Certification Application
Speech-Language Pathology

Verification by Program Director (SAMPLE ONLY)

Please respond to each question. The applicant must have met each standard in order to apply for certification.

☐ Yes ☐ No Has a master's or doctoral degree. A minimum of 75 semester credit hours we completed in a course of study addressing the knowledge and skills pertinent to the field of speech-language pathology (Std. I)

☐ Yes ☐ No Initiated and completed all graduate course work and graduate clinical practicum in an institution whose program was accredited by the CAA (Std. I)

☐ Yes ☐ No Has completed a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes (Std. III)

☐ Yes ☐ No Has demonstrated knowledge of the principles of biological sciences, physical sciences, mathematics, and social/behavioral sciences (Std. III-A)

☐ Yes ☐ No Has demonstrated knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases (Std. III-B)

☐ Yes ☐ No Has demonstrated knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the nine areas noted in the standard (Std. III-C)

☐ Yes ☐ No Possesses knowledge of the principles and methods of prevention, assessment and intervention for people with communication and swallowing disorders (Std. III-D)

☐ Yes ☐ No Has demonstrated knowledge of standards of ethical conduct (Std. III-E)

☐ Yes ☐ No Has knowledge of processes used in research and the integration of research principles into Evidence-based clinical practice (Std. III-F)

☐ Yes ☐ No Has demonstrated knowledge of contemporary professional issues (Std. III-G)

☐ Yes ☐ No Has demonstrated knowledge about certification, specialty recognition, licensure, and other relevant professional credentials (Std. III-H)

☐ Yes ☐ No Has completed a curriculum of academic and clinical education that follows an appropriate sequence of learning sufficient to achieve the skills outcomes in Std. IV-G (Std. IV-A)

☐ Yes ☐ No Possesses skill in oral and written and other forms of communication sufficient for entry into professional practice (Std. IV-B)

☐ Yes ☐ No Has completed a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology, including 25 hours in clinical observation and 375 hours in direct client/patient contact (Std. IV-C)

☐ Yes ☐ No Has completed at least 325 clock hours while engaged in graduate study (Std. D)
□ Yes □ No Has been supervised by individuals holding a current ASHA Certificate of Clinical Competence in the appropriate area of practice. The amount of supervision was appropriate to the student’s level of knowledge, experience, and competence and was sufficient to ensure the welfare of the client/patient populations (Std. IV-E)

□ Yes □ No Has gained knowledge and experience with individuals from culturally/linguistically diverse backgrounds and with client/patient populations across the life span (Std. IV-F)

□ Yes □ No The applicant has met the education program’s requirements for demonstrating satisfactory performance through ongoing formative assessment of knowledge and skills (Std. V-A)

The program director, or designee, verifies that the student met each standard.

Name of Program Director ___________________________ Title ___________________________

Signature ___________________________ Date ___________________________

Date Coursework and Clinical Practicum Requirements for ASHA Certification were completed ______________
### Class of 2012
### Clinical Competency III

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<tr>
<td>Hearing</td>
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<tr>
<td>Voice and resonance</td>
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<td>Expressive/Receptive language</td>
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<tr>
<td>Hearing</td>
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<td>0:45</td>
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<tr>
<td>Swallowing</td>
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<td>9:35</td>
</tr>
<tr>
<td>Cognitive aspects of communication</td>
<td>0:00</td>
<td>30:20</td>
</tr>
<tr>
<td>Social aspects of communication</td>
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<td>Communication Modalties</td>
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<td>Language</td>
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<td>Child</td>
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<tr>
<td>Language</td>
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<td><strong>Total Hours Earned in Different</strong></td>
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<td>Home Health</td>
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<td>University Clinic</td>
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<td>Hospital - Rehabilitation</td>
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<td>Community Clinic</td>
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<td>Clock hours needed</td>
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Revised Summer 2017

39
APPENDIX C

COMMUNICATION DISORDERS PROGRAM COMPETENCIES

NEW MEXICO STATE UNIVERSITY
Communication Disorders Program Competencies

Graduates of the Speech-Language Pathology graduate program will develop four areas of scholarship (discovery, teaching-learning, application, and leadership) and demonstrate 10 usable knowledge and skills competencies related to ASHA Standards through specific CD courses.

