

# **CLINICIAN'S HANDBOOK**

## **ON-CAMPUS and OFF-CAMPUS CLINICAL PRACTICA:**

**SLHS 880 & 713**

**SLHS 882 & 712**

**SLHS 711**

### **DEPARTMENT OF SPEECH, LANGUAGE, AND HEARING SCIENCES**

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# MISSION, VISION AND ACCREDITATION of the DEPARTMENT OF SPEECH, LANGUAGE, AND HEARING SCIENCES

## Mission

The Mission of the Department of Speech, Language and Hearing Sciences (SLHS) at San Francisco State University (SFSU) is based on our commitment to antiracism and other forms of anti-discrimination as fundamental to our professions, and essential to our preparation of professionals to:

- Identify, challenge and dismantle institutional, environmental, sociocultural, informational, attitudinal and linguistic barriers to accessible, equitable and transformative communication for individuals with communication disabilities and those whose right of expression are diminished or silenced;
- Develop, model, disseminate and adopt best practices in the provision of equitable, competent, compassionate and culturally/linguistically responsive services to individuals with communication disabilities across the lifespan; and
- Promote linguistic diversity and recognize the use of different languages and Englishes among our students and professionals as an asset to our academic and professional community ([Read our full position statement on students who are non-native speakers of Standardized American English](#)).

Our students go on to work in a variety of settings with a full range of clinical competencies to serve a diverse population.

## Vision

The vision of the SLHS department at SFSU is to be a leader in the field of Speech, Language and Hearing Sciences for advancing critical thinking, equity and scientific rigor. We aspire to meet the challenges of creating pathways for recruiting, supporting, retaining and nurturing high qualified students and professionals that represent diverse histories, identities, life experiences, and perspectives. The SLHS administration, faculty, student body and professional partners represent a community of practice that respects and supports individuals with communication disabilities; that integrates research with clinical practice; that embodies equity; and that fosters an inclusive student/professional community in service of accessible communication for all.

## Accreditation

The Master of Science (M.S.) **education program in Speech Language**

**Pathology** {residential} at San Francisco State University is accredited by the [Council on Academic Accreditation in Audiology and Speech-Language Pathology \(CAA\)](#) of the American Speech-Language-Hearing Association, 2200 Research Boulevard #310, Rockville, Maryland 20850, 800-498-2071 or 301-296-5700. The current accreditation cycle by CAA is 2017-2025. Further, the SFSU Department of Speech, Language and Hearing Sciences provides the Master and [Bachelor of Science in Speech, Language and Hearing Sciences](#).

Our curricula prepare students to meet the standards of ASHA certification, California state licensure in speech-language pathology, and the California Speech-Language Pathology Services Credential.

## **DEGREE, CERTIFICATE, LICENSURE, AND CREDENTIALS of the DEPARTMENT OF SPEECH, LANGUAGE, AND HEARING SCIENCES:**

The Department of Speech, Language, and Hearing Sciences at San Francisco State University is accredited by the Council on Academic Accreditation (CAA), an accrediting board of the American Speech-Language-Hearing Association (ASHA). The SLHS Department includes graduate and undergraduate level training. The baccalaureate degree is considered pre-professional. Therefore, it is necessary to continue study at the graduate level to be employed professionally.

During their senior year, **undergraduate** students may apply to be a clinic aide (SLHS 711 for 1 unit) in one of the on-campus clinics (SLHS 880). This process is competitive and the number of openings for clinic aides is based on clinic needs.

All **graduate students** complete clinical experiences within the SLHS clinic and at off-campus facilities. All clinical experiences are supervised by ASHA certified and California licensed speech-language pathologists and/or audiologists.

The graduate degree awarded is a Master of Science in Speech, Language, and Hearing Sciences with emphasis in speech-language pathology. With this degree and the appropriate application to specific agencies (see below), the individual is eligible for employment as a certified and licensed speech-language pathologist in a wide variety of settings including university clinics, public schools, hospitals, community agencies, private practice, Veterans Administration or other federal agencies.

Many employment settings require the Certificate of Clinical Competence of the American Speech, Language, and Hearing Association (ASHA): <http://www.asha.org>.

State licensing is awarded by the California Speech-Language Pathology and Audiology and Hearing Aid Dispensing Board (SLPAHADB): [http://www.speechandhearing.ca.gov/applicants/app\\_pack\\_slp.shtml](http://www.speechandhearing.ca.gov/applicants/app_pack_slp.shtml).

The Speech-Language Pathology Services Credentials in Language, Speech and Hearing Services is issued by the California Commission on Teacher Credentialing (CTC): [www.ctc.ca.gov/credentials/CREDS/speech-lang-path.html](http://www.ctc.ca.gov/credentials/CREDS/speech-lang-path.html). The primary objective of the credential program in the Speech, Language, and Hearing Sciences Department is to train students to work as speech-language pathologists in the public school system.

## **REQUIREMENTS FOR THE CERTIFICATE OF CLINICAL COMPETENCE IN SPEECH-LANGUAGE PATHOLOGY (ASHA)**

The standards for the Certificate of Clinical Competence by the American Speech-Language-Hearing Association are found at this link:

<https://www.asha.org/Certification/2020-SLP-Certification-Standards/>

The clinical practica requirements FAQ for the certificate of clinical competence in speech-language pathology (CCC-SLP) from the American Speech-Language-Hearing Association (ASHA) are found at this link:

<https://www.asha.org/Certification/Certification-Standards-for-SLP-Clinical-Practicum/>

A minimum of seventy-five (75) semester credit hours, including at least 36 at the graduate level, is required. The program of study must address the knowledge and skills pertinent to the field of speech-language pathology. The applicant must maintain documentation of course work at both undergraduate and graduate levels demonstrating that the requirements in this standard have been met. The minimum 75 semester credit hours may include credit earned for course work, clinical practicum, research, and/or thesis/dissertation. Verification is accomplished by submitting an official transcript showing that the minimum credit hours have been completed.

A minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology is required for the ASHA CCC. A maximum of 25 clinical observation hours are included in this total. At least 325 of the 400 clock hours must be completed while the student is engaged in graduate study. The remaining required hours may have been completed at the undergraduate level (maximum 75 clock hours). Signed verification of all clock hours (using SFSU SLHS clinic forms SC-10 or SC-10.5, or the internship logs) must be in the student's file. A total of 75 clinical clock hours can be obtained in simulated environments, such as that offered by Simucase (<https://www.simucase.com/>), which has been incorporated into the curriculum at SFSU.

Please note that the graduate program, including clinical training, is intended to be, and has traditionally been, an in-person program. Due to conditions imposed by COVID-19, the program is being delivered through a combination of virtual and face to face means. The Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA), which also accredits our program, approved of delivering clinical and academic preparation in a virtual format (<https://caa.asha.org/about/coronavirus-covid-19/>) through December, 2021.

# TELEPRACTICE GUIDANCE THROUGH COVID IMPACT

From <https://www.asha.org/certification/covid-19-guidance-from-cfcc/>

**Effective January 1, 2022 – June 30, 2022**

## *Telepractice With Telesupervision*

Graduate student clinicians who are enrolled in CAA-accredited and CAA-candidacy programs may engage in service delivery through telepractice as outlined below.

- For purposes of ASHA certification for students graduating on or before June 30, 2022, one of the following must be provided on site and in person: (a) at least 50% of supervised clinical practicum between January – June 2022 or (b) a cumulative 125 hours of supervised clinical practicum across the graduate program.
- Multiple students may participate in the same session. Each participating student will earn the full hour toward the completion of their clinical practicum. Program and clinic directors have the authority to determine how many students can appropriately take part in an online teletherapy session with one client, keeping quality patient care, safety, and optimal clinical education in mind.
- Clinical educators may supervise more than one telepractice session concurrently, provided they (a) are available 100% of the time to each session and (b) provide a minimum of 25% direct supervision of the total contact time with each client/patient, similar to in-person supervision requirements.
- Programs must carefully consider which clients/patients are appropriate for telepractice. As always, programs must adhere to all local/state/federal policies.
- Guidance for programs engaging in on-site **and in-person therapy visits**: Up to two SLP graduate student clinicians who are actively engaged with one client/patient during a session may each count the full hour toward their minimum supervised clinical practicum hours.

**Effective July 1, 2022 – December 31, 2022**

## *Telepractice With Telesupervision*

Graduate student clinicians who are enrolled in CAA-accredited and CAA-candidacy programs may engage in service delivery through telepractice as outlined below.

- For purposes of ASHA certification for students graduating between January 1, 2022, and December 31, 2022, one of the following must be provided on site and in person: (a) at least 50% of supervised clinical practicum between January – December 2022 or (b) a cumulative 125 hours of supervised clinical practicum across the graduate program.



