Again, a grievance committee could be convened. Information about Student Conduct, Rights and Responsibilities are included in the Graduate Catalog.

Outside the university, students should follow the Complaint Procedure against Graduate Education Programs briefly described below, which can be found at [ASHA](#)

Procedures for Complaints Against Graduate Education Programs

A complaint about any accredited program or program in candidacy status may be submitted by any student, instructional staff member, speech-language pathologist, audiologist, and/or member of the public.

Complaints about programs must meet the following criteria:

- a) Be against an accredited graduate education program or program in candidacy status in audiology and/or speech language pathology,
- b) Relate to the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech Language Pathology,
- c) Clearly describe the specific nature of the conduct being complained about, which must have occurred at least in part within 5 years of the date the complaint is filed, the relationship of the complaint to the accreditation standards, and provide supporting data for the charge.

Complaints must meet the following submission requirements:

- a) 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,
- b) 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,
- c) Be signed and submitted in writing via U.S. mail, overnight courier, or hand delivery to the following address:

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

- d) Will not be accepted by email or facsimile.

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.

Students have the right to appeal any allegations or actions. 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.

Further details regarding the policy are available in the ETSU Graduate Catalog.

CERTIFICATE OF CLINICAL COMPETENCE: SLP

To practice as a Speech-Language Pathologist or Audiologist, you must obtain the Certificate of Clinical Competence offered by the American Speech-Language-Hearing Association. In order to receive the certificate, you must complete a Clinical Fellowship (for AuD this is covered in the 4th year externship) and achieve a passing score (600) in your major area on either the National Examination in Speech-Language Pathology or the National Examination in Audiology. Guidelines and procedures for certification and information concerning the Clinical Fellowship are contained in the ASHA Membership and Certification Handbook.

ASHA CERTIFICATION REQUIREMENTS

ASHA's certification requirements for audiology and speech-language pathology reflect a trend in health care training programs nationally. They are based on competencies that will be acquired during your participation in the graduate experience. It includes course and clinical hour requirements, as well as competencies that can be achieved outside of these formats (e.g., invited workshops, internet tutorials, and presentations). Your participation in these alternative formats will be mandatory as these extra workshops may be the only time these competencies can be met. In other words, check with faculty before scheduling trips or commitments on open Fridays during the semester (including summer) to avoid missing critical workshops. The competencies have been given to us by ASHA in a form called the Knowledge and Skills Acquisition (KASA) document. Copies of these documents are presented in Appendix M. The department will have a meeting early in the semester to inform you about how to use the KASA and other paperwork requirements for tracking your progress in achieving the competencies. Advisement sessions will be held to update the KASA form every semester after the first semester.

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 (Appendix K). Upon successful completion of your graduate program, you should be ready to begin your Clinical Fellowship 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.

GRADUATE ASSISTANTSHIPS, TUITION SCHOLARSHIPS, GRADUATE TRAINEESHIPS

The Department of Audiology and Speech-Language Pathology offers graduate assistantships (10 hours per week) and tuition scholarships (8 hours per week) for full-time students in the ASLP program who have completed the undergraduate prerequisites. These scholarships are awarded on a competitive basis. Detailed guidelines for these positions are available in the School of Graduate Studies Graduate Assistant Handbook. If you are awarded one of these scholarships, 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. To summarize, the requirements for each are presented below.

Graduate Assistantships

1. Out-of-state tuition and one-half maintenance fees (in-state tuition) are waived for fall and spring semesters.
2. Out-of-state tuition is waived for summer but maintenance fees are not waived in the summer.
3. Students must register for 9 units in fall and spring semesters and 6 units for summer.
4. Receives a monthly stipend of \$333.00
5. Must maintain a 3.0 GPA.
6. Appointments are from August 18 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 you faculty member if you will not be on campus during that time.
7. For SLP students: While your appointment is for 2 years, you must renew your appointment for the second year at the end of the first year. Announcements for renewal will be posted in the department and you must complete a form to renew your assistantship for the second year.
8. For AUD students: Your initial appointment is for one year, and the opportunity to renew is contingent upon the availability of funds. Funding decisions are made early in the summer, and it is necessary for students to apply in a timely fashion for renewals, or changes of assignment (e.g., from a GA to a clinical traineeship). Additional opportunities for GA work are provided by the VA's Research Enhancement Award Program (REAP) which provides several additional GA assignments. These GA's provide research experience as well as stipends for qualified students.

Tuition Scholarships

1. Out-of-state tuition and maintenance fees (in-state tuition) are waived for fall and spring semesters.
2. Out-of-state tuition is waived for summer, but maintenance fees are not waived in the summer.
3. Students must register for 9 units in fall and spring semester and 6 units for summer.
4. Students must maintain a 3.0 GPA.
5. Appointments are from August 18 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. For SLP students: While your appointment is for 2 years, you must renew your appointment for the second year at the end of the first year. Announcements for renewal will be posted in the department and you must complete a form to renew your assistantship for the second year.
7. For AUD students: Your initial appointment is for one year, and the opportunity to renew is contingent upon the availability of funds. Funding decisions are made early in the summer, and it is necessary for students to apply in a timely fashion for renewals, or changes of assignment (e.g., from a TS to a GA or a clinical traineeship).

VA Traineeships/Mountain Region Speech and Hearing Traineeships

VA Traineeships, Bristol Regional Speech and Hearing Center, and Mountain Region Speech and Hearing Center Traineeships are available for students after their first year in both the audiology and speech-language pathology programs. These Traineeships offer experience related to adult and pediatric populations and Mt. Region offers a Pediatric traineeship with their cochlear implant program. There are specific requirements for each traineeship in terms of hourly commitments, assignments, and beginning and ending dates (for example, the traineeships are administered on the facility's schedule, not ETSU's). Application announcements are available in the spring of your first year. These traineeships are competitive and application must be made. Students should request information about traineeships from Dr. Louw or Dr. Marc Fagelson.

SUBSTANCE ABUSE POLICY

The Appendices contain the college policy on substance abuse for students enrolled in clinical training programs.

APPENDIX A

**COURSE REQUIREMENTS AND WORKSHEET FOR ACADEMIC & CLINICAL
PLANNING**

COURSE REQUIREMENTS: SLP

2-Year Program

REQUIRED COURSES (27 HOURS)

<u>Course Number</u>	<u>Title</u>	<u>Semester</u>
CDIS 5010	Neuro Bases of Cog & Comm	Fall 2015
CDIS 5015	Language Disorders in Children	Fall 2015
CDIS 5400	Research Methods in CDIS	Fall 2015
CDIS 5040	Adult Language Disorders	Spring 2016
CDIS 5025	Clinical Phonology	Fall 2015
CDIS 5045	Dysphagia	Spring 2016
CDIS 5275	Dysphagia Lab (1 credit)	Spring 2016
CDIS 5035	Motor Speech Disorders	Fall 2017
CDIS 5030	Fluency	Fall 2016
CDIS 5070	Voice Disorders	Spring 2016
CDIS 5285	Voice Lab (1 credit)	Spring 2016

ELECTIVES (15 HOURS)

CDIS 6300	Audiologic Rehab	Spring 2017
CDIS 5200	SLP in the 2017 Schools	Summer 2016
CDIS 5240	Pediatric Organic Disorders	Spring 2017
CDIS 5250	Challenges in ASD	Spring 2017
CDIS 5280	Language & Literacy Disorders	Spring
CDIS 5290	Adv. Adult Neuro Disorders	Fall 2016
CDIS 5295	Counseling in CDIS	Pre-Summer
CDIS 5960	Thesis (6 credits)	Fall/Spring