<table>
<thead>
<tr>
<th>STANDARDS</th>
<th>COMPETENCIES</th>
<th>CD COURSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>III-E</td>
<td>1. Professional Ethics/Standards – the highest standards of integrity and ethical principles in the responsible discharge of obligations in the profession of Speech-Language Pathology (i.e., ethical behavior as outlined in ASHA’s Code of Ethics and meeting the 2005 Standards for the Certificate of Clinical Competence in Speech-Language Pathology).</td>
<td>Addressed in all courses</td>
</tr>
<tr>
<td>IV-G.3d</td>
<td>2. Oral and Written Expression – verbal and nonverbal, oral and literate symbol systems for observing/gesturing, listening/speaking, reading/writing, and thinking constructively, solving problems, and making decisions. Competence involves using the obligatory communication forms in formal and informal, personal and professional contexts.</td>
<td>Addressed in all courses</td>
</tr>
<tr>
<td>IV-B.1, B.2</td>
<td>3. Typical and Atypical Development – the biological, physiological, psychological, and social aspects of human development and pathology across the age span.</td>
<td>CD 523, 525, 530, 535, 542, 547, 583, 584, 585, 586, 587, 589</td>
</tr>
<tr>
<td>IV G.3a, 3b, 3c</td>
<td>4. Cultural Pluralism – ethnic, age, sex, gender, disability, socioeconomic, and community diversity of ideas, beliefs, behavior, and communication.</td>
<td>Addressed in all courses</td>
</tr>
<tr>
<td>IV-F</td>
<td>5. Service Delivery – reliably and efficiently identifying and managing individuals (and their primary care givers) who have disorders of speech (articulation/phonology, neuromotor production, voice, resonance, fluency), cognitive [metaskills, executive functions, attention, memory, discrimination, etc.], linguistic [semantics, syntax, morphology], and social [pragmatics] dimensions of language (comprehension/production, oral/literate, verbal/nonverbal) single word, sentence, discourse [conversation, narration, exposition] levels, hearing (sensitivity/perception), and swallowing.</td>
<td></td>
</tr>
<tr>
<td>IV-G.3a</td>
<td>5.1 Prevention – planning and implementing effective and efficient programs aimed at primary, secondary, and tertiary phases of prevention of disorders of speech, language, hearing, and swallowing.</td>
<td>CD 521, 523, 525, 535, 542, 547, 583, 584, 585, 586, 587, 589</td>
</tr>
<tr>
<td>IV-D</td>
<td>5.2 Evaluation – screening/diagnostic, formal/informal, modular/synergistic, emic/etic paradigms.</td>
<td>Focus: CD 523</td>
</tr>
<tr>
<td>IV-F</td>
<td>5.3 Intervention – habilitation and rehabilitation programs that...</td>
<td></td>
</tr>
<tr>
<td>IV G.1a-g, 2a-g, 3a-d</td>
<td>....</td>
<td></td>
</tr>
</tbody>
</table>

Revised Summer 2017
meet diverse communication needs through changing or augmenting existing patterns, or providing alternative ways to negotiate meaning.

5.4 Case Management – referring to or consulting with other resources.
5.5 Education and in-service programs – providing information about speech, language, hearing, and swallowing to various school, medical, and community groups.

<table>
<thead>
<tr>
<th>STANDARDS</th>
<th>COMPETENCIES</th>
<th>CD COURSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV-G.1b, 1g IV-G.2a, 2b, 2g IV-G.3a, 3b, 3c</td>
<td><strong>6. Teamwork</strong> – providing professional services collaboratively as a member of a school, clinical, or medical cross-disciplinary team; providing in-service programming for colleagues and other professionals.</td>
<td>Addressed in all courses</td>
</tr>
<tr>
<td>III-F III-G</td>
<td><strong>7. Technology</strong> – evaluating, selecting, and using electronic equipment and peripherals including audio- and videorecorders, computers (e.g., software programs, Internet), computer systems (e.g., Computerized Speech Lab, Visi-Pitch, Laryngograph, and Nasometer), AAC systems, audiometric instruments.</td>
<td>Addressed in all courses</td>
</tr>
<tr>
<td>III-F III-G III-H IV-G.3d</td>
<td><strong>8. Program Development, Administration, Supervision, Leadership, and Contemporary Issues</strong> – systematically and cooperatively organizing, implementing, and evaluating service delivery programs for a variety of worksites in order to meet the needs of individuals of all ages with disorders of speech, language, hearing, and swallowing; differentially observing, critiquing, and evaluating activities of assigned professionals, paraprofessionals, volunteers, and pre-service trainees; being on the forefront of influencing and directing others toward productive management of contemporary issues.</td>
<td>CD 521, 589</td>
</tr>
<tr>
<td>III-F</td>
<td><strong>9. Research &amp; Evidence Based Practice</strong> – understanding, evaluating, conducting, and disseminating research, and applying the results of best practices to academic, clinical, supervisory, administrative, and leadership procedures.</td>
<td>Addressed in all courses Focus: CD 505, 521</td>
</tr>
<tr>
<td>III-G</td>
<td><strong>10. Certification, Specialty Recognition, Licensure, and other Credentialing</strong> -understanding state, federal, and ASHA regulations and policies related to the practice of speech-language pathology, areas of specialization, and credentials for professional practice.</td>
<td>CD 521, 589</td>
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</table>
# APPENDIX D

