



**COLLEGE OF
NURSING & HEALTH SCIENCES**

**Master of Science in Speech-Language Pathology
Student Handbook 2024-2025**

**All Graduate Programs within the College of Nursing and Health Sciences follow
the most current version of Auburn University at Montgomery's**

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AUBURN UNIVERSITY AT MONTGOMERY DEPARTMENT OF COMMUNICATION DISORDERS

Mission

The mission of the AUM Department of Communication Disorders MS-SLP Program is to prepare highly qualified speech-language pathologists, equipped with a deep understanding of typical and atypical communication and swallowing processes, evidenced-based prevention, diagnostic and treatment practices via electronic delivery systems, within an environment conducive to scholarship, clinical skill-building, and collaboration.

Vision

Our vision is to develop a distinguished, sustainable speech-language pathology graduate program preparing graduates for licensure and certification, providing excellence in clinical service, becoming an indispensable community partner contributing to the health and well-being of citizens across the Alabama Southeast region and beyond.

Values

Using electronic delivery systems, the program strives to foster an innovative, intellectually stimulating student-centered learning environment, both academically and clinically, founded upon active learning, critical thinking, problem-solving, self-analysis, research-based discovery, the highest ethical and professional standards, accountability, community engagement, commitment to social justice, diversity and global awareness, and commitment to evidence-based life-long learning. The Program is committed to providing excellence in academic and clinical education to prepare students to meet the challenges of the 21st century.

History of Auburn University at Montgomery

Auburn University at Montgomery (AUM) is the metropolitan campus for Auburn University and was established by an act of the Alabama legislature in 1967. AUM began its operation in 1968 at a downtown facility, moving in 1971 to its 500-acre campus seven miles east of downtown Montgomery. AUM is a state assisted, coeducational institution granting baccalaureate and graduate degrees with a student enrollment of over 5000. In 1973, the Southern Colleges and Schools accredited AUM with subsequent reaffirmation in 1978, 1988, 1998, 2008, and most recently in 2018.

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Introduction

All students pursuing the Master's degree in Speech-Language Pathology at Auburn University Montgomery (AUM) 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 AUM.
- 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 (ASHA), 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 ASHA.

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

AUM uses a holistic admissions process to review applicants. Applications are reviewed based on several factors including: GPA (cumulative and major), GRE scores, letters of recommendation, and an interview.

Eligibility requirements for applying to the M.S.- SLP program include:

- Undergraduate degree in Communication Disorders or related field
- Full admission to AUM Graduate Studies
- Minimum GPA of 3.0, cumulative and in CMDS coursework
- GRE score of 290 preferred, with a writing score of 3 or higher
- A personal interview
- Three (3) professional letters of recommendation submitted electronically through CSDCAS
- Test of English as a Foreign Language (TEOFL) score is required if English is not the first language. AUM TOEFL score is 1036. Please see admission requirements for AUM Graduate Studies for International students under Admission Graduate Studies International Students for

further information.

****All admitted students will need to complete content in the following areas before or during the MS program:***

- Statistics
- Life Science (Biology)
- Physical Science (must be Chemistry or Physics)
- Social Science

*A student may be admitted with up to two courses remaining and taken simultaneously with graduate SLP courses.

Health Requirements

Student health requirements are intended to protect the health of students and patients for whom they will be caring. A copy of the Annual Health Assessment Form can be found in the forms section of the handbook. All requested documentation must be entered into *ViewPoint* by the due date. The health requirements for all students are as follows:

1. A physical examination within 6 months of the term for which they plan to enroll in the program.
2. A complete Tetanus-Diphtheria series with booster every 10 years. At least one booster should be the TDaP (tetanus, diphtheria, pertussis) unless contraindicated.
3. Two doses of MMR vaccine (measles, mumps, rubella) or proof of immunity by titer.
4. Tuberculosis skin test through the appropriate method unless previous positive test then must have a chest x-ray for clearance. Previous history of TB and completion of treatment must complete a yearly status report as recommended by the Centers for Disease Control (available in Student Health Center).
5. Record of childhood immunization and provide documentation or appropriate titer levels to prove immunity.
6. Additional laboratory tests may be required based on specific health care facility requests.
7. Annual influenza vaccination
8. Hepatitis B vaccine series or documentation of completed series. If documentation is not available, proof of immunity through titer level is appropriate.

Enrollment Documentation

Documentation of the following items must be provided:

1. Drug screening via ViewPoint
2. Evidence of patient confidentiality training (Health Insurance Portability and Accountability Act [HIPAA])
3. Certification of clear background via ViewPoint
4. Confidentiality agreement (See Appendix M)
5. Consent for photographs or video (See Appendix O)
6. Acknowledgement of Receipt of Handbook (See Appendix P)

Degree Plan of Study

A plan of study must be completed and kept in each student's file. Students will be sent an initial plan of study with their admission packet. Any changes to the plan of study must be submitted to the Graduate Academic Advisor and the Graduate Program Director for approval. Plans of study are used to plan resources, therefore students who change their plans of study are not guaranteed seats in future courses and will only be allowed to enroll on a space available basis.

If students cannot follow the plan of study, students must contact the Graduate Academic Advisor to revise their plan of study. This must be done prior to registration. Students who enroll in a course not found in their plan of study will be required to drop the course.

Please Note: Changes in plans of study may result in delays in program completion, because of course scheduling and availability in clinical sites. Any change in students' progression must be discussed with the Graduate Academic Advisor and the Graduate Program Director. Changes that require alterations in clinical course planning will only be approved on a space available basis. Plan of study revisions must be approved by the Graduate Program Director.

Program Information

The Department of Communication Disorders at AUM offers a Master of Science in Speech-Language Pathology (MS-SLP) degree with a plan of study that includes 45 hours of academic coursework and 9 credit hours of clinical experience, as well as comprehensive examinations. The MS-SLP program is seeking candidacy status by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA; (2200 Research Boulevard #310, Rockville, Maryland 20850; phone: 800-498-2071 or 301-296-5700). This candidacy status 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.

Program Length

Students with an undergraduate degree in Communication Disorders can complete the Master's program in Speech-Language Pathology in five semesters (two academic years plus one summer). This includes a two-week program orientation with clinical intensive, five semesters of distance course work, and two semesters of clinical externship. Students without undergraduate preparation in Communication Disorders must take undergraduate prerequisites prior to enrollment in the graduate program track. The addition of these courses will add on additional year of full-time study to achieve degree completion.

Fall Year 1	Course number	Credit
Orientation and Clinical Intensive		0
Assessment and Diagnostics in Speech-Language Pathology	6930	3
Aphasia	6750	3
Language Disorders	5500	3
Clinical Practicum	7914*	3
Spring 1		
Dysphagia	6820	3
Motor Speech Disorders	6510	3
Research Methods and Evidence-Based Practice in SLP	5570	3
Clinical Practicum	7914*	3
Summer 1		
Cognitive Communication Disorders	5750	3
Augmentative/Alternative Communication	7840	3
Professional Issues in SLP	7970	3
Clinical Externship	7944**	3
Fall 2		
Speech Sound Disorders	5510	3
Aural Habilitation/Rehabilitation	6800	3
Voice and Resonance Disorders	6540	3
Clinical Externship	7944**	3
Spring 2		
SLP Services and Interprofessional Collaboration in Medical and Educational Settings	6860	3
Special Topics in Speech-Language Pathology	5920	3
Fluency Disorders	6530	3
Clinical Externship	7944**	3
Virtual Comprehensive Exam Boot Camp		0
Comprehensive Exam	8982	0
	Total hours	54

*CMDS 7914 Clinical Practicum may be repeated in spring 1 semester for an additional 3 credit hours.

**CMDS 7944 Clinical Externship must be taken during two of the final three semesters for a total of 6 credit hours.

Graduate credit taken in residence at another CAA accredited graduate program may be transferred to AUM. The credit transferred must be comparable to the CMDS graduate syllabi and approved by faculty in accordance to the established 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, through AUM. To be counted toward ASHA certification requirements, all graduate coursework and practicum must have been completed at a CAA accredited program or a program granted candidacy status.

The graduate curriculum must be completed in five (5) years of the first course taken in the program (Refer to the University Graduate Handbook for additional requirements). Students who are not enrolled for two or more consecutive terms must re-apply to the program and are not guaranteed readmission. In the event that a student cannot meet any of the criteria listed above, the following actions must be taken in order to progress and/or complete the program.

The policy for waiver, substitution and continuation is found in Appendix I.

Degree Track

The Department of Communication Disorders at Auburn University Montgomery offers a Master of Science degree as a non-thesis track. This non-thesis track requires a minimum of 54 semester hours beyond the Bachelor's degree, including nine semester hours of clinical experience. It is intended that the student will take all the required academic courses in the MS-SLP curriculum. During the final semester of the program, students sit for a written comprehensive examination. The comprehensive examination is described in more detail later in this handbook.

Tracking Student Progress

The MS Program in Speech-Language Pathology is designed to ensure that students meet the knowledge and skills required for the Certificate of Clinical Competence in Speech-Language pathology (CCC-SLP) from the American Speech-Language Hearing Association (ASHA). 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 certification by ASHA. The student learning outcomes and the certification standards to which they are tied are provided in the syllabus for each course. Progress toward competency and degree completion for each student is tracked throughout the program by means of the SLP Knowledge and Skills Acquisition (KASA) Summary Form in the web-based application, CALIPSO. This form is maintained by the graduate advisor. Knowledge and skills met via clinical practicum are tracked by the clinic site coordinator and discussed with students at midterm and at the end of each semester. Students who fail to adequately

demonstrate a student learning outcome associated with a course or practicum competency will be immediately informed by the instructor or supervisor and enter into an intervention plan to remediate said competency. The instructor or supervisor will work with the student to develop the intervention plan and the student's progress toward meeting the knowledge and skill requirements will be evaluated and communicated to the student throughout the intervention process. Full Intervention Policy can be found later in this handbook. Students may review their SLP Knowledge and Skills Acquisition Form at any time by logging into their CALIPSO account.

AUM STUDENT SERVICES

Financial Aid /Scholarships/Awards

CMDs students may be eligible for financial aid. Students may obtain information, apply for and receive various types of financial aid administered through the AUM Office of Financial Aid. To be eligible for financial aid students must have a current Free Application for Federal Student Aid (FAFSA) on file.

Library Services

The AUM Library provides students with access to peer-reviewed/scholarly material through electronic databases. The Auburn University at Montgomery Library provides students, faculty, and community users with access to a collection of more than 600,000+ volumes, more than 2,000,000 federal government documents, and more than 73,000 journals available with full-text online or in print. If students cannot find a specific item in the AUM Library collection, the library will find and borrow the needed items from other institutions through the Interlibrary Loan service which allows us to borrow and lend materials to universities worldwide.

The Library is open to students, faculty, and the public 85.5 hours per week. The Library is staffed by 8 MLIS qualified librarians, and 11 paraprofessionals. Reference service is provided all hours the Library is open at a service desk on the 2nd floor of the Library building. Virtual reference services are provided using chat and text services. These services are available at <https://aumnicaat.aum.edu/student-services>.

Warhawk Academic Success Center

The AUM Learning Center (LC) offers free individual tutoring in writing across the disciplines and mathematics in any course for all currently enrolled AUM students. The LC is also open for evening services. Call 334-244-3470 to make your appointment or to ask for information about current hours. Appointments can be made in person, by phone, or online. Your instructor will receive a report of your visit. See more information at <http://www.aum.edu/academics/warhawk-academic-success-center/learning-center-isl/learning-center> where you will find many helpful

pdf documents and links to many excellent web sites.

Technical Assistance

Computer access is necessary. If you do not own a computer, you may use one in the computer lab in the AUM Speech and Hearing Clinic or in the University Center computer lab. Contact AUM ITS Help Desk for technical support at 334-244-3500, helpdesk@aum.edu or visit <http://www.aum.edu/about-aum/information-technology-services>. All papers, projects, care plans, tests and other assignment, etc, become the property of AUM Department of Communication Disorders. Original work will be submitted for grading. Students are encouraged to keep copies of all written work.

Course materials available through the Blackboard system may be protected by copyright law. This material is only for the use of students enrolled in this course and must be used in accordance with the United States Copyright Act, Title 17 of the U.S. Code. Protected materials on this site may not be retained on the user's computer or other electronic storage device for longer than the duration of the specific class for which they are assigned, nor further disseminated by the user to any other persons.

Students with Disabilities

Auburn University at Montgomery attempts to make reasonable accommodations to meet the special needs of its students with disabilities. Students requiring special services should notify their faculty as soon as possible. Assistance is available from the Center for Disability Services (CDS) which is located in 147 Taylor Center, 334-244-3631 or by email at cds@aum.edu

ACADEMIC POLICIES AND GUIDELINES

Minimum Grade

The minimum passing score for all graduate program courses is 80%. To ensure that students meet each certification standard, the following grading criteria will be implemented:

- The minimum passing score for each exam is 80%.
- The minimum passing score for each major class assignment is 80%.

Academic Intervention Plan

If necessary, an intervention plan will be initiated by the faculty member teaching the course. If the faculty member determines that the student needs a plan, the faculty member will inform the student and will initiate a plan. If a student does not earn a passing grade (i.e., 80% or higher) on an exam, the following steps will be taken:

The instructor will meet with the student to conduct an item-by-item analysis of the

student's performance on the exam to identify areas of strength and areas of weakness. Errors will be categorized into:

- A. Errors resulting from misunderstanding or careless reading of the question
- B. Errors resulting from not following exam instructions (e.g., forgetting to answer one part of the question)
- C. Errors resulting from lack of knowledge or lack of skills

Errors Resulting from Lack of Knowledge or Lack of Skills

The instructor will further analyze the errors resulting from lack of knowledge or lack of skills and identify the specific certification standard(s) addressed.

1. The instructor will design one alternative, make-up exam that focuses to a greater extent on the identified areas of weakness. The instructor and the student will agree on a mutually convenient date for the make-up exam.
2. If the student needs help understanding the material, the student will first study and develop questions (or a list of specific concepts that need clarification), and seek help from the course instructor.

If a student does not earn a passing grade on a major class assignment, the following intervention steps will be taken:

1. The instructor will conduct an error analysis of the student's performance to identify patterns of errors and areas of need.
2. The instructor will meet with the student to discuss performance and provide feedback.
3. The instructor will give the student one opportunity to re-submit the assignment, and the student will be asked to put significantly more emphasis on the targeted areas.
4. The instructor will be available via electronic conferencing, phone, or email to provide support as needed.

If the student does not meet criteria on the second exam or assignment attempt, the final grade will be based on the better grade of the two. If the final grade falls below 80%, a committee will be convened at the discretion of the Department Chair to review student performance overall and make a decision regarding progression in the program. A student failing to achieve proficiency in any competency following

participation in an Intervention Plan, may not proceed to externship placements, until proficiency has been proven.

Examinations

Students are expected to be present for scheduled examinations. Absences are not permitted for examinations except for verified emergencies or unexpected events. If a student must be absent on the day of the scheduled examination, he/she must contact the course coordinator, preferably before the exam is given, but NO LATER THAN THE END OF THE SAME SCHOOL DAY. Make-up exams are at the discretion of faculty/course coordinator. If a make-up exam is offered, a different format may be used such as short-answer or essay questions. Faculty may require documentation from the student related to reason(s) for a missed exam.