- Multiple students may participate in the same session. Each participating student will earn the full hour toward the completion of their clinical practicum. Program and clinic directors have the authority to determine how many students can appropriately take part in an online teletherapy session with one client, keeping quality patient care, safety, and optimal clinical education in mind.
- Clinical educators may supervise more than one telepractice session concurrently, provided they (a) are available 100% of the time to each session and (b) provide a minimum of 25% direct supervision of the total contact time with each client/patient, similar to in-person supervision requirements.
- Programs must carefully consider which clients/patients are appropriate for telepractice. As always, programs must adhere to all local/state/federal policies.
- Guidance for programs engaging in on-site **and in-person therapy visits**: Up to two SLP graduate student clinicians who are actively engaged with one client/patient during a session may each count the full hour toward their minimum supervised clinical practicum hours.

## COURSE AND SKILL REQUIREMENTS

All applicants for ASHA-CCC must hold a master's degree. All applicants, including those who attended CAA accredited programs, must complete the ***Knowledge and Skills Acquisition (KASA) Summary for Certification in Speech-Language Pathology*** form to be placed in the student file. The KASA template for SLHS Department students is available on-line at <http://slhs.sfsu.edu/gradadvising/> under Applying for Graduation - Knowledge and Skills Acquisition (KASA). Information about the KASA form is presented during SLHS Orientation Meetings (held the beginning of fall and spring semesters), through advising, and within the following courses:

- SLHS713 Seminar in Therapy for Organic Communicative Disabilities (Take twice with SLHS 880 clinic = 2 units)
- SLHS880 Advanced Communication Therapy (repeat a minimum of two times @ 2 units each time = 4 units)
- SLHS712 Internship Workshop Seminar: Communicative Disabilities (1 unit) (Take twice, concurrent with SLHS882, worth 6 units)
- SLHS882 Internship (6 units) (Take twice, concurrent with SLHS712, worth 1 unit)

ASHA requires the equivalent of nine months of full-time supervised clinical work following completion of academic requirements. For the CCC, this is called the Clinical Fellowship (CF) experience. Work during this period is usually paid and completed in nine (9) months at a rate of a minimum of thirty (30) hours per week, or in eighteen (18) months at a rate of fifteen to nineteen (15-19) hours per week.

As part of the certification process, ASHA requires that the applicant report the results of the National Examination in Speech-Language Pathology (PRAXIS Series) by the Educational Testing Service (ETS) with a passing score to the professional accreditation board.

## REQUIREMENTS FOR CALIFORNIA STATE LICENSURE IN SPEECH-LANGUAGE PATHOLOGY (SLPAHADB)

The California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (SLPAHADB) requires sixty (60) units of academic credit for licensure in speech-language pathology. Twenty-four (24) of these units must be in the field of speech-language pathology from a single university; thirty (30) of these units must be in courses providing information about communicative disabilities and training in diagnosis and management of speech, language, hearing disabilities. No credit is given for units earned during clinical practicum.

Three-hundred (300) clock hours are required for the California license in three different settings.

All applicants for CA licensure must hold a master's degree. All applicants must complete the Clinical Practicum in Speech-Language Pathology form available online: [http://www.speechandhearing.ca.gov/applicants/app\\_pack\\_slp.shtml](http://www.speechandhearing.ca.gov/applicants/app_pack_slp.shtml). Information about CA licensure is presented during SLHS Orientation Meetings (held the beginning of fall and spring semesters), SLHS 725: Student Teaching Seminar, SLHS 712 Medical Internship Seminar, and through advising. **Note:** All applications for CA licensure must be reviewed by the graduate's adviser prior to receiving the signature of the SLHS program director. The Report of Clinical Practicum must be submitted directly from the university to the licensing office.

SLPAHADB requires the equivalent of nine months of full-time supervised clinical work following completion of academic requirements. For the California license, this period is termed Required Professional Experience (RPE). Work during this period is usually paid and completed in nine (9) months at a rate of a minimum of thirty (30) hours per week, or in eighteen (18) months at a rate of fifteen to nineteen (15-19) hours per week.

As part of the RPE process, SLPAHADB requires that the applicant report the results of the National Examination in Speech-Language Pathology (PRAXIS Series) by the Educational Testing Service (ETS) with a passing score to the board.

## **REQUIREMENTS FOR CALIFORNIA SPEECH-LANGUAGE PATHOLOGY SERVICES CREDENTIAL (SLPSC) IN LANGUAGE, SPEECH, AND HEARING**

The Speech-Language Pathology Services Credential (SLPSC) in Language, Speech, and Hearing is issued by the California Commission on Teacher Credentialing (CCTC) for individuals intending to practice speech-language pathology in the public schools. Recent legislation allows speech-language pathologists who possess a CA state license to work in the schools as consultants without the SLPSC. Be advised, however, that many school districts are choosing to hire only individuals who hold the SLPSC. Therefore, it is recommended that graduate students complete the requirements for the SLPSC.

The CCTC is responsible for determining the appropriate requirements for the practice of speech-language pathology in the public schools. Students should be aware that changes in credential requirements are determined by the CCTC, not the SLHS department. Basic questions regarding credentials can be answered by your adviser. More complex questions should be addressed to the College of Education Credentials Office (405-3594) or directly to the CCTC office in Sacramento toll-free 888-921-2682 (1:00 – 4:45 pm, Monday-Friday) or visit [www.ctc.ca.gov](http://www.ctc.ca.gov).

Students must complete either the ASHA requirements for clinical certification in speech-language pathology and/or the state licensing board requirements to practice as a speech-language pathologist in California to obtain the SLPSC. When the graduate student has completed these requirements for the Speech-Language Pathology Services Credential, a preliminary credential will be awarded following proof of receipt of the Master of Science degree. For the clear SLPSC, the candidate may apply directly to the Commission and must verify:

- 1) passing score (currently 162) on the Educational Testing Services Praxis II Speech-Language Pathology Test (test code 0330), and
- 2) completion of a 36-week, full-time, mentored clinical experience or equivalent supervised practicum (commonly known as the Clinical Fellowship [CF]). Verification of completion may be on one of the following forms:
  - a) Required Professional Experience (Form 77V-21) from the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.
  - b) Speech-Language Pathology Clinical Fellowship and Rating Report Form from the American Speech-Language-Hearing Association (ASHA).

# THE DEPARTMENT OF SPEECH, LANGUAGE, AND HEARING SCIENCES: CLINICAL PRACTICUM

Information from ASHA's CFCC that guides the graduate program's implementation of clinical practica is found here: <https://www.asha.org/certification/2020-slp-certification-standards>

Accreditation Standards from ASHA's CAA are obtained at this link: <https://caa.asha.org/wp-content/uploads/Accreditation-Standards-for-Graduate-Programs.pdf>

Student clinician placements in both on- and off-campus clinical experiences are determined by SLHS faculty advisement and approval. Supervised clinical practicum is arranged to include experiences with client populations across the life span and from culturally/linguistically diverse backgrounds. Practica must be completed that include diagnostic and therapeutic experiences with both children and adults with various types and severities of communication and/or related disabilities and differences.

According to ASHA CAA's Accreditation Standard 3.1B, "An effective entry-level professional speech-language pathology program allows each student to acquire knowledge and skills in sufficient breadth and depth to function as an effective, well-educated, and competent clinical speech-language pathologist (i.e., one who can practice within the full scope of practice of speech-language pathology). The education program is designed to afford each student with opportunities to meet the expectations of the program that are consistent with the program's mission and goals and that prepare each student for professional practice in speech-language pathology."

Per the CFCC in Standards IV-B, IV-C, and IV-D, the applicant must have demonstrated knowledge of communication and swallowing disabilities and differences, including the appropriate etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates, as well as current knowledge of the principles and methods of prevention, assessment, and intervention for persons with communication and swallowing disabilities, including consideration of anatomical/physiological, 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

Regarding implementation of CFCC Standards, “[i]t is expected that coursework addressing the professional knowledge specified in this standard will occur primarily at the graduate level.”

Further guidelines from CFCC are as follows:

#### **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).

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

### **Standard V-D**

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

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

### **Standard V-E**

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

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

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

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

### **Standard V-F**

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

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

### **Standard VI: Assessment**

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

Implementation: Results of the Praxis® Examination in Speech-Language Pathology must be submitted directly to ASHA from the Educational Testing Service (ETS). The certification standards require that a passing exam score be earned no earlier than 5 years prior to the submission of the application and no later than 2 years following receipt of the application. If the exam is not successfully passed and reported within the 2-year

application period, the applicant's certification file will be closed. If the exam is passed or reported at a later date, then the applicant will be required to reapply for certification under the standards in effect at that time.

## **DESCRIPTION OF CLINICS**

The SLHS clinic program offers undergraduate clinician aide experience (SLHS 711) and graduate clinics (SLHS 880, 881, and 882). Typically, the student enrolls in one treatment practicum per semester unless advised to do otherwise.

### **UNDERGRADUATE CLINIC AIDE**

Undergraduate students who have achieved senior status may request to be a clinic aide in one of the on-campus clinics. Upon assignment and approval by the SLHS clinic director, the student enrolls in SLHS 711 (1 unit).