CLINIC COURSES (9 HOURS; ONE EACH TERM FOR FULL TIME STUDENTS)

CDIS 5620	SLP Clinic: Child Evaluation/Treatment
CDIS 5640	SLP Clinic: Adult Evaluation/Treatment
CDIS 5670	SLP Clinic: Advanced (repeatable)
CDIS 5690	Externship: SLP (6 units)
CDIS 5510	AUD Clinic for SLP

Tennessee Teacher Program

REQUIRED COURSES (27 HOURS)

<u>Course Number</u>	<u>Course Title</u>	<u>Semester</u>
CDIS 5010	Neuro Bases of Cog & Comm	Fall 1 2015
CDIS 5015	Language Disorders in Children	Fall 2 2015
CDIS 5400	Research Methods in CDIS	Fall 1 2016
CDIS 5040	Adult Language Disorders	Spring 1 2016
CDIS 5025	Clinical Phonology	Fall 2 2016
CDIS 5045	Dysphagia	Spring 1 2016

CDIS 5275	Dysphagia Lab (1 credit)	Spring 1 2016
CDIS 5035	Motor Speech Disorders	Fall 3 2017
CDIS 5030	Fluency	Fall 3 2017
CDIS 5070	Voice Disorders	Spring 2 2017
CDIS 5285	Voice Lab (1 credit)	Spring 2 2017

ELECTIVES (15 HOURS)

CDIS 6300	Audiologic Rehab	Spring 2 2017
CDIS 5200	SLP in the Schools	Summer 1 2016
CDIS 5240	Pediatric Organic Disorders	Spring 2 2017
CDIS 5250	Challenges in ASD	Fall 3 2017
CDIS 5280	Language & Literacy Disorders	Spring 2 2017
CDIS 5290	Adv. Adult Neuro Disorders	Fall 3 2017
CDIS 5295	Counseling in CDIS	Pre-Summer 1 2016
CDIS 5960	Thesis (6 credits)	Fall/Spring

CLINIC COURSES (9 HOURS; ONE EACH TERM FOR FULL TIME STUDENTS)

CDIS 5620	SLP Clinic: Child Evaluation/Treatment
CDIS 5640	SLP Clinic: Adult Evaluation/Treatment
CDIS 5670	SLP Clinic: Advanced (repeatable)
CDIS 5690	Externship: SLP (6 units)
CDIS 5510	AUD Clinic for SLP

APPENDIX B

PROCEDURES FOR ADMISSION TO MASTER'S CANDIDACY AT ETSU

PROCEDURES FOR ADMISSION TO MASTER'S CANDIDACY AT ETSU

Admission to the School of Graduate Studies and the approval to pursue a degree program does not in any way imply that a student is admitted to candidacy for the master's degree. To be admitted to candidacy the student must:

1. Remove all conditions required at the time of admission by the School of Graduate Studies.
2. Complete at least one semester (12-15 hours) of residence study following admission to the School of Graduate Studies.
3. Complete a minimum of 12 semester hours in the major field of study with a grade point average of 3.0 or above.
4. Meet the specific requirements of the major department.
5. Submit the completed forms for admission to candidacy and an approved program of study of the associate vice president for research and dean of the graduate school 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 in the School of Graduate Studies if the changes or course substitutions are not made prior to enrollment in courses. Forms for program changes are available in the Graduate Office.

APPENDIX C
APPLICATION FOR THESIS-OPTION

East Tennessee State University
Department of Audiology and Speech-Language Pathology

Thesis Application

Name: _____

Address: _____

Phone Number: (____) ____ - _____

Undergraduate GPA: _____

GRE Scores: _____

Graduate GPA: _____

Graduate Semester: _____

Title/Topic of Proposed Research: _____

Proposed Thesis Committee Chair: _____

Proposed Thesis Committee Members: _____

Brief Description of Project: _____

Potential Source of Participants: _____

Indicate completion, grade, and involvement of the following:

CDIS 5400 Research Methods: Grade: _____

Statistics Course: Grade: _____

Any other previous research studies: (principal investigator or research assistant)

APPENDIX D
APPLICATION FOR
CASE PRESENTATION

APPENDIX E
LITERATURE REVIEW EVALUATION

I. Introduction	Exceeds Expectations (2 points)	Meets Expectations (1 point)	Below Expectations (0 points)
A. Description of Client 1. History of the problem: a. Social history b. Educational/vocational history c. Medical/developmental history 2. Current diagnoses and communication function			
B. Discussion of population of interest and application to the client 1. Characteristics of the disorder: a. General characteristics b. Speech/Language characteristics c. Differential diagnosis			
C. Discussion of evaluation methodologies for population of interest 1. General description of possible evaluation frameworks a. Describe different assessment frameworks b. What components are included? c. Advantages/disadvantages			
D. Discussion of treatment approaches for population of interest 1. General description of applicable treatment approaches a. Principle (including assumptions and predictions of each treatment) b. Strengths of treatment approach c. Weaknesses of treatment approach			
E. Clinical/research question/purpose 1. Should be very specific, such as examination of differential diagnosis or treatment efficacy or effectiveness			
Comments: 			

II. Methods	Exceeds Expectations (2 points)	Meets Expectations (1 point)	Below Expectations (0 points)
<p>A. Detailed description of the assessment battery used (<i>formal & informal assessment tools</i>)</p> <ol style="list-style-type: none"> 1. Rational/justification for assessment battery selection based on presenting problem <ol style="list-style-type: none"> a. What aspects of communication did the assessment battery evaluate? b. What type of scores are provided (SS, AE, normed, criterion-based, etc.)? 			
<p>B. Specific treatment goals</p> <ol style="list-style-type: none"> 1. Consistency of treatment goals with assessment outcomes: <ol style="list-style-type: none"> a. How did assessment results guide goal selection? b. What are the predictions of treatment outcomes based on goal selection? c. Provide a rational for the goal attack strategy that was used (horizontal, vertical, cyclical) d. Specific treatment goals 			
<p>C. Specific intervention(s) used by the student</p> <ol style="list-style-type: none"> 1. Detailed description of the intervention procedures (should be replicable) <ol style="list-style-type: none"> a. Describe treatment stimuli b. Describe treatment protocol or paradigm c. Describe frequency/duration of treatment 2. Consistency of intervention procedures with selected treatment goals <ol style="list-style-type: none"> a. How did intervention address goals? 			

