

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

Department of Communication Disorders

Auburn University

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INTRODUCTION

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

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

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

Admission Requirements

Admission into the Auburn University CMDS graduate speech language pathology program is based on cumulative GPA and GRE scores. Typically students who are admitted to our program have an average GPA of 3.6 or higher and have an average GRE score of 300. Writing scores should be 3 or higher.

Students applying to the program with an undergraduate major other than Communication Disorders, or equivalent degree, will have an additional year of study to complete prerequisite coursework, resulting in a 3 year graduate program. Admissions requirements are the same as described in the previous paragraph.

Degree Options

The Department of Communication Disorders at Auburn University offers a Master of Science degree (MS; thesis option) and a Master of Communication Disorders degree (MCD; non-thesis option). The Masters' programs in Speech-Language Pathology are accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA). The MS and MCD degrees in speech-language pathology at Auburn University are accredited through 2016 by the Council on Academic Accreditation in

Audiology and Speech-Language Pathology (2200 Research Boulevard #310, Rockville, Maryland 20850; phone: 800-498-2071 or 301-296-5700). This accreditation ensures that, upon completion of a Master's program, the student will meet all academic and practicum requirements for certification as a speech-language pathologist. (See Appendix A)

The **Master of Science (M.S.) degree** requires a minimum of 54-61 hours beyond the bachelor's degree including CMDS 7990 Thesis. This number represents the 50 hours of coursework and 4-6 hours of registered thesis hours. The Graduate School stipulates that the student must enroll in CMDS 7990 for a minimum total of four semester hours) but no more than four hours may count toward the 54 hour degree requirement. **It is intended that the M.S. student will take all of the required academic courses in the speech-language pathology curriculum.** All students pursuing the M.S. degree must enroll in clinical practicum each semester. Students in the thesis option defend their thesis as part of an oral examination toward the end of the program. Although CMDS 7920, Internship, is not required for the M.S. degree, historically all students have enrolled in this course. If you are a thesis track student who elects not to enroll in CMDS 7920 internship you should meet with both the clinical coordinator and graduate advisor prior to this decision to insure that mastery of all knowledge and skills has been documented and all required clock hours have been obtained. It is only in this situation that the requirement for final externship may be waived.

The **Master of Communication Disorders (M.C.D.) degree** requires a minimum of 55 semester hours beyond the Bachelor's degree, including five semester hours of CMDS 7920 Internship. **It is intended that the M.C.D. student will take all the required academic courses in the speech-language pathology curriculum.** In unusual circumstances the student's academic committee may approve some deviation from the required core so long as the 55 hour minimum and all ASHA knowledge and skill requirements are met. All students pursuing the M.C.D. degree must enroll in clinical practicum each semester. M.C.D. students must enroll in CMDS 7920, Internship, usually during the last semester of their program. This is a full-time off-campus practicum experience. During the last on-campus semester M.C.D. students sit for a written comprehensive examination. The comprehensive examination is described in more detail later in this handbook.

ACADEMIC POLICIES AND REQUIREMENTS

COURSE CREDIT

At Auburn University courses numbered 1000, 2000, 3000, and 4000 carry undergraduate credit only. Courses identified by 5000 numbers are for professional degree programs. Courses identified by a 6000 number may be counted for either undergraduate or graduate credit (Communication Disorders offers no 6000 level courses). Courses at the 7000 level are for graduate credit only. In rare instances, with special permission from their Dean and from the Graduate School, undergraduates may enroll in and receive

undergraduate credit for a 7000 level course. Also, with special permission from the Dean of the Graduate School, an undergraduate may enroll in and receive graduate credit for a 7000 level course. Such special permission is granted only to students who are within 30 semester hours of graduating and have at least a 3.0 GPA.

COURSE LOADS

University policy states that a full load for a graduate student is nine semester hours. A student may carry a maximum load of 16 semester hours (14 in the summer). In the speech-language pathology program, students typically enroll in four to five academic courses and one practicum for a total of 12-14 hours each semester.

PROGRAM LENGTH

Students with an undergraduate degree in Communication Disorders can usually complete the Master's program in Speech-Language Pathology in five semesters (Two academic years + one summer). This includes four semesters of on-campus course work and one semester of off-campus internship. Students without undergraduate preparation in communication disorders must take undergraduate prerequisites. This, of course, adds to the time required to complete the program. Students with no undergraduate coursework in communication disorders usually require about three years of full-time study to complete the Master's degree (including two summers).

Graduate credit taken in residence at another CAA accredited graduate program may be transferred to Auburn. The credit transferred must be acceptable to the CMDS faculty and be pertinent to the Plan of Study. A student must earn at least 24 hours, or half of the total hours required for a master's degree, whichever is greater, at Auburn University. In the case of M.C.D. degree, this would be no fewer than 28 hours must be earned at AU and in the case of an M.S. degree no fewer than 27 hours (assuming the minimum requirement of 54 hours; in the case that more hours are taken, they must be earned at AU). In order to be counted toward ASHA certification requirements, all graduate coursework and practicum must have been completed at a CAA accredited program.

Required Courses and Course Sequence

Typical Graduate Course Sequence - Speech-Language Pathology

Fall 1

Practicum	CMDS 7500 (1)
Lang. Disorders: B-5	CMDS 7520 (3)
Eval. of Research	CMDS 7570 (3)
Clin. Prob. Solving I	CMDS 7700 (2)
Speech Science	CMDS 7860 (3)
Seminar I (Cognitive)	CMDS 7970 (2)
	14

Spring 1

Practicum	CMDS 7500 (1)
Advanced Fluency	CMDS 7530 (3)
Aphasia	CMDS 7550 (3)
Clin. Prob. Solving II	CMDS 7720 (2)
Dysphagia	CMDS 7500 (3)
	12

Summer

Practicum	CMDS 7500 (1)
Advanced Voice	CMDS 7540 (3)
Lang. Dis: School-age	CMDS 7590 (3)
AAC	CMDS 7840 (3)
Clin. Prob. Solving III	CMDS 7740 (2)
	12

Fall 2

Practicum	CMDS 7500 (1)
Advanced Articulation	CMDS 7510 (3)
Craniofacial Anomalies	CMDS 7560 (3)
Motor Speech Disorders	CMDS 7810 (3)
Seminar II (Counseling)	CMDS 7970 (2)
	12

Spring 1

Externship	CMDS 7920 (5)
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5

GRADUATE RESEARCH REQUIREMENT

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

Part-Time Study

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

STUDENTS WITHOUT UNDERGRADUATE PREPARATION IN COMMUNICATION DISORDERS

Students entering the Master's program in Speech-Language Pathology without undergraduate preparation in Communication Disorders typically must take at least the following "leveling" courses.