### **RESPONSIBILITIES AND GUIDELINES FOR CLINIC AIDES**

1. Assist clinicians in preparation of treatment rooms, materials, etc. Responsible for opening treatment rooms. Get keys from academic office coordinator if clinical educator is not available.
2. Assist clinicians and clinical educator in video-recording and monitoring sessions. Training will be given by academic office coordinator or administrative office assistant.
3. Parents should know where clinic aide is located in case they want to observe.
4. At the end of all clinics, clinic aide is responsible for making sure that the treatment rooms are all locked including rooms BH116, BH127, BH136 and BH138 if used.  
Note: Please make sure that rooms BH127 (clinician's materials room) and BH136 (audio/video central control room) are locked at all times. Also, please assist the clinicians in cleaning up room, putting furniture back in the room, etc.
5. During treatment sessions, clinic aide should be observing with the clinical educator in his/her office unless otherwise assigned to another room.
6. Mid-term Grade diagnosis criteria – Clinical educator and clinic aide review the following:
  - summary of duties
  - further objectives
  - feedback
7. Final grade diagnosis criteria: Clinical educator and clinic aide complete a written grade form reflecting semester competency. The objectives include the following:
  - a written report of experience
  - a written report on a specific therapeutic process
  - a written report on a specific SLHS disorder

## GRADUATE CLINICS

Students must take SLHS 713 Seminar in Therapy for Organic Communicative Disabilities concurrently with both first year SLHS 880 Advanced Communication Therapy clinical experiences. One of the clinical experiences will include a child experience and the other will include an adult experience. SLHS 713 represents staffing (SLHS 713) with the clinical educator, and occurs either immediately prior to or following the treatment session.

All students are required to take one clinic every semester until they are approved for a SLHS 882 experience (or SLHS 881) for 6 units, unless otherwise advised by their faculty advisor and approved by the clinic director. Clinics will be arranged by time rather than by category. One unit of SLHS 712: Internship Workshop is taken concurrently with SLHS 882.

The following clinical practicum are available for students. Eligibility for practica is contingent upon completion of appropriate seminars and approval by the SLHS clinic director.

### ***Specialty Child Clinics (SLHS 880):***

Student clinicians provide individual and/or group treatment for specialty child clinics related to participation in personnel preparation grants or to faculty research interests. Examples include a toddler clinic located at SFSU early childhood education centers, a family-centered autism clinic, an off-campus school-based clinic, and an AAC storytellers club. Treatment is provided one to two times per week for approximately 110 total minutes.

### ***General Child Clinics (SLHS 880):***

Student clinicians provide individual and/or group treatment for clients who have been recommended for articulation and/or language treatment. Treatment is provided two times per week for approximately 55 minutes per session.

### ***AAC Conversation Club/Adult General Clinic/Adult Neurogenic Disabilities Clinic/Gender Affirmation (SLHS 880):***

Student clinicians provide individual and/or group treatment for adults in one of four areas: augmentative and alternative communication; adult general clinic including voice, fluency, high functioning autism and language based learning challenges; neurogenic disabilities including aphasia, motor speech disabilities, and traumatic brain injury; and gender affirmation. Individual and/or group sessions are scheduled once weekly for approximately 110 total minutes.

### ***Simulation:***

Simulated clinical experiences are integrated into academic coursework in SLHS 701, SLS 708, SLHS 754, and SLHS 707, when appropriate, during the first graduate year. Simulation are integrated into SLHS 712 during the second graduate year as timely augmentations of class discussions and to supplement clinical experiences.

### ***Internship in Speech, Language and Hearing Sciences I/II (SLHS 882):***

All candidates for the Master of Science are also candidates for the Speech-Language Pathology Services Credential (SLPSC). Each candidate is required to complete a student teaching experience in the public school setting for approximately 3 ½ days per week. A minimum of 150 clock hours with minors plus an additional 75 residency hours are required. In the virtual environment required by COVID-19, 35 residency hours are required. The workshop seminar (SLHS 712) to accompany this assignment must be taken

concurrently. The student enrolls for 6 units of SLHS 882 and 1 unit of SLHS 712 upon advisement.

***Internship in Speech, Language and Hearing Sciences III (SLHS 882):***

All master's candidates are required to complete an internship in a clinical setting (hospital, clinic, private practice, or rehabilitation center). This adult internship requires a minimum of 150 clinical clock hours and 75 residency hours. In the virtual environment required by COVID-19, 35 residency hours are required. The student must enroll for six (6) units of SLHS 882 and one (1) unit of SLHS 712. Students may also enroll in SLHS 882 for three (3) units during the summer semester.

## **SUPERVISION AND CLOCK HOURS**

Supervision is provided by individuals who hold the ASHA Certificate of Clinical Competence in the appropriate area of practice. Direct supervision is in real time, is not less than 25% of the student's total contact with each client/patient and occurs periodically throughout the practicum. These minimum requirements are adjusted upward if the student's level of knowledge, experience, and competence warrants adjustment.

The clinical educator is available to consult, as appropriate, for the client's/patient's disorder with a student providing clinical services as part of the student's clinical education. Supervision of clinical practicum includes direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competencies.

The student clinician is assigned a SLHS faculty clinical educator for each on-campus clinical practicum offered by the SLHS department. For the off-campus internships and student teaching experience(s), the student clinician has an "on-site" clinical educator in addition to the university-based clinical educator. The "on-site" clinical educator is the immediate supervisor and the university-based clinical educator is the academic SLHS faculty supervisor. Only the clinical educator who actually observes the student in a clinical session is permitted to verify the credit given to the student for the clinical practicum hours.

Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward clinical clock hours. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client. In rare circumstances, it is possible for several students working as a team to receive credit for the same session depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another student interviews the parents, both students may receive credit for the time each spent in providing the service. However, if one student works with the client for 30 minutes and another student works with the client for the next 45 minutes, each

student receives credit for the time he/she actually provided services—that is, 30 and 45 minutes, not 75 minutes. If two students are providing group therapy to clients, each would count 50% of the time as clinical clock hours – that is, for a 30-minute group session, each student would count 15 minutes, not 30 minutes. The student clinician is responsible for maintaining documentation of time spent in supervised practicum, obtaining the supervisors' signatures, and submitting the paperwork for verification by the SLHS clinic director.

**The only exception to these clinical contact rules is due to COVID, when ASHA's CFCC permits students to train virtually, and to have two or more students receive the clinical clock hour when working together virtually to serve clients.**

## **GRADING POLICY**

Grading criteria for undergraduate clinic aides (SLHS 711) and graduate students (SLHS 880) in clinical practicum in the SLHS clinic are as follows:

### **FOR UNDERGRADUATE CLINIC AIDES (SLHS 711):**

- A Can function successfully with minimal supervision. Has made significant progress in current semester.
- B Can function successfully with regular supervision. Has made significant improvement during semester.
- C Can function successfully with constant supervision. Some progress during semester.
- D Cannot function successfully with supervision. Little progress during semester.

### **FOR GRADUATES (SLHS 880 & SLHS 713):**

- A Can function **independently** with minimal supervision for that clinical experience as expected for a beginning (1<sup>st</sup> client), intermediate (2<sup>nd</sup> or 3<sup>rd</sup> client) or advanced (internship) student clinician in the current semester.
- B Can function successfully with minimal supervision for that clinical experience as expected for a beginning (1<sup>st</sup> client), intermediate (2<sup>nd</sup> or 3<sup>rd</sup> client) or advanced (internship) student clinician. Significant progress in current semester.
- C Can function successfully with regular supervision for that clinical experience as expected for a beginning (1<sup>st</sup> client), intermediate (2<sup>nd</sup> or 3<sup>rd</sup> client) or advanced (internship) student clinician. Some progress during semester.
- D Cannot function successfully with regular supervision for that clinical experience as expected for a beginning (1<sup>st</sup> client), intermediate (2<sup>nd</sup> or 3<sup>rd</sup> client) or advanced (internship) student clinician.

**NOTE:** The student's final grade may be reduced by one letter grade if all reports and/or papers are not submitted in correct form and by the due date.

### ***Criteria for Academic and Clinical Practicum Advancement in the SLHS program:***

- In order to advance in the academic and practicum sequence, the student must maintain the following:
  - Letter grade of C– or better in each graduate-level academic course, with an overall B average (3.0 GPA) for the program.
  - Letter grade of B– or better in all SLHS 880 level clinics.

- Students who do not meet the requirements above will not be allowed to advance in the academic and clinical practicum sequence. The student will be required to meet with an advisor to develop a remediation plan that may include additional coursework and/or practicum experience.
- No clock hours will be counted for clinical practicum that result in a grade of W (withdrew) or I (incomplete) for reasons other than faculty approved medical/emergency situations.