<p>D. Data collection</p> <ol style="list-style-type: none"> 1. Detailed description of the data collection <ol style="list-style-type: none"> a. What types of data were collected? (treatment, generalization, social validity) b. Describe data collection procedures, including frequency and methodology 2. Rationale/justification for data collection <ol style="list-style-type: none"> a. How do the data address treatment efficacy, effectiveness, and effects? b. How do the data inform the clinician about progress and need for treatment modification? 3. How does the data collection answer the clinical/research question/purpose? 			
<p>Comments:</p>			
<p>III. Structure</p>	<p>Exceeds Expectation (2 points)</p>	<p>Meets Expectation (1 point)</p>	<p>Below Expectation (0 point)</p>
<p>A. Minimum of 10 references that are current, accurate, and relevant</p>			
<p>B. Grammar & spelling with no or very few errors</p>			
<p>C. Accurate use of APA guidelines</p>			
<p>D. Overall organization/readability of paper</p>			
<p>Comments:</p>			

Sum for “Exceed” and “Meets” Expectations: _____ divided by 13 = _____.
 (Passing score is 1.0 or greater)

Any Additional Comments:

Evaluation of Case Presentation Literature Review: Student: _____
 Speech-Language Pathology Reviewer: _____
 Adult; Differential diagnosis-focused case (requirement of 2 cases)

I. Introduction	Exceeds Expectations (2 points)	Meets Expectations (1 point)	Below Expectations (0 points)
A. Description of patient <ol style="list-style-type: none"> 1. Reason for referral to speech pathology 2. Patient history: <ol style="list-style-type: none"> a. Social history b. Educational/vocational history c. Medical history 3. Current diagnoses and function (communication, cognitive, or swallowing) 			
B. Discussion of population of interest and application to the patient <ol style="list-style-type: none"> 1. Characteristics of the disorder: <ol style="list-style-type: none"> a. General characteristics of medical condition (e.g., stroke, dementia) b. Specific characteristics of disorder (communication, cognition, or swallowing) 			
C. Discussion of approaches to evaluation in medical speech pathology <ol style="list-style-type: none"> 1. General approaches to speech pathology evaluations with adult patients and/or within medical setting (i.e., general approaches that may be used regardless of patient diagnosis) 2. Considerations for different work settings (hospital, skilled nursing facility, rehab facility, outpatient clinic, etc.) 3. Approaches to the patient and family interview process 			
D. Discussion of evaluation methodologies for population of interest <ol style="list-style-type: none"> 1. Describe possible assessment framework(s) (specific to disorder: may 			

include models, decision trees, flow charts, assessment of anatomy/physiology, etc.) 2. What components are included? 3. Ecological validity, if applicable 4. Advantages/disadvantages			
E. Clinical question/purpose 1. Should be very specific, such as examination of evaluation methodology or examination of differential diagnosis.			
Comments:			
II. Methods	Exceeds Expectations (2 points)	Meets Expectations (1 point)	Below Expectations (0 points)
A. Detailed description of the assessment battery used 1. Rationale/justification for assessment battery selection based on presenting problem a. What aspects of communication, cognition, or swallowing did the assessment battery evaluate? b. What type of information is gathered? Types of information may include standard scores, norm-referenced scores, biological systems (anatomical/physiological) information if evaluating in medical framework.			
B. Discussion of differential diagnosis 1. Considerations for population of interest 2. Barriers/challenges for population of interest 3. How did the assessment protocol and outcomes guide determination of differential diagnosis (May include flow charts, decision trees, etc. Do not include actual findings)			
C. Discussion of recommendations a. Description of possible treatment approaches or other recommendations appropriate for the case (do not include actual recommendations)			
D. How do the assessment methodology and results relate to the clinical question/purpose?			

Comments:

III. Structure	Exceeds Expectations (2 points)	Meets Expectations (1 point)	Below Expectations (0 points)
A. Minimum of 10 references that are current, accurate, and relevant			
B. Grammar & spelling with no or very few errors			
C. Accurate use of APA guidelines			
D. Overall organization/readability of paper			
Comments:			

Sum for "Exceed" and "Meets" Expectations: _____ divided by 13 = _____
(Passing score is 1.0 or greater)

Any Additional Comments:

APPENDIX F

ORAL PRESENTATION EVALUATION

**Evaluation Criteria for Oral Presentation
Speech-Language Pathology**

Student: _____

Reviewer: _____

I. Recap of Clinical Case	Exceeds Expectation (2 points)	Meets Expectation (1 point)	Below Expectation (0 points)
A. Orients audience to case			
B. Represents the clinical question(s) to be answered			
Comments			
II. Results	Exceeds Expectation (2 points)	Meets Expectation (1 point)	Below Expectation (0 points)
A. Presents diagnostic measures and evidence of Integration			
B. Presents treatment goals and rationale of treatment goals			
C. Presents and interprets results and treatment data accurately			
D. Appropriately presents and interprets treatment efficacy data			
Comments			

	Exceeds	Meets	Below
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III. Discussion	Expectation (2 points)	Expectation (1 point)	Expectation (0 points)
A. Relevance of results to clinical question(s) posed			
B. Interpretation of data with regards to the clinical implications of the case			
C. Interpretation of the data with regards to the theoretical implications of the case			
D. Interpretation of the data with regards to personal implications and relevance of the case			
Comments			
IV. Questions	Exceeds Expectation (2 points)	Meets Expectation (1 point)	Below Expectation (0 points)
A. Response to questions regarding justification, clarification, extension/expansion and/or application of the case			
B. Confidence/professionalism and poise of the case presentation			
Comments			

Sum of "Exceeds" and "Meets" Expectations: _____ divided by 14 = _____.
(Passing score is 1.0 or greater)

APPENDIX G

STANDARDS FOR CERTIFICATE OF CLINICAL COMPETENCE

STANDARDS AND IMPLEMENTATION

Effective Date: September 1, 2014

The American Speech-Language-Hearing Association issues Certificates of Clinical Competence to individuals who present evidence of their ability to provide independent clinical services to persons who have disorders of communication. Individuals who meet the standards specified by the Association's Council For Clinical Certification may be awarded a Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) or a Certificate of Clinical Competence in Audiology (CCC-A). Individuals who meet the standards in both professional areas may be awarded both certificates.

Standard I: Degree

The applicant for certification must have a master's, doctoral, or other recognized post-baccalaureate degree.

Implementation: The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) has the authority to determine eligibility of all applicants for certification.

Standard II: Education Program

All graduate course work and graduate clinical experience required in speech-language pathology must have been initiated and completed in a speech-language pathology program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).

Implementation: If the program of graduate study is initiated and completed in a CAA-accredited program and if the program director or official designee verifies that all knowledge and skills required at that time for application have been met, approval of the application is automatic. Individuals educated outside the United States or its territories must submit documentation that course work was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants outside the United States or its territories must meet each of the standards that follow.

Standard III: Program of Study

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

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

Standard IV: Knowledge Outcomes

Standard IV-A

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

Implementation: Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). Acceptable courses in physical sciences should include physics or chemistry. Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. ***A stand-alone course in statistics is required.*** Research methodology courses in communication sciences and disorders (CSD) may not be used to satisfy the statistics requirement. A course in biological and physical sciences specifically related to CSD may not be applied for certification purposes to this category unless the course fulfills a university requirement in one of these areas.

Standard IV-B

The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

Standard IV-C

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

- **Articulation**
- **Fluency**
- **Voice and resonance, including respiration and phonation**
- **Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing**
- **Hearing, including the impact on speech and language**
- **Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)**
- **Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)**
- **Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)**
- **Augmentative and alternative communication modalities**

Implementation: It is expected that course work addressing the professional knowledge specified in Standard IV-C will occur primarily at the graduate level.

Standard IV-D

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

Standard IV-E

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

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

Standard IV-F

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

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

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues typically include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures.

Standard IV-H

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

Standard V: Skills Outcomes

Standard V-A

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

Implementation: The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.

Standard V-B

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

1. **Evaluation**
 - a. **Conduct screening and prevention procedures (including prevention activities).**
 - b. **Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.**
 - c. **Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.**
 - d. **Adapt evaluation procedures to meet client/patient needs.**
 - e. **Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.**
 - f. **Complete administrative and reporting functions necessary to support evaluation.**
 - g. **Refer clients/patients for appropriate services.**
2. **Intervention**
 - a. **Develop setting-appropriate intervention plans with measurable and achievable**

goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.

b. Implement intervention plans (involve clients/patients and relevant others in the intervention process).

c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.

d. Measure and evaluate clients'/patients' performance and progress.

e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.

f. Complete administrative and reporting functions necessary to support intervention.

g. Identify and refer clients/patients for services as appropriate.