CMDS 3400 Anatomy and Physiology of Speech
CMDS 3410 Phonetics
CMDS 3560 Neuroanatomy
CMDS 4400 Adult Neurogenetics
CMDS 4510 Articulation Disorders
CMDS 4520 Language Acquisition
CMDS 4530 Fluency Disorders
CMDS 4540 Vocal Disorders

CMDS 4560 Child and Adolescent
Language Disorders
CMDS 4580 Introduction to
Clinical Procedures
CMDS 4600 Intro to Audiology
CMDS 4620 Hearing Rehabilitation
CMDS 4910 Clinical Practicum

Most people in this situation typically apply to the graduate program and, if accepted, they take these undergraduate prerequisite courses during their first year then take the graduate courses over the next two years. Total time for the degree then is three years.

Advising

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

Plan of Study

Plans of study including course sequence are tracked using DegreeWorks. This will allow the student and graduate advisor to view progress toward graduation. DegreeWorks is located on Tiger i after you log onto AU Access. Once logged on students will see a list of courses which the student must complete prior to graduation. If a student decides to do a thesis, they should inform the graduate advisor so that the appropriate changes can be made in DegreeWorks.

Tracking Student Progress

The curriculum of both the MCD and MS programs in Speech-Language Pathology are designed to ensure that students meet the knowledge and skills required for the Certificate of Clinical Competence in Speech-Language pathology (CCC-SLP) from the American Speech-Language Hearing Association. The requisite knowledge and skills can be attained through the combination of required academic courses and clinical practicum. For academic courses, the knowledge and skills are attained by meeting specific student learning outcomes designated for each course and tied to a specific knowledge or skill required for the CCC. The student learning outcomes and the

certification standards to which they are tied are provided in the syllabus for each CMDS course. Students who fail to adequately demonstrate a student learning outcome associated with a course or practicum will be informed of that fact by the instructor/supervisor. The instructor/supervisor will then work with the student to develop a remediation plan to meet that particular learning outcome. A student's progress toward meeting the knowledge and skill requirements for the CCC as he/she moves through the program is tracked by means of the SLP Knowledge and Skills Acquisition (KASA) Form (See Appendix B). This form is maintained by the graduate advisor for SLP. Students may review their SLP Knowledge and Skills Acquisition Form at any time by making an appointment with the Graduate Advisor. Knowledge and skills met via clinical practicum are tracked by the clinical faculty and discussed with students at the end of each semester.

For students beginning in the Fall of 2016 (Class of 2018), a transition is currently being made to track academic knowledge and skills through Calipso (Clinical Assessment of Learning Inventory of Performance Streamlined Office Operations). The handbook will be amended when Calipso is updated to include academic standards for tracking KASA and you will be informed via email. In the interim academic KASA will continue to be tracked as noted above.

Practicum Requirements

In addition to the academic requirements outlined above, students must also meet several clinical practicum requirements. Graduate students in Speech-Language Pathology typically enroll in a clinical practicum (CMDS 7500 or CMDS 7920) every semester. In order to meet ASHA certification requirements students must acquire at least **400** clock hours of supervised practicum in speech-language pathology **Twenty-five** hours must be in observation and **375** hours must be in direct client/patient contact. Furthermore, **325** of the 400 clock hours must be completed while the student is enrolled in graduate study at a CAA accredited program. Students should note that these numbers represent the **minimum** hours required for certification. It is the goal of our program to provide students with more than the minimum number of hours. In addition to clinical clock hours, practicum must also include experience with client/patient populations **across the life span** and from **culturally diverse backgrounds**. Practicum must include experience with client/patient populations with **various types and severities of communication disorders, differences and disabilities**. In order to meet this requirement, Auburn University students are assigned to practicum experiences at a variety of off-campus sites including Easter Seals, local school systems, primary care and rehabilitation hospitals, preschool centers/ Head Start programs, residential care facilities, home health care services and private practices. **Students are required to provide their own transportation to and from off-campus practicum sites.**

Finally, your clinical competence and qualifications for certification will also be determined your attainment of the **knowledge and skills** outlined in the certification standards. At the end of each semester, the clinical faculty will meet with each student enrolled in practicum to review that student's progress toward demonstrating the requisite knowledge and skills.

STATEMENT OF ETHICAL PRACTICES

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

Field Experience

The Department of Communication Disorders offers 5 hours credit for internship, which is counted toward the Master's degree. Field experience is required for the non-thesis option (M.C.D.) and is usually elected for the M.S. degree.

It is the student's responsibility to submit an application for internship to the Internship Coordinator no later than the summer semester preceding the internship (earlier, if the site has not been used previously as a practicum site by the CMDS program or if the site is located in a state other than Alabama). A meeting also should be scheduled with the Internship Coordinator regarding selection of an internship site; this may be done as much as a year in advance of the internship.

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

The student's internship supervisor must have CCC and state licensure in the appropriate area.

Direct supervision must be provided according to ASHA minimum requirements.

The facility must provide the variety of cases that the student needs toward ASHA certification practicum requirements.

The internship supervisor or student is asked to submit to the Internship Coordinator one week prior to the end of the semester a signed cumulative ASHA hours form. A grade for the student's internship performance and an evaluation of the student's performance is required.

Responsibilities of the student on internship include:

When an Auburn University student is assigned to a practicum facility, it is considered a professional position. This implies that the student is to work according to the facility's schedule, not the schedule of the University. Absences are to be minimal, but when necessary, the student is to follow the established procedure of the placement facility for reporting such absences.

The number of work hours per week is flexible within each facility, however, Auburn's faculty expect the student to be involved in the site full-time, depending on the site's schedule. Internship placement generally conforms to the 15-week semester system; hence starting time may differ from the University Calendar, but must terminate by the last day of class.

The student is expected to participate fully in the responsibilities of the professional staff (e.g., paperwork, conferences, meetings, etc.) in addition to direct client contact.

The student is expected at all times to behave in a professional manner. This includes interaction with other professionals, relationships with clients and their families, and in matters of personal appearance.

The student is responsible for keeping track of all patient contact hours and their tabulation. The student must ensure that all hours are signed by a certified and licensed supervisor and received by the Internship Coordinator no later than the last day of final examinations.

The student must submit a written report of the internship including a description of the position, schedule of activities, a statement of specific positive and negative aspects of the internship site and samples of copies, if available, of project work completed during the internship. The Internship Coordinator must receive this report one week prior to the end of the semester. Failure to submit this report on time may result in a grade of Incomplete (and possibly delay graduation).

ADDITIONAL GRADUATION REQUIREMENTS

THESES

Students who elect to write a thesis (M.S. degree) are not required to take the written comprehensive examination. Early in the graduate program the student should select a topic for investigation and a thesis chairperson. In addition to the thesis chairperson, Graduate School regulations require at least two additional committee members. They

are selected by the student, in consultation with the chairperson, and invited by the student to serve on the committee. Once the decision is made to write a thesis, the graduate advisor should be informed so that he or she can arrange to make the appropriate changes in DegreeWorks.

A Master's degree student in a thesis program is required by the Graduate School to enroll on CMDS 7990, Research and Thesis, for a minimum of four credit hours. A maximum of six hours can count toward the minimum number of hours required for the degree. The Graduate School requires that students enroll in 7990 for at least one credit per semester enrolled from the time the Plan of Study is filed with the Graduate School until the oral defense is held.