The use of personal digital devices, cell phones, or other instructional aides are not allowed during examinations unless given permission by course faculty. Students may use a simple non-scientific calculator for exams if noted by the faculty. All exams should be assumed closed book and should be completed without assistance unless otherwise specified. Examinations should not be shared with anyone before, during or following testing. No copies, including screen shots of any part of the exam or exam review may be taken or shared (see Academic Honesty Code in the Graduate Catalog and Code of Conduct in the AUM Student Handbook). Please read course syllabi care for weight of exams and additional assignments.

Respondus Lockdown Browser and Respondus Monitor

Quizzes/exams will be proctored and given through Blackboard Learning Management System. Each student must have a desktop or laptop computer with a microphone and web camera (Webcam). It is preferred that the student have an external web camera in order to complete the review of the environment prior to testing. For these exams, Respondus Lockdown Browser will be used and the quizzes/exams will be monitored and recorded for faculty review. When taking the quiz/exam, the Respondus Lockdown Browser must be opened FIRST and then proceed through the Respondus Monitor instructions to reach the quiz/exam in Blackboard.

Format for Written Assignments

For all CMDS courses, the current edition of the APA Publication Style Manual is required for all written work and formal presentations. APA style includes grammar, punctuation, organization, scholarly thought, proper citation, and reference formatting.

Submissions not meeting these requirements will be graded accordingly. All papers, projects, plans of care, test and other assignments become the property of AUM College of Nursing and Health Sciences. Original work will be submitted for grading and students are encouraged to keep copies of all written work.

Transportation

Students are responsible for arranging transportation to and from clinical sites. Absence from scheduled clinical experiences due to transportation is not acceptable.

Registration for Courses

Students are responsible for registering for the correct courses each semester through Webster Registration System. Dates for registration are found in the Academic Calendar. Following registration and during the add/drop period, students should review Webster to ensure they are registered correctly for the desired/required courses for the semester. Corrections must be made during the add/drop time period. Please contact your advisor for registration problems. Failure to make corrections in the appropriate time frame will lead to issues with progression and possible additional fees.

Employment

Employment should be managed to accommodate both theory and clinical learning as much as possible in order to allow for ample time to prepare and participate in course requirements. Students have shown that working greater than 20 hours per week challenges the student's ability to be successful in college course work.

Auburn University at Montgomery Credit Hour Policy and Academic Work

AUM expects that for each credit hour awarded, the student will complete an average 3 to 3.5 hours of academic work per week over the length of a 15-week semester. The same general expectation of student work exists for credits awarded for practica, internships, activity courses, laboratory experiences and distance learning courses, although there will be variations to accommodate difference among academic disciplines.

Attendance

Students are expected to be on time and attend virtual class meetings and clinical experiences. Failure to attend an activity required for the course may result in a lower course grade or failure. The AUM Department of Communication Disorders expects that students will recognize they have entered a profession in which commitment to full participation in the learning environment is essential and will become a style of lifelong learning.

- Time management is a necessary professional skill, and punctuality is expected in professional workplaces.
- Punctual attendance is expected in all educational activities, and required for class, and/or clinical experiences. Students will not be excused from required coursework or clinical experiences for job interviews/orientations/outside employment or personal/family events.

- Final exam week is noted on each course syllabus
- Personal plans (e.g. flight arrangements) should be scheduled during the regular AUM semester breaks in or order to avoid unexcused absences from clinical experiences.

Learning Environment

Course faculty, staff, and students share the responsibility to ensure an open and safe learning environment as well as an appreciation for diversity and inclusion in all situations. Faculty, staff, and students will treat one another with dignity, respect, and civility.

Online Education Guidelines

A course delivered via distance education technology is different from a traditional face-to-face course delivered in a classroom environment. For that reason, the following guidelines will assist the learner in navigating online courses. The learner responsibilities are considered part of the course policy and must be followed. Points to consider:

1. Online courses give students greater freedom of scheduling, but they can require more self-discipline than on campus classes. Students may neglect a course delivered using distance technology because of personal or professional circumstances. Find ways to motivate and discipline yourself when taking an online or hybrid course.
2. Identify your personal learning style using an assessment tool such as Myers Briggs ® and/or VARK ®. This awareness can help you adjust to the online learning environment.
3. Some students prefer the independence of online learning, while others miss the classroom experience. Reach out to your peers online to become a community of learners.
4. Online learning requires you to work from written directions. Printed materials are the primary source of information. Students are required to be articulate through a written medium. There are a few oral and non-oral cues. If you have questions, please ask.
5. It may take several days to a week to get comments back from course faculty, sometimes more.
6. Students who do well in an online course are usually comfortable contacting the course faculty as soon as they need help with the course.

Learner Responsibilities

Learning in the online environment cannot be passive. If students do not enter into the online classroom and do not post a contribution to the discussion, the professor has no way of knowing that they have been there and engaged. Students are not only

responsible for logging in, but they must contribute to the learning process by posting their thoughts and ideas for the online classroom.

Learning is an active process in which the instructor and learners must participate if it to be successful. In the process, a web of learning is created. In other words, a knowledge acquisition is collaboratively created (Paloff & Pratt, 1999, p. 6).

- AUM Graduate Programs utilize Collaborate Ultra classroom in Blackboard Learning Management System®
- This platform allows an enhanced learning experience.

Expected Behaviors for Online Classroom Experiences

Students are expected to demonstrate behaviors consistent with those of a professional at all times. Course behaviors which are expected include, but are limited to:

- Submitting paperwork and assignments in a timely manner.
- Being prepared for all experiences
- Being attentive and engaging in activities
- Considerate of others when asking questions or making comments
- Turning off cell phones or placing them on vibrate during Collaborate Ultra meetings
- Being respectful and civil to others
- Accepting accountability for one's actions
- Obtaining permission from faculty before audio or video recording or taking pictures of any portion of the course/content
- Dressing appropriately to portray a professional image and personal dignity at all times
- Maintaining standards of academic integrity for all courses, quizzes, exams, and assignments.
- Adhering to HIPAA guidelines when discussing patient and facility information (See Appendix N).

Student Rights and Responsibilities/Academic Honesty

Honesty and integrity are highly valued in clinical professions. Dishonesty has serious legal and ethical implications. It is a crucial factor in the maintenance of public trust. Academic dishonesty in any form will not be tolerated. Violations of student academic behavior standards are outlined in the AUM Graduate Catalog.

Faculty may use Turnitin www.turnitin.com or Safe Assign to review papers and projects for plagiarism. These websites allow faculty to quickly and easily compare student reports to billions of websites and databases of student papers. After submission of a paper, the faculty receives a report that states if and how another author's work was used. Academic action will be taken for the following behaviors:

1. Cheating – whereby non-permissible written, visual or oral assistance including that obtained from another student is utilized on examinations, course assignments or projects. The unauthorized possession or use of examination or course-related material will also constitute cheating.
2. Plagiarism – whereby another's work is deliberately used or appropriated without any indication of the source. Thereby attempting to convey the impression that such work is the student's own. Any student failing to properly credit ideas or materials taken from another has plagiarized.
3. Falsification of clinical paperwork, including clinical logs, journals or other related paperwork.
4. A student who has assisted another in any of the aforementioned breach of standards shall be considered equally culpable

Professional Conduct

Students are expected to conduct themselves in a professional manner at all times as representatives of Auburn University at Montgomery. It is expected that students will treat faculty, staff, clinical staff, facility staff, patients, families and peers in a respectful manner and strive to promote an environment that respects human rights, values, and choice of cultural and spiritual beliefs. Furthermore, students should strive to maintain optimal personal health and well-being (Review Student Discipline Code in the AUM Graduate Student Handbook).

Social Media Guidelines

“Social media” includes but is not limited to any online or electronic platform used for interactive, open or semi-open communication of any information by and between one end-user and other end-users (e.g., blogs, Instagram, Facebook, Twitter, Snapchat, YouTube, LinkedIn, Pinterest, email or text, etc.). Auburn University at Montgomery Department of Communication Disorders (CMDs) students are responsible and accountable for any and all content (in any format) posted, transmitted, or communicated on, by or through any social media account associated with that CMDs student. There is the potential for misinterpretation of the relationship or the potential of sharing protected information via these social media sites.

Relationships such as faculty-student, student-patient, supervisor-student, and staff-student merit close consideration of the implications and the nature of the social interaction as a student in the CMDs program. Students are reminded that they should have no expectation of privacy on social networking sites. Students must also be aware that posting certain information is illegal and may violate federal law protecting personal health information (HIPAA). Violation may expose you to criminal and civil liability.

Incivility

Incivility will not be tolerated in the online or clinical environment. Students are expected to demonstrate respect for self, peers, and instructors at all times. The assigned course faculty member, preceptor or designated personnel reserves the right to dismiss the student from the clinical experience if actions are deemed inappropriate. As per the AUM University and Graduate Handbooks, students who exhibit behavior which is inconsistent with the stated missions and goals of the University and its regulations, may be subject to formal disciplinary procedures.

Violation of Professional Standards of Behavior

If a student is deemed to have a problem related to inappropriate behavior/professionalism, including academic integrity as specified in the AUM Student Handbook, use of cell phones or HIPAA violation, the student may be suspended or disenrolled from the program. (See Appendix J). Communication of inappropriate student behavior will result in the following actions:

1. An incident of inappropriate action by the student is to be submitted in writing to the Department Chair.
2. The student will be notified of the allegation.
3. The Department Chair will appoint an *ad hoc* committee within five working days* of the submitted documentation. The committee will be composed of an appointed faculty chairperson, the student's academic advisor, and one other faculty member, and any appropriate university representative.
4. The chairperson will next solicit the student's response within the next three working days*.
5. The committee process will review all documentation, conduct interviews as appropriate and make recommendations to the Department Chair, which will be reviewed and submitted to the Dean of the College of Nursing and Health Sciences (CONHS).
6. The Dean of the CONHS will consider the committee's recommendation, and then make the final decision to retain, suspend, or disenroll the student. A written notification of the decision will be communicated to the student and all appropriate individuals.

*Weekdays in which classes are in session

Faculty Availability

Each faculty member will post scheduled office hours in the syllabus and within the Blackboard Learning Management system each semester. Students are encouraged to make appointments with faculty/advisors during their scheduled office hours. AUM email communication is encouraged to schedule appointments or for issues and concerns not requiring an appointment. Faculty/advisors will make every attempt to schedule an appointment to meet student needs. The Graduate Program Director,

and Dean of the College of Nursing and Health Sciences are available to meet with students as needed; appointments are encouraged to ensure adequate time is available to address student issues, concerns, and suggestions.

Communication

AUM email is the preferred form of communication among faculty, staff, and students. All are expected to check email frequently. During business hours for the university, faculty and students should expect a response within 48 hours, unless out of office, when an auto-response should be posted. Emails received on weekends and holidays will be answered within 48 hours of the first business day.

ADDITIONAL POLICIES AND PROCEDURES

Core Functions

The Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) has identified the core functions that individuals of graduate programs in Communication Disorders are typically expected to employ in didactic and clinical experiences to acquire the knowledge and demonstrate the competencies that will lead to graduation and successful entry into professional practice. The document outlining these core functions can be found in Appendix H. These guidelines differentiate core functions from individual program requirements to be “inclusive of differences in behavioral and learning preferences associated with race, ethnicity, culture, sexual orientation, gender identity, language, and sensory, physical, or neurological status.” Students are encouraged to review these core functions.

Non-Discrimination Policy

Auburn University at Montgomery 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, AUM 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.

Student Grievances

Students should follow the appropriate chain of command when a grievance exists. The administrative hierarchy for discussing student concerns is: Faculty or Clinical Site Coordinator, Graduate Program Director, and Dean of the College of Nursing and Health Sciences. (Review Appeal of Grades found in the AUM Graduate Student Catalog).

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 Human Resources or Student Affairs, as indicated below:

Leslie Meadows
Chief Human Resources Officer
AAEEQ/ADA and Title IX Coordinator

Leon Higdon
Dean of Students
Office of Student Affairs

The Department of Communication Disorders is seeking candidacy status 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: <https://caa.asha.org/programs/complaints/>

American Speech-Language Hearing Association (ASHA)

ASHA is the professional, scientific, and credentialing association for members and affiliates who are audiologists, speech-language pathologists, and speech, language, and hearing scientists. Further information may be located at www.asha.org or by calling the ASHA Action Center at 1-800-638-8255.

ASHA's mission is the following:

"Empowering and supporting speech-language pathologists, audiologists, and

speech, language, and hearing scientists by:

- a) Advocating on behalf of persons with communication and related disorders
- b) Advancing communication science
- c) Promoting effective human communication”

ASHA requires that individuals who provide or supervise clinical services in speech language pathology and audiology have the appropriate CCC. Providers of services who have yet to obtain the CCC must be in the process of finalizing certification under appropriate supervision. Individuals providing services who do not meet these requirements are in violation of the Code of Ethics.

Alabama Board of Examiners in Speech Pathology and Audiology/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
Fax: (334) 834-9618
www.abespa.org/

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 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/>.

CLINICAL PRACTICUM AND CLINICAL EXTERNSHIP

Practical Experience Expectations

Students are required to meet several clinical practicum requirements. Graduate students in Speech-Language Pathology enroll in clinical courses (CMD5 7914 and CMD5 7944) throughout the program. In order to meet ASHA certification requirements, students must acquire at least 400 clock hours of supervised practicum in speech-language pathology.

AUM adheres to the 2023 CFCC guidelines for obtaining hours for certification as follows:

- Minimum of 25 hours of guided observation
- Minimum of 375 hours of direct client contact
- Must include at least 250 hours of in-person contact
- May include:
 - No more than 125 hours of telepractice
 - No more than 75 hours of clinical simulation and
 - No more than 50 hours from the undergraduate level

In addition to clinical clock hours, practicum experiences must be obtained with client populations across the life span and from culturally diverse backgrounds. Practicum must include experience with client populations with various types and severities of communication disorders, differences and disabilities. In order to meet this requirement, students are assigned to practicum experiences at a variety of off-campus sites including school systems, primary care and rehabilitation hospitals, preschool programs, residential care facilities, home health care services, and private practices. Simulation will also be used to accomplish training across populations. In addition to regular meetings and feedback, clinical faculty and supervisors meet with each student at midterm and at the end of each semester to review the student's progress toward demonstrating the requisite knowledge and skills, as evaluated and documented in CALIPSO.

Minimum Clock Hour Requirements Per Category of Disorder

AUM requires minimum clock hours be obtained per area of disorder and across populations. The more clinical hours obtained with a variety of clients, the better prepared the student will be to meet the challenge of working in this professional field. Students will need to achieve competency in all disorder areas: Articulation, language, hearing, fluency, voice, swallowing, cognition, social, communication modalities, and professional requirements. It is required that clock hours are entered and submitted to supervisor via CALIPSO weekly each semester.