3. Interaction and Personal Qualities

a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.

b. Collaborate with other professionals in case management.

c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.

d. Adhere to the ASHA Code of Ethics and behave professionally.

Implementation: The applicant must have acquired the skills referred to in this standard applicable across the nine major areas listed in Standard IV-C. Skills may be developed and demonstrated by direct client/patient contact in clinical experiences, academic course work, labs, simulations, examinations, and completion of independent projects.

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

Supervisors of clinical experiences must hold a current ASHA Certificate of Clinical Competence in the appropriate area of practice during the time of supervision. The supervised activities must be within the ASHA Scope of Practice in Speech-Language Pathology to count toward certification.

Standard V-C

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

Implementation: Guided observation hours generally precede direct contact with clients/patients. The observation and direct client/patient contact hours must be within the ASHA Scope of Practice of Speech-Language Pathology and must be under the supervision of a qualified professional who holds current ASHA certification in the appropriate practice area. Such supervision may occur simultaneously with the student's observation or afterwards through review and approval of written reports or summaries submitted by the student. Students may use video recordings of client services for observation purposes.

Applicants should be assigned practicum only after they have acquired sufficient knowledge bases to qualify for such experience. Only direct contact with the client or the client's family in assessment, intervention, and/or counseling can be counted toward practicum. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client at a time in order to count the practicum hours. In rare circumstances, it is possible for several students working as a team to receive credit for the same session, depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another interviews the parents, both students may receive credit for the time each spent in providing the service. However, if student A works with the client for 30 minutes and student B works with the client for the next 45 minutes, each student receives credit for only the time he/she actually provided services—that is, 30 minutes for student A and 45 minutes for student B. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.

Standard V-D

At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

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

Standard V-E

Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.

Implementation: Direct supervision must be in real time. A supervisor must be available to consult with a student providing clinical services to the supervisor's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills. The 25% supervision standard is a minimum requirement and should be adjusted upward whenever the student's level of knowledge, skills, and experience warrants.

Standard V-F

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

Implementation: The applicant must demonstrate direct client/patient clinical experiences in both assessment and intervention with both children and adults from the range of disorders and differences named in Standard IV-C.

Standard VI: Assessment

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

Standard VII: Speech-Language Pathology Clinical Fellowship

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

Implementation: The Clinical Fellowship may be initiated only after completion of all academic course work and clinical experiences required to meet the knowledge and skills delineated in Standards IV and V. The CF must have been completed under the mentorship of an individual who held the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) throughout the duration of the fellowship.

Standard VII-A: Clinical Fellowship Experience

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

Implementation: No less than 80% of the Fellow's major responsibilities during the CF experience must have been in direct client/patient contact (e.g., assessment, diagnosis, evaluation, screening, treatment, clinical research activities, family/client consultations, recordkeeping, report writing, and/or counseling) related to the management process for individuals who exhibit communication and/or swallowing disabilities.

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

Standard VII-B: Clinical Fellowship Mentorship

The Clinical Fellow must have received ongoing mentoring and formal evaluations by the CF mentor.

Implementation: Mentoring must have included on-site observations and other monitoring activities. These activities may have been executed by correspondence, review of video and/or audio recordings, evaluation of written reports, telephone conferences with the Fellow, and evaluations by professional colleagues with whom the Fellow works. The CF mentor and Clinical Fellow must have participated in regularly scheduled formal evaluations of the Fellow's progress during the CF experience.

Standard VII-C: Clinical Fellowship Outcomes

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

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

- Integrate and apply theoretical knowledge,
- Evaluate his or her strengths and identify his or her limitations,
- Refine clinical skills within the Scope of Practice in Speech-Language Pathology,
- Apply the ASHA Code of Ethics to independent professional practice.

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

Standard VIII: Maintenance of Certification

Certificate holders must demonstrate continued professional development for maintenance of the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).

Implementation: Individuals who hold the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) must accumulate 30 certification maintenance hours of professional development during every 3-year maintenance interval. Intervals are continuous and begin January 1 of the year following award of initial certification or reinstatement of certification. A random audit of compliance will be conducted.

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

Information was acquired from [ASHA](#)

APPENDIX H

REQUIREMENTS FOR TENNESSEE LICENSURE

DISCLAIMER: These licensure rules apply only to the state of Tennessee. Licensure rules vary from state to state. Students are responsible for independently retrieving, reading, and understanding the licensure rules of the state in which they plan to practice following graduation. A suggested first step is to view [ASHA](#)

Tennessee State Characteristics of Licensure Law

The information below is collected from state licensure boards or regulatory agencies responsible for regulating the professions of SLP and/or AUD. 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:

- Good moral character/18yrs. old
- Master's degree
- 375 hour clinical practicum
- 9 months full-time professional employment or the equivalent of a CFY as defined by ASHA
- Passage of a Praxis examination

Exemptions:

- Credentialed employees of public/state schools
- Federal employees
- Students appropriately designated SLP or AUD interns or trainees
- Clinical fellows
- Physicians and their supervisees

Reciprocity:

- CCC holders
- The board shall waive the examination requirement for those applicants licensed in another state with equivalent standards.

Interim Practice/Temporary Licensure:

- Persons from another state may offer SLP or AUD services in TN for no more than 5 days per calendar year
- An SLP licensed in another state with equivalent or higher standards may offer SLP services in state for no more than 30 days in any calendar year without a TN license
- Persons with ASHA certification or licensure in another state may provide SLP or AUD services pending the disposition of their application for state licensure.
- Clinical fellows must register with the board immediately upon acceptance into such training.

Fees:

- Initial License: \$160
- Biennial Renewal: \$90
- Late Fee: \$150

Continuing Ed. Requirement for Licensure Renewal:

- Licensees must complete 10 hours of continuing education per calendar year

Hearing Aid Dispensing:

- Audiologists may dispense under their AUD license. (No longer have to pass a practical examination).

Support Personnel:

- Speech pathology and audiology aides must have a high school diploma or equivalent and must receive a minimum of 15 hours of training to be completed within the first 30 days of employment
- Supervising licensees must register with the board the name(s) of the aide(s) to be employed accompanied by a written training plan
- Licensees must provide direct on-site observation for the first 10 hours of direct client contact. After the first 10 hours, direct on-site observation of at least 10% of all clinical sessions to include one in every 10 consecutive clinical sessions or indirect observation of at least two in every ten consecutive clinical sessions with direct observation of at least one in every 15 consecutive clinical sessions.
- All direct and indirect observations shall be documented

NOTE:

- The abbreviation SLP or SP stands for Speech Language Pathology or Pathologist, as appropriate, the abbreviation AUD stands for Audiology or Audiologist, as appropriate, and the abbreviation HAD stands for Hearing Aid Dealer.
- All jurisdictions require applicants to achieve a passing score on a national exam, and all but NV, ND, and VA require applicants to complete a post graduate professional experience requirement.
- The term "clinical fellow," used throughout, means a person completing the post graduate professional experience requirement.

Information from [ASHA](#)

RULES OF TENNESSEE BOARD OF COMMUNICATIONS DISORDERS AND SCIENCES

**CHAPTER 1370-1
RULES FOR SPEECH PATHOLOGY AND AUDIOLOGY**

Tennessee State Licensure Law, Revised October, 2005

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1370-1-.01 DEFINITIONS

As used in these rules, the following terms and acronyms shall have the following meaning ascribed to them:

- (1) 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.
- (2) 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.
- (3) Applicant - Any individual seeking licensure by the Board who has submitted an official application and paid all required fees.
- (4) ASHA - American Speech Language and Hearing Association.
- (5) Board - The Board of Communication Disorders and Sciences.