Preparation of the prospectus includes a review of the literature, statement of the problem and procedures to be used in the study. This includes approval of the Institutional Review Board for protection of human subjects. The student should consult the Thesis and Dissertation Guide, available from the University Bookstore or online at http://www.grad.auburn.edu/cs/thesis_guide.html, in preparation of the prospectus and completed thesis. The written prospectus, following the chairperson's approval, should be submitted to the committee at least two weeks in advance of the scheduled prospectus meeting.

After the prospectus has been circulated to the committee, a formal meeting (2 hour limit) is held. The committee approves or disapproves of the prospectus, indicating permission to begin the research project or the need for revisions.

With prospectus approval, the student engages in data collection and analyses as well as final thesis writing. After the completed thesis has been approved by the chairperson, the student will prepare typewritten copies of the thesis and distribute them to the committee members two weeks before the scheduled oral defense of the thesis. The student is required to schedule a two-hour final oral examination with the committee. The thesis director must distribute a public notice of the oral defense (or invitation to attend) to all faculty and graduate students of the department, at least 7 days prior to the orals.

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

Unconditional pass. The Student is recommended to the Graduate School as having completed the requirements for the degree.

Conditional pass. This is the most common situation. The committee does not see a need for a second examination, but there are changes to be made in the thesis, which must be completed before the student graduates. The thesis chairperson is responsible for seeing that the revisions are completed before the thesis is submitted to the Graduate School.

Fail. The student is required to review some aspect of his/her work and to eliminate serious weaknesses. There will be a second oral examination.

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

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

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

COMPREHENSIVE EXAMINATIONS

Students who choose the non-thesis option are required to take the comprehensive examination. The comprehensive examination is administered during the semester preceding field experience. In most cases this is the last semester of coursework taken on campus.

The comprehensive examination is a written examination designed to assess the student's ability to integrate and apply the knowledge gained through his/her course of professional study. To achieve this purpose, the examination questions are broadly based and require the student to apply information from several courses. The specific procedures for the comprehensive examination are as follows:

1. The department uses the College of Liberal Arts Computer Lab for all written comprehensive exam questions so they can be typed.
2. The exam consists of six questions which are broadly based and designed to cover the student's coursework of professional study in SLP. Students are responsible for studying all the nine major areas identified in the certification standards for speech-

language pathology. Those areas are articulation, fluency, voice and resonance, receptive and expressive language, hearing, swallowing, cognitive aspects of communication, social aspects of communication and communication modalities. Students will also be responsible for professional issues and research methodology within the field.

3. Faculty members will write questions in teams of 2. The comprehensive examination committee will meet to review questions prior to the examination to insure that the examination reflects the professional coursework intended and are written in a clear manner.

4. The comprehensive exam typically will be scheduled during the last two weeks of September.

5. If Lab space permits, the examination takes place on a single day with three questions scheduled over three hours in the morning, a break for lunch and three additional questions scheduled over three hours in the afternoon.

6. Students' responses to questions will be graded by the faculty authors of the question within 5 business days. Responses will be graded as "**Satisfactory**" or "**Unsatisfactory.**"

7. Students who receive one or more grades of "Unsatisfactory" will be required to rewrite in the content area of those questions approximately two weeks after students are notified of their examination results.

8. Rewrite examinations will cover the same general content area as the original question and the student will be encouraged to contact the faculty members who authored the questions for feedback on the areas in need of revision.

9. Both faculty members will have one week to grade the rewrite exam. This will again be graded as "satisfactory" or "unsatisfactory."

10. A student who receives a grade of "unsatisfactory" on a rewrite will be scheduled for an **oral examination** with the two faculty authors one week from the grade notification letter to the student.

11. Oral examinations will be graded as "**pass**" or "**fail.**" **Any oral exam receiving a "fail" will be sent forward to the graduate school as a failure of the comprehensive examination. The student will not be permitted to go on internship in the next semester and graduation will be postponed for at least one semester.**

12. Any student who fails the first comprehensive examination must petition the Graduate School for permission to take a second exam. Following permission from the

graduate school to have a second attempt to pass the comprehensive examinations in SLP, the graduate student will rewrite in the same general area(s) where the deficiencies were noted.

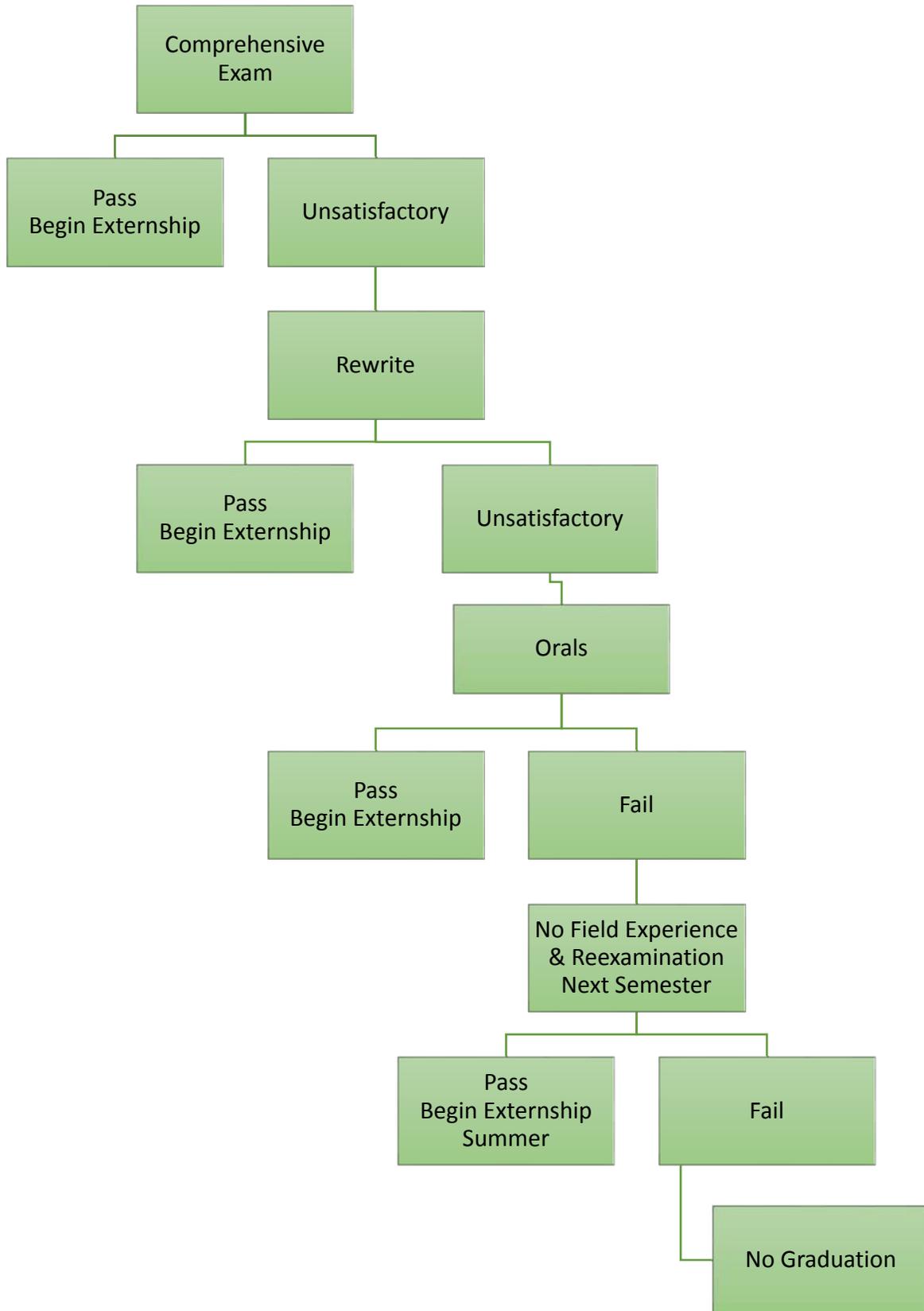
13. The comprehensive examination committee will meet to review the selected question(s) for the formal reexamination. Again, two specific faculty members will be identified for each question.