Requirements for Participation in On-Campus Clinical Practicum

Requirements for Participation in the On-Campus Clinical Practicum course are as follows:

- Acknowledgement of Receipt of Handbook (See Appendix P)
- Acknowledgement of Risks
 - In order to participate in clinic in the Auburn University at Montgomery Department of Communication Disorders MS-SLP program, you must sign the acknowledgement of risks. (See Appendix A.)
- Observation Hours
 - It is a requirement for ASHA certification to have a total of 25 guided observation hours approved by an ASHA certified clinician who has met the requirements for supervision. Proof of 25 observation hours must be submitted to the Clinical Site Coordinator prior to working with patients in the AUMSHC. These hours should represent a variety of clinical disorders, clients, and ages in speech pathology. If you cannot provide proof of 25 observation hours at the undergraduate level, you will be required to observe speech pathology assessment and/or therapy until 25 hours of observation have been obtained.
- Health Assessment Form (See Appendix B)
- Proof of Immunization Form (See Appendix C)
- Background Check
 - Students are required to complete a background check via ViewPoint.
- Liability Insurance
 - Each student must purchase liability insurance through Auburn University. Currently, the cost is \$15 for the two years of the Master in SLP program. Costs are subject to change without notice. A student may choose to purchase additional insurance; however, this optional insurance would not be a replacement for the required coverage through Auburn University.
- CALIPSO (Clinical Assessment of Learning Inventory of Performance)

Streamlined Office Operations)

- Prior to the start of clinical practicum in the fall semester of the first year of the program, each student will register as a Student User in the web-based program called CALIPSO (Clinical Assessment of Learning Inventory of Performance Streamlined Office Operations). There is a one-time cost for participation in CALIPSO. ASHA Clinical Practicum clock hours will be submitted, approved, calculated, and tracked in CALIPSO. Clock hours should be submitted in CALIPSO at the end of each week for supervisor approval. (Additional CALIPSO information can be found in this handbook)
- Infection Control Policy Acknowledgement (See Appendix D)
- Privacy Policy for PHI Removal and Transport Form (See Appendix K)
- Graduate Program Confidentiality Agreement (See Appendix M)
- HIPAA Training
 - Prior to orientation in the fall semester of the first year of the program, each student will complete mandatory HIPPA training online.

Clinical Clock Hours and Competencies Tracking System (CALIPSO)

CALIPSO is a web-based tracking system that logs completion of your coursework, clinical hours and competencies for graduation. The supervisors on and off campus also use this system to complete an evaluation of you during your clinical affiliations and approve your clinical hours. You will receive more information at orientation in the fall about how to create an account, use the system, which documents to upload and how to retrieve those documents. The cost for each student is a one-time fee of \$125.00 upon initial registration.

CALIPSO Clinical Skill Evaluation and Scoring

At mid-term and at the end of every semester, the student's supervisor will complete an evaluation of the student's performance. The student must enter the hours accrued in various categories within CALIPSO weekly, and the supervisor will complete the Performance Rubric ratings which indicate the level of competencies and skills the student has achieved. The student and preceptor should review and discuss this evaluation at mid-term and at the end of the semester.

Each student is scored using the Performance Rating Scale below on various Clinical Standards. This scale is from 1-5 in various competency areas. As the student gains more clinical experience each year, the total score expectation will increase. The scale is as follows:

- 1. Not Evident:** Requires constant supervisory modeling and intervention. Skill

and progress are not present.

2. **Emerging:** Requires frequent supervisory instruction. Skill is emerging.
3. **Developing:** Requires frequent supervisory monitoring. Skill is present but needs further development.
4. **Refining:** Requires moderate supervisory monitoring. Skill is developed but needs refinement and/or consistency.
5. **Independent:** Requires infrequent supervisory monitoring, guidance, or consultation only. Skill is well-developed and consistent.

Recorded hours within CALIPSO constitute the official record used to verify students' competencies and clinical hour accumulations toward fulfilling licensure, ASHA, and degree requirements. (See Appendix Q for KASA Form Sample from CALIPSO)

SUPERVISION OF REQUIRED CLINICAL CLOCK HOURS

Persons Holding CCC in Speech-Language Pathology May Supervise:

- All speech-language pathology evaluation and treatment services;
- Non-diagnostic audiological screening (i.e., pure tone air-conduction screening and threshold testing, screening tympanometry, and acoustic reflex testing) for performing a speech and/or language evaluation or for initial identification of individuals with other communicative disorders;
- Aural habilitative and rehabilitative services.

Persons holding CCC in Audiology may supervise:

- Audiological evaluation
- Amplification (hearing aid selection and management);
- Aural habilitative and rehabilitative services;
- Speech and/or language screening for initial identification of individuals to determine need for further evaluation

Clinical Supervision Requirements

Clinical practicum hours must be supervised by individuals who hold a current CCC (Certificate of Clinical Competence) in the area in which the observation or practicum hours are being obtained. A minimum of 25% of total contact time with each client must be observed directly by the clinical supervisor; however, more supervision will be provided depending on mastery of competencies as demonstrated by CALIPSO evaluations. When seeing a Medicare or Medicaid client, CMS requires 100% supervision.

Student Evaluation of Supervision

Evaluation of clinical supervision will be completed each semester in CALIPSO. This electronic form is submitted to the Program Director for review and results/answers disseminated to the corresponding supervisors.

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 and throughout the curriculum. A copy of the ASHA Code of Ethics is presented in Appendix F.

Obtaining and Documenting Clinical Hours

- Only direct client contact time may be counted as clinical practicum hours. Per ASHA, only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward the practicum requirement. Time spent in writing lesson plans, scoring tests, transcribing language samples, preparing activities, and writing reports may not be counted.
- Hours to be counted in the "evaluation" category include the initial and formal diagnostic assessment re-evaluation (another formal assessment). Periodic assessments during treatment are to be considered "treatment." If periodic assessments include re/administering a standardized assessment, whether hours are counted as 'Evaluation' or 'Treatment' are at the site supervisor's discretion.
- Time spent with either the client or a family member engaging in information seeking, information giving, counseling, training for a home program, Individual Education Program (IEP) meeting, Family Service Plan meeting, Family Care conference or Habilitation Plan meeting may be counted as clinical clock hours (provided the activity is directly related to patient care). The competency area of these hours is at the discretion of the site supervisor.
- Time spent in a multi-disciplinary staffing, educational appraisal and review or in meetings with professional persons regarding diagnosis and treatment of a given client may not be counted if the client or family member is not participating. Conference time with clinical supervisors may not be counted.
- If a client presents communication disorders in two or more of the disorder categories, accumulated clock hours should be distributed among these categories according to the amount of treatment time spent on each. For

example, if a client with both language and articulation problems received twenty hours of treatment and approximately 3/4 of each treatment session was spent on language and 1/4 was spent on articulation, the clinician should record credit for 15 hours of language treatment and 5 hours of articulation treatment.

- Students enrolled in practicum will need to achieve competency levels of 3.5/4.0 by the end of their second year of graduate study in the nine areas of disorder types reflected on the Student Performance Evaluation as well as areas of Professionalism. These are: Articulation, Language, Voice, Swallowing, Hearing, Social, Cognitive, Fluency and Communication Modalities.

AUM SPEECH AND HEARING CLINIC POLICIES AND PROCEDURES FOR CLINICAL PRACTICUM CMDS 7914

Student Clinician Responsibilities for Clinic

Prior to treatment and evaluation appointment:

- Meet with your supervisor Face to Face
- Be sure are familiar with both Sycle and the layout of a paper chart
- Check your assigned clinic time slot for client treatment and evaluation appointment(s). It is your responsibility to check Sycle for clients being scheduled or cancelled.

On the Day of the appointment:

- Dress appropriately (see Dress Code for more details) for the appointment and wear your name tag. Arrive 15 minutes prior to your treatment sessions and 30 minutes prior to an evaluation to set up. Select your materials following infection control procedures.
- Meet the patient on time at the lobby door.

After the appointment:

- Escort your client out of the clinic via the front office as needed.
- Sanitize room.
- Sanitize materials and return them to their respective locations.
- Complete required documentation, for treatment sessions, complete the SOAP note within 24 hours and subsequent corrections within 24 hours of receiving edits.
- For evaluations, complete the first draft of the report and submit it to your supervision within 48 hours of the end of your appointment. This draft should be your best work and is what your clinic grade will be based on.
- Email supervisor when you have completed the first draft of the evaluation

report and it is ready for review.

- Place any PHI (e.g., assessment protocols, other test results/paperwork), in the patient file in the filing cabinet in your supervisor's office.

AUMSHC Clinic Guidelines

- Students should update their contact information in CALIPSO at the beginning of each semester.
- Upon enrolling in graduate school, students must complete a background check and pay for Professional Liability Insurance (obtained through the University). Students are also required to upload trainings and the T.B. skin titer on CALIPSO.
- Department owned therapy materials should be returned to the appropriate location after each use.
- Mailboxes are assigned to students by the clinic administrative assistant and will be used for official communication of information related to patient interactions and student performance during your clinic rotation. Students should check mailboxes daily.
- Clinic equipment and materials are available for student use as follows:
 - Students may use materials stored in the clinic. They must be cleaned following their use and returned to their proper place. Materials should not leave the clinic.
 - Each student is responsible for repair or replacement of damaged or lost equipment, materials and for books.
 - Students may only use University/Department approved audio recording devices. Students may not use their own recorders. Recorders are kept in the front office.
 - You will be responsible for cleaning the general clinic area at least once per semester. This will be posted on Blackboard.
- Clinicians receiving a practicum grade of "C" or lower will be placed on an Intervention Plan. "D" or lower will not have their practicum hours signed, and therefore will not receive clock hour credit for ASHA for that case or cases.
- All requests for clinic changes (client time change, room change, etc.) should be sent in an email to the Clinic Site Coordinator.
- Per HIPAA regulations, please use a university phone to contact clients.
- If you need access to a room in the clinic to prepare for a standardized test or other planning, please consult the Clinical Site Coordinator to determine availability and then email the clinic administrative assistant to reserve the space for the approved time.
- For answers to any questions not covered in the manual, see the clinical site coordinator or Department Chair.

AUMSHC Treatment/Therapy Procedures

- Students should have access to Sytle via campus computers.
- Students are responsible for checking the schedule daily for cancellations. When a new client is assigned during the semester, the clinician and clinical supervisor will be notified via email. Students are required to contact the supervisor within 24 hours of the assignment in order to plan for the client.
- For each case assignment, the clinician should determine that the clients' information in Sytle and in the paper chart, found in the supervisor's office. This chart contains all necessary forms (intake forms, authorization, permission to contact, etc.).
- The student is responsible for contacting the client to confirm the treatment time. The supervisor and clinic site coordinator should be notified of any changes requested by the client.
- Sessions are scheduled for 30 minutes. Consider a client a "no show" if they are 15 minutes late for a 30-minute session.
- If a student cannot be present for a treatment or evaluation session due to a medical emergency, a physician's excused illness, contagious disease, or death in the immediate family, it is the student's responsibility to immediately notify the case supervisor. Notify your supervisor (by email) immediately.
- Missed treatment sessions can be rescheduled with the approval of the supervisor. The clinic site coordinator and administrative assistant must be notified of the time change.
- The clinic site coordinator and administrative assistant should be notified as soon as possible if your client consistently cancels or no shows to determine whether the client should be discharged from treatment.

Documentation of Treatment

The Treatment Plan is initiated with the supervisor prior to the first session to plan goals, cues, reinforcement, and activities. More specific client information used for educational purposes including materials and graphing should be kept in the patient file.

A goal for treatment should be measurable and you must indicate how you plan to measure progress. For example, progress can be measured in terms of:

- A specific number (The client will spontaneously produce 10 signs to request and label)
- A specific time (The client will spontaneously attend to an activity for 5 minutes)
- A specific percentage (The client will produce /k/ final imitatively in words with

90% accuracy)

The procedures must include a detailed plan for the session including:

- Materials to be used in therapy
- Detailed instructions on material implementation
- Cueing hierarchy
- Reinforcement

Progress Notes/SOAP Notes

Progress notes in the SOAP format are completed after every treatment session and submitted to the supervisor. Progress notes include detailed information on progress achieved for the treatment session.

Progress/SOAP notes include:

- **Subjective:** Reported or observed information pertaining to the client's behavior
- **Objective:** Goals and data (progress made)
- **Assessment:** An analysis of treatment outcomes based on comparison with previous session, and a discussion of what worked and did not work in terms of cues and stimuli. The assessment should include:
 - Criteria met/not met
 - Compare to previous session. Progress increased or decreased from previous session
 - Quality of production
 - Client awareness of errors/ability to self-correct
 - Cues – Which cues assisted in production
 - Materials
- **Plan:** A detailed plan for the next treatment session. The plan is based on previous progress made and the assessment of progress made. Information in the plan for the next treatment session should include:
 - Change in goals; materials and targets; cues
 - Reinforcement
 - Home program
 - Date of next session

Evaluation Procedures for AUMSHC

If you have been assigned a diagnostic slot, please keep in mind, the client is your responsibility. It is your responsibility to keep up with client schedules and the

presenting concerns. Your diagnostic responsibilities include:

Scheduled Evaluations

- Evaluations will be scheduled in advance in order to give you time to consult with the supervisor and select an assessment tool.
- An evaluation may be scheduled on the day of your scheduled evaluation slot if a similar client (for which you have already prepared) has canceled. Any new client will be scheduled by 8:00 a.m. the day of the evaluation.

Verifying Evaluations

- Consult Cycle on a regular basis to determine if you have an evaluation scheduled for the week. Be sure to review Cycle at 5:00 pm the evening before your scheduled diagnostic slot.
- Client information can be obtained on Cycle. Information will include client's name, age and contact information. A brief description of the problem may also be included. However, it is your responsibility to contact the client to determine concerns and to remind them of the evaluation time.
- Meet with your supervisor to discuss the evaluation protocol. If your client is scheduled after your regular supervisor meeting time, be sure to consult with your supervisor to outline diagnostic procedures. It is your responsibility to brainstorm assessment tools, agenda of the evaluation, and case history questions BEFORE your supervisor meeting. The purpose of the meeting is to discuss your preliminary plan and questions about the standardized tests.
- Confirm appointments
 - Contact your client to confirm the appointment.
 - Notify the supervisor immediately if the client has canceled.
 - When you contact your client, obtain any additional information you may need to prepare for the client.
 - If you are unable to reach the client after several attempts, leave a message for the client indicating the day and time of the evaluation. Also leave the clinic phone number (334-244-3408). Make a note in Cycle that you are attempting to confirm their appointment time.
 - Schedule a hearing evaluation with your assigned audiologist as soon as possible if the client requires a hearing screening. If your client has Medicaid, he/she must have a hearing screening. Before scheduling a hearing screening, consult your supervisor to determine if you may screen the client using a portable audiometer. Clients seen upon referral from the Disability Determination Service (DDS) do not require a hearing screening.
- Follow-up Procedures

- Email the Clinic Site Coordinator immediately after the evaluation to communicate the following: day and time of evaluation, supervisor's name, client's desire for treatment, client's method of payment, disorder(s) to be targeted in treatment, days and times client is available for treatment.