- (6) Board Administrative Office - The office of the Unit Director assigned to the Board and located at Cordell Hull Building, First Floor, 425 Fifth Avenue North, Nashville, Tennessee 37247-1010.
- (7) 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.
- (8) 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.
- (9) Closed Files - An administrative action which renders an incomplete or denied file closed.
- (10) Client - The individual or patient who is receiving direct services and/or treatment.
- (11) Clinical Fellow – A Speech Language Pathologist or Audiologist who is in the process of obtaining his paid professional experience as defined by ASHA before being qualified for licensure. For the Purposes of this chapter, a Clinical Fellow includes audiology students who are in their fourth (4) year of doctoral studies.
- (12) Continuing Education (CE) – Education required as a condition of continued licensure.
- (13) Council - The Council for Licensing Hearing Instrument Specialists.
- (14) Department - Tennessee Department of Health.
- (15) Direct Supervision - On-site supervision which includes directing, coordinating, reviewing, inspecting, and approving each act of service.
- (16) Division - The Division of Health Related Boards, Tennessee Department of Health, from which the Board receives administrative support.
- (17) Fee - Money, gifts, services, or anything of value offered or received as compensation in return for rendering services.
- (18) 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.
- (19) General Supervision - Direct and/or indirect supervision, including reviewing, inspecting, and approving specific acts of service.
- (20) He/She Him/Her - When “he” appears in the text of these rules, the word represents both the feminine and masculine genders.
- (21) HRB - The acronym HRB represents the Health Related Boards.
- (22) 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.

(23) 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.

(24) 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.

(25) 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.

(26) Registration - The act and process by which a Clinical Fellow, a Speech Language Pathology Assistant, or other person so required registers with the Board's Administrative Office.

(27) SLPA - The acronym for Speech Language Pathology Assistant.

(28) Speech Language Pathology Assistant - The term that shall be used in these Rules to designate the Speech Language Pathology Aide, as referenced in the practice act, who meets minimum qualifications established by the Board pursuant to the statutory mandate for whom qualifications must be less than those established for licensure as a speech language pathologist and who works under the supervision of a licensed speech language pathologist.

(29) Supervising Licensee - The term used to designate any Tennessee licensed Speech Language Pathologist or Audiologist, or ASHA certified Speech Language Pathologist or Audiologist who provides supervision of a Clinical Fellow or Speech Language Pathology Assistant, unlicensed Speech Language Pathologist, or unlicensed Audiologist.

(30) TAASLP - Tennessee Association of Audiologists and Speech Language Pathologists.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-1-107, 63-17-103, 63-17-105, 63-17-109, 63-17-110, 63-17-114, 63-17-115, 63-17-116, and 63-17-124.

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.

1370-1-.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 1370-1-.13.

(2) Licensed speech language pathologists and audiologists who qualify under Rule 1370-1-.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 1370-1-.13.

(3) Clinical Fellows, pursuant to T.C.A. § 63-17-114 (6) and (7), shall work under the supervision of a licensed Speech Language Pathologist or Audiologist or an ASHA certified Speech Language Pathologist or Audiologist while the Clinical Fellow is obtaining his year of paid professional experience, and shall adhere to the regulations established under Rule 1370-1-.10.

(4) 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 1370-1-.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.

1370-1-.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 1370-1-.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 1370-1-.04 and 1370-1-.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 1370-1-.09, 1370-1-.11, and 1370-1-.12. These licenses are also 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 1370-1-.09 and 1370-1-.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 1370-1-.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 Fellows are required to register with the Board through their supervising licensee while they are working under the supervising licensee's supervision.

(b) Speech Language Pathologist Assistants who meet the qualifications of Rule 1370-1-.14 are required to register with this Board through their supervising licensee.

(c) 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 1370-1-.04, and does not sell hearing instruments.

(d) 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.

(e) 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.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-17-102, 63-17-103, 63-17-105, 63-17-109 through 63-17-112, 63-17-114 through 63-17-117, and 63-17-127.

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.

1370-1-.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) Possess at least a master's degree in speech language pathology or audiology from an accredited institution; and
 1. Possess current Certificate of Clinical Competence ("CCC") issued through the American Speech Language and Hearing Association (ASHA) in the area of licensure (speech language pathology and/or audiology); or
 2. Have successfully completed and documented the following:
 - (i) A minimum of three hundred and seventy-five (375) clock hours of supervised clinical experience ('practicum') with individuals having a variety of disorders of communications, as required by ASHA. The experience shall be obtained through an accredited college or university which is recognized by ASHA; and
 - (ii) The Clinical Fellowship in the area in which licensure is being sought; and
 - (iii) Passage of the written Professional Assessments for Beginning Teachers (Praxis Test) as required by Rule 1370-1-.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 1370-1-.05(3).

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.

1370-1-.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) Licensure by Certificate of Clinical Competence.
 - (a) An applicant 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 by the

form and rules, to the Board's Administrative Office. It is the intent of this Rule that all steps necessary to accomplish the filing of the required documentation be completed prior to filing an application and that all materials be filed simultaneously.

(b) Applications will be accepted throughout the year and processed in the Board's Administrative Office. Supporting documents, if requested by the Board, must be received in the Board's Administrative Office within sixty (60) days of receipt of the request, or the application file shall be closed.

(c) The applicant shall file with his application documentation that he possesses a current Certificate of Clinical Competence ('CCC') issued through the American Speech Language Hearing Association (ASHA) in the area of requested licensure (speech language pathology and/or audiology).

(d) An applicant shall pay the nonrefundable application fee as provided in Rule 1370-1-.06 and submit the fee with the application.

(e) 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.

(f) Files which are completed on or before the thirtieth (30th) day prior to the Board meeting will ordinarily be processed at the next Board meeting scheduled for the purpose of reviewing files and granting licensure.

(g) An applicant shall disclose the circumstances surrounding any of the following:

1. Conviction of a crime in any country, state, or municipality, except minor traffic violations;
2. 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.
3. Loss or restriction of certification or licensure privileges.
4. 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.

(h) Personal resumes are not acceptable and will not be reviewed.

(2) Licensure by Examination.

(a) An applicant 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 by the form and rules, to the Board's Administrative Office. It is the intent of this Rule that all steps necessary to accomplish the filing of the required documentation be completed prior to filing an application and that all materials be filed simultaneously.

(b) Applications will be accepted throughout the year and processed in the Board's Administrative Office. Supporting documents, if requested by the Board, must be received in the Board's Administrative Office within sixty (60) days of receipt of the request, or the application file shall be closed.

(c) The applicant shall have completed the following requirements and cause the supporting documentation to be provided to the Board's Administrative Office, as follows:

1. Master's or doctorate degree in the area of speech language pathology or audiology. Unless already submitted pursuant to rule 1370-1-.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 carry the official seal of the institution.
2. Successfully complete a minimum of three hundred and seventy-five (375) 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 college or university which is recognized by ASHA. Unless already provided pursuant to rule 1370-1-.10, the applicant shall cause the Department Chair or other program head to provide directly to the Board's Administrative Office a letter attesting to the standards of the Practicum and the applicant's successful completion.

3. Successfully complete a Clinical Fellowship in the area in which licensure is being sought. The applicant shall cause the supervising Speech Language Pathologist or Audiologist to submit directly to the Board's Administrative Office a letter which attests to the Clinical Fellowship pursuant to Rule 1370-1-.10; and

4. Take and successfully complete the examination for licensure as governed by Rule 1370-1-.08. Once 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.