## INTERNSHIP PLACEMENT PROCEDURES

The student must meet with an advisor to determine preliminary eligibility for off-campus placements. The student must complete the internship survey at beginning of the preceding semester in which she/he wishes to be placed.

The SLHS internship coordinators will review the requests for off-campus placements and place the students at internship sites with on-site clinical educators. The coordinators will place the students with their university liaisons. A mandatory meeting of all students approved for off-campus placement will be held after faculty approval. The purpose of this meeting is to discuss the assignments and answer any individual questions the students may have. One-on-one appointments between the student and the internship coordinators, the Directors of the various specializations (AAC, Autism Spectrum, Early Childhood and Spanish Bilingual), and/or academic advisors will be scheduled as needed.

The SLHS internship coordinators are responsible for placement of student interns and credential candidates. It is the SLHS coordinators' job to assure that a valid contract exists between the site and SFSU, the site is appropriate to the student's needs, and that the site supervisor is ASHA-certified in the appropriate area of supervision, holds California licensure and/or the appropriate credential. The SLHS school and internship coordinators will contact prospective sites where students are desired and inform the clinical educators which student(s) will be contacting them for interview(s).

***The student is NOT to contact any off-campus site (relative to internship or credential placement) until specifically instructed to do so by the SLHS school and medical internship coordinators. Site supervisors will not interview students nor will students be assigned to a particular site until SLHS school and medical internship coordinators have notified that site supervisor of the students who are eligible and who will be coming for interview(s). Failure to observe this protocol may jeopardize the student's internship and/or credential placement process.***

During the interview, the student should provide the off-campus clinical educator/mentor with information about experiences, current number and categories of clock hours, and specific client needs. After the student has been tentatively assigned to an off-campus site, he/she should observe at the site during the semester preceding the assignment. The observation will provide an opportunity for the student to meet with the clinical educator and obtain preliminary information regarding the setting. It will also allow the clinical educator to meet and discuss with the student the requirements the clinical educator will establish.



## **CONFIRMATION OF INTERNSHIP PLACEMENTS**

When the placement is determined, a letter will be sent from the SLHS internship coordinators to the on-site clinical educator confirming placement. This letter will include: 1) the name of the SLHS faculty who will be supervising the student, 2) the master's comprehensive written examination date, 3) retake examination date, 4) dates of campus meetings for all interns (SLHS 712), 5) specific beginning and finishing dates of the semester and 6) specific date when the final grade and student evaluation should be sent to the respective SLHS faculty liaison. As soon as placement has been confirmed, the student and on-site clinical educator will determine the weekly work schedule and the work requirements during academic holidays. The beginning date of the assignment must be no later than the first day of SFSU instruction and the final date no later than the last day of SFSU instruction. This schedule should be in writing, a copy of which is to be sent to the SLHS faculty liaison.

**If the student plans to take the comprehensive written examinations during the semester in which the off-campus assignment is being completed, the student will be excused from off-campus assignment duties only on the scheduled day of the examination.**

## **SPEECH-LANGUAGE PATHOLOGY SERVICES CREDENTIAL (SLPSC): INTERNSHIP PLACEMENT DETAILS**

Completion of the Master's Degree curriculum is required for the Speech-Language Pathology Services Credential (SLPSC). Upon admission to the Master's program, students are required to have passed the CBEST, and to obtain the Certificate of Clearance (COC) from the California Commission on Teacher Credentialing (CCTC). Once accepted as an intern, each student must meet vetting requirements of their school district. These may include a TB test taken and passed within the previous year, completion of an individual school district intern MOU, finger printing, and other requirements required by the school district.

To receive a grade for the school internship experience, a minimum of 150 clock hours with minors is expected. If there are extenuating circumstances in which the student is unable to obtain the minimum 150 clock hours, it may be necessary for the student, following consultation with the on-site internship mentor, to extend the assignment. Generally, the student is expected to spend a minimum of 3 1/2 days a week at the school site for an entire semester. Unrelated to the 150 clock hours requirement, the student must also spend a minimum of 75 residency hours at the school site. Any time that is spent at the school site in which clock hours are not being earned is considered "residency," e.g., writing reports, lesson planning, consulting with the site supervisor.

Credential candidates are typically enrolled in the school internship workshop (SLHS 712), meeting for a total of 15 hours during the semester. IEPs, school-based issues, paperwork and deadline dates are discussed in these seminars, which are led by the internship coordinators who are familiar with work in public school settings. Upon completion of the clinical practicum assignment, the student is responsible for placing a record of his/her client clock hours, signed by the on-site clinical educator and the SLHS clinic director, in the student's file in the SLHS department office.

## **FOR ALL INTERNSHIPS**

For ALL clinical internships (SLHS 882), the student is required to spend 200-225 hours on site with a minimum of 150 of these hours as direct client contact (clock hours). If there are extenuating circumstances in which the student is not able to obtain the minimum 150 clock hours, it may be necessary for the student, following consultation with the on- site supervisor, to extend the assignment. The student clinician must maintain consistent attendance at the intern site. Absenteeism is excused only for emergencies with the intent to make up the time. Written documentation for each emergency must be submitted for the intern site supervisor's approval. A copy must be forwarded to the SLHS faculty supervisor and to the SLHS internship coordinator.

Internship candidates are typically enrolled in the nonschool internship workshop (SLHS 712) meeting for a total of 15 hours during the semester. Billing, Medicare, HIPAA and other medical-based issues are discussed at these seminars, which are led by the internship coordinator. Upon completion of the clinical practicum assignment, the student is responsible for placing a record of his/her client clock hours, signed by the on-site clinical educator and the SLHS clinic director, in the student's file in the SLHS department office.

The SLHS department will host an internship mentor meeting each semester with the off-campus clinical mentors, SLHS faculty liaisons, and SLHS internship coordinators in attendance. In addition, all off-campus site supervisors will serve as the SLHS Department's Community Advisory Board, attending one meeting per semester.

At the end of the assignment, the on-site clinical educator will complete the student clinician's KASA form which should be **emailed** to the SLHS faculty supervisor and SLHS internship coordinator, along with a recommended final grade for the student, no later than the last day of university instruction. The SLHS faculty liaison will submit the final grade to the university. Upon completion of the assignment, the student clinician is responsible for placing a record of his/her client clock hours, signed by the on-site supervisor and SLHS clinic director, in the student's file in the SLHS department office. In addition, each student will complete an evaluation form for their on-site supervisor (submitted to SLHS internship coordinator).

In the event the student encounters problems regarding the off-campus assignment, the student should discuss this immediately with the SLHS faculty liaison who will, as appropriate, notify the SLHS internship coordinator.

## **VOLUNTEER EXPERIENCES (Off-Campus)**

On occasion, students may be interested in volunteering at an off-campus site to further their clinical experience. Students must contact a site independently of the SLHS department. The student will not be assisted in finding a volunteer site. There will be no contact between the SLHS clinic director, internship coordinator/s and the volunteer site. Volunteer experience will not fulfill any academic or clinical practicum requirements of the SLHS department.

## CLINIC REGISTRATION INFORMATION

### ***UNDERGRADUATE CLINICS***

SLHS 711	Sign up on online survey, obtain add code from designated faculty member	1 unit
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### ***GRADUATE CLINICS***

\*Enroll for 2 units of 880 and 1 unit of SLHS 713 for your assigned clinic.

SLHS 880	Advanced Communication Therapy	2 units
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SLHS 713	Seminar in Therapy	1 unit
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SLHS 882	Internship	6 units
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SLHS 712	Internship Workshop	1 unit
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### ***DOUBLE CLINIC ENROLLMENTS***

Students approved by the Program/Clinic Director to take two clinics during one semester will enroll in two **different** sections of the appropriate clinic, e.g., SLHS 880.02 for 2 units and SLHS 880.03 for 2 units.

## STANDARD CLINICAL PROCEDURES

### SLHS DEPARTMENT OFFICE AND SLHS ROOMS

1. The SLHS department office is located in Burk Hall 113.
2. Communications with SLHS department office staff is to be conducted through the window in Room 114 reception room.
3. Only faculty and staff can be admitted into the SLHS department office in Burk Hall 113.
4. The SLHS reception room (BH 114) is for clients or student appointment check-in.
5. Client files, if in hard copy, may be checked out through the SLHS office staff by asking for the file at the check-out window (BH 114) and completing an **OUT** card.
6. The Clinicians' Materials Room (BH 127) houses materials/equipment that must be checked out in BH 114. Students can review materials/equipment only when an attendant is scheduled to work.
7. The photocopier in BH 114 may **not** be used by students.
8. The SLHS office hours are posted on the SLHS website, and are subject to change as the campus environment adjusts to the post-covid era.
9. Clinicians' Workroom (Burk Hall 116): Tables/chairs, computers, a microwave oven, SLHS treatment toys and games, and the SLHS library are located in this room. The door of this room will be unlocked in accordance with SLHS office hours. Students are responsible for maintaining the cleanliness in the workroom. Students cannot be in the room if there are no faculty or staff on site.
10. Staffing/Meeting Rooms (Burk Hall 132, 133 and 138). These rooms are used for clinic staffing, small classes, large group treatment, and meetings.
11. AAC Lab/Staffing Room (Burk Hall 137). The AAC laboratory is used for preparation of materials for student clinicians enrolled in SLHS 880 and SLHS 882. It is paid for by student lab fees. This room is also used for staffing, small classes, and meetings.
12. Find Your Voice Lab (Burk Hall 140). The Visi-Pitch and other equipment for diagnosis and remediation of voice disabilities are housed in this area. Research for the Find Your Voice Lab is conducted in this room under the supervision of Dr. Anusha Sundarajan.
13. Gray Matter Lab (Burk Hall 107): Research for the Gray Matter Lab is conducted in this room under the supervision of Dr. Teresa Gray.