14. One day in mid-to-late March will be designated as the day all students in this category will take the reexamination.

15. The faculty authors will have one week to grade the reexamination. Any split decisions or any failures at this point will be reviewed by the SLP Comprehensive Examination Committee and a majority vote of fail or pass will be reached for each case.

16. Students who fail any question on their formal reexamination will not be permitted to complete their Master's degree at Auburn University.

A flow chart representing the comprehensive examination procedure is presented on the following page of this handbook.



EXIT INTERVIEW(S)

An exit interview will be scheduled with the graduate advisor and clinic coordinator in SLP late in the semester prior to beginning the internship. At this time graduation requirements, state licensure requirements, and the guidelines for the clinical fellowship will be reviewed. Also, students will be provided with information regarding application for ASHA membership and certification.

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

GRADUATION CHECK

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

The graduation check may be submitted via the graduate school website at <http://graduate.auburn.edu/GAAAP/>. The graduate school will then respond to the students indicating if any graduation requirements are unmet. Any problems and work to be completed are identified. This procedure provides sufficient time for a student to address any problems or needs to meet graduation deadlines. This procedure also facilitates the final graduation clearance.

ADDITIONAL CERTIFICATION REQUIREMENTS

PRAXIS EXAMINATIONS IN SPEECH PATHOLOGY

The PRAXIS Examination in Speech-Language Pathology is administered by Educational Testing Service (ETS) and is designed to assess mastery of professional concepts. The multiple-choice format (passing score currently 162) covers all areas of academic and clinical preparation, including but not limited to, normal communication, disordered communication, instrumentation, and research methodology. The exam may be taken before, during, or after the CFY. Typically the exam is given a minimum of twice yearly. Testing sites are nation-wide. It should be noted that Auburn University is not a testing site. Tuskegee University, Alabama State University in Montgomery, and Columbus College in Georgia typically are nearby sites.

Information about the PRAXIS may be obtained by contacting ETS at www.ets.org. Additional information about preparing for the PRAXIS and reporting scores may be found at <http://www.asha.org/certification/praxis/>

Students must request that their PRAXIS exam scores be sent to ASHA and to the CMDS Department. These scores are an important part of the department's self-study and accreditation process. It is important that all students have scores sent to the department.

CLINICAL FELLOWSHIP

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

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

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

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

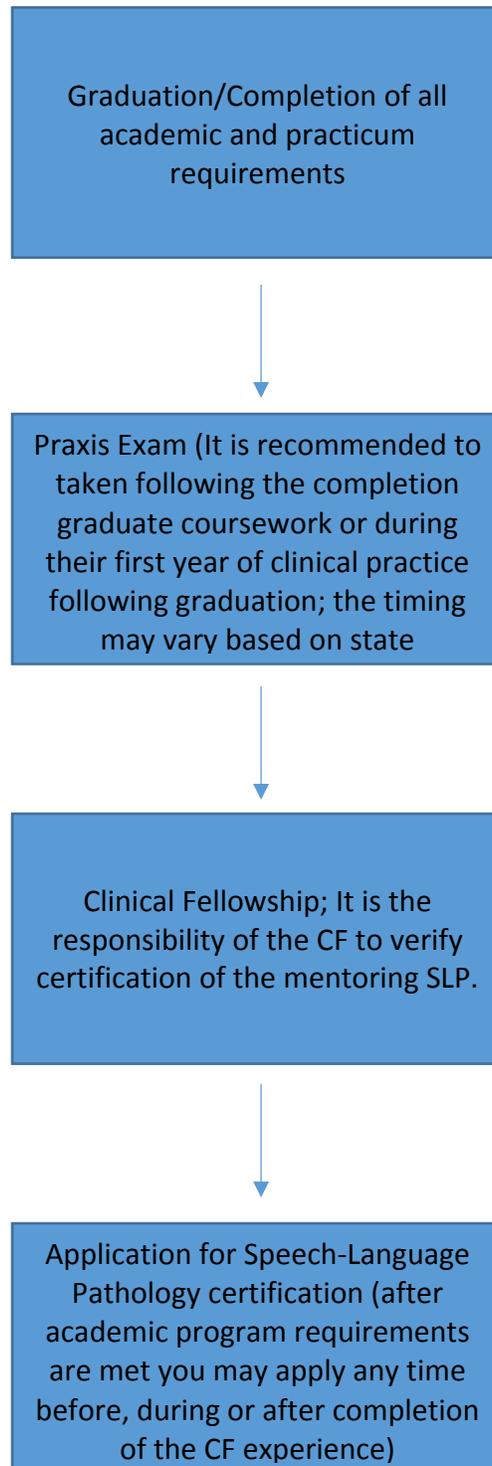
A family member or individual related in any way to the clinical fellow may not serve as a mentoring SLP. For additional information on the CF see the membership and

certification handbook available at <http://www.asha.org/about/membership-certification/handbooks>

The student is reminded that, in Alabama, state licensure enrollment applies to Clinical Fellows. (Refer to the section on ABESPA.)

A flow chart representing the steps toward application for ASHA certification is presented on the following page of this handbook.

Steps toward Application for ASHA Certification



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

ABESPA/ALABAMA LICENSURE

Alabama law requires that persons presenting themselves as speech-language pathologists and/or audiologists, or providing such services to the public, be licensed. The law (Act 90 of the 1975 Legislature) applies to everyone providing services including those working in their supervised professional experience year (CFY). Excluded are those under a physician's supervision and those employed by Alabama's public schools or the United States Government, provided the services are performed solely within the confines or under the jurisdiction of those organizations.