(d) 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.

(e) An applicant shall pay the nonrefundable application fee as provided in Rule 1370-1-.06 and submit the fee with the application.

(f) 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.

(g) An applicant shall submit with his application a certified photocopy of his birth certificate.

(h) Files which are completed on or before thirtieth (30th) day prior to the Board meeting will ordinarily be processed at the next Board meeting scheduled for the purpose of reviewing files and granting licensure.

(i) An applicant shall disclose the circumstances surrounding any of the following:

1. Conviction of a crime in any country, state, or municipality, except minor traffic violations;

2. 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.

3. Loss or restriction of certification or licensure privileges.

4. 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.

(j) Personal resumes are not acceptable and will not be reviewed.

(3) Licensure by reciprocity.

(a) An applicant 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 by the form and rules to the Board's Administrative Office. It is the intent of this Rule that all steps necessary to accomplish the filing of the required documentation be completed prior to filing an application and that all materials be filed simultaneously.

(b) Applications will be accepted throughout the year and processed in the Board's Administrative Office. Supporting documents, if requested by the Board, must be received in the Board's Administrative Office within sixty (60) days of receipt of the request, or the application file shall be closed.

(c) The applicant shall file with his application a photocopy of his current certificate or license with certificate or license number from the other state or foreign country.

- (d) An applicant must submit a copy of his renewal certificate with the expiration date and certificate number from the other state or foreign country.
- (e) The applicant shall direct 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.)
- (f) 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.
- (g) An applicant shall submit a copy of the official licensure requirements in the state in which he holds licensure which were in effect in that state when the person was initially licensed.
- (h) An applicant shall pay the nonrefundable application fee as provided in Rule 1370-1-.06 and submit the fee with the application.
- (i) 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.
- (j) An applicant shall submit with his application a certified photocopy of his birth certificate.
- (k) Files which are completed on or before the thirtieth (30th) day prior to the Board meeting will ordinarily be processed at the next Board meeting scheduled for the purpose of reviewing files and granting licensure.
- (l) An applicant shall disclose the circumstances surrounding any of the following:
1. Conviction of a crime in any country, state, or municipality, except minor traffic violations;
 2. 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.
 3. Loss or restriction of certification or licensure privileges.
 4. 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.
- (m) Personal resumes are not acceptable and will not be reviewed.
- (n) 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, 63-1-142, 63-17-102 through 63-17-105, 63-17-110 through 63-17-118, 63-17-126, and Public Chapter 288 of the Public Acts of 2001.
- Administrative History:** Repeal and new rule filed July 8, 1987; effective August 21, 1987. 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 August 3, 2005; effective October 17, 2005.

1370-1-.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
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. Registration Fee 10.00
 5. State Regulatory Fee 5.00

(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, 63-1-106, 63-1-118, 63-17-103, 63-17-105, 63-17-111, 63-17-115, 63-17-116, 63-17-127, Public Chapter 389 of the Public Acts of 1989, and Public Chapter 288 of the Public Acts of 2001.

Administrative History: Original rule filed February 23, 1990; effective April 9, 1990. (Formerly 1370-1-.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.

1370-1-.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 (30th) 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 (60th) 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:

(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 1370-1-.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.

1370-1-.08 EXAMINATIONS.

All persons intending to apply for licensure as a Speech Language Pathologist or Audiologist in Tennessee must successfully complete an examination pursuant to this Rule.

(1) The examination 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 1370-1-.05.

(3) The Board adopts the Professional Assessments for Beginning Teachers (Praxis Test), or its successor examination, as its licensure examination. Successful completion of examination is a prerequisite to licensure pursuant to Rule 1370-1-.05.

(4) The Board adopts the ASHA determination as to the passing score on the Praxis Test or successor examination.

(5) Application and fees necessary to take the Praxis Test, or its successor, must be forwarded to the appropriate examining agency and not the Board.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-17-105, 63-17-110, 63-17-111, 63-17-114(7), 63-17-115, and Public Chapter 288 of the Public Acts of 2001.

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.

1370-1-.09 RENEWAL OF LICENSE.

(1) Renewal Application.

(a) The due date for license renewal is the expiration date indicated on the licensee's 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

2. Paper Renewals - For individuals who have not renewed their license online via the Internet, a renewal application form will be mailed to each individual licensed by the Board to the last address provided to the Board. Failure to receive such notification does not relieve the licensee from the responsibility of meeting all requirements for renewal.

(c) To be eligible for license 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 1370-1-.06; and

3. Attestation on the Renewal Application form to indicate and certify completion of continuing education requirements pursuant to Rule 1370-1-.12.

(d) Licensees who fail to comply with the renewal rules or notification received by them concerning failure to timely renew shall have their licenses processed pursuant to rule 1200-10-1-.10.

(2) Exemption from Licensure Renewal - A licensee 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 by this Board may apply to convert an active license to Retired, or inactive, status. These licensees must comply with the requirements of Rule 1370-1-.11.

(3) Reinstatement of an Expired License.

(a) Licensees 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 1200-10-1-.10.

(b) Reinstatement of a license that has expired for less than five (5) years may be accomplished upon meeting the following conditions:

1. Payment of all past due renewal fees and state regulatory fees, pursuant to Rule 1370-1-.06; and

2. Payment of the Late Renewal fee, pursuant to Rule 1370-1-.06; and

3. Provide documentation of successfully completing continuing education requirements for every year the license was expired, pursuant to Rule 1370-1-.12.

4. License reinstatement applications hereunder shall be treated as license applications, and review and decisions shall be governed by Rule 1370-1-.07.

(c) Licenses that have expired for more than five (5) years may not be reinstated, reissued, or restored. The Board will consider an application for a new license if such application is made

pursuant to this chapter of rules and the Licensure Act for Communication Disorders and Sciences, T.C.A. 63-17-101, et seq.

Authority: T.C.A. §§4-3-1011, 4-5-202, 4-5-204, 63-17-105, 63-1-106, 63-1-112, 63-1-108, 63-1-118, 63-17-109, 63-17-111, 63-17-112, 63-17-115, 63-17-116, 63-17-117, 63-17-124, 63-17-127, and Public Chapter 523 of the Public Acts of 1989.

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.

1370-1-.10 CLINICAL FELLOWSHIPS AND SUPERVISION.

(1) Clinical Fellows must work under the supervision of a licensed Speech Language Pathologist or Audiologist ('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) Procedure 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 successfully complete a minimum of three hundred and seventy-five (375) 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 college or university which is recognized by ASHA. The applicant shall cause the Department Chair or other program head to provide directly to the Board's Administrative Office a letter 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) Period of effectiveness

(a) Clinical fellowships are effective for a period of no less than nine (9) months and no more than one (1) year.

(b) Notwithstanding the provisions of subparagraph (a), 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.

(c) 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.

(4) Clinical fellowships may be renewed only once.

(5) Supervision limitations

(a) Supervising licensees shall supervise no more than three (3) Clinical Fellows 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) individuals concurrently.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-17-103, 63-17-105, 63-17-110, 63-17-114, 63-17-117, and 63-17-124.

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.

1370-1-.11 RETIREMENT AND REACTIVATION OF LICENSE.

(1) 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.

(2) A person who holds an active license 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.

(3) A licensee who holds a retired license may apply to reactivate his license in the following manner:

(a) Submit a written request for licensure reactivation to the Board's Administrative Office;

(b) Pay the licensure renewal fee and state regulatory fee as provided in Rule 1370-1-.06; and

(c) Provide documentation of successfully completing continuing education requirements for every year the license was retired, pursuant to Rule 1370-1-.12.