### SLHS CLINIC RECEPTION ROOM

Students are not to congregate in the SLHS clinic reception area during clinic hours. The chairs are for the use of the clients and their families. **Students are not to discuss a client in the reception room, hall, or in public where they may be overheard.**

### CLINICAL FILES

All client files are de-identified and assigned a clinic or ID number, and may be in hard copy or virtual. If in hard copy, the number has five units which provide important identifying information about the client. An illustration appears below:

**Client Number      06- 50 - A - 4 - 01**

06	the year the client entered the Clinic
50	the client was the 50th client to enter the SLHS clinic in 2006
A	the client has an articulation disorder
4	the month of the client's birth is April
01	the year of the client's birth is 2001

The letters used to identify each disorder are:

A	Articulation
L	Language
P	Aphasia/Neurogenic
H	Hearing
V	Voice
F	Fluency
AC	Accent

**CHECK-OUT PROCEDURES FOR CLIENT FILES**

The hard copy client files are located in a locked filing cabinet inside the SLHS department office (BH 113).

Requesting a client file:

1. **Students do not have direct access to the locked file cabinets where client files are stored.** The student must ask for the client file at the SLHS office window. Before the clinic office staff provides the file, the student must fill out an OUT CARD with the student's last name, the client's last name, and the date. The OUT CARD will be placed in the space from which the folder was removed. **This procedure must be followed every time the student checks out a client file.**
2. **Files are not to be removed from the SLHS clinic area.** They may be taken to the SLHS clinic area to read. Files must be returned to the SLHS office the same day they are checked out. If the student returns a file after SLHS office hours, he/she should give the client file to the clinical educator who will return the file to the SLHS office.
3. The information in the client files is confidential and therefore is not to be discussed with anyone unless that person is directly involved with your client (i.e., the clinical educator).
4. **Documents in the files are *not* to be photocopied and photos of client file documents are not to be taken by student clinicians!** If information is required by another agency, a release form must be signed by the client or the client's parent or guardian. The completed form is given to the SLHS Department office staff who will take care of the mailing.

## CLINIC AIDES AND INTERNSHIP PLACEMENTS

The scheduling of clients necessitates an early commitment on the part of student clinicians. The due date for Clinic Aide and Internship Request Forms are listed on the current SLHS Program calendar.

Students who fail to complete the internship survey by the due date may not be assigned as a clinic aide or to an internship site. Attempts will be made to honor the student's request for a specific practicum experience. However, it should be understood that the client population/clinical educator availability may necessitate changes.

The clinic request forms for clinic aides and internships are available online on the SLHS Department website under CURRENT STUDENTS. It is the student's responsibility to complete all of the information on-line before the deadline.

## REGISTRATION FOR SLHS 880 CLINICS

The SLHS Department Chair/Program Director/Clinic Director will assign incoming first year graduate students to fall clinic after the students are given opportunities to select specializations. If a student is assigned to a child clinic in the fall, the student will be assigned to an adult clinic in the spring and vice versa. **Students are not to request specific adult/child clinics or clinical educators.**

Registering for a clinic requires a professional commitment on the part of the student. When a client is contacted, the SFSU SLHS clinic makes every effort to provide treatment for that client. If the commitment is broken, the clinic's reputation suffers. Therefore, it is assumed that when a student has registered for clinic, they will in fact fulfill their responsibility. **If a student decides to drop a clinic before the clinic begins, it is expected that they will petition directly to the SLHS clinic director in writing for permission to withdraw, stating the reasons for withdrawal.** A record of clinic withdrawals will be kept in the student's permanent file.

Students are required to attend all scheduled treatment sessions, provide any makeup sessions for their client(s), and be available for additional treatment sessions when needed at the discretion of the clinical educator.

## CLINIC FORMS

All clinical forms are available online on the SLHS Department website under Advising Manual for Graduate Students in Speech, Language, and Hearing Services: Preparing for On-Campus Clinical Practicum. The following prefixes are used in the form coding system:

A      Accidents

F	Client File Forms
SC	Student Clinician Forms
HC	Hearing Conservation Forms
HS	Hearing Screening Forms

## INSURANCE

All students who are enrolled in SLHS clinical practicum and are providing clinical services on- or off-campus are covered under SFSU insurance.

## LAB FEES

All student clinicians enrolled in clinical practicum on campus must pay a lab fee each semester online through the Bursar's Office.

## CLINIC PROTOCOL

The SFSU SLHS clinic is the first professional setting for many new clinicians. Although the SLHS clinic is a teaching facility, it is still a professional setting. Therefore, it is imperative that the student act accordingly at all times. A general rule to follow is: **If you would not do it in a clinical or public school setting, do not do it here.**

Specific professional and ethical behaviors are outlined within the **ASHA Code of Ethics** (see attachment at the end of this handbook). When enrolled in the SLHS clinic, the student refers all client/clinician issues to the immediate clinical educator. Any further action should be referred to the SLHS Chair/Program or Clinic Director. Failure to follow these guidelines may result in disciplinary action as outlined in the SLHS Client Privacy and Confidentiality Policy.

Clinicians should arrive for their clinical practicum 15 to 20 minutes before the session is scheduled. This will allow time to set up the treatment room and obtain reserved treatment materials.

**Under no circumstances should a clinician assume responsibility or make arrangements for the transportation of a client. Insurance policies do not cover this activity.**

Although there are no strict guidelines as to dress, student clinicians are expected to dress appropriately for the setting and client. A general principle to follow is that the clinician's appearance should not interfere with the client's receptivity to the clinician and the clinical activities. Specifically, in the SLHS Clinic, clinicians should not be wearing jeans, shorts, sandals, t-shirts, etc. Where questions arise, the clinician should consult with the clinical educator.

## TREATMENT ROOMS

There are specific treatment rooms in the SLHS clinic area. The treatment session should terminate no later than 5-10 minutes prior to the room's next scheduled session. This will allow the next clinician a sufficient amount of time to organize materials. ***Before leaving the room, it is imperative that the room is clean of the previous treatment's materials, paper, debris, water cups, etc.***

## UNIVERSAL PRECAUTIONS

The information below is taken from

<https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html#print> and <https://medlawadvisory.com/universal-vs-standard-precautions/>

Universal precautions were introduced by the Centers for Disease Control (CDC) in 1985, mostly in response to the human immunodeficiency virus (HIV) epidemic. Universal precautions are a standard set of guidelines to prevent the transmission of bloodborne pathogens from exposure to blood and other potentially infectious materials (OPIM). Times have changed since Universal Precautions were first set in place. The 21st century has seen devastating illness from Ebola virus, avian flu, West Nile virus, SARS, Zika virus and biological warfare as well as the pandemic flu from previous generations. Gloves alone do not completely protect a health professional or patient. Even diseases usually transmitted by contact can be aerosolized by saliva and respiratory secretions. Irrigating a wound can risk a splash back of fluid. Respirator masks can be contaminated. Today, public health officials must prepare against contact and airborne transmission as well as bloodborne risks.

In 1996, the Centers for Disease Control and Prevention established the term Standard Precautions. This broadened the focus on prevention, applying the principles to all patients regardless of diagnosis or presumed infection status. These guidelines consider the risk of transmission of illness from both recognized and unrecognized sources.

In the very simplest terms, Standard Precautions involve washing hands before and after patient contact, whether or not gloves are worn. They involve wearing clean gloves when touching blood, body fluids, and contaminated items, as well as a clean, non-sterile gown and a mask, eye protection or face shield (when appropriate) in the likely event of splashes or sprays. Soiled equipment and linen are carefully handled to prevent injuries from used equipment.

These measures are the minimum infection prevention practice applying to all patient care, regardless of the healthcare setting or whether a patient is known or suspected to carry disease.

Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infections, including the virus that causes COVID-19, for which additional precautions are needed to prevent infection transmission. Those include Contact Precautions, Droplet Precautions, and Airborne Precautions. Each have specific guidelines and applications which must be addressed in policy and followed by staff to avoid legal ramifications.