Eligibility requirements for state licensure are equivalent to ASHA certification standards. Licensure information and application forms may be obtained from:

Alabama Board of Examiners for Speech Pathology and Audiology (ABESPA)

400 South Union Street,
Suite 397
P.O. Box 304760
Montgomery, AL 36130-4760
(334) 269-1434
1-800-219-8315 (in AL)
Fax: (334) 834-9618

Or via the ABESPA website www.abespa.org/

SOME THINGS EVERY CMDS STUDENT SHOULD KNOW

NON-DISCRIMINATION POLICY

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

In accordance with applicable federal law, Auburn University complies with all regulations regarding unlawful discrimination against or harassment of its students. Any form of discrimination or harassment related to a student's race, color, sex, religion, national origin, age, sexual orientation, or disability (protected classes) is a violation of University policy. This policy is intended to cover any prohibited harassment of or discrimination against a student by other students, employees, or University agents. This policy also covers harassment of students by non-employees on University property or while engaged in University sponsored activities, as well as discrimination against students by University contractors.

Reporting and Resolution Procedures

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

The Office of AA/EEO will investigate the incident and will consult with witnesses and other appropriate University officials as necessary. Complaints will be handled on a “need to know” basis with a view toward protecting the complaining party from possible reprisal and protecting the accused from irresponsible or mistaken complaints.

STUDENT SERVICES

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

Other Student Services: Auburn University offers many and varied student services. A description of these services and contact information is provided in the *Tiger Cub*, Auburn University’s student handbook.

STUDENTS’ DEPARTMENTAL FILES

Throughout the student’s program, the student and the advisor must insure that proper documentation is maintained to verify in the future compliance with ASHA regulations and state licensure.

At a minimum, the completed file must contain the following:
Undergraduate transcripts;

Documentation of 25 hours of supervised observation

Signed clock hours showing compliance with contact hours in the appropriate categories and verifying the sites at which the hours were acquired. (Note: obtain copies of clinical hours from other institutions, if necessary.)

A tracking form showing how students demonstrated the knowledge and skills required for CCC-SLP

GRIEVANCE PROCEDURE

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

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

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

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

Council on Academic Accreditation
American Speech-Language Hearing Association
2200 Research Boulevard
Rockville, MD 20850-3289

Phone (301) 296-5700, Fax (301) 296-5777

More details regarding the complaint procedure against a CAA accredited program may be found at:

www.asha.org/about/credentialing/accreditation/accredmanual/section8.htm#complaint

SPEECH AND HEARING ASSOCIATION OF ALABAMA

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

National Student Speech-Language-Hearing Association (NSSLHA)

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

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

Appendix A

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

To ensure you have the latest version of these standards you should check the ASHA website at <http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>

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

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 graduate program of study is initiated and completed in a CAA-accredited program or in a program that held candidacy status for CAA accreditation, and if the program director or official designee verifies that all knowledge and skills required at the time of application have been met, approval of academic course work and practicum is automatic. Applicants eligible for automatic approval must submit an official graduate transcript or a letter from the registrar that verifies the date the graduate degree was awarded. The official graduate transcript or letter from the registrar must be received by the National Office no later than 1 year from the date the application was received. Verification of the graduate degree is required of the applicant before the certificate is awarded.

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.

Academic advisors are strongly encouraged to enroll students in courses in the biological, physical, and the social/behavioral sciences in content areas that will assist students in acquiring the basic principles in social, cultural, cognitive, behavioral, physical, physiological, and anatomical areas useful to understanding the communication/linguistic sciences and disorders.

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: Individuals are eligible to apply for certification once they have completed all graduate-level academic course work and clinical practicum and been

judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards.

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

Standard V-B

The applicant 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.

These experiences should allow students to:

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

Alternative clinical experiences may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive).

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 in 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. Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through alternative clinical education (ACE) methods. Only the time spent in active engagement with the ACE may be counted. ACE may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included. 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.

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

Standard VII: Speech-Language Pathology Clinical Fellowship

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

Implementation: The 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 experience must be initiated within 24 months of the date the application is received. Once the CF has been initiated, it must be completed within 48 months. For applicants completing multiple CFs, all CF experiences related to the application must be completed within 48 months of the date the first CF was initiated. Applications will be closed for a CF/CFs that is/are not completed within the 48-month timeframe or that is/are not reported to ASHA within 90 days after the 48-month timeframe. The Clinical Fellow will be required to reapply for certification and must meet the Standards in effect at the time of re-application. CF experiences older than 5 years at the time of application will not be accepted.

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. It is the Clinical Fellow's responsibility to identify a mentoring speech-language pathologist (SLP) who holds an active Certificate of Clinical Competence in Speech-Language Pathology. Should the certification status of the mentoring SLP change during the CF experience, the Clinical Fellow will be awarded credit only for that portion of time during which the mentoring SLP held certification. It, therefore, is incumbent on the CF to verify the mentoring SLP's status periodically throughout the Clinical Fellowship experience. A family member or individual related in any way to the Clinical Fellow may not serve as a mentoring SLP.

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.

The mentoring SLP must engage in no fewer than 36 supervisory activities during the clinical fellowship experience. This supervision must include 18 on-site observations of direct client contact at the Clinical Fellow's work site (1 hour = 1 on-site observation; a maximum of six on-site observations may be accrued in 1 day). At least six on-site observations must be conducted during each third of the CF experience. On-site observations must consist of the Clinical Fellow engaged in screening, evaluation, assessment, and/or habilitation/rehabilitation activities. Use of real-time, interactive video and audio conferencing technology is permitted as a form of on-site observation, for which pre-approval must be obtained.

Additionally, supervision must also include 18 other monitoring activities. At least six other monitoring activities must be conducted during each third of the CF experience. Other monitoring activities are defined as evaluation of reports written by the Clinical Fellow, conferences between the mentoring SLP and the Clinical Fellow, discussions with professional colleagues of the Fellow, etc., and may be executed by correspondence, telephone, or reviewing of video and/or audio tapes.

On rare occasions, the CFCC may allow the supervisory process to be conducted in other ways. However, a request for other supervisory mechanisms must be submitted in written form to the CFCC, and co-signed by the CF mentor, before the CF is initiated. The request must include the reason for the alternative supervision and a description of the supervision that would be provided. At a minimum, such a request must outline the type, length, and frequency of the supervision that would be provided.

A CF mentor intending to supervise a Clinical Fellow located in another state may be required to also hold licensure in that state; it is up to the CF mentor and the Clinical Fellow to make this determination before proceeding with a supervision arrangement.

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.

The CF mentor must submit the *Clinical Fellowship Report and Rating Form*, which includes the *Clinical Fellowship Skills Inventory (CFSI)*, as soon as the CF successfully completes the CF experience. This report must be signed by both the Clinical Fellow and mentoring SLP.

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.

If renewal of certification is not accomplished within the 3-year period, certification will expire. Individuals wishing to regain certification must submit a reinstatement application and meet the standards in effect at the time the reinstatement application is submitted.