Clinical Intervention Plan

If a supervisor feels that, at any time during the clinical placement, a student is not moving toward independence in the clinical setting, with clinical skills and/or with professionalism, preparedness, or interactions, he/she will contact the Clinical Site Coordinator who will meet with the supervisor and student to develop an Intervention Plan. The plan will be created collaboratively and signed by all involved.

If a student has not met competency expectations at a practicum site, he/she will be placed on practicum probation for the following semester which requires successful fulfillment of the intervention plan. See policy in Appendix L.

AUM GUIDELINES FOR CLINICAL EXTERNSHIP CMDS 7944

The complete list of policies, procedures, and forms for externship can be found in the MS-SLP Externship Handbook.

Generally, the student is responsible for identifying an available externship site. The externship must be completed within the United States of America, with few geographical restrictions. Contact the Clinical Site Coordinator to discuss your potential externship site and supervisor. It is the student's responsibility, together with the Clinical Site Coordinator, to determine if a given site will meet his or her clinical practicum needs (types of cases, hour deficiencies) prior to making a commitment with a given facility. Externship sites must be approved by the Clinical Site Coordinator and must agree to the department's Site Agreement. More detail is discussed in the Clinical Externship Handbook. Some basic information is below:

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

- Direct supervision must be provided according to ASHA minimum requirements.
- The facility must provide a caseload in keeping with the variety of cases that the student needs to fulfil practicum requirements for ASHA certification.
- The student will submit ASHA hours through the web-based application, CALIPSO, weekly. A grade and an evaluation of the student's performance is required to be completed by the site supervisor at mid-term and at the end of the semester.
- Students placed in an externship site will 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, the student is expected to be involved in the site full-time, according to the site's schedule. Externship placement generally conforms to the 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 through CALIPSO and must ensure that all hours are approved by the certified and licensed supervisor and received by the Clinical Site Coordinator no later than the last day of final examinations.
- The student will complete a site, supervisor, and self-evaluation on CALIPSO at mid-term and at the end of the semester. The Clinical Site 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).

AUM Student Identification for Clinical Experiences

Any time the student is attending a clinical experience or representing the MS-SLP program, the student should be wearing their official AUM name badge. The instructions for ordering the name badge is below. Please read carefully and follow the directions exactly.

Getting your student ID remotely:

1. Email a picture of yourself to ddavis98@aum.edu with the subject line of **ID Photo**
 - a. The picture should include your head, neck and top of shoulders
 - b. Please ensure you are dressed and groomed appropriately for a professional setting
 - c. The picture should be only of yourself (no others in the picture)
 - d. You should be looking directly at the camera
 - e. The camera should be at eye level
 - f. Hats and glasses should be removed
 - g. The picture must be in .jpg format (phone selfies are already in this format, please do not upload a .pdf or word document)
 - h. The image should be no bigger than 30KB

- i. Choose a neutral (white or off white) backdrop such as a wall inside your home. Make sure there is nothing on the wall or backdrop; it should be blank
- j. Do not use a window as a backdrop Example photos:



Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996, referred to as HIPAA, was established to provide national standards for privacy and confidentiality of all health information and electronic transmission of all health information.

The Auburn University at Montgomery College of Nursing and Health Sciences collaborates with healthcare organizations and healthcare providers during the educational experiences for students. In accordance with this collaboration, all students and faculty must abide by HIPAA regulations and provide or verify that education on HIPAA has been provided to students who are enrolled in the program. HIPAA education must be completed before a student or faculty is allowed to begin clinical/practicum with a healthcare organization or healthcare provider.

HIPAA Training Procedure

All students will complete HIPAA training and submit proof of training by end of first week of classes prior to beginning clinical/practicum experiences. A signed HIPAA confidentiality form will verify training and be kept in the student's file throughout the program.

Inclement Weather

Occasionally inclement weather occurs. Students need to monitor school closings on the television and radio stations. If Auburn University at Montgomery is closed, CMDS faculty will not hold classes, labs or clinicals. AUM will also send alerts through AUM Alert. To sign up for this service please visit <http://www.aum.edu/about-aum/public-safety/severe-weather>. AUM Alert is strongly encouraged as a method for receiving emergency warnings.

If you are scheduled for a clinical experience at a time when there is inclement weather in your area, you must communicate with your site supervisor and clinical site coordinator regarding your inability to access your clinical experience. Weather conditions can vary from town to town and if you do not communicate with your faculty member, it may be considered an unacceptable absence. Every clinical day must be accounted for and make-up will be scheduled as needed.

ADDITIONAL GRADUATION REQUIREMENTS

Comprehensive Examination Policy:

Students are required to take the comprehensive examination during the final semester of the program's coursework. 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 reserves a university 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 two. The comprehensive examination committee will meet to review questions prior to the examination to ensure that the examination reflects the professional coursework intended and are written in a clear manner.
4. The comprehensive exam is typically scheduled during the last two weeks of March.
5. 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 "Pass," "Provisional Pass," or "Unsatisfactory."
7. A "Pass" indicates that the student's response was wholly satisfactory. No follow-up is required for any question in which a student receives a Pass.

8. A "Provisional Pass" indicates that, in general, the student's response was satisfactory, but some information or data were omitted or inaccurate. Students who receive a Provisional Pass for any topic/question, are required to schedule a meeting with the faculty members who authored the question, within two weeks of receiving written examination results, to review and discuss their responses and to receive feedback and additional information on the specific topic area(s). The faculty members will inform the student and Comprehensive Examination Chairperson when the student has demonstrated understanding required for satisfactory status on the topic area(s).
9. 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.
10. 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.
11. Both faculty members will have one week to grade the rewrite exam. This will again be graded as "Pass," "Provisional Pass," or "Unsatisfactory."
12. Students who receive a "Provisional Pass" for any topic/question they have rewritten, are required to schedule a meeting with the faculty members who authored the question, within two weeks of receiving written examination results, to review and discuss their responses and to receive feedback and additional information on the specific topic area(s). The faculty members will inform the student and Comprehensive Examination Chairperson when the student has demonstrated understanding required for satisfactory status on the topic area(s).
13. 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.
14. Oral examinations will be graded as "Pass" or "Unsatisfactory." Any oral exam receiving a "Unsatisfactory" will be sent forward to the graduate school as a failure of the comprehensive examination and graduation will be postponed for at least one semester.
15. 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.
16. 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.
17. 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.

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

Exit Interview

An exit interview will be scheduled with the graduate advisor toward the end of the second fall semester. At this time graduation requirements, state licensure requirements, and the guidelines for the clinical fellowship will be reviewed. (See Appendix G for ASHA Standards for Certification.) Students will be provided with information regarding application for ASHA membership and certification at this time. Individual meetings will be held with the Clinical Site Coordinator prior to the beginning of the final semester, at which time 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 prior to graduation. In the event that 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, the student will meet with the Department Chair and the academic advisor to create a plan for competency and degree completion.

Graduation Audit

The University requires each student to notify them of intentions to graduate at the end of a particular semester and to request that a degree audit be completed for 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.

Graduation Application Process

1. Meet with your advisor to confirm you are on track to graduate at the end of the term.
2. Complete the on-line graduation application through MyAUM account by the deadline to apply for the current semester. A confirmation page will be displayed showing your application has been accepted. It is highly recommended that you print this page for your own records.
3. Pay the non-refundable graduate fee. This fee will be posted to your student account.
4. All relevant information concerning graduation will be sent to you by email. Please be sure to frequently check you AUM email. All graduation communication will go through AUM email addresses only.

ADDITIONAL CERTIFICATION REQUIREMENTS POST GRADUATION

PRAXIS Examination 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 Clinical Fellowship. The exam is given a minimum of twice yearly. Testing sites are nation-wide; see testing sites, dates offered, and cost of examination online at <http://www.ets.org>.

Additional information about preparing for the PRAXIS and reporting scores may be found at <http://www.asha.org/certification/praxis/>. Students must request that their PRAXIS exam scores be sent to ASHA and to the Department of Communication Disorders at AUM. These scores are incorporated into 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, practicum experiences, and graduation from the University, the applicant must successfully complete a Speech-Language Pathology Clinical Fellowship (CF). The clinical fellowship is not part of the program's educational program. This is between the clinical fellow, his/her employer, the mentoring SLP and ASHA.

The 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 CF 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 CF experience.

Before beginning the CF, the Clinical Fellow must contact the ASHA National office to verify the mentoring SLP's certification status. The mentoring SLP must hold ASHA certification throughout the CF period. Should the certification status of the mentoring SLP change during the experience, the Clinical Fellow will be awarded credit only for that portion of time during which the mentoring SLP held certification. It is, therefore, incumbent on the Fellow to verify the mentoring SLP's status not only at the beginning of the experience but also at the beginning of each new year.

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

<http://www.asha.org/about/membershipcertification/handbooks>.

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

Appendices

Appendix A: Acknowledgement of Risks Associated with Clinical Experiences

Clinical experiences for students are valuable practical learning experiences that occur in a variety of settings. It is important for students to understand and acknowledge the nature of clinical work, which is intended to provide students with various levels of hands-on experience, working with a diverse client population. It is also important to acknowledge risks inherent in the delivery of health-related services with notable degrees of patient contact.

I, the undersigned, affirm that I have read the MS-SLP Student Handbook and understand the nature of clinical work involving regular engagement in on-site, in-person clinical activities.

_____ I acknowledge that there are certain risks inherent in my participation in clinical practicum and clinical externship, including, but not limited to, risks arising from:

- Driving to and from the clinical site
- Participation in clinical activities at the clinical site
- Unpredictable or violent behavior of certain client populations
- Exposure to infectious diseases, including tuberculosis or other airborne pathogens (e.g., COVID- 19), and hepatitis, HIV or other bloodborne pathogens.

_____ In the event of sickness or injury in any clinical setting to which I may be assigned, working, or attending educational instruction or activity as an AUM student, I realize and agree that I am responsible for any and all costs related to the provision of medical care, should I become injured or ill and for any and all costs should I choose to seek or be required to seek medical diagnostic testing or treatment.

_____ I acknowledge that I have been advised that health (medical and hospitalization) and accident insurance is required by many of the clinical agencies utilized in my program and that I must maintain current insurance and carry evidence of coverage at all times. Furthermore, I understand that I am responsible for all expenses associated with sickness or injury irrespective of insurance coverage or lack thereof.

_____ I acknowledge that all risks cannot be prevented even with the implementation of appropriate safety precautions and that the risks associated with clinical work could result in my bodily injury, up to and including death, and I agree to assume those risks.

_____ I agree that it is my responsibility to understand and follow University/clinical site policies and procedures designed to identify and control risks, including safety and security procedures, infection control policies and bloodborne pathogen

policies, and to obtain any immunizations that the University or practicum site may require. I represent that I am otherwise capable, with or without accommodation, to participate in clinical work.

_____ I certify that I understand and will follow safe practices as set by our state and federal government, AUM, the Department of Communication Disorders, and other clinical sites.

_____ I acknowledge that participation in this activity is purely voluntary, and I elect to participate in spite of and in full knowledge of the inherent risks.

_____ I have fully informed myself of the contents of this affirmation by reading before signing. I am legally competent to sign this affirmation and acknowledgement of risk. I assume my own responsibility of physical fitness and capability to perform the activities involved clinical experiences.

_____ I understand if I have any question as to whether a physical or medical condition would prevent my full participation in clinical work, I should approach the Graduate Program Director, the Clinical Site Coordinator, the course faculty, or the AUM Center for Students with Disabilities, who will discuss possible accommodations.

Signature: _____

Date: _____

Printed Name: _____

Appendix B: Health Assessment Form

Students must possess the functional ability to perform the skills and demonstrate the behaviors required of a professional nurse. These abilities include but are not limited to (a) adequate vision, such as that required to observe changes in physical conditions, to read small print on labels and reports, and to discern subtle changes in color; (b) adequate hearing, such as that required to distinguish muted sounds through a stethoscope; (c) fine motor skills and manual dexterity, such as required to handle small, delicate equipment; (d) strength to turn and assist with lifting adults, and to lift and carry children; (e) the mobility to perform skills and respond quickly in emergency situations; (f) the ability to communicate and interact effectively with others, verbally and in writing; and (g) the ability to detect odors.

Name _____ Birth date: _____

Weight _____ Height: _____

Allergies _____

Temp _____ Pulse _____ Resp _____ BP _____ / _____

Significant Medical History:

List significant medical events/conditions here:

Medications: _____

Evaluation of systems:

Skin: _____

Eyes: _____

Vision: Right _____ Left _____ Corrected: Right _____ Left _____

Ears: _____ Hearing: _____

Nose: _____

Throat: _____

Lungs: _____

Heart: _____

Abdomen: _____

Musculo-Skeletal: _____

Neurological: _____

*****Are there any conditions, concerns, or treatments that may affect the ability of this student to meet these program requirements? () YES () NO**

Health Care Provider's Name (Print): _____

Address: _____

City, State, Zip Code: _____

Phone: () _____

Date of Exam _____

Health Care Provider's Signature _____

Appendix C: Proof of Immunization Form

To ensure the health and safety of our campus, immunizations against communicable diseases is extremely important. Vaccination against Measles, Mumps, Rubella (MMR), Tetanus, Diphtheria and Pertussis (Tdap), and proof of negative Tuberculosis is required of all students entering Auburn Montgomery. This form must be completed and is the preferred document for proof of immunizations and TB testing.

Name _____ Student
Number _____
 Last *First* *Middle*

Address _____

 Street *City* *State*
 Zip Code

Phone number: _____ Email _____

REQUIRED IMMUNIZATIONS

- 1. Tuberculosis Screening (within 6 months prior to semester student is to begin at AUM.)**
Date Given _____ (Date of reading, within 48 to 72 hours of date given)
TB skin test (PPD) ____/____/____ Results: Positive ____mm Negative
____mm
If positive, you must attach a radiology report from chest X-ray and documentation of treatment.
- 2. Tetanus, Diphtheria, Pertussis (Tdap) Vaccine**
Students without previous documentation of a Tdap vaccine should have one dose within the last 10 years. Other students should be current to maintain their status throughout their entire academic career. Date of **Tdap** vaccine:
____/____/____
- 3. Measles, Mumps, Rubella (MMR)**
Auburn Montgomery University requires that all students born after 1956 must have had 2 doses of a measles containing vaccine (MMR) prior to registration. One dose must have been after 1980. Lab antibody titers (IgG) for Measles, Mumps and Rubella are acceptable. Please attach documentation to the back of the form.
Date of First Dose ____/____/____ Date of Second Dose ____/____/____

OPTIONAL IMMUNIZATIONS (These immunizations are not required by the university but are recommended by the American College Health Association.)

Appendix D. Infection Control Policies and Procedures

In the delivery of any health-related service, it is the health professional's responsibility to ensure the safety of all patients served. It is imperative that audiologists provide patients with diagnostic and treatment environments that are designed to minimize or eliminate the potential transmission of disease. Audiologists must be diligent in their efforts for controlling the spread of infectious disease within the context of the entire clinical setting.

Since the practice of speech-language pathology involves and requires a notable degree of patient contact, patients and clinicians are exposed to an environment in which they may come into direct or indirect contact with multiple contaminated objects (e.g., stroboscopes; laryngeal mirrors; un-sanitized tables), chairs, tables, toys and materials, etc.) Contact transmission remains the most common means of cross-contamination and possible disease transmission (Kemp & Bankaitis, 2000).