(4) License reactivation applications shall be treated as licensure applications and review decisions shall be governed by Rule 1370-1-.07.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-17-105, 63-17-116, and 63-17-124.

Administrative History: Original rule filed January 31, 2000; effective April 15, 2000. Amendment filed April 26, 2002; effective July 10, 2002.

1370-1-.12 CONTINUING EDUCATION.

All Speech Language Pathologists and Audiologists must comply with the following continuing education rules as a prerequisite to licensure 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, submitting proof of successful completion during the twelve (12) months preceding licensure of all education and training requirements required for licensure in Tennessee, pursuant to Rule 1730-1-.04, shall be considered proof of sufficient preparatory education to constitute continuing education credit for the initial period of licensure.

(b) The Board does not pre-approve continuing education programs. It is the licensee's responsibility, using his 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.
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).

(c) 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.

(d) 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.

(e) 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. A maximum of five (5) hours of the ten (10) hours required in subparagraph (a) may be granted for multi-media courses during each calendar year.
2. For persons who hold dual licenses (Speech Language Pathology and Audiology), a maximum of ten (10) hours of the twenty (20) hours required in subparagraph (c) may be granted for multi-media courses during each calendar year.
3. Multi-Media courses may include courses utilizing:
 - (i) The Internet
 - (ii) Closed circuit television
 - (iii) Satellite broadcasts
 - (iv) Correspondence courses
 - (v) Videotapes
 - (vi) CD-ROM
 - (vii) DVD
 - (viii) Teleconferencing
 - (ix) Videoconferencing
 - (x) Distance learning

(f) 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.

(g) 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 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 must retain documentation of attendance and completion of all continuing education. If asked by the Board for inspection and/or verification purposes, the licensee must produce one of the following:

1. Verification of continuing education by evidencing certificates which verify the licensee's 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's name, license number, and social security number.

(b) Each licensee 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 renewal year.

(c) Each licensee shall maintain, for a period of not less than four (4) years, all documentation pertaining to continuing education.

(3) Violations.

(a) Any licensee who falsely certifies attendance and completion of the required hours of continuing education requirements, or who does not or cannot adequately substantiate completed continuing education hours with the required documentation, may be subject to disciplinary action pursuant to Rule 1370-1-.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 warrant the intended action.
2. The licensee has thirty (30) days from the date of notification to show compliance with all lawful requirements for the retention of the license.
3. Any licensee 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.

(b) Education hours obtained as a result of compliance with the terms of a Board order or settlement in any disciplinary action shall not be credited toward the continuing education hours required by this rule.

(4) Continuing Education for Reactivation of Retired or Expired Licenses.

(a) Reactivation of a Retired License.

1. An individual whose license has been retired for one (1) year or less will be required to fulfill continuing education requirements as outlined in this Rule as a prerequisite to reinstatement. Those hours will be considered replacement hours and cannot be counted during the next licensure renewal period.
2. Any individual who requests reactivation of a license which has been retired for one (1) or more years must submit, along with the reactivation request, verification which indicates the attendance and completion of twenty (20) hours of continuing education. Said continuing education must have been started and successfully completed within the preceding two (2) years of the date of the requested reinstatement.

(b) Reactivation of an Expired License. Continuing education hours obtained as a prerequisite for reactivating an expired license may not be counted toward the current calendar year continuing education requirement.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-1-107, 63-17-105, 63-17-110, 63-17-115, 63-17-116, 63-17-117, and 63-17-124.

Administrative History: (Formerly 1370-1-.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.

1370-1-.13 UNPROFESSIONAL AND UNETHICAL CONDUCT.

The Board has the authority to refuse to issue a license, or may suspend, revoke, or condition a license for a period of time, or assess by monetary fine any person holding license to practice as a Speech Language Pathologist or Audiologist. 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 is not properly qualified to do so, pursuant to Rule 1370-1-.04, 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 or Audiologist;
- (9) Engaging in the practice as a Speech Language Pathologist or Audiologist under a false or assumed name, or the impersonation of another practitioner under a like, similar or different name;
- (10) Violation of the continuing education provisions of Rule 1370-1-.12;
- (11) Conviction of a felony or any offense involving moral turpitude;

(12) Failing to provide adequate supervision for any assistant pursuant to Rule 1370-1-.14 or clinical fellow pursuant to Rule 1370-1-.10, including timely registration with the Board;

(13) Supervising more than two (2) assistants or three (3) clinical fellows concurrently and in violation of
Rules 1370-1-.10 and/or 1370-1-.14.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-17-105, 63-17-114, and 63-17-117.

Administrative History: Original rule filed January 31, 2000; effective April 15, 2000.

1370-1-.14 SPEECH LANGUAGE PATHOLOGIST ASSISTANTS AND SUPERVISION.

(1) Speech Language Pathology Assistants

(a) Speech Language Pathology Assistants (SLPA) must work under the supervision of a licensed

Speech Language Pathologist (“Supervising Licensee”).

(b) Beginning January 1, 2005, the minimum qualifications for persons employed as Speech Language Pathology Assistants shall be as follows:

1. The applicant must have completed a program of study designed to prepare the student to be a Speech Language Pathology Assistant; and

2. The applicant must have completed course work and field experiences in a technical training program for Speech Language Pathology Assistants approved by the American Speech-Language-Hearing Association (ASHA).

(i) Course work and fieldwork experience completed prior to January 1, 2005 will be evaluated to determine whether the applicant meets all criteria for registration.

(ii) All applicants for registration must be referred for registration by the program director of the technical training program where they have completed the field and course work requirements; or

3. 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 SLPA. The training program shall include a minimum of one hundred (100) clock hours of field experiences 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

(V) Observation

(iii) The one hundred (100) hours of supervised fieldwork experiences must provide appropriate experiences for learning the job responsibilities and workplace behaviors of a SLPA. These experiences are not intended to develop independent practice.

(c) Individuals registered with the Board as Speech Language Pathology Assistants before January 1, 2005 are exempt from the requirements of subparagraph (1) (b).

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

(a) Prior to commencement of training, individuals seeking to be Speech Language Pathology Assistants must be registered by the Supervising Speech Language Pathologist (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 SLPA.

2. The SLPA shall not begin employment until he/she has registered with the Board and paid the required fees, as provided in rule 1370-1-.06.

(b) The Registration form must also indicate, by name and signature, at least one (1) alternate Supervising Licensee who shall be available to provide the supervision when the primary Supervising Licensee is off site for any reason.

(c) Notice of employment, change of supervisors, or termination of any SLPA must be forwarded by the Supervising Licensee to the Board's Administrative Office within thirty (30) days of such action.

(d) Prior to utilizing an SLPA, the licensed Speech Language Pathologist who is responsible for his or her direction shall carefully define and delineate the role and tasks. The Supervising Licensee shall:

1. Define and maintain specific line of responsibility and authority.

2. Assure that the SLPA 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 SLPA 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. An SLPA shall be clearly identified as an Assistant by a badge worn during all contact with the client.

(f) When an SLPA 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 SLPA activities;

(iv) Training for the specific job setting is to include information on:

(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 SLPA.

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 an SLPA means direct supervision of not less than ten percent (10%) of an SLPA's time each week. Direct supervision means on-site and interview supervision as a clinical activity is performed.