Appendix B
Auburn University Department of Communication Disorders
SLP Knowledge and Skills Acquisition (Revised Fall 2015)

Student _____

Year entered Graduate Program _____

Expected Graduation Date _____

STANDARDS	MET	Course Titles	Practicum/ Other
Standard IVA The applicant must demonstrate knowledge of the principles of:			
Biological Sciences		BIOL 1000 Intro to Biology BIOL 10101 A survey of life	
Physical Sciences		PHYS 1000 Foundations of Physics OR GEOL 1100 Physical Geology OR PHYS 1150 Astronomy	
Statistics		STAT 2010 Statistics for Social & Behavioral Sciences	
Social/Behavioral Sciences		PSYC 2010 Intro to Psychology OR GEOG 1010 Global Geography OR SOCY 1000 Sociology: Global Perspectives OR UNIV 2710 Human Odyssey	
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 lifespan.			
Basic Human Communication Processes			
Biological		CMDS 3000 Intro CMDS 3400 Anatomy & Physiology CMDS 4510 Articulation CMDS 7510 Advanced Articulation CMDS 7540 Advanced Voice CMDS 7560 Craniofacial	

		CMDS 7810 Motor Speech Disorders CMDS 7820 Swallowing and Medical aspects	
Neurological		CMDS 3560: Neuroanatomy CMDS 7540 Advanced Voice CMDS 7970-1 Cognition Sem. CMDS 7810 Motor Speech Disorders CMDS 7820: Dysphagia	
Acoustic		CMDS 3400 Anat & Physiology CMDS 3410: Phonetics CMDS 4510 Articulation CMDS 4540 Voice CMDS 7540 Advanced Voice CMDS 7860 Speech Science CMDS 7720 Clinical Problem Solving II	
Psychological		CMDS 3000 Introduction to Communication Disorders CMDS 7540 Advanced Voice CMDS 7970-1 Cognition Sem. CMDS 7810 Motor Speech Dis CMDS 7820: Dysphagia	
Developmental/Lifespan		CMDS 4510 Articulation CMDS 4520: Language Acquisition CMDS 7510 Advanced Articulation CMDS 7540 Advanced Voice	
Linguistic		CMDS 4520: Language Acquisition	
Cultural		CMDS 7510 Articulation CMDS 7540 Advanced Voice CMDS 7560 Craniofacial Anomalies 4560 Lang Disorders 7590 School-Age Lang Dis.	
Swallowing Processes			
Biological		CMDS 7820:Dysphagia	
Neurological		CMDS 4520: Language Acquisition CMDS 3560: Neuroanatomy CMDS 7820: Dysphagia	
Psychological		CMDS 7820 Dysphagia	
Developmental/Lifespan		CMDS 4520: Language Acquisition	
Cultural		CMDS 4520: Language Acquisition	
Standard IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, developmental and linguistic and cultural correlates in the following areas:			
Articulation			

Etiologies		CMDS 4510 Articulation CMDS 7510 Adv. Artic CMDS 7560 Craniofacial CMDS 7810: Motor Speech Disorders	
Characteristics		CMDS 4510 Articulation CMDS 7510 Adv. Artic CMDS 7560 Craniofacial CMDS 3000: Introduction to CMDS CMDS 4580: Introduction to Clinic CMDS 7700 Clinical Problem Solving I CMDS 7720 Clinical Problem Solving II CMDS 7810: Motor Speech Disorders	
Fluency			
Etiologies		CMDS 7530: Advanced Fluency Disorders	
Characteristics		CMDS 3000: Introduction to CMDS CMDS 7530: Advanced Fluency Disorders CMDS 7740 Clinical Problem Solving III	
Voice and resonance (respiration and phonation)			
Etiologies		CMDS 4540 Vocal Disorders CMDS 7540 Adv. Voice Dis CMDS 7560 Craniofacial CMDS 7810: Motor Speech Disorders	
Characteristics		CMDS 4540 Vocal Disorders CMDS 7540 Adv. Voice Dis CMDS 7560 Craniofacial CMDS 3000: Introduction to CMDS CMDS 7740 Clinical Problem Solving III CMDS 7810: Motor Speech Disorders	
Receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing and manual modalities			
Etiologies		CMDS 4510:Articulation CMDS:7510 Adv. Articulation CMDS 4560: Language Disorders CMDS 7520: Language Disorders: B-5 CMDS 7590 School-Age Lang. Disorders CMDS 7550: Aphasia	
Characteristics		CMDS 4510:Articulation CMDS:7510 Adv. Articulation CMDS 3000: Introduction to CMDS CMDS 4560: Language Disorders CMDS 4580: Introduction to Clinic CMDS 7520: Language Disorders: B-5 CMDS 7590 School-Age Lang. Disorders CMDS 7550: Aphasia	

		CMDS 7700 Clinical Problem Solving I CMDS 7720 Clinical Problem Solving II	
Hearing, including the impact on speech and language			
Etiologies		CMDS 3000 Introduction to Audiology CMDS 4600 Introduction to Audiology CMDS 7560 Craniofacial	
Characteristics		CMDS 3000: Introduction to CMDS CMDS 4600 Introduction to Audiology CMDS 4620 Hearing Rehabilitation CMDS 7700 Clinical Problem Solving I	
Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)			
Etiologies		CMDS 7560 Craniofacial CMDS 7810: Motor Speech Disorders CMDS 7820: Medical Aspects	
Characteristics		CMDS 7560: Craniofacial CMDS 7810: Motor Speech Disorders CMDS 7820:Dysphagia	
Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)			
Etiologies		CMDS 4400 Adult Neurogenics CMDS 7550: Aphasia CMDS 7820: Dysphagia CMDS 7970-1 Cognition Sem.	
Characteristics		CMDS 4400 Adult Neurogenics CMDS 4560: Language Disorders CMDS 7520: Language Disorders: B-5 CMDS 7590 School-Age Lang. Disorders CMDS 7550: Aphasia CMDS 7820: Dysphagia CMDS 7970-1 Cognition Sem. CMDS 7740: Clinical Problem Solving III	
Social aspects of communication (challenging behavior, ineffective social skills, lack of communication opportunities)			
Etiologies		CMDS 3000 Introduction to Communication Disorders CMDS 4510 Articulation CMDS 4560: Language Disorders CMDS 4620 Hearing Rehabilitation CMDS 7510 Advanced Articulation Disorders CMDS 7520: Language Disorders: B-5 CMDS 7590 School Age Lang Disorders	

		CMDS 7530 Advanced Fluency Disorders CMDS 7550 Lang. and Speech Disorders in Adults CMDS 7810 Motor Speech Disorders CMDS 7820 Dysphagia CMDS 7840 Augmentative and Alternative Communication	
Characteristics		CMDS 3000 Introduction to Communication Disorders CMDS 4510 Articulation CMDS 4560: Language Disorders CMDS 4620 Hearing Rehabilitation CMDS 7510 Advanced Articulation Disorders CMDS 7520: Language Disorders: B-5 CMDS 7590: School Age Language Disorders CMDS 7530 Advanced Fluency Disorders CMDS 7550 Lang. and Speech Disorders in Adults CMDS 7810 Motor Speech Disorders CMDS 7820 Dysphagia CMDS 7840 Augmentative and Alternative Communication	
Communication modalities (including oral, manual, augmentative and alternative communication techniques and assistive technologies)			
Etiologies		CMDS 7840 Augmentative and Alternative Communication	
Characteristics		CMDS 7840 Augmentative and Alternative Communication	
Standard IV-D 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 of the disorder			
Articulation			
Prevention		CMDS 7510: Articulation CMDS 7970-1 Cognition Sem.	
Assessment		CMDS 4510: Articulation CMDS 4580: Introduction to Clinic CMDS 7510 Advanced Articulation CMDS 7560 Craniofacial	