Contact transmission may occur when a clinician or the patient touches another individual or object. Removing a hearing aid from a patient's ear or accepting a hearing aid from a patient with bare hands are practices that may encourage inadvertent cross-infection via contact transmission. In the event transmission occurs, microbes naturally seek entry into the body by traditional routes including natural orifices (nose, eyes, and ears) or via the epithelial layer of the skin (Kemp, Roeser, Pearson, & Ballachanda, 1996).

The incidence of infectious diseases, such as coronavirus (COVID-19), cytomegalovirus (CMV), hepatitis B, herpes simplex, tuberculosis, influenza, and acquired immune deficiency syndrome (AIDS), are noteworthy. These diseases, in addition to other infections, are contagious and can be life-threatening. In light of the increased prevalence of infectious diseases and the expanded scopes of practice for speech-language pathology, infection control and prevention of disease transmission are important concerns for the practicing clinician.

Transmission of disease can occur through body fluids and/or air. The three major pathways for disease transmission are: (1) patient to clinician, (2) clinician to patient, and (3) patient to patient (McMillan and Willette, 1988). Pathways for transmission of microorganisms include: (1) direct contact between individuals, (2) indirect contacts through instruments, environmental surfaces, and (3) airborne contamination, such as sneezing or coughing (Ballachanda et al., 1996).

The Centers for Disease Control (CDC) have developed general infection control procedures to minimize the risk of patient acquisition of infection from transmission of an infectious agent from health-care workers to patients and from contact with contaminated devices, objects or surfaces. These procedures also protect workers from the risk of becoming infected. The CDC recommend certain practices to prevent transmission of blood-borne pathogens. These precautions are methods of averting disease by preventing transfer of body fluids. Body fluids that may be contaminated include blood and blood products, semen, vaginal secretions, breast milk, cerebrospinal fluid, synovial fluid, amniotic fluid, pleural fluid, pericardial fluid,

peritoneal fluid, mucous (ear drainage), and saliva.

Standard precautions include using hand hygiene and isolation precautions; wearing personal protective equipment; and following appropriate procedures for needle and sharps safety and disposal, medical waste disposal, and sterilization of reusable equipment. Infection control programs can include routine preventive measures (handwashing, protective barriers, and immunizations) in addition to antimicrobial processes (cleaning, disinfection, and sterilization).

Hand Washing

Hand hygiene is the most effective way to prevent infection and is considered the first line of defense against germs. Hand hygiene is important for the safety of health care workers and the patients they treat.

- Wash hands before and after each patient.
- Wash hands immediately if there is potential contamination with blood or body fluids containing visible blood.
- Wash hands after performing procedures, such as cerumen management, earmold impressions, and handling probe tips.
- Wash hands after removing gloves.

The prescribed hand-washing procedure is as follows:

- Moisten hands completely with water and scrub vigorously with a liquid antibacterial soap.
- Lather hands and wrists.
- Rub vigorously, interlacing fingers. Rinse thoroughly, allowing water to drain from fingertips to forearms.
- Repeat entire procedure and dry hands with a paper towel.
- Use paper towel to turn off the water.
- If soap and water are not available, hand disinfectant can be used.

Protective Barriers

Personal protective equipment includes facemasks, protective glasses, gloves, gowns, and other equipment used to provide a barrier of safety between the health care worker and the patient.

Masks can protect both the clinician and the patient from airborne micro-organisms that might enter the body through the mouth or nose, such as tuberculosis or COVID-19. At any time, masks may be required by the AUMSHC due to changing transmission rates, CDC guidelines, or patient request. Students should be prepared with their own mask at all times.

Gloves should be worn when there is client contact or when handling an item, such as laryngeal mirrors, tongue-depressors, oral-motor feeding utensils or other item

than may be contaminated with saliva, blood or body fluids. Gloves are available in the resource room.

- Wash hands after removing gloves.
- Dispose of gloves in trash, unless contaminated with blood or other bodily fluids (e.g. vomit, urine, fecal matter).
- Gloves contaminated with blood should be placed in a small plastic bag and placed in the biohazard container in the resource room.
- Other materials containing significant amounts of blood or other bloodily fluids should be disposed of in impermeable bags labeled with biohazard symbol. These bags are available in the front office and also should be disposed of in the biohazard container in the resource room.
- Change gloves after contact with each client.
- Do not wash or reuse gloves.

Removal and disposal of gloves should be as follows:

- Remove one glove so that it is inside-out when removed with fingertips from the other hand.
- Hold the removed glove that is inside-out in the non-gloved hand and use it to remove the remaining glove so that it is also inside-out and includes the first glove inside of it.
- Place used gloves in a plastic bag and dispose of in a covered waste can outside of the clinic room.

Human Bite Procedure

When human bites that break skin occur, routine medical care (including assessment of tetanus vaccination status) should be implemented as soon as possible. Such bites frequently result in infection with organisms other than HIV and HBV. Victims of bites should be evaluated for exposure to blood or other infectious body fluids.

The victim should notify the departmental safety officer as soon as possible after the incident has occurred. The safety officer will document the incident in writing, and a copy of the report will be given to the offender or legal guardian and the victim. The safety officer will advise both parties to seek appropriate medical care.

Handling of Contaminated Items

You may come into contact with consumable and non-consumable contaminated items. Consumable items include disposable gloves, tongue depressor and food. Non-consumable items include laryngeal mirrors, and toys.

Disposal and decontamination of these items should be as follows:

- Consumable items that do not come in contact with body fluids or blood or body fluids contaminated with blood (fresh or dried), can be disposed of in a trashcan. Consumable items which have been in contact with body fluids

should be placed in a plastic bag and disposed of in the biohazard container in the resource room.

- Non-consumable items that do not come in contact with body fluids, blood, body fluids contaminated with blood (fresh or dried), should be disinfected, and sterilized or placed in the appropriate bin to be sterilized. Items which have been in contact with body fluids or blood should be discarded (if possible) or immediately sanitized. See your clinical supervisor for more information.
- You should notify clinical supervisor whenever bodily fluids such as urine or vomit need to be removed and the area cleaned. The university facilities department will be notified and they will clean the area. The area should be vacated until cleaning is completed.
- Non-essential equipment, plastic toys, surfaces, doorknobs, chairs and tables should be cleaned after each patient using the spray provided in the resource room. This cleaner has a 10-minute wet-time, meaning that the surfaces need to remain wet for at least 10 minutes, then dried if the room is needed. Sensitive equipment, such as audiometers, audio-recorders, iPads, computers, etc. should not be sprayed. You should use a Clorox wipe to disinfect these items.

Injuries and Illness

All students injured during CMDs sponsored activities (clinic/class) should notify their immediate supervisor. The student may opt to complete the Incident Report form on the Risk Management Website if seeking medical attention. This form should be completed as soon as possible after the incident has occurred. This form remains with Risk Management.

A clinician with an open wound (e.g., blisters, abrasions, cuts) should ensure the wound is covered completely.

You should not provide clinical services, if you have a temperature of 99.5 degrees or more, or if you have a bad cough, cold or other illness.

You should cover your mouth with your elbow or tissue when coughing. If you have a concern about a contagious condition, you should contact your clinical supervisor or the SLP clinic coordinator.

Oral Peripheral Examination:

- If visual inspection of oral mechanism reveals a sore of any type, consult with site supervisor before proceeding with oral peripheral examination.
- Gloves should always be worn during an oral peripheral procedure.
- Discard gloves after use with each client. Never re-use a pair of gloves.
- Always use individually wrapped sterile tongue depressors for the examination. Discard tongue depressors, gloves, and any other disposable items used during the evaluation in a separate zip-lock plastic bag located on shelves in therapy rooms. Discard Ziploc bag containing disposed items

in trash.

Oral-Motor Feeding:

- ◆ Specialty feeding equipment (e.g., NUK Brushes, marron spoons, ARK Grabbers, nosey cups), should not be shared among patients. Each patient is given their own utensils. Families may take the utensils home for practice and bring the utensils to their treatment sessions.
- ◆ Plates, knives and other “sharable” feeding materials must be sanitized before and after each use. Use warm soapy water in the resource room.

Appendix E: DRESS CODE

Professional dress is required in University events, clinical experiences at the Auburn University Montgomery Speech & Hearing Clinic, off-campus practicum sites, schools, hospitals, workshops, and professional meetings. The manner of dress can reflect the individual's level of competence, trustworthiness, dependability, and other desirable professional attributes.

The AUMSHC maintains high professional standards at all times. Failure to comply with any of the rules of professionalism may result in a significant lowering of your practicum grade. While seeing clients, you should maintain professional dress. Dress shoes, boots, loafers, oxfords, or other close toed shoes should be worn in the clinic areas.

Professional dress does not include:

- Shorts of any kind.
- Skirts or dresses shorter than 2 inches above the knee when standing.
- Loungewear, including but not limited to athletic wear, sweatpants, yoga pants, pajamas, and work out shirts.
- Tank tops, halter tops, cut-out tops, or strapless tops.
- Tops that do not cover the chest or midriff.
- Pants that reveal undergarments or body parts typically covered by undergarments.
- Worn, frayed, stained, ripped or wrinkled clothing (including jeans).
- Severely worn footwear.

Personal Hygiene

- Hair should be neat and clean and styled off the face and out of the eyes. When working with patients (e.g. physical assessment), hair longer than shoulder length may need to be secured.
- Beards and mustaches should be clean and well groomed.
- Due to allergies and sensitivities, strong cologne, perfume, or aftershave is not permitted in the clinic setting.
- Nails should be well groomed and of short to medium length to facilitate patient care activities.
- Jewelry and accessories should be non-distracting.

Other Guidelines

- Student ID badges should be with you at all times in order to access some clinic spaces.
- Name badges should be worn at the chest pocket level when working with clients.

Enforcement Standards

- Modifications to the dress code may be made at the discretion of the faculty, depending upon the needs and activities for a particular clinic case. Students inappropriately dressed or groomed may be dismissed from clinic for the day. Students may forfeit clinic hours earned if dress code is violated when seeing clients. Repeated actions judged to be violations will be considered improper professional behavior and may result in disciplinary action.

Appendix F: Code of Ethics



CODE OF ETHICS

[Code of Ethics](#)

Reference this material as: American Speech-Language-Hearing Association. (2023). Code of Ethics [Ethics]. Available from www.asha.org/policy/.

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PREAMBLE

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as “the Association”) has been committed to a framework of common principles and standards of practice since ASHA’s inception in 1925. This commitment was formalized in 1952 as the Association’s first Code of Ethics. This code has been modified and adapted to reflect the current state of practice and to address evolving issues within the professions.

The ASHA Code of Ethics reflects professional values and expectations for scientific and clinical practice. It is based on principles of duty, accountability, fairness, and responsibility and is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions. The Code of Ethics is a framework and a guide for professionals in support of day-to-day decision making related to professional conduct.

The Code of Ethics is obligatory and disciplinary as well as aspirational and descriptive in that it defines the professional’s role. It is an integral educational resource regarding ethical principles and standards that are expected of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

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

- a member of ASHA holding the Certificate of Clinical Competence
- a member of ASHA not holding the Certificate of Clinical Competence
- a nonmember of ASHA holding the Certificate of Clinical Competence
- an applicant for ASHA certification or for ASHA membership and certification

ASHA members who provide clinical services must hold the Certificate of Clinical Competence and must abide by the Code of Ethics. By holding ASHA certification and/or membership, or through application for such, all individuals are subject to the jurisdiction of the ASHA Board of Ethics for ethics complaint adjudication.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants; (II) responsibility for one’s professional

competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

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

PRINCIPLE OF ETHICS I

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

RULES OF ETHICS

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; or veteran status.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, students, research assistants, 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, 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 audiologist or speech-language pathologist.
- 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, or any nonprofessionals over

whom they have supervisory responsibility.

- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified audiologist or speech- language pathologist.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations/simulations 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, including humane treatment of animals involved in research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- M. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- N. Individuals who hold the Certificate of Clinical Competence may provide services via telepractice consistent with professional standards and state and federal regulations, but they shall not provide clinical services solely by written communication.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is legally authorized or required by law.
- P. Individuals shall protect the confidentiality of information about persons served professionally or participants involved in research and scholarly activities. Disclosure

of confidential information shall be allowed only when doing so is legally authorized or required by law.

- Q. Individuals shall maintain timely records; shall accurately record and bill for services provided and products dispensed; and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals shall not allow personal hardships, psychosocial distress, substance use/misuse, or physical or mental health conditions to interfere with their duty to provide professional services with reasonable skill and safety. Individuals whose professional practice is adversely affected by any of the above-listed factors should seek professional assistance regarding whether their professional responsibilities should be limited or suspended.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if such a mechanism exists and, when appropriate, externally to the applicable professional licensing authority or board, other professional regulatory body, or professional association.
- T. Individuals shall give reasonable notice to ensure continuity of care and shall provide information about alternatives for care in the event that they can no longer provide professional services.

PRINCIPLE OF ETHICS II

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

RULES OF ETHICS

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

PRINCIPLE OF ETHICS III

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

RULES OF ETHICS

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby a personal, professional, financial, or other interest or relationship could influence their objectivity, competence, or effectiveness in performing professional responsibilities. If such conflicts of interest cannot be avoided, proper disclosure and management is required.
- C. Individuals shall not misrepresent diagnostic information, services provided, results of services provided, products dispensed, effects of products dispensed, or research and scholarly activities.
- D. Individuals shall not defraud, scheme to defraud, or engage in any illegal or negligent conduct related to obtaining payment or reimbursement for services, products, research, or grants.
- E. Individuals' statements to the public shall provide accurate information regarding the professions, professional services and products, and research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional standards and shall not contain misrepresentations when advertising, announcing, or promoting their professional services, products, or research.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

PRINCIPLE OF ETHICS IV

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

RULES OF ETHICS

- A. Individuals shall work collaboratively with members of their own profession and/or members of other professions, when appropriate, to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending

and providing professional services when an administrative directive, referral source, or prescription prevents them from keeping the welfare of persons served paramount.

- C. Individuals' statements to colleagues about professional services, products, or research results 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, deceit, or misrepresentation.
- F. Individuals who mentor Clinical Fellows, act as a preceptor to audiology externs, or supervise undergraduate or graduate students, assistants, or other staff shall provide appropriate supervision and shall comply—fully and in a timely manner—with all ASHA certification and supervisory requirements.
- G. Applicants for certification or membership, and individuals making disclosures, shall not make false statements and shall complete all application and disclosure materials honestly and without omission.
- H. Individuals shall not engage in any form of harassment or power abuse.
- I. Individuals shall not engage in sexual activities with persons over whom they exercise professional authority or power, including persons receiving services, other than those with whom an ongoing consensual relationship existed prior to the date on which the professional relationship began.
- J. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- K. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- L. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- M. Individuals shall not discriminate in their relationships with colleagues, members of other professions, or individuals under their supervision on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; socioeconomic status; or veteran status.
- N. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to either work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- O. Individuals shall report members of other professions who they know have

violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.