**COMMUNICATION DISORDERS PROGRAM OPTIONS**

<table>
<thead>
<tr>
<th>Option</th>
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<tbody>
<tr>
<td>Leveling Curriculum Sequence</td>
<td>45</td>
</tr>
<tr>
<td>Traditional Curriculum Sequence (thesis option)</td>
<td>46</td>
</tr>
<tr>
<td>English As A Second Language (ESL) Traditional Program</td>
<td>47</td>
</tr>
<tr>
<td>Bilingual Program</td>
<td>48</td>
</tr>
<tr>
<td>Independent Study form</td>
<td>49</td>
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</table>

**COMMUNICATION DISORDERS PROGRAM**
LEVELING PROGRAM

27 Credit Hours Minimum
Curriculum Sequence

The Leveling Program includes courses that are required of students who do not have an undergraduate degree in Communication Disorders.

<table>
<thead>
<tr>
<th>FALL</th>
<th>Cr</th>
<th>SPRING</th>
<th>Cr</th>
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</thead>
<tbody>
<tr>
<td>CD 504 Speech and Language Disorders</td>
<td>3</td>
<td>CD 510 Neural Bases of Comm Disorders</td>
<td>3</td>
</tr>
<tr>
<td>CD 507 Audiology</td>
<td>3</td>
<td>CD 508 Aural Rehabilitation</td>
<td>3</td>
</tr>
<tr>
<td>CD 501 Phonetics</td>
<td>3</td>
<td>CD 503 Speech Science</td>
<td>3</td>
</tr>
<tr>
<td>CD 502 Anat/Phys of Spch Mechanisms</td>
<td>3</td>
<td>CD 509 Language Acquisition</td>
<td>3</td>
</tr>
<tr>
<td>CD 506 Clinical Methods and Procedures</td>
<td>3</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>(25 observation hours attained)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15</td>
<td></td>
<td></td>
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</tbody>
</table>

Other courses may be required, depending on review of a student’s prior coursework.
# NMSU COMMUNICATION DISORDERS
## Traditional Program GRADUATE CURRICULUM

### Fall 1
<table>
<thead>
<tr>
<th>CR</th>
<th>Course Description</th>
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<tbody>
<tr>
<td>3</td>
<td>CD 505 Research Methods</td>
</tr>
<tr>
<td>3</td>
<td>CD 523 Assessment</td>
</tr>
<tr>
<td>3</td>
<td>CD 525 Pediatric Language Disorders</td>
</tr>
<tr>
<td>3</td>
<td>CD 542 Artic/Phonology (cleft included)</td>
</tr>
<tr>
<td>1</td>
<td>CD 590 Clinical Education (Thesis)</td>
</tr>
<tr>
<td>2</td>
<td>CD 589 Clinical Practicum (Thesis)</td>
</tr>
<tr>
<td>40</td>
<td>Clinical hours – 2 clients</td>
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### Spring 1
<table>
<thead>
<tr>
<th>CR</th>
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<tr>
<td>3</td>
<td>CD 535 Aphasia/Cog Ling</td>
</tr>
<tr>
<td>3</td>
<td>CD 586 Voice Disorders</td>
</tr>
<tr>
<td>3</td>
<td>CD 584 Fluency Disorders</td>
</tr>
<tr>
<td>3</td>
<td>CD 530 School Age Language Dis</td>
</tr>
<tr>
<td>1</td>
<td>CD 590 Clinic Education</td>
</tr>
<tr>
<td>2</td>
<td>CD 589 Practicum</td>
</tr>
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<td>(Thesis)</td>
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### Summer
- CD 589 Practicum 6 CR = 80 hours