		CMDS 7500: Clinical Problems in Speech CMDS 7700 Clinical Problem Solving I CMDS 7720 Clinical Problem Solving II CMDS 7740 Clinical Problem Solving III CMDS 7970-1 Cognition Sem.	
Intervention		CMDS 4510: Articulation CMDS 4580: Introduction to Clinic CMDS 7510 Advanced Articulation CMDS 7560 Craniofacial CMDS 7500: Clinical Problems in Speech CMDS 7700 Clinical Problem Solving I CMDS 7720 Clinical Problem Solving II	
Fluency			
Prevention		CMDS 7530: Advanced Fluency Disorders CMDS 7810 Motor Speech Disorders CMDS 7820 Dysphagia	
Assessment		CMDS 7530: Advanced Fluency Disorders CMDS 7740 Clinical Problem Solving III	
Intervention		CMDS 7530: Advanced Fluency Disorders CMDS 7810 Motor Speech Disorders CMDS 7820 Dysphagia CMDS 7740 Clinical Problem Solving III	
Voice and resonance, including respiration and phonation			
Prevention		CMDS 4540 Vocal Disorders CMDS 7540 Advanced Voice Disorders CMDS 7560: Craniofacial CMDS 7720 Clinical Problem Solving II	
Assessment		CMDS 4540 Vocal Disorders CMDS 4580: Introduction to Clinic CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech CMDS 7540 Advanced Voice Disorders CMDS 7560: Craniofacial CMDS 7740 Clinical Problem Solving III CMDS 7860 Speech Science	
Intervention		CMDS 4540 Vocal Disorders CMDS 4580: Introduction to Clinic CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech CMDS 7540 Advanced Voice Disorders CMDS 7560: Craniofacial	
Receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities			

Prevention		CMDS 4560: Language Disorders CMDS 4580: Introduction to Clinic CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech CMDS 7520: Language Disorders: Birth-5 CMDS 7590: School Age Lang Dis	
Assessment		CMDS 4560: Language Disorders CMDS 4580: Introduction to Clinic CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech CMDS 7510: Advanced Articulation CMDS 7520: Language Disorders: Birth-5 CMDS 7590 School Age Lang. Dis. CMDS 7700 Clinical Problem Solving I CMDS 7720 Clinical Problem Solving II	
Intervention		CMDS 4560: Language Disorders CMDS 4580: Introduction to Clinic CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech CMDS 7510: Advanced Articulation CMDS 7520: Language Disorders: Birth-5 CMDS 7590: School Age Lang. Dis CMDS 7700 Clinical Problem Solving I CMDS 7720 Clinical Problem Solving II	
Hearing, including the impact on speech and language			
Prevention		CMDS 3000: Introduction to CMDS CMDS 4600 Introduction to Audiology CMDS 4620 Hearing Rehabilitation CMDS 7520: Language Disorders: Birth-Five	
Assessment		CMDS 4600 Introduction to Audiology CMDS 4620 Hearing Rehabilitation CMDS 4650 Intro to Clinical Procedures-Audiology CMDS 7520: Language Disorders: Birth to Five	
Intervention		CMDS 3000: Introduction to CMDS CMDS 4600 Introduction to Audiology CMDS 4620 Hearing Rehabilitation CMDS 7510: Advanced Articulation	
Swallowing (oral pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)			
Prevention		CMDS 7560: Craniofacial CMDS 7820 Dysphagia	
Assessment		CMDS 7560: Craniofacial	

		CMDS 7820 Dysphagia	
Intervention		CMDS 7560: Craniofacial CMDS 7820 Dysphagia	
Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)			
Prevention		CMDS 4400 Adult Neurogenics CMDS 4560: Language Disorders CMDS 7520: Language Disorders: Birth-5 CMDS 7550: Aphasia CMDS 7820: Dysphagia CMDS 7970-1 Cognition Sem.	
Assessment		CMDS 4400 Adult Neurogenics CMDS 4560: Language Disorders CMDS 7520: Language Disorders: Birth-5 CMDS 7550: Aphasia CMDS 7820: Dysphagia CMDS 7970-1 Cognition Sem.	
Intervention		CMDS 4400 Adult Neurogenics CMDS 4560: Language Disorders CMDS 7520: Language Disorders: Birth-5 CMDS 7550: Aphasia CMDS 7820: Dysphagia CMDS 7970-1 Cognition Seminar	
Social Aspects of Communication			
Prevention		CMDS 3000 Introduction to Communication Dis CMDS 4510 Articulation CMDS 4560: Language Disorders CMDS 4620 Hearing Rehabilitation CMDS 7510 Advanced Articulation Disorders CMDS 7520: Language Disorders: B-5 CMDS 7590: School Age Lang. Dis. CMDS 7530 Advanced Fluency Disorders CMDS 7540: Advanced Voice CMDS 7550 Lang. and Speech Disorders in Adults CMDS 7810 Motor Speech Disorders CMDS 7820 Dysphagia CMDS 7840 Augmentative and Alternative	
Assessment		CMDS 3000 Introduction to Communication Disorders CMDS 4510 Articulation CMDS 4560: Language Disorders CMDS 4620 Hearing Rehabilitation	

		CMDS 7510 Advanced Articulation Disorders CMDS 7520: Language Disorders:B-5 CMDS 7530 Advanced Fluency Disorders CMDS 7540: Advanced Articulation CMDS 7550 Lang. and Speech Disorders in Adults CMDS 7810 Motor Speech Disorders CMDS 7820 Dysphagia CMDS 7840 Augmentative and Alternative CMDS 7700 Clinical Problem Solving I CMDS 7720 Clinical Problem Solving II CMDS 7740 Clinical Problem Solving III	
Intervention		CMDS 3000 Introduction to Communication Disorders CMDS 4510 Articulation CMDS 4560: Language Disorders CMDS 4620 Hearing Rehabilitation CMDS 7510 Advanced Articulation Disorders CMDS 7520: Language Disorders:Birth-5 CMDS 7540: Advanced Articulation CMDS 7590 School Age Lang. Dis. CMDS 7530 Advanced Fluency Disorders CMDS 7550 Lang. and Speech Disorders in Adults CMDS 7810 Motor Speech Disorders CMDS 7820 Dysphagia CMDS 7840 Augmentative and Alternative	
Communication modalities (including oral, manual augmentative, and alternative communication techniques and assistive technologies)			
Assessment		CMDS 7840 Augmentative and Alternative	
Intervention		CMDS 7840 Augmentative and Alternative	
Standard IV-E Applicant must have demonstrated knowledge of ethical conduct			
		CMDS 7700 Clinical Problem Solving I	
Standard IV-F Applicant must have demonstrated knowledge of the processes used in research and the integration of research principles into evidence-based practice.			
		CMDS 7570 Evaluation of research in speech-language pathology and audiology CMDS 7510: Advanced Articulation CMDS 7540: Advanced Voice CMDS 7560: Craniofacial	