- P. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- Q. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- R. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- S. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice and to the responsible conduct of research.
- T. Individuals who have been convicted of, been found guilty of, or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another or (2) any felony shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the conviction, plea, or finding of guilt. Individuals shall also provide a copy of the conviction, plea, or nolo contendere record with their self-report notification, and any other court documents as reasonably requested by the ASHA Ethics Office.
- U. Individuals who have (1) been publicly disciplined or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body; or (2) voluntarily relinquished or surrendered their license, certification, or registration with any such body while under investigation for alleged unprofessional or improper conduct shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the final action or disposition. Individuals shall also provide a copy of the final action, sanction, or disposition—with their self-report notification—to the ASHA Ethics Office.

TERMINOLOGY

The purpose of the following Terminology section is to provide additional clarification for terms not defined within the Principles of Ethics and Rules of Ethics sections.

ASHA Ethics Office

The ASHA Ethics Office assists the Board of Ethics with the confidential administration and processing of self-reports from and ethics complaints against individuals (as defined below). All complaints and self-reports should be sent to this office. The mailing address for the ASHA Ethics Office is American Speech-Language-Hearing Association, attn: Ethics Office, 2200 Research Blvd., #309, Rockville, MD 20850. The email address is ethics@asha.org.

advertising

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

diminished decision-making ability

The inability to comprehend, retain, or apply information necessary to determine a reasonable course of action.

individuals

Within the Code of Ethics, this term refers to ASHA members and/or certificate holders and applicants for ASHA certification.

informed consent

An agreement by persons served, those with legal authority for persons served, or research participants that constitutes authorization of a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks. Such an agreement may be verbal or written, as required by applicable law or policy.

may vs. shall

May denotes an allowance for discretion; *shall* denotes something that is required.

misrepresentation

Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false, erroneous, or misleading (i.e., not in accordance with the facts).

negligence

Failing to exercise a standard of care toward others that a reasonable or prudent person would use in the circumstances, or taking actions that a reasonable person would not.

nolo contendere

A plea made by a defendant stating that they will not contest a criminal charge.

plagiarism

Representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing.

publicly disciplined

A formal disciplinary action of public record.

reasonable or reasonably

Being 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 the ASHA Ethics Office in writing and (b) sending a copy of the required documentation to the ASHA Ethics Office (see definition of “written” below).

shall vs. may

Shall denotes something that is required; *may* denotes an allowance for discretion.

telepractice

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

written

Encompasses both electronic and hard-copy writings or communications.

ASHA 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology

Effective Date: January 1, 2020

Introduction

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

A Practice and Curriculum Analysis of the Profession of Speech-Language Pathology was conducted in 2017 under the auspices of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the CFCC. The survey analysis was reviewed by the CFCC, and the following standards were developed to better fit current practice models.

The 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) went into effect on January 1, 2020. View the SLP Standards Crosswalk [PDF] for more specific information on how the standards have changed.

Revisions

August 2022—Effective January 1, 2023

- Standard V was updated to allow up to 125 hours of graduate student supervised clinical practicum to be completed via telepractice.
- Standard VII was updated to allow (a) up to 25% of required Clinical Fellowship (CF) experience direct contact hours to be completed via telepractice and (b) up to 3 hours of direct CF supervision per segment to be completed using telesupervision.

March 2022—Updates to Implementation Language

Standard I: Degree

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

Standard II: Education Program

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

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

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

Standard III: Program of Study

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

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

Standard IV: Knowledge Outcomes

Standard IV-A

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

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

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

Coursework in research methodology in the absence of basic statistics is vital to speech-language pathology practices; however, it cannot be used to fulfill this requirement.

Program directors must evaluate the course descriptions or syllabi of any courses completed prior to students entering their programs to determine if the content provides foundational knowledge in the CFCC's guidance for [acceptable coursework](#).

Standard IV-B

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

Standard IV-C

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

- **Speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification**
- **Fluency and fluency disorders**
- **Voice and resonance, including respiration and phonation**

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

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

Standard IV-D

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

Standard IV-E

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

Implementation: The applicant must have demonstrated knowledge of the principles and rules of the current [ASHA Code of Ethics](#).

Standard IV-F

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

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

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues may include but are not limited to

trends in professional practice; academic program accreditation standards; [ASHA practice policies and guidelines](#); cultural competency and diversity, equity, and inclusion (DEI); educational legal requirements or policies; and reimbursement procedures..

Standard IV-H

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

Standard V: Skills Outcomes

Standard V-A

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

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

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

Standard V-B

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

1. Evaluation

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

evaluation.

g. Refer clients/patients for appropriate services.

2. Intervention

a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.

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

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

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

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

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

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

3. Interaction and Personal Qualities

a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others.

b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.

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

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

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

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

These experiences allow students to:

- interpret, integrate, and synthesize core concepts and knowledge;
- demonstrate appropriate professional and clinical skills; and

- incorporate critical thinking and decision-making skills while engaged in prevention, identification, evaluation, diagnosis, planning, implementation, and/or intervention.

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

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

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

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

Standard V-C

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

For Graduate Students Initiating Their Graduate Program On Or Before December 31, 2022

See the [COVID-19 Guidance From CFCC](#)

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

Implementation: The guided observation and direct client/patient contact hours must be within the [ASHA Scope of Practice in Speech-Language Pathology](#) and must be under the supervision of a clinician who holds current ASHA certification in the appropriate

profession and who, after earning the CCC-SLP, has completed (a) a minimum of 9 months of post-certification, full-time experience (or its part-time equivalent) and (b) a minimum of 2 hours of professional development in the area of clinical instruction/supervision.

Applicants should be assigned practicum only after they have acquired a knowledge base sufficient to qualify for such experience. Only direct contact (e.g., the individual receiving services must be present) with the individual or the individual's family in assessment, intervention, and/or counseling can be counted toward practicum. When counting clinical practicum hours for purposes of ASHA certification, only the actual time spent in sessions can be counted, and the time spent cannot be rounded up to the nearest 15-minute interval.

Guided Clinical Observations

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

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

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

On-Site and In-Person Graduate Supervised Clinical Practicum

A minimum of 250 hours of supervised clinical practicum within the graduate program must be acquired through on-site and in-person direct contact hours.

Although several students may be present in a clinical session at one time, each graduate student clinician may count toward the supervised clinical practicum only the time that they spent in direct contact with the client/patient or family during that session. Time spent in preparation for or in documentation of the clinical session may not be counted toward the supervised clinical practicum. The applicant must maintain documentation of their time spent in supervised clinical practicum, and this documentation must be verified by the program in accordance with Standards III and IV.

Undergraduate Supervised Clinical Practicum

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

Clinical Simulations (CS)

At the discretion of the graduate program, up to 75 direct contact hours may be obtained through CS. Only the time spent in active engagement with CS may be counted. [CS may include the use of standardized patients and simulation technologies](#) (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included as clinical clock hours.

Telepractice Graduate Supervised Clinical Practicum

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

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

Standard V-D

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

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

Standard V-E

Supervision of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession and who, after earning the CCC-A or CCC-SLP, has completed (1) a minimum of 9 months of full-time clinical experience (or its part-time equivalent), and (2) a minimum of 2 hours of professional development in clinical instruction/supervision.

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

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

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

Standard V-F

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

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

Standard VI: Assessment

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

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

Standard VII: Speech-Language Pathology Clinical Fellowship

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

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

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

Standard VII-A: Clinical Fellowship Experience

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

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

For CF experiences beginning before December 31, 2022: See the [COVID-19 guidance and accommodations](#).

For CF experiences beginning on or after January 1, 2023: When permitted by the employer and prevailing regulatory body/bodies and deemed appropriate for the client/patient/student and Clinical Fellow’s skill level, up to 25% of the direct client/patient contact hours may be earned through telepractice.

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

Standard VII-B: Clinical Fellowship Mentorship

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

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

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

Mentoring must include on-site, in-person observations and other monitoring activities, which may be completed by correspondence, review of video and/or audio recordings, evaluation of written reports, telephone conferences with the Clinical Fellow, or

evaluations by professional colleagues with whom the Clinical Fellow works. Mentoring may also include real-time telesupervision. The CF mentor and the Clinical Fellow must participate in regularly scheduled formal evaluations of the Clinical Fellow's progress during the CF experience. The Clinical Fellow must receive ongoing mentoring and formal evaluations by the CF mentor.

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

The mentoring SLP must engage in no fewer than 36 supervisory activities during the CF experience and must include 18 on-site observations of direct client contact at the Clinical Fellow's work site (1 hour = one (1) on-site observation; a maximum of six (6) on-site observations may be accrued in 1 day). At least six (6) on-site observations must be conducted during each third of the CF experience. Direct observations must consist of the Clinical Fellow engaging in screening, evaluation, assessment, and/or habilitation/rehabilitation activities. Mentoring must include on-site and in-person observations; however, the use of real-time, interactive video and audio-conferencing technology (telesupervision) may be permitted as a form of observation. At least three (3) observations per segment must be completed on site and in person with the Clinical Fellow and clients/patients (not through telesupervision).

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

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

Standard VII-C: Clinical Fellowship Outcomes

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

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

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

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

The CF mentor must document and verify a Clinical Fellow's clinical skills using the [Clinical Fellowship Skills Inventory](#) (CFSI) as soon as the Clinical Fellow successfully completes the CF experience. This report must be signed by both the Clinical Fellow and CF mentor.

Standard VIII: Maintenance of Certification

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

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

Intervals are continuous and begin January 1 of the year following the initial awarding of certification or the reinstatement of certification. [Random audits](#) of compliance are conducted.

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

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

Appendix H

A Guide for Future Practitioners in Audiology and Speech-Language Pathology: Core Functions

Found at: <https://growthzonesitesprod.azureedge.net/wp-content/uploads/sites/1023/2023/04/Core-Functions-for-AUD-and-SLP-Approved-4-3-23-rev-4-25-23.pdf>

This document is intended as a guide for educational programs in speech-language pathology or audiology and individuals seeking a career in these professions. It identifies the core functions that individuals of such programs typically are expected to employ in didactic and clinical experiences to acquire the knowledge and demonstrate the competencies that will lead to graduation and successful entry into professional practice. This document replaces the Essential Functions document created by the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) in 2008. The document was updated to differentiate core functions from individual program requirements and to be inclusive of differences in behavioral and learning preferences associated with race, ethnicity, culture, sexual orientation, gender identity, language, and sensory, physical, or neurological status.

Instructions for Appropriate Use of this Document

This document may be used when:

- *informing individuals* about the core functions associated with the professions of audiology and speech-language pathology
- *initiating discussions* between students and programs regarding student success
- *empowering students* to make informed choices regarding their pursuit of professions in audiology and speech-language pathology
- *facilitating strategies* to achieve student success
- assisting programs and students in *identifying and advocating* for appropriate resources and accommodations
- *advancing* the professions of audiology and speech-language pathology through the lens of justice, diversity, equity, and inclusion.

This document must not be used:

- to *discriminate* against individuals for any reason
- as a measure of *acceptance or denial* into an educational program
- as a tool to *presumptively judge* individuals' potential for success
- as a *stand-alone* student assessment or intervention plan

- to *dismiss* students from a program

Use of this document is **not required** by CAPCSD or any accrediting or credentialing body, including the Council on Academic Accreditation or the Council for Clinical Certification of the American Speech-Language-Hearing Association.

For the sake of this document, the term “core functions” refers to behavioral or cognitive functions that an individual must be able to perform with or without accommodations necessary to ensure equitable access. The document intentionally does not address how stated core functions are demonstrated, recognizing that there are multiple ways an individual can successfully meet the demands of clinical education and practice. The determination of possible accommodations exemplified in this document varies from institution to institution based on numerous factors not covered in the scope of this document. The degree to which accommodations are determined is under the governance of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973. It is the responsibility of the institution and the individual to work together to identify possible services and accommodations.

To ensure the integrity of the messaging in this document, a glossary of terms is included at the end of the document.

Communication

Statements in this section acknowledge that audiologists and speech-language pathologists must communicate in a way that is understood by their clients/patients and others. It is recognized that linguistic, paralinguistic, stylistic, and pragmatic variations are part of every culture, and accent, dialects, idiolects, and communication styles can differ from general American English expectations. Communication may occur in different modalities depending on the joint needs of involved parties and may be supported through various accommodations as deemed reasonable and appropriate to client/patient needs. Some examples of these accommodations include augmentative and alternative communication (AAC) devices, written displays, voice amplification, attendant-supported communication, oral translators, assistive listening devices, sign interpreters, and other non-verbal communication modes.

- Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies
- Adapt communication style to effectively interact with colleagues, clients, patients, caregivers, and invested parties of diverse backgrounds in various modes such as in person, over the phone, and in electronic format.

Motor

Statements in this section acknowledge that clinical practice by audiologists and speech- language pathologists involves a variety of tasks that require manipulation of items and environments. It is recognized that this may be accomplished through a variety of means, including, but not limited to, independent motor movement, assistive technology, attendant support, or other accommodations/modifications as deemed reasonable to offer and appropriate to client/patient needs.

- Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (e.g., manipulating testing and therapeutic equipment and technology, client/patient equipment, and practice management technology) while retaining the integrity of the process
- Respond in a manner that ensures the safety of clients and others

Sensory

Statements in this section acknowledge that audiologists and speech-language pathologists use auditory, visual, tactile, and olfactory information to guide clinical practice. It is recognized that such information may be accessed through a variety of means, including direct sensory perception and /or adaptive strategies. Some examples of these strategies include visual translation displays, text readers, assistive listening devices, and perceptual descriptions by clinical assistants.

- Access sensory information to differentiate functional and disordered auditory, oral, written, and visual communication
- Access sensory information to correctly differentiate anatomical structures and diagnostic imaging findings
- Access sensory information to correctly differentiate and discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests

Intellectual/Cognitive

Statements in this section acknowledge that audiologists and speech-language pathologists must engage in critical thinking, reasoning, and comprehension and retention of information required in clinical practice. It is recognized that such skills may be fostered through a variety of means, including assistive technology and /or accommodations/modifications as deemed reasonable and appropriate to client/patient needs.

- Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level sufficient to meet curricular and clinical competencies
- Employ informed critical thinking and ethical reasoning to formulate a differential diagnosis and create, implement, and adjust evaluation and treatment plans as appropriate for the client/patient's needs
- Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills
- Critically examine and apply evidence-based judgment in keeping with best practices for client/patient care

Interpersonal

Statements in this section acknowledge that audiologists and speech-language pathologists must interact with a diverse community of individuals in a manner that is safe, ethical, and supportive. It is recognized that personal interaction styles may vary by individuals and cultures and that good clinical practice honors such diversity while meeting this obligation.

- Display compassion, respect, and concern for others during all academic and clinical interactions
- Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies
- Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities

Cultural Responsiveness

Statements in this section acknowledge that audiologists and speech-language pathologists have an obligation to practice in a manner responsive to individuals from different cultures, linguistic communities, social identities, beliefs, values, and worldviews. This includes people representing a variety of abilities, ages, cultures, dialects, disabilities, ethnicities, genders, gender identities or expressions, languages, national/regional origins, races, religions, sexes, sexual orientations, socioeconomic statuses, and lived experiences.