(iii) The supervising licensee shall provide indirect supervision of not less than twenty percent (20%) of an SLPA's time each week. Indirect supervision may include audio and videotape recordings, numerical data, or review of written progress notes. The Supervising Licensee, or alternate Supervising Licensee, must still be on-site.

(iv) At all times, the supervising licensee shall be available at a minimum by telephone whenever an SLPA is performing clinical activities.

(v) All direct and indirect observations shall be documented and shall include information on the quality of an SLPA's performance.

(vi) Whenever the SLPA's performance is judged to be unsatisfactory over two (2) consecutive observations, the SLPA shall be retrained in the necessary skills. Direct observations shall be increased to one hundred percent (100%) of all clinical sessions, until the SLPA'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.

(viii) Make all decisions regarding the diagnosis, management, and future disposition of the client.

(g) A licensed Speech Language Pathologist shall not delegate the following responsibilities:

1. Interpretation of test results or performances of diagnostic evaluation;
2. Conduction of parent or family conferences or case conferences;
3. Client or family counseling;
4. Writing, developing, or modifying a client's individualized treatment plan;
5. Treatment of clients without following the established plan;
6. Signing any document without the co-signature of the supervising Speech Language Pathologist;
7. Selection or discharge of clients for services;
8. Disclosure of clinical or confidential information, either orally or in writing, to anyone not designated by the Speech Language Pathologist; and
9. Referring clients for additional outside services.

(h) Supervision limitations

1. Supervising licensees shall supervise no more than two (2) Speech Language Pathology Assistants concurrently.
2. Supervising licensees shall supervise no more than three (3) Clinical Fellows concurrently.
3. Supervising licensees shall supervise no more than three (3) individuals concurrently.

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

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.

1370-1-.15 DISCIPLINARY ACTIONS, CIVIL PENALTIES, ASSESSMENT OF COSTS, AND SUBPOENAS.

(1) Upon a finding by the Board that the Speech Language Pathologist or Audiologist 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 or Audiologist 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 or Audiologist for one (1) time and less severe violations. It is a formal disciplinary action which must be accepted by the Speech Language Pathologist or Audiologist and ratified by the Board.

(c) Probation - This is a formal disciplinary action which places a speech language pathologist or audiologist 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 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 previously issued.

(e) Licensure Revocation - This is the most severe form of disciplinary action which removes an individual from the practice of the profession and terminates the license previously issued. If revoked, it relegates the violator to the status he possessed prior to application for licensure. An application for the reinstatement of a revoked license shall be treated as a new application for licensure 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) 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:

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 1200-10-1-.11.

(c) Form Petition

Petition for Order of Compliance

Board of Communications Disorders and Sciences

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.

(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 1200-10-1-.11.

(c) Form Petition

Petition for Order Modification

Board of Communications Disorders and Sciences

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 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 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 or Audiologist without a license, 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 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.

3. A Type C Civil Penalty may be imposed whenever the Board finds a person who is required to be licensed 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. 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.

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:
 - 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:

- 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. §§4-5-105, 4-5-202, 4-5-204, 4-5-217, 4-5-223, 4-5-311, 63-1-122, 63-1-134, 63-1-144, 63-17-105, 63-17-117 through 63-17-119, 63-17-120, and 63-17-219.

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.

1370-1-.16 DISPLAY/REPLACEMENT OF LICENSES.

(1) Display of License - Every person licensed by the Board shall display his license 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 acts concerning the loss or destruction of the original wall license.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-1-106, 63-1-109, 63-17-105, 63-17-110, and 63-17-112.

Administrative History: Original rule filed January 31, 2000; effective April 15, 2000.

1370-1-.17 CHANGE OF ADDRESS AND/OR NAME.

(1) Before engaging in the practice of speech language pathology or audiology, the licensee shall notify the Board's Administrative Office, in writing, of the address of his primary business.

(2) If any changes occur in the address of his place of business, the licensee must notify the Board's Administrative Office, in writing, within thirty (30) days of such change; such written notification must reference the licensee's name, profession, and license 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 name, the licensee 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 prior name and license 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, 63-1-109, and 63-17-105.

Administrative History: Original rule filed January 31, 2000; effective April 15, 2000.

1370-1-.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 impingement 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.

1370-1-.19 BOARD MEETINGS, OFFICERS, CONSULTANTS, AND DECLARATORY ORDERS.

(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.

(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 1200-10-1-.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.

Authority: T.C.A. §§4-5-202, 4-5-204, 4-5-223, 4-5-224, 63-17-104, 63-17-105, 63-17-107, 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.

1370-1-.20 ADVERTISING

Fraudulent, misleading, or deceptive advertising is prohibited.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-1-116, and 63-17-105.

Administrative History: Original rule filed January 31, 2000; effective April 15, 2000.

APPENDIX I

REQUIREMENTS FOR TEACHER LICENSURE

APPENDIX J

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

CODE OF ETHICS

Code of Ethics

Last Revised January 1, 2010

Reference this material as: American Speech-Language-Hearing Association. (2010). Code of Ethics [Ethics].

Available from [ASHA](#)

Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

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

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

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

Rules of Ethics

- A. Individuals shall provide all services competently.
- B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
- D. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.

- E. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- F. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.
- G. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.
- H. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.
- I. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- J. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
- K. Individuals shall not provide clinical services solely by correspondence.
- L. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.
- M. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.
- N. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.
- O. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.
- P. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.
- Q. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- R. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

Principle of Ethics II

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

Rules of Ethics

- A. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.
- B. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.
- C. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.
- D. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.
- E. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

Principle of Ethics III

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.

Rules of Ethics

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.
- B. Individuals shall not participate in professional activities that constitute a conflict of interest.
- C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.
- D. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.
- E. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.
- F. Individuals' statements to the public shall provide accurate 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.
- G. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

Principle of Ethics IV

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

Rules of Ethics

- A. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.
- B. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
- C. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.
- D. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.
- E. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- F. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.
- G. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- H. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
- I. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- J. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
- K. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
- L. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- M. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.
- N. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.

APPENDIX K

COLLEGE OF CLINICAL AND REHABILITATIVE 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 General Policy on a Drug-Free Campus as stated in the *ETSU Spectrum*, 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/Workplace Policy Statement
- Institutional Disciplinary Rules (taken from TBR Policy No. 3:02:00:01): Institutional Policy Statement [Student Affairs](#) and Disciplinary Rules
- 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 Spectrum* under "Disciplinary Sanctions". 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 in the *ETSU Spectrum*. 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.

Student's Signature

Date

IMMUNIZATIONS

1. Students placed in the Boone and Avery county hospitals required to show either evidence of the varicella vaccine or history of chicken pox.

APPENDIX L

SPEECH-LANGUAGE PATHOLOGY GRADUATE ADVISING CONTACTS

Type of Advising

Contact

Academic Advising

Dr. Proctor-Williams—williamsk@etsu.edu

Clinical advising/clinical placements

Mrs. Greer—GREERLP@mail.etsu.edu

KASA Coursework Advising

Dr. Proctor-Williams—williamsk@etsu.edu

KASA Clinical Advising

Mrs. Boggs—boggs@mail.etsu.edu

Student Signature Page Certifying Proper Review of Graduate Handbook

The Graduate Handbook includes important information that is designed to help you the understand policies related to advising, organizations, culminating experience, and student grievances . Please read all information carefully and sign below to indicate your understanding of and agreement to follow these guidelines.

I have read the Graduate Handbook of Speech-Language Pathology program. I understand the information and will do my best to adhere to the policies and procedures.

Signature of Student

Date

Graduate Coordinator

Date

Please make a copy for yourself and return the form to the Graduate Coordinator.