		CMDS 7700 Clinical Problem Solving I CMDS 7720 Clinical Problem Solving II CMDS 7740 Clinical Problem Solving III	
Standards IV-G Applicant must have demonstrated knowledge of contemporary professional issues (i.e., knowledge of professional issues that affect speech-language pathology, including trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures)			
		CMDS 7500 Clinical Problems in Speech CMDS 7510 Advanced Articulation	
Standards IV-H 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			
		CMDS 7500 Clinical Problems in Speech	
Standard V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice			
		CMDS 4580: Introduction to Clinic CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech	
Standard V-B The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills			
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, relevant others, and 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			

<p>e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention</p> <p>f. Complete administrative and reporting functions necessary to support evaluation</p> <p>g. Refer clients/patients for appropriate services</p>			
<p>Articulation</p>		<p>CMDS 4510: Articulation CMDS 4580: Introduction to Clinic CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech CMDS 7510: Advanced Articulation CMDS 7560: Craniofacial</p>	
<p>Fluency</p>		<p>CMDS 4580: Introduction to Clinic CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech</p>	
<p>Voice and resonance, including respiration and phonation</p>		<p>CMDS 4540 Vocal Disorders CMDS 4580: Introduction to Clinic CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech CMDS 7540: Advanced Voice CMDS 7560: Craniofacial</p>	
<p>Receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities</p>		<p>CMDS 4560: Language Disorders CMDS 4580: Introduction to Clinic CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech CMDS 7520: Language Disorders: Birth-Five CMDS 7590: School Age Lang. Dis.</p>	
<p>Hearing, including the impact on speech and language</p>		<p>CMDS 4580: Introduction to Clinic CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech CMDS 7510: Advanced Articulation CMDS 7560: Craniofacial</p>	
<p>Swallowing (oral pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)</p>		<p>CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech CMDS 7560: Craniofacial CMDS 7820: Dysphagia</p>	
<p>Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)</p>		<p>CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech CMDS 7520: Language Disorders: Birth-5</p>	

Social aspects of communication		CMDS 7500; Clinical Problems in Speech CMDS 7520: Language Disorders: Birth-5	
Communication modalities (including oral, manual augmentative, and alternative communication techniques and assistive technologies)		CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech CMDS 7510: Advanced Articulation CMDS 7560: Clinical Problems in Speech	
Intervention a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs 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 appropriate services			
Articulation		CMDS 4510: Articulation CMDS 4580: Introduction to Clinic CMDS 4910: Clinical Practicum in SLP CMDS 7510: Adv. Articulation CMDS 7500: Clinical Problems in Speech	
Fluency		CMDS: 4530 Fluency Disorders CMDS 4580: Introduction to Clinic CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech CMDS: 7530 Advanced Fluency Disorders	

Voice and resonance, including respiration and phonation		CMDS 4540: Vocal Disorders CMDS 7540: Adv. Voice Disorders CMDS 7560: Craniofacial CMDS 4580: Introduction to Clinic CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech	
Receptive and expressive language		CMDS 4580: Introduction to Clinic CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech CMDS 7520: Language Disorders	
Hearing		CMDS 4580: Introduction to Clinic CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech	
Swallowing		CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech CMDS 7560: Craniofacial CMDS 7820: Dysphagia	
Cognitive aspects of communication		CMDS 4560: Language Disorders CMDS 4580: Introduction to Clinic CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech CMDS 7520: Language Disorders	
Social aspects of communication		CMDS 4560: Language Disorders CMDS 4580: Introduction to Clinic CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech CMDS 7520: Language Disorders CMDS 7590 School Age Lang. Dis.	
Communication modalities		CMDS 4580: Introduction to Clinic CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech CMDS 7510: Advanced Articulation CMDS 7560: Craniofacial CMDS 7840: AAC	
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		CMDS 4580: Introduction to Clinic CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech CMDS 7520: Language Disorders: B-5	
b. Collaborate with other professionals in case management		CMDS 4580: Introduction to Clinic CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech CMDS 7560: Craniofacial	
c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others		CMDS 4580: Introduction to Clinic CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech	

		CMDS 7510: Advanced Articulation CMDS 7540: Advanced Voice CMDS 7560: Craniofacial CMDS 7970-2 Counseling Sem.	
d. Adhere to the ASHA Code of Ethics and behave professionally		CMDS 3000: Introduction to CMDS CMDS 4560: Language Disorders CMDS 4580: Introduction to Clinic CMDS 4910: Clinical Practicum in SLP CMDS 7500: Clinical Problems in Speech	

Appendix C

American Speech-Language-Hearing Association. (2016r). *Code of Ethics*

Also available from <http://www.asha.org/Code-of-Ethics/>

Preamble

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

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

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

- a member of the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
- a member of the Association not holding the Certificate of Clinical Competence (CCC)
- a nonmember of the Association holding the Certificate of Clinical Competence (CCC)

- an applicant for certification, or for membership and certification

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

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

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

Terminology

ASHA Standards and Ethics

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

advertising

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

conflict of interest

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

crime

Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another. For more details, see the "Disclosure Information" section of applications for ASHA certification found on www.asha.org/certification/AudCertification/ and www.asha.org/certification/SLPCertification/.

diminished decision-making ability

Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

fraud

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

impaired practitioner

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

individuals

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

informed consent

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

jurisdiction

The "personal jurisdiction" and authority of the ASHA Board of Ethics over an individual holding ASHA certification and/or membership, regardless of the individual's geographic location.

know, known, or knowingly

Having or reflecting knowledge.

may vs. shall

May denotes an allowance for discretion; *shall* denotes no discretion.

misrepresentation

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

negligence

Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s); failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

nolo contendere

No contest.

plagiarism

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

publicly sanctioned

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

reasonable or reasonably

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

self-report

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

shall vs. may

Shall denotes no discretion; *may* denotes an allowance for discretion.

support personnel

Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders). For more information, read the Issues in Ethics Statements on Audiology Assistants and/or Speech-Language Pathology Assistants.

telepractice, teletherapy

Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service. For more information, see the telepractice section on the ASHA Practice Portal.

written

Encompasses both electronic and hard-copy writings or communications.

Principle of Ethics I

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

Rules of Ethics

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex,

gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.

- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.

- M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.
- T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

Principle of Ethics II

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

Rules of Ethics

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services

consistent with current local and state laws and regulations and with ASHA certification requirements.

- C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
- D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
- G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

Principle of Ethics III

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

Rules of Ethics

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
- C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.
- D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
- E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders,

about the professions, about professional services, about products for sale, and about research and scholarly activities.

- F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

Principle of Ethics IV

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

Rules of Ethics

- A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.

- K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
- M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
- S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.
- T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.