- Engage in ongoing learning about cultures and belief systems different from one's own and the impacts of these on healthcare and educational disparities to foster effective provision of services.
- Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice

This document should be considered a living document and therefore reviewed by CAPCSD at regular intervals to ensure that current terminology, practice, and ideas are reflected.

Glossary

- **Cultural responsiveness** involves “understanding and respecting the unique cultural and linguistic differences that clients bring to the clinical interaction” (ASHA, 2017) and includes “incorporating knowledge of and sensitivity to cultural and linguistic differences into clinical and educational practices”.
- **Evidence-based practice** involves “integrating the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (*Evidence-Based Practice in Psychology*, n.d.).

American Speech-Language-Hearing Association. (n.d.). *Cultural responsiveness* [Practice Portal <https://www.asha.org/Practice-Portal/Professional-Issues/Cultural-Responsiveness/>]

Evidence-Based Practice in Psychology. (n.d.). <https://www.apa.org>. Retrieved March 3, 2023, from <https://www.apa.org/practice/resources/evidence>

This Document should be cited as: Council of Academic Programs in Communication Sciences and Disorders (2023). *A guide for future practitioners in audiology and speech-language pathology: Core functions*. <https://www.capcsd.org/academic-and-clinical-resources/>

Approved by the CAPCSD Board of Directors
April 3, 2023

Reference update April 25, 2023

Appendix I

Instructions for submitting a WAIVER, SUBSTITUTION, or CONTINUATION Request to the Department of Communication Disorders

To WAIVE an Admission or Application requirement: Applicants must submit a completed petition and a detailed letter explaining the reason for the appeal (i.e. exemption for catalog year requirement).

To SUBSTITUTE a program pre-requisite: For nursing courses completed out of state or at a private institution, applicants must submit a completed petition along with an official course description for each course being petitioned.

To SUBSTITUTE a Course: For courses completed in a previous program (i.e. research methods or an elective), students must submit a completed petition along with an official course description for each course being petitioned. (Nursing Courses taken at another equivalent MSN program will not be substituted)

To request CONTINUATION in the program: Student must submit a completed petition and a detailed letter explaining the failure and measures taken to prevent a repeat failure.

ALL petitions and supporting documents must be submitted to the MS-SLP Graduate Program Director **no later than 5 business days before the monthly committee meeting**. Forms received after this time will be reviewed at the next regularly scheduled committee meeting. Petitions may be submitted by one of the following methods:

- Email to Graduate Program Director
- Hand deliver to the AUM Speech and Hearing Clinic 7145 Halcyon Summit Drive, Montgomery, AL 36117. No appointment is needed.
- Mail to the College of Nursing and Health Sciences care of CMDS Department Chair at PO Box 244023, Montgomery, AL 36124.
- The following will **NOT** be accepted:
 - Forms that are illegible. Typed forms and documents are preferred.
 - Incomplete petitions.
 - Faxed copies of petitions and/or supporting documentation.
 - Course descriptions which are typed or handwritten. The descriptions must come from the course catalog and if printed from the website must have a web address on the paper showing where it came from.

Petitions that are denied may be appealed in person to the committee. Please contact the MS-SLP Graduate Program Director for more information on how to submit an appeal.

**Auburn University of Montgomery MS-SLP
Graduate Admission, Progression, Graduation, and Curriculum (G-APG-C) waiver/petition**

Name: First, MI, Maiden, Last

Date:

Street_____City_____ State_Zip_____

Email

Program: MS-SLP

Current GPA: _____

Semester Affected:

- ☐ Spring
☐ Summer Fall N/A
☐ Year:

Purpose of Petition

- ☐ Waiver of Application Requirement
☐ Curriculum Course Substitution
☐ Continuance in MS-SLP Program
☐ Other (explain)

Course/Waiver/Substitution Only – MUST INCLUDE official course description printed from course catalog of institution in which course was completed and course syllabus for each course being petitioned. For waiver of application or admission requirement, for program course substitution request, or for MS-SLP curriculum course substitution request: Include a detailed letter explaining the reason for the request. For continuation in the program request: Include a detailed letter explaining the reason for the request, explanation for the failure, and measures taken to prevent a future failure.

Course Number	Name of Course Taken	Credit Hours Taken	Name of School Where Taken	Date Taken (semester/year)	Grade Received	For Which AUM Course Number

Additional Comments:

COMMITTEE RESOLUTION

Comments:

Waive YES NO Explanation: _____

Substitute curriculum course YES NO Explanation: _____

Program continuation YES NO Explanation: _____

Date Received

Department Chair Signature

Date Resolved

Date Student Notified

FAXED copies will not be accepted. Incomplete packages will not be reviewed. Results will be emailed to the student at the email address provided on this form within 7 to 10 business days following the committee decision. Petitions may be mailed to: College of Nursing and Health Sciences, c/o MS-SLP Graduate Program Director, P.O. Box 244023, Montgomery, AL 36124.

Appendix J

Auburn University at Montgomery Graduate Program Occurrence Report Form

OCCURRENCE TYPE: Unsafe/Unsatisfactory. (Check all that apply).

- Any life-threatening error or action by the student to client, staff, faculty, or others.
- Implementing any action that is in direct violation of the course, school, or Agency Policies and HIPAA Policy.
- Violation of the Drug Free Campus and/or Chemically Impaired Student Policy.
- Excessive Absence
- Excessive Tardiness
- Failure to Complete Clinical Paperwork/Clinical Logs

Name: _____

Date: _____

Clinical Site: _____

Course Faculty: _____

Course Number: _____

Preceptor: _____

1. Description of incident (be specific)

2. Please describe immediate actions following the incident (e.g. emergency department examination, hospital protocols invoked, disposition):

3. Follow-up instructions and/or actions (e.g. follow-up with Student Health Center, Primary Care Provider, return for clinical clearance):

Student Signature

Date and Time

Preceptor Signature

Date and Time

Graduate Program Director

Date and Time

Completed form must be emailed/delivered to Graduate Program Director
within 24 hours: Original form retained in Student File.

Appendix K:

AUM SPEECH AND HEARING CLINIC PRIVACY POLICY FOR REMOVAL AND TRANSPORT OF PHI WITH ELECTRONIC DEVICES

The purpose of this policy is to set forth standards for the use, removal, and transport of protected health information (PHI) and personal information (PI) in all forms: written, spoken, electronically recorded, or printed, within the AUM Speech and Hearing Clinic (AUMSHC).

RESPONSIBILITY OF CONFIDENTIALITY

I understand and agree to maintain and safeguard the confidentiality of privileged information of the AUM Speech and Hearing Clinic. I realize it is the responsibility of the individual at the AUMSHC to provide a secure setting for PHI and PI, and that the Department of Communication Disorders, in conjunction with the AUMSHC, will be responsible for maintaining ongoing training to ensure the individual is informed.

Further, I understand that any unauthorized use or disclosure of information residing in the AUMSHC may result in disciplinary action consistent with the policies and procedures of federal, state, and local agencies.

PORTABLE DEVICE POLICY

PHI should never be stored on or accessed from an individual's personal device such as a cell phone, laptop or thumb drive. All AUMSHC related reports should be completed on the clinic computers provided. Any student found to be in breach of this policy may face disciplinary action.

My signature below indicates that I have read and understood the information in this policy.

Student Name

Student Signature

Date

Appendix L

CLINICAL INTERVENTION PLAN

According to the Auburn University at Montgomery Department of Communication Disorders MS-SLP degree plan, each student must successfully complete at least one semester of CMDS 7914 Clinical Practicum and at least two semesters of CMDS 7944 Clinical Externship. In these clinical experiences, students must obtain a grade of at least a B (3.0) for all ASHA competencies and standards.

In the event, that a student appears to be at risk of not reaching the required minimum clinical grade (3.0 on KASA evaluation form) as documented in CALIPSO, an identification and intervention protocol has been established. This plan is intended to identify students with marginal clinical skills and to prevent inadequately prepared student clinicians from matriculating through the program. Clinical faculty or external site supervisors will identify students who may be at-risk for poor clinical performance before a formal at-risk protocol is enacted. Below average clinical skills should be identified early in the semester and efforts should be made to improve these skills immediately up on identification. The purpose of early identification and intervention is to guide students toward clinical independence and autonomy.

If a clinical faculty member or external site supervisor has observed and documented sub-standard clinical performance in clinical practicum, he/she will present these concerns to the student immediately. A meeting will be scheduled between the student, the supervisor, and the clinical site coordinator to review the relevant standards and skills scored poorly on the Performance Evaluation form in CALIPSO. Performance requiring intervention is defined as scoring at an average of 2.99 or below for CMDS 7914, CMDS 7944, or for any individual competency standard. The supervisor notifies the student clinician in writing and indicates that the student has been identified as at risk for inadequate clinical performance.

CMDS 7914 CLINICAL PRACTICUM

RESPONSIBILITIES AND ACTIONS UPON NOTIFICATION OF AT RISK PERFORMANCE:

Student Clinician:

- **Self-evaluation.** The student will be asked to complete a self-evaluation form regarding clinical performance on a regular basis.
- **Clinical Intervention Plan.** The student clinician works with the clinical supervisor and the clinical site coordinator to develop an intervention plan, which includes specific objectives to improve clinical skills and behaviors as identified on the Performance Evaluation form (CALIPSO). Goals will be composed and emailed to the student, as well as the Department Chair. An additional copy will be signed by the Chair, the clinical site coordinator, the supervisor, student, and third-party instructor (in cases where the clinical site coordinator is the supervisor of record) to place in the student file.
- **Weekly progress meetings.** The student meets with the supervisor and the clinical site coordinator on a weekly basis to discuss the student's clinical

performance. The student will be expected to share their perspective on clinical progress.

- **Third-party clinical instructor meetings:** In cases where the clinical site coordinator is the supervisor of record, the student meets with a third party (designated) clinic instructor on a regular basis to discuss the student's progress toward achieving the specific objective(s).
- **Video Analysis:** (Optional) Treatment and/or evaluation sessions may be recorded and analyzed in order to verify objectives have been met. The clinical supervisor, clinical site coordinator and student will observe and analyze sessions to measure progress on goals. The designated third-party clinical instructor will participate as necessary.
- **Other:** Other assignments as specified by the supervisor, such as extra readings, observing other cases, reflections, etc. may be required.

Clinical Supervisor (When the Clinical Site Coordinator Is Not the Supervisor of Record):

- **Record of Notification.** The clinical supervisor notifies the clinical site coordinator in writing when the student's overall or projected mid-semester grade for clinical practicum is 2.99 or lower in CMDS 7914 or CMDS 7944.
- **Clinical Intervention Plan.** The clinical supervisor works with the clinical site coordinator to guide the student in developing a Clinical Intervention Plan.
- **Weekly Meetings.** The primary clinical supervisor participates in weekly meetings with the student to discuss student's progress.
- **Student Evaluation of Progress.** The clinical supervisor evaluates the student's clinical performance, using the Performance Evaluation Form in CALIPSO and/or an additional tool.

Clinical Site Coordinator

- **Student Notification.** The clinical site coordinator supervisor notifies the student clinician in writing and verbally when the student's overall or projected mid-semester grade for clinical practicum is 2.99 or lower in CMDS 7914 or CMDS 7944.
- **Clinical Intervention Plan.** The clinical site coordinator works with the supervisor to guide the student in developing a Clinical Intervention Plan. The clinical site coordinator will email the final plan to the direct supervisor, the student, and the Department Chair to be kept in the student's administrative file.
- **Weekly Meetings.** The clinical site coordinator and the primary supervisor participate in weekly meetings with the student to discuss student's progress.

Third-Party Clinical Instructor (When the Clinical Site Coordinator Is the Supervisor of Record):

- **Clinical Intervention Goals:** The clinical instructor will assist in goal

development for clinical improvement and signs the Intervention Plan.

- **Weekly Meetings.** The clinical instructor participates in regular meetings with the student to discuss student's progress.
- **Additional Responsibilities:** The clinical instructor may observe the pre-evaluation or pre-treatment meetings, the clinical sessions, and the post-evaluation or post-treatment meetings; and provide other assistance, as requested.

Department Chair:

- **Student Notification.** The Chair notifies the student clinician in writing when the student's clinical performance will result in a delay in graduation. Such instances include: the student's overall final grade for clinical practicum is a D or lower, standards are not met, or the student receives a C in clinical practicum for two semesters.

RESPONSIBILITIES AND ACTIONS AT END OF THE SEMESTER:

At the end of the semester, if a student earns a final grade of a C (2.99) or does not meet a standard during any of the first four semesters, the student is identified as at-risk for inadequate clinical performance and:

1. Will continue in the intervention protocol the following semester.
2. Will enroll in CMDS 7914 Clinical Practicum the following semester.
3. May be assigned fewer clinical hours. The student will receive clock hours in the area in which difficulty has been reported, when performance is evaluated in the 3.0 category of proficiency.

AT THE CONCLUSION OF THE INTERVENTION PLAN:

- If the student has met all standards targeted and earned a grade of 3.0 (B) or higher, the student will proceed with the next appropriate clinical placement.
- if a student clinician earns a final grade of C (2.99) or below or does not meet a specific standard in two sequential semesters of clinical practicum, the student:
 1. Will continue the intervention plan during the following semester.
 2. Will enroll in CMDS 7914 the following semester.
 3. May be assigned fewer clinical hours. The student will be assigned clock hours in the area in which difficulty has been reported, when performance is evaluated in the 3.0 category of proficiency.
 4. If the student earns a grade of 2.99 or lower in clinical practicum three successive semesters, the student will be counseled regarding dismissal from the program.
 5. If the final grade for clinical practicum is a D or lower or standards are not met, the student cannot be placed at an off-campus site and no ASHA

hours will be earned for that semester.

6. If a student receives two letter grades of a C for clinical practicum or standards are not met, the student cannot be placed at an off-campus site and no ASHA hours will be earned for that semester in which the student received a second C in clinical practicum or doesn't meet standards.
7. Graduation will be delayed if a student receives a C in two CMDS 7914 placements or if the student receives a grade of D or lower in CMDS 7914.
8. If a student clinician earns a grade of D or F in any two semesters of CMDS 7914, the student is deemed unprepared to practice as a speech-language pathologist and will be counseled regarding dismissal from the program.

CMDS 7944 CLINICAL EXTERNSHIP

If the site supervisor identifies cause for concern regarding the student clinician's performance in the clinical externship, the site supervisor will notify the clinical site coordinator of the need for intervention. The site supervisor identifies standards and skills from the Performance Evaluation form uploaded on CALIPSO. Performance requiring an intervention plan is defined as scoring at an average of 2.99 or below for CMDS 7944 or for any individual competency standard. The clinical site coordinator notifies the student clinician in writing, indicating that the student has been identified as at risk for inadequate clinical performance.

RESPONSIBILITIES AND ACTIONS UPON NOTIFICATION OF AT RISK PERFORMANCE:

Student Clinician:

- **Self-evaluation.** The student may be asked to complete a self-evaluation form regarding clinical performance. Self-evaluations will be completed at mid-term and end of semester, routinely.
- **Clinical Intervention Plan.** The student clinician works with the clinical site coordinator and site supervisor to develop and sign a remediation improvement plan, which includes specific objectives to improve clinical skills and behaviors as identified on the Performance Evaluation form in CALIPSO.
- **Meetings:** The student meets with the clinical site coordinator and site supervisor on a weekly basis (via telephone conference, Zoom or email) to discuss progress toward achieving the specific objective(s).