In summary, universal precautions involve precautions taken with *all* patients, regardless of suspicion of infection, to prevent the spread of bloodborne pathogens. In an inevitable evolution, standard precautions, in contrast, are steps taken to encompass fighting the spread of airborne pathogens in situations where providers come into contact with any form of body fluid. Transmission-Based precautions are more specific and used in addition to standard precautions when certain infections are present, and are appropriate for medical settings. For more specific information about transmission-based precautions, see <https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>.

## **PROCEDURES FOR OBSERVING TREATMENT**

As part of a SLHS class assignment, students may be required to observe treatment. Students must contact the clinical educator of the clinic they wish to observe. This must be done in advance of the actual time of the clinic. Students should explain the reason for the observation and abide by the clinical educator's decision. Most clinical educators require a written email request (just a short note stating name, reason, clinic to observe desired, etc.).

## **DROPPING CLINICS**

If a student deems it necessary to officially drop a clinic from his/her academic load, the clinical educator, SLHS clinic director and SLHS chair must be notified in writing of the decision before the transaction takes place. Dropping a clinic should be a rare occurrence based on health problems or extremely unusual circumstances.

## **ORDERING SUPPLIES AND MATERIALS**

Students cannot directly order supplies and materials. They can, however, request the purchase of items through their clinical educator or the SLHS clinic director. The request is submitted in writing for SLHS faculty consideration. If purchase of the item is approved, the SLHS clinic director then proceeds with a request to order the items and the order is placed by the AOC. Due to university budget policies, items can only be ordered during specific times of the year.

## **CLINICIAN CONTACT INFORMATION**

Information for contacting the student clinician must be submitted to the SLHS office **each semester** prior to the beginning of treatment. The following information should be provided: home, work, and cell phone numbers plus home, mailing, and e-mail addresses. It is wise to leave an emergency number on file. The information is filed in the SLHS office and is for use by the office staff and SLHS faculty only.

## **CLINICIANS' WORKROOM AND CLINICIANS' MATERIALS ROOM**

The Clinicians' Workroom (BH 116) contains materials available for students to use in treatment. Although the materials do not require any check out procedures, the room and the materials must be kept clean and in order. Toys must be returned in

their bins to the baskets provided in BH 116. Toys in the basket will be cleaned and returned to the appropriate shelf by undergraduate volunteers.

Primarily, the Clinicians' Materials Room (BH 126) contains assessment tools, treatment materials and equipment which require check out procedures. All items in this room must be checked out in BH 114 with the student clinician's SFSU ID.

# CLINIC INTAKE PROCEDURES

## INITIAL CONTACT

Potential clients, or their parents, contact the clinic in one of four ways: by telephone, email, letter, or in person. A record of these contacts is kept by the SLHS AOC. It is the SLHS AOC's responsibility to update the information. The SLHS program or clinic director is responsible for determining the initial disorder designation. An application and a statement of understanding (F-27) are emailed or sent to the potential client requesting information necessary for scheduling a diagnostic appointment if needed, or for being placed on the waitlist for the following semester, as well as for providing information to the client about clinic policies and procedures.

## RECEIPT OF APPLICATION

Upon receipt of the application and signed statement of understanding (F-27), the SLHS clinic director reviews the information and makes a disorder classification. The application is returned to the SLHS AOC who makes a permanent file folder and assigns a file number. The SLHS clinic director, after reviewing the application, directs the clinic staff whether to schedule a diagnostic appointment or place the client on the waitlist for services during the next semester.

## DIAGNOSTIC ASSESSMENT

**The DIAGNOSTIC CLINIC is currently suspended, due to the COVID-19 Pandemic and campus re-entry considerations.**

## DIAGNOSTIC REPORT

Within 2-3 weeks of the diagnostic session, the de-identified Speech-Language Diagnosis Report (F-22) must be completed. The de-identified report contains no names, initials, birthdates, addresses or locations of services. It is the clinical educator's responsibility to make sure the report is in correct form, accurate, and typographically perfect. **All pages must be numbered and all test protocols attached to the report.** The report is stamped "STUDENT REPORT" before being filed by the SLHS clinic staff.

When copies of the report are to be sent to the client or outside agencies, the appropriate information should be supplied to the SLHS clinic staff along with a release form (F-28) signed by the client/parent. A cover letter completed by the SLHS clinic staff is attached to the report and forms before mailing.

## SPEECH/LANGUAGE RESULTS

After the diagnosis is completed, the results are discussed with and approved by the clinical educator. At this time, the student reports the results and recommendations to the parents of the client or to the client.

## TREATMENT PROCEDURES

### SCHEDULING OF CLIENTS

1. **Priorities:** All other things being equal, the order of client scheduling for treatment

is:

- 1 - Clients who are currently enrolled in treatment
- 2 - Clients waiting for treatment
- 3 - Clients scheduled for Diagnostic Assessment
- 4 - Clients waiting for Diagnostic Assessment

\*The above priority ordering may be altered if an insufficient amount of clinicians are available for a particular disorder, or one clinic has to be substituted for another due to supervision needs.

2. **SLHS 880 Clinic Room and Staff Room Assignments:** The SLHS clinic director is responsible for the scheduling of SLHS 880 clinic room and staff room assignments for the semester. Room assignment lists are provided to the clinical educators in advance of the start of the semester.
3. **SLHS 880 Client Scheduling:** SLHS 880 clients are scheduled by the SLHS AOC following consultation with the clinic director. After the scheduling has been completed, clinical educators are given a list of their clients at the beginning of each semester. Clinical educators assign the clients to their student clinicians.

## **TREATMENT PLANNING AND REPORT WRITING**

### **REQUESTS FOR INFORMATION TO OUTSIDE AGENCIES/ PROFESSIONALS**

Outside agency/professional contact is initiated or approved by the student's clinical educator. A record of requests made to outside agencies or professionals is on file in the SLHS office. Before a request for information is sent, the student should discuss the reasons for the request with the client or parent. Within the client's file, there should be a signed release form (F-28) which the SLHS clinic staff will photocopy and send to the agency or outside professional. If a copy of the release form is not in the file, the report will not be sent. It is the student's responsibility to obtain the signed release form from the parent or client.

### **REQUEST FOR INFORMATION FROM OUTSIDE AGENCIES/PROFESSIONALS**

Any request for information about a client must be accompanied by a release form completed by the parent or client. Form F-28 Request for Information should be used. The SLHS AOC will record the requests made to the SLHS clinic for information about a client from outside agencies and individuals.

### **PROPOSED SEMESTER OBJECTIVES (PSO)**

Approximately one month after the on-campus clinics (SLHS 880) begin, each clinician submits a Proposed Semester Objectives (PSO) report for his/her client to the clinical educator (SC-06). PSOs for both individual or group treatment are written in behavioral terms in descending order of importance.

The clinician lists specifically what behaviors the client will exhibit when treatment ends that semester. For group treatment, all clinicians meet to decide on group objectives. These may be less specific, but should also be written in behavioral terms.

The PSO report is typed, double-spaced and submitted to the clinical educator for editing and approval. All PSO's are de-identified with use of the client file number as the identifier.

### **INTENDED TREATMENT PLAN (ITP)**

Each clinical educator may have their own procedures, outlines, and completion dates for intended treatment plans (ITP). Form SC-03 is an example of an ITP. The purpose of the ITP is to provide the clinical educator with information sufficient to evaluate the student's clinical performance.

For each meeting with a client, the clinician emails the de-identified ITP for approval and/or comment by the clinical educator. Clinical educators will tell the student clinician whether to email an ITP once or twice weekly for clients attending twice weekly sessions. Clinical educators provide feedback on the ITP either on-line or via hard copy during each session which is returned to the clinician. ITPs are to be written in behavioral terms.

### **DAILY TREATMENT LOG (S.O.A.P. NOTES)**

Daily treatment logs are called S.O.A.P. notes (see Form F-21: Daily Therapy Log). The S.O.A.P. format is as follows:

- S-** subjective observations or reported/unobserved
- O-** objective information; objectives (goals) addressed and activities conducted during the session; results
- A-** assessment; impressions and/or summary of “S” and “O” that contribute to the development of “P”
- P-** plan; current recommendations and/or plan for future sessions

It is important that an ongoing record of diagnostic and treatment procedures, materials used, and results be kept on each client. A written entry is made in the client's folder for every session, even if the client is absent. The log entry is brief, telegraphic, with sufficient percentages, ratios, and/or numbers to document client performance. The de-identified log is dated and emailed to the clinical educator for review. All de-identified notes are printed out and signed/initialed by the clinical educator for placement in the client file at the end of the semester. The notes are periodically reviewed by the clinic director.