Clinical Site Coordinator

- **Student Notification.** The clinical site coordinator notifies the student in writing that the student will be placed on an intervention plan.
- **Clinical Improvement Goals:** The clinical site coordinator will develop and sign clinical improvement goals based on input from the site supervisor and the student.
- **Meetings:** The clinical site coordinator will schedule weekly meetings (via

email, phone or Zoom) with the student and the site supervisor to discuss the student's progress on the intervention plan.

- **Record of Notification.** The clinical site coordinator files a copy of the written notification and goals in the student's administrative file and uploads to CALIPSO. The clinical site coordinator will notify the Chair.

Site supervisor

- **Clinical Intervention Goals:** The site supervisor will work with the clinical site coordinator to develop and sign clinical improvement goals based on input from the student.
- **Meetings:** The site supervisor (via email, phone or Zoom) will meet regularly with the student and the clinical site coordinator to discuss the student's progress on the intervention plan.

AT THE CONCLUSION OF THE INTERVENTION PLAN:

- If the student has met all standards targeted and earned a grade of 3.0 (B) or higher, the student will proceed with the next appropriate clinical placement and/or graduation.
- If a student clinician earns a final grade of C (2.99) or below or does not meet a specific standard, the student:
 1. Will be placed in the intervention plan the following semester
 2. Will re-enroll in CMDS 7944 the following semester
- A committee (of two or three clinical and academic faculty) is appointed by the clinical site coordinator and department Chair to identify specific areas of concern based on the final assessment from the preceding semester and to plan the next appropriate clinical experience.
- The committee will meet with the site supervisor (face to face or via email, phone or Zoom) to develop goals and outcome measures. The goals will be reviewed with the student.
- The clinical site coordinator will meet with the site supervisor regarding performance expectations; the nature of performance evaluation; and the roles and responsibilities of the student clinician and the instructors. A written summary is provided for all involved parties. A signed copy is placed in the student's administrative file and uploaded to CALIPSO.
- The clinical site coordinator will hold regular conferences with the student and the site supervisor to monitor the student's progress. Communication will be face-to-face, Zoom, e-mail, or telephone conversations.

ADDITIONAL CONSIDERATIONS FOR PROGRESSION TOWARD DEGREE:

- If a student clinician earns a grade 2.99 or lower or does not meet a standard for CMDS 7944, the student will repeat the course, which will add another semester to the program, and delay graduation.
- If a student clinician earns a grade 2.99 or lower or does not meet a standard in any subsequent CMDS 7944 courses, the student is deemed unprepared to practice as a speech-language pathologist and will be counseled regarding dismissal from the program.

**Auburn University at Montgomery
Department of Communication Disorders
MS-SLP Graduate Program
Clinical Intervention Plan**

Student:	Date:
Supervisor:	Clinical Site Coordinator:
1. Identify and develop agreement regarding competencies not being achieved during the practicum period (list/describe using verbiage from document of reference):	
2. Plan of Action (describe the clinical skills, including assessment, intervention and/or interaction/personal qualities to be addressed):	
Target date for completion of proposed plan of action: ____	
Signatures for Plan of Action: Student _____ Supervisor (s) _____ Clinical Site Coordinator _____ Date signed: _____	

3. Action Steps Addressed:

Decision based on action plans/outcome:

_____ **Extend time at current practicum site**

_____ **Continue practicum at another site**

_____ **Terminate practicum**

_____ **Other** _____

Comments:

Signatures for Plan of Action DECISION:

Student _____

Supervisor(s) _____ **Clinical Site**

Coordinator _____

Department Chair _____

Date signed _____

Appendix M

AUM MS-SLP Graduate Program Confidentiality Agreement

During my studies or through clinical experiences as a student at Auburn University at Montgomery, I understand that I will come into contact with various types of sensitive and personal information. This information may include, but is not limited to, information about patients, families, students, faculty, staff, donors, research, and financial and business operations. Some information is deemed confidential by law (i.e. protected health information or PHI addressed under the HIPAA) or by the school or university. Confidential information may be in any form (i.e. written, oral, electronic, overheard or observed). All confidential information is granted on a need-to-know basis. A need-to-know is defined as information access that is required in order to engage in program or leadership requirements.

I understand that I must protect all confidential information, including PHI, while a student at the AUM MS-SLP program. I will not share PHI with those outside AUM CMDS or my externship site unless they are part of my studies or educational program and have a need to know. I will not remove nor electronically send any confidential information from the agencies and facilities where I am assigned as a student except as permitted by the specifics of the agency and in accordance with the agreements with those agencies.

I understand that I must protect any sign-on codes provided to me from any agency. The sign-on and password codes are equivalent to my signature and they will not be shared with anyone. There will be no attempt to access PHI unless the information is necessary to my education or leadership at that specific time. I will be accountable for any use or misuse of the codes I am provided.

If I knowingly violate this agreement, I will be subject to failure in the related clinical/theory course and possible disenrollment from the MS-SLP program. In addition, under applicable law, I may be subject to criminal or civil penalties.

I have completed the required HIPAA training and received a certificate of completion for this course.

I have read and understand the above and agree to be bound by the contents. I understand that signing this agreement and complying with its terms is a requirement for my inclusion in the MS-SLP educational program and participation in clinical experiences.

Print Full Legal Name

Student Number

Date

Signature

Program

Appendix N

HIPPA De-Identification Guidelines

(2)(i) The following identifiers of the individual or of relatives, employers, or household members of the individual, are removed:

(A) Names	
(B) All geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP code, and their equivalent geocodes, except for the initial three digits of the ZIP code if, according to the current publicly available data from the Bureau of the Census: <ol style="list-style-type: none"> (1) The geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000 	
(C) All elements of dates (except year) for dates that are directly related to an individual, including birth date, admission date, discharge date, death date, and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older	
(D) Telephone numbers	(E) Fax numbers
(F) Email addresses	(G) Social security numbers
(H) Medical record numbers	(I) Health plan beneficiary numbers
(J) Account numbers	(K) Certificate/license numbers
(L) Vehicle identifiers and serial numbers, including license plate numbers	(M) Device identifiers and serial numbers
(N) Web Universal Resource Locators (URLs)	(O) Internet Protocol (IP) addresses
(P) Biometric identifiers, including finger and voice prints	(Q) Full-face photographs and any comparable images
(R) Any other unique identifying number, characteristic, or code, except as permitted by paragraph (c) of this section [Paragraph (c) is presented below in the section "Re-identification"]; and	

(ii) The covered entity does not have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a subject of the information.

CMDS Disciplinary Action Guideline for Violations of HIPAA by MS-SLP Students

Type of Violation	Process	Corrective Action	Notification
<p>I. Inadvertent or accidental breaches of confidentiality that may or may not result in the actual disclosure of patient information</p> <p>*Example: Sending/faxing information to an incorrect address</p>	<ul style="list-style-type: none"> • *Incident Report (IR) generated clinical or academic faculty • HIPAA Compliance Officer (HCO) and Chair present IR to Student with plan for corrective action to include re-education and performance improvement plan • IR sent to HCO for tracking across student curriculum 	<ul style="list-style-type: none"> • 1st offense: Face-to-face meeting with the HCO to review relevant policy • 2nd offense: Repeat 1st offense remediation; patient encounter grade may be lowered (SLP) • 3rd offense: Repeat 1st offense remediation and Clinic grade lowered by one letter grade • 4th offense: Repeat 1st offense remediation and failure of clinic course which may result in delay of graduation. 	<ul style="list-style-type: none"> • Incident Report (IR) generated by faculty for HCO • HCO tracks across student curriculum
<p>II. Failure to follow existing policies/procedures/guidelines governing patient/client confidentiality</p> <p>*Examples: Talking about clients in areas where others might hear; failure to obtain appropriate consent to release information; failure to fulfill training requirements; leaving the clinic with PHI; emailing PHI to your supervisor or others within the clinic; inappropriate disposal of PHI</p>	<ul style="list-style-type: none"> • *Incident Report (IR) generated clinical or academic faculty • HIPAA Compliance Officer (HCO) and Chair present IR to Student with plan for corrective action to include re-education and performance improvement plan • IR sent to HCO for tracking across student curriculum 	<ul style="list-style-type: none"> • 1st offense: Face-to-face meeting with the HCO to review relevant policy; establish performance improvement plan; HIPAA training recertification; patient encounter grade may be lowered at the discretion of the clinical supervisor • 2nd offense: Repeat 1st offense remediation and Clinic grade lowered by one letter grade • 3rd offense: Repeat 1st offense remediation and 	<ul style="list-style-type: none"> • Incident Report (IR) generated by faculty for HCO • HCO tracks across student curriculum

		failure of clinic course which may result in delay of graduation. <ul style="list-style-type: none"> • 4th offense: Dismissal from the graduate program 	
<p>III. Intentionally accessing a patient/client's record without a need to know.</p> <p>Examples*: Accessing the record for curiosity or any other reason WITHOUT a legitimate reason to know (i.e., direct care of that patient/client) INCLUDING records of friends; family members; clients of another student; clients you have previously cared for as a student or an employee but are not caring for them now; accessing a client's PHI for another student; Asking another student to access a client's PHI; Allowing another student to see or use any information from your client SOAP notes of evaluation reports.</p>	<ul style="list-style-type: none"> • *Incident Report (IR) generated clinical or academic faculty • HIPAA Compliance Officer (HCO) and Chair present IR to Student with plan for corrective action to include re-education and performance improvement plan • IR sent to HCO for tracking across student curriculum 	<ul style="list-style-type: none"> • 1st offense: Face-to-face meeting with the HCO to review relevant policy; establish performance improvement plan; HIPAA training recertification; Clinic grade lowered by one letter grade • 2nd offense: Repeat 1st offense remediation and failure of clinic course which may result in delay of graduation. • 3rd offense: Dismissal from graduate program 	<ul style="list-style-type: none"> • HCO • Clinical Coordinator • Chair • Dean
<p>IV. Intentionally accessing and using patient information for personal use or gain or to harm another individual</p> <p>Examples*: Accessing PHI for reasons that could include obtaining PHI for recruiting clients to another clinic or for marketing for personal gain.</p>	<ul style="list-style-type: none"> • *Incident Report (IR) generated clinical or academic faculty • HIPAA Compliance Officer (HCO) and Chair present IR to Student with plan for corrective action to include re-education and performance improvement plan • IR sent to HCO for tracking across student curriculum AND Failure of clinical/Failure of course 	<ul style="list-style-type: none"> • 1st offense: Face-to-face meeting with the HCO to review relevant policy; establish performance improvement plan; HIPAA training recertification; Failure of clinic course which may result in delay of graduation. • 2nd offense: Dismissal from graduate program 	<ul style="list-style-type: none"> • HCO • Clinical Coordinator • Chair • Dean

	OR Dismissal from the MS-SLP Graduate program		
<p>V. E-mailing OR posting client PHI on any form of electronic device OR social media</p> <p>Examples*: Sending any form of PHI (image, information, video) or other images, information, videos taken in the clinical setting via email or text; Posting any form of PHI (image, information, video) or other images, information, videos taken in the clinical setting on any form of social media including but not limited to Facebook, LinkedIn, Twitter, Snapchat, etc.; Emailing SOAP notes or posting client PHI to any other site than Practice Perfect</p>	<ul style="list-style-type: none"> • *Incident Report (IR) generated • AND • Failure of clinical/Failure of course OR • Removal from the MS-SLP Graduate program 	<ul style="list-style-type: none"> • 1st offense: Face-to-face meeting with the HCO to review relevant policy; establish performance improvement plan; HIPAA training recertification; failure of clinic course which may result in delay of graduation. • 2nd offense: Dismissal from graduate program 	<ul style="list-style-type: none"> • HCO • Clinical Coordinator • Chair • Dean

*Examples are not all inclusive

Appendix O: Photo/Video/Other
Media Consent Form

For and in consideration of benefits to be derived from the furtherance of the educational programs of Auburn University at Montgomery, I, the undersigned Participant, hereby authorize Auburn University at Montgomery, and any agents, officers, employees, servants or students of Auburn University at Montgomery or its assignees for purposes that include, but are not limited to, the creation of training and/or other informational materials, scientific research, quality assurance, recruiting, advertising and marketing, as well as education and teaching, at Auburn University at Montgomery's sole discretion.

I understand and agree that these audio, video, film and/or print or digital images may be used, edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees to me or to anyone else on my behalf, forever and I hereby relinquish all right, title and interest therein to Auburn University at Montgomery.

I release Auburn University at Montgomery, and any agents, officers, employees, servants or students of Auburn University at Montgomery, Auburn University Board of Trustees and their respective agents, officers, employees and servants from any and all liability relating to the taking, reproduction, and/or use of such photographs, video images, and/or sound recordings.

I hereby certify that I am at least 18 years of age and that I am legally competent to sign this form.

Name of Participant Date

Signature of Participant

Appendix P: Acknowledgement of Receipt and Reading of AUM MS-SLP Student Handbook

After obtaining access through the AUM College of Nursing and Health Sciences website and reading the AUM MS-SLP Student Handbook, please complete this form and return to the Department Chair's office in the AUM Speech and Hearing Clinic, to be placed in your file.

All MS-SLP students are subject to the provisions in the Student Handbook and are responsible to know the policies, procedures and guidelines included in the contents.

Please sign below to indicate that you have read a copy of the AUM MS-SLP Student Handbook (hard copy or electronic copy) and will abide by the policies included in it.

Signature: _____ Date: _____

Printed Name: _____

Note: Failure to sign this form does not exempt a student from the provisions in the AUM MS-SLP Student Handbook.

Appendix Q

CALIPSPO

Knowledge and Skills Acquisition (KASA)

Summary Form 2020 CFCC Standards (SLP)

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

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

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

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

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

• Assessment				
• Intervention				
• Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				
• Prevention				
• Assessment				
• Intervention				
• Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				
• Prevention				
• Assessment				
• Intervention				
• Augmentative and alternative communication modalities				
• Assessment				
• Intervention				
Standard IV-E: The applicant must have demonstrated knowledge of standards of ethical conduct.				
Standard IV-F: The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.				
Standard IV-G: The applicant must have demonstrated knowledge of contemporary professional issues.				

Standard IV-H: The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.				
Standard V-A: The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice (including Speech and Language skills in English, consistent with ASHA's position statement on students and professionals who speak English with accents and nonstandard dialects).				
Standard V-B: The applicant must have completed a program of study that included supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes. (These skills may be developed and demonstrated through direct clinical experiences, academic coursework, labs, simulations, and examinations, as well as through the completion of independent projects.)				
1. Evaluation (must include all skill outcomes listed in a-g below for each of the 9 major areas except that prevention does not apply to communication modalities)				
• Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				

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

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

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

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

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

Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
2. Intervention (must include all skill outcomes listed in a-g below for each of the 9 major areas)				
• Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				

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

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

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

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

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

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

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