## **FINAL TREATMENT REPORT AND RECOMMENDATION FORM**

The de-identified Form F-24 outline contains only the **general** sections of the final treatment report (FTR). The specific contents should be discussed with the clinical educator. The final treatment report should be **typed and single-spaced**, following the **exact** cover sheet format (using standard outline form). The report should be fairly detailed, supplying a sufficient amount of information about the client and procedures used to make the report useful for subsequent clinicians. Additionally, since the report may be sent to other agencies and professionals, it is essential that:

1. There are no typographical, spelling, or grammatical errors
2. Typographical corrections will not be noticed on photocopies
3. Professional language is used
4. Subjective and objective statements are clearly delineated
5. Supporting data is supplied whenever subjective statements are made
6. Statements and judgments are not libelous
7. **STANDARD OUTLINE FORMAT IS USED**
8. Pages are numbered

During the last week of clinic, each clinician submits a de-identified Final Treatment Report. The outline for this report should be followed closely. In the PERTINENT INFORMATION section, the clinician includes all information about the client that was known prior to the initiation of treatment. It need not include the detail provided in the history section of the Diagnostic Evaluation Report unless a diagnosis has never been made. However, a brief summary of birth, motor and speech development and medical history may be included. Any recent history (recent school changes, medical information, etc.) must be included. This section should also include summaries of any testing done during the first week of treatment and a specific, but narrative description of the treatment goals that had been proposed for that semester. No names, birthdates, addresses or locations are included in this de-identified report.

The ASSESSMENT PROCEDURES section should list any tests administered during

the last week or two of treatment. Scores should also be included.

The ANALYSIS section should include a description of the progress the client has made as well as some description of procedures used during that semester. The clinician discusses the client's level of performance at the end of the semester. Comparisons of test-retest results, and responses to individual and group treatment may also be included.

Finally, in the RECOMMENDATIONS section, the clinician recommends continuation of, transfer, or dismissal from treatment or referral elsewhere following the sentence described on the Treatment Report Outline. Additional recommendations based on current semester's observation may appropriate—for example: a complete re-diagnosis the following semester may be recommended.

The first draft of the Final Treatment Report is submitted to the clinical educator for approval. The Final Treatment Report includes any necessary corrections. Only carefully typed corrections will be allowed.

The Final Report and Recommendation Form (F-25) are to be submitted to the clinical educator by a specific date determined by the SLHS clinic director. The clinical educator, after reviewing and approving both forms, gives them to the SLHS AOC who stamps them "Student Report" and places them in the client's file (along with formal or informal testing records) after recording their receipt. If the student clinician has not completed the report and recommendations by the specified date, the clinical educator may reduce the student's letter grade (e.g., B+ to B). It is important that the student carefully complete all items on the recommendation form. Based on the data, clinics are developed for the following semester. Upon receipt of the Recommendation Form (F-25) the SLHS AOC will enter the client status in the file.

The department full-time faculty review client files at the end of each semester for organization, completeness and accuracy.

## EVALUATION OF STUDENT'S CLINICAL COMPETENCE

### CLINIC EVALUATION

**ON CAMPUS:** At mid-semester, each clinician will have an appointment with his or her clinical educator to evaluate growth and performance in the SLHS 880 clinical practicum. Mid-term evaluations are scheduled in lieu of staff meetings during the 8<sup>th</sup> week of the semester (or week 5 of the summer semester). As the final week of clinic is during week 14 of the semester (or week 9 of the summer semester), final evaluations are completed during the regular clinic time of week 15 of the semester (or week 10 of the summer semester). The final evaluation form is signed by both the clinical educator and student and uploaded by the student to their Department-assigned Box folder. The evaluation form (KASA Form) can be found with the other student clinician forms on the SLHS website under Advising Manual for Graduate Students in Speech, Language and Hearing Sciences.

**OFF CAMPUS:** SLHS 882 experiences are evaluated by the on-site internship clinical educator. These evaluations are held at the mid-semester period and at the end of the semester. Both evaluations include a letter grade and written comments. These are reviewed with the student clinician and clinical educator and faxed to the SLHS faculty liaison on campus. If there is any concern or problem with these evaluations, the on-site supervisor and the SLHS faculty supervisor will meet to discuss the issues. The final evaluation form, signed by the student intern and the on-site internship clinical educator, will be turned in to the SLHS faculty liaison for grading and also uploaded to the student's Department-assigned Box folder. Students are responsible for obtaining proper signatures and uploading clinical clock hours forms (SC-10) to their Department-assigned Box folder.



## **CLINICIANS' MATERIALS ROOM PROCEDURES**

### **CHECK-OUT PROCEDURES**

1. All treatment materials and equipment in the Materials Room must be checked out by the SLHS staff on duty. Students checking out materials must write their name, phone number, date out and date due on check out form and submit the check out form to the SLHS office in BH 114 during regular working hours. Clinicians are financially responsible for any materials they check out.
2. It is best to reserve all materials, tests, and/or equipment at least 24 hours prior to the clinic hour. This will help to avoid delay and should guarantee that the materials needed will be available.
3. It is important that materials are returned in the same condition as they were issued. If parts are missing, it should be reported to the SLHS office.
4. Materials can be checked out for overnight use and must be returned the following day (or Monday for materials checked out on Friday), unless special arrangements are made ahead of time. Materials are returned in the SLHS office. ASSESSMENT TESTS OR MATERIALS ARE NOT TO BE REFILED.
5. To insure that tests and materials are available for fellow clinicians, any items returned late will be assessed a fine of \$1.00 per item, per day.
6. Student clinicians completing school and medical internships are not allowed to take any materials out of the Materials Room for use in at the internship site unless special circumstances warrant. If this is the case, prior permission must be obtained from the student's SLHS faculty liaison.

### **CLINICIANS' WORKROOM PROCEDURES**

The Clinicians' Workroom can be used for study and treatment preparation. Materials are available for use which do not require any check out procedures. The materials are arranged by functional categories—e.g., building blocks, puzzles, transportation toys. It is the responsibility of each clinician to see that the items remain orderly. Materials should be returned in their bins and placed in the baskets in the Workroom. Volunteer undergraduate students will clean the materials and place them back on the shelf.

1. It is recommended that each student begin collecting treatment materials for his/her own use.
2. Catalogues are available in the Clinicians' Workroom. These are good sources for ordering materials.
3. Some sources for materials: magazines, educational toys and games, the clinician's imagination.
4. It is important that each student develop personal materials for his/her professional and educational use.
5. Messages for students are left in faculty mailboxes for privacy issues. Messages

can be picked up by students in BH 114.

## **RECORD OF CLINICAL CLOCK HOURS**

### **STUDENT RECORDS/FILES**

Copies of information pertaining to student advising, courses, and clinics are maintained in the graduate student's department-assigned secure Box folder.

### **CLOCK HOURS FORM**

Each clinician is responsible for keeping a record of his/her clock hours. At the end of each semester, the clinician completes one copy of the SC-10 Clock Hour Form. The copy is submitted to the supervisor to be signed (ASHA number included) and uploaded to the student's Box folder. **Students are encouraged to make copies of the signed forms in their graduate box folder for their personal records.**

### **CUMULATIVE CLOCK HOURS FORM**

The clinician is responsible for keeping a cumulative record of his/her clock hours, in addition to the clock hours forms completed for each clinic (as described above), using the Excel spreadsheet uploaded to each student's BOX folder for this purpose. Clock hours are recorded on this form according to the semester earned, the type of problem dealt with, and the age group of the clients seen. The Cumulative Clock Hour form (SC-12) lists the number of hours required for ASHA certification, CA licensure, and the CRS credential, so that the clinician can easily see where additionally hours are needed. Similarly, the breakdown by age group helps the clinician determine with what population he/she may need to work in order to round out their clinical experience. Students are responsible for updating the SC-12 form in their graduate file each semester and maintaining a separate SC-12 form for their records.

# ASHA Code of Ethics 2023

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

## 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](mailto: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.

**Index terms:** ethics

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## PROCEDURES FOR COMPLAINTS AGAINST GRADUATE EDUCATION PROGRAM (updated by ASHA CAA, NOVEMBER 2015)

Also available online at:

<http://www.asha.org/academic/accreditation/accredmanual/section8.htm>

A complaint about any accredited program or program in candidacy status may be submitted by any individual(s).

### **Criteria for Complaints**

Complaints about programs must meet all of the following criteria:

- a. be against an accredited graduate education program or program in candidacy status in audiology or speech-language pathology;
- b. relate to the [Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech-Language Pathology](#) [PDF], including the relationship of the complaint to the accreditation standards;
- c. be clearly described, including the specific nature of the charge and the data to support the charge;
- d. be within the timelines specified below:

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- if the complaint is being filed by a graduate or former student, or a former faculty or staff member, the complaint must be filed within one year of separation\* from the program, even if the conduct occurred more than 4 years prior to the date of filing the complaint;
- if the complaint is being filed by a current student or faculty member, the complaint must be filed as soon as possible, but no longer than 4 years after the date the conduct occurred;
- if the complaint is being filed by other complainants, the conduct must have occurred at least in part within 4 years prior to the date the complaint is filed.

*\*Note: For graduates, former students, or former faculty or staff filing a complaint, the date of separation should be the date on which the individual was no longer considered a student in or employee of the graduate program (i.e., graduation, resignation, official notice of withdrawal or termination), and after any institutional grievance or other review processes have been concluded.*

Complaints also must meet the following submission requirements:

- a. include verification, if the complaint is from a student or faculty/instructional staff member, that the complainant exhausted all pertinent institutional grievance and review mechanisms before submitting a complaint to the CAA;
- b. include the complainant's name, address, and telephone contact information and the complainant's relationship to the program in order for the Accreditation Office staff to verify the source of the information;
- c. be signed and submitted in writing via U.S. mail, overnight courier, or hand delivery—not via e-mail or as a facsimile—to :

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

The complainant's burden of proof is a preponderance, or greater weight, of the evidence. These procedures do not prevent the CAA from considering a complaint against an accredited or candidate program if the program is involved in litigation or other actions by a third party.

## **Procedures**

### ***Determination of Jurisdiction***

Within 15 days of receipt of the complaint, Accreditation Office staff will acknowledge receipt of the complaint and will forward a copy of the complaint, from which any information that would reveal the complainant's identity has been redacted, to the Executive Committee of the CAA. The original letter of complaint will be placed in an Accreditation Office file separate from the program's accreditation file.

The Executive Committee of the CAA will then consider and vote to determine whether the complaint meets the above criteria. An affirmative vote by two thirds of the voting members of the Executive Committee, exclusive of the Chair, is required to proceed with an investigation of a complaint.

If the Executive Committee of the CAA makes the determination that the complaint does not meet the above- listed criteria, the complainant will be informed within 30 days of the letter transmitting the complaint to the Executive Committee that the CAA will not investigate the complaint.

### ***Investigation of Complaint***

If the Executive Committee of the CAA determines that the complaint satisfies the above-listed criteria, the CAA will investigate the complaint.

a. The Chair of the CAA will inform the complainant within 30 days of the letter transmitting the complaint to the Executive Committee that the Council will proceed with an investigation. Because it may be necessary to reveal the identity of the complainant to the affected program or to other potential sources of relevant information, the complainant will be required to sign a waiver of confidentiality within 30 days of the letter indicating that the CAA will proceed with its investigation. The complainant will be given the opportunity to withdraw the complaint during that time. If the complainant does not wish to pursue the matter, the investigation will be concluded. As noted above, if the complainant does not wish to withdraw the complaint, the complainant will be asked to keep the initiation of an investigation confidential by signing the waiver.

b. Within 15 days of receipt of the waiver of confidentiality or after the 30-day period for withdrawing the complaint has elapsed, if the waiver was submitted with the complaint, the Chair of the CAA will notify the program director and the institution's president or president's designee by certified return receipt mail that a complaint has been registered against the program. The notification will include a copy of the complaint from which the name of the complainant has been redacted. The CAA will require the program to respond within 10 days of the letter forwarding the complaint as to whether or not it intends to provide complete responsive information and supporting documentation considered relevant to the complaint. The CAA may draw reasonable inferences from a program's failure to provide a response to the complaint. The program must respond to all of the specific elements identified in the complaint and describe how the program addressed the concerns with the complainant. The formal complaint response will be due 45 days from the date of the notification letter. The institution's president or president's designee may contribute to the response.

The program may request an extension to file its response if extenuating circumstances exist, but the time line will not be extended beyond 45 additional days from the original due date. The extension request must be submitted no later than the original due date and include the rationale for additional time requested, which will be considered by the CAA's Executive Committee in making its decision whether to grant an extension.

c. Within 15 days of receipt of the program's response to the complaint, the Chair of the CAA will forward the complaint and the program's response to the complaint to the CAA. The identity of the complainant will not be revealed to the members of the CAA or to recipients of requests for information, unless a majority of CAA members consider such disclosure necessary for the proper investigation of the complaint.

If the majority of Council members conclude that individuals other than the complainant, the program director, and the institution's president or president's designee may have information relevant to the complaint, the Chair of the CAA will request such information. All conflict of interest policies and voting protocols regarding the CAA members' participation and voting on complaints also will apply to these complaint procedures.

d. After reviewing the complaint, the program's response to the complaint and other information requested by the CAA Chair as referenced above, the CAA will determine its course of action within 30 days. Such actions include, but are not limited to, the following:

- dismiss the complaint,
- recommend changes in the program to be implemented within a specified period of time (except for those areas that are solely within the purview of the institution),
- continue the investigation through a focused site visit to the program,
- place the program on probation,
- withhold/withdraw accreditation.

e. If the CAA determines that a site visit is necessary, the program director and the institution's president or president's designee will be notified, and a date for the site visit will be scheduled expeditiously. The program is responsible for payment or reimbursement of reasonable expenses associated with the site visit. The site visit team is selected from the current roster of CAA site visitors and includes the required composition of all typical site visit teams. During the site visit, consideration is given only to those Standards with which the program is allegedly not in compliance.

The site visit team will submit a written report to the CAA no later than 30 days following the site visit. As with all other site visits, only the observations of the site visitors will be reported; site visitors will not make accreditation recommendations. The CAA will forward the report to the program director and the institution's president or president's designee within 15 days of receiving the report from the site visit team. The program or institution shall be given 30 days from the date on which the report is postmarked to the program director and the president or president's designee to provide a written response to the Chair of the CAA. The purpose of the response is to comment on the accuracy of the site visit report and respond to it.

f. The CAA will review the complaint, the program's response to the complaint, and other information requested by the CAA Chair as referenced above, including the site visit report and the program's response to the report, and will take one of the following actions within 21 days of receipt of the program's response:

- dismiss the complaint,
- recommend modifications of the program to be implemented within a specified period of time (except for those areas that are solely within the purview of the institution),
- place the program on probation,
- withhold/withdraw accreditation.

g. If the CAA withholds or withdraws accreditation, the program director and the institution's president or president's designee will be informed within 15 days of the CAA decision that accreditation has been withheld or withdrawn. That notification will also include a statement describing the justification for the decision and shall inform the program of its option to request Further Consideration. *Further Consideration* is the mechanism whereby the program can present documentary evidence of compliance with the appropriate Standards and ask the CAA to reevaluate its decision to withhold/withdraw accreditation.

h. If the program does not exercise its Further Consideration option in a timely manner, the CAA's decision to withhold or withdraw accreditation will be final, and no further appeal may be taken. If accreditation is withheld or withdrawn, the Chair of the CAA will notify the Secretary of the U.S. Department of Education at the same time that it notifies the program of the decision, consistent with the CAA's [Public Notice of Accreditation Actions](#) policy.

i. If the program chooses to request Further Consideration, the CAA must receive the request within 30 days from the date of the notification letter. With the request for

Further Consideration, the program must submit additional written documentation to justify why accreditation should not be withheld or withdrawn. No hearing shall occur in connection with Further Consideration requests. The CAA will evaluate the request for Further Consideration and take one of the following actions within 30 days:

- recommend modifications of the program to be implemented within a specified period of time (except for those areas that are solely within the purview of the institution),
- place the program on probation,
- withhold/withdraw accreditation.
- j. Within 15 days of its decision, the CAA will notify the program and the complainant of its decision.
- k. If the CAA decision after Further Consideration is to withhold or withdraw accreditation, the program may appeal the decision in accord with the [appeal procedures](#) described herein.

### ***Summary of Time Lines***

The following summarizes the time lines in the complaint process, beginning from the date a complaint is received.

- The complaint is acknowledged within 15 days of receipt and forwarded to the CAA Executive Committee.
- If the Executive Committee determines that the complaint does not meet criteria for complaints, the complainant is informed within 30 days that the CAA will not investigate.
- If the Executive Committee determines that the complaint meets criteria, the complainant is informed within 30 days of the determination that the CAA will proceed with investigation.
- The complainant is given 30 days to sign a waiver of confidentiality or withdraw the complaint.
- Within 15 days of receipt of the waiver of confidentiality, the complaint is sent to the program for a response, which must be submitted within 45 days. The program must submit its notice within 10 days of notification of the complaint whether it plans to file a response.
- Within 15 days of receipt of the program's response, the Chair forwards the complaint and program response to the CAA for review.
- Within 30 days, the CAA determines a course of action.
- If the CAA determines that a site visit is necessary, the visit is scheduled and the site visit team submits a report to the CAA within 30 days of visit.
- Within 15 days, the site visit report is forwarded to the program for its response within 30 days.
- The CAA takes action within 21 days of the program's response.
- If the CAA withholds/withdraws accreditation, the program is notified within 15 days of the CAA's decision.
- The program has 30 days to request Further Consideration.

- If the program does not request Further Consideration, the decision is final and the CAA notifies the Secretary of U.S. Department of Education (ED); if program timely requests Further Consideration, the CAA takes action within 30 days.
- The CAA informs the program and the complainant within 15 days of the decision following Further Consideration.