### Fall 2
<table>
<thead>
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<tr>
<td>3</td>
<td>1 Electives (chose one)</td>
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<td>3</td>
<td>CD 547 Acquired Neurogenic CDs</td>
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<tr>
<td>3</td>
<td>CD 545 AAC, or CD 591</td>
</tr>
<tr>
<td>3</td>
<td>CD 583 Dysphagia (cleft)</td>
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<td>0-3</td>
<td>CD 585 Motor Speech Disorders</td>
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<tr>
<td>1</td>
<td>CD 589 Clinical Practicum (Thesis)</td>
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<tr>
<td>40-60</td>
<td>Clinical hours</td>
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### Spring 2
<table>
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<tbody>
<tr>
<td>3</td>
<td>CD 521 Professional/Multicultural Issues ONLINE</td>
</tr>
<tr>
<td>6</td>
<td>CD 640 Externship in CD</td>
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### Clinical hours
- 2 clients: 40-60 hours
- 2-3 clients: 40-60 hours

CAA Academic minimum 36 CR = NMSU at 38 CR (includes Clinical Education but not clinical Practicum)
CAA 400 clinical hrs > no CR number suggested > NMSU Practicum 16-19 CR (range if thesis track)

Total program = 54-57 CR

12 content courses for students to complete
### NMSU COMMUNICATION DISORDERS
#### ESL Program GRADUATE CURRICULUM

<table>
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<tr>
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<th>CR</th>
<th>Spring 1</th>
<th>CR</th>
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<tr>
<td>CD 505 Research Methods</td>
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<td>CD 535 Aphasia/Cog Ling</td>
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<tr>
<td>CD 523 Assessment</td>
<td>3</td>
<td>CD 586 Voice Disorders</td>
<td>3</td>
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<td>CD 525 Pediatric Language Disorders</td>
<td>3</td>
<td>CD 584 Fluency Disorders</td>
<td>3</td>
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<tr>
<td>CD 542 Artic/Phonology (cleft included)</td>
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<td>CD 530 School-Aged Lg Disorders</td>
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<tr>
<td>CD 590 Clinical Education</td>
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<td>CD 590 Clinic Education</td>
<td>2</td>
</tr>
<tr>
<td>CD 589 Clinical Practicum (Thesis)</td>
<td>(1)</td>
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</tr>
<tr>
<td>Clinical hours – 2 clients</td>
<td>40</td>
<td>Clinical hours – 2-3 clients</td>
<td>40-60</td>
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#### Summer
CD 589 Practicum 6 CR = 80 hours
SHS 359 (offered online through UNM)

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<td>CD 521 Professional/Multicultural Issues ONLINE</td>
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<tr>
<td>CD 545 Intro to AAC</td>
<td>3</td>
<td>CD 640 Externship in CD (Thesis)</td>
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<tr>
<td>CD 591 Selected Topic (as available)</td>
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<td></td>
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<td>CD 583 Dysphagia (cleft)</td>
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<tr>
<td>CD 585 Motor Speech Disorders</td>
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<td></td>
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<tr>
<td>CD 548 Bilingual Assessment</td>
<td>1-3 (1)</td>
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<tr>
<td>CD 589 Clinical Practicum (Thesis)</td>
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<td>Clinical hours - FULL TIME</td>
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Total ESL program = 60 - 63 CR
## NMSU COMMUNICATION DISORDERS
### Bilingual Program GRADUATE CURRICULUM

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<th>Fall 1</th>
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<th>Spring 1</th>
<th>CR</th>
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</thead>
<tbody>
<tr>
<td>CD 505 Research Methods</td>
<td>3</td>
<td>CD 535 Aphasia/Cog Ling</td>
<td>3</td>
</tr>
<tr>
<td>CD 523 Assessment</td>
<td>3</td>
<td>CD 586 Voice Disorders</td>
<td>3</td>
</tr>
<tr>
<td>CD 525 Pediatric Language Disorders</td>
<td>3</td>
<td>CD 584 Fluency Disorders</td>
<td>3</td>
</tr>
<tr>
<td>CD 542 Artic/Phonology (cleft included)</td>
<td>1</td>
<td>CD 530 School-Aged Lg Disorders</td>
<td>3</td>
</tr>
<tr>
<td>CD 590 Clinical Education</td>
<td>2</td>
<td>CD 590 Clinic Education</td>
<td>2</td>
</tr>
<tr>
<td>CD 589 Clinical Practicum (Thesis)</td>
<td>(1)</td>
<td>CD 589 Practicum (Thesis)</td>
<td>(1)</td>
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</tbody>
</table>

Clinical hours – 2 clients

| CD 535 Aphasia/Cog Ling              | 3  | CD 586 Voice Disorders            | 3  |
| CD 584 Fluency Disorders             | 3  | CD 530 School-Aged Lg Disorders   | 3  |
| CD 590 Clinic Education              | 2  | CD 589 Practicum (Thesis)         | (1)|

Clinical hours – 2-3 clients

### Summer

CD 589 Practicum 6 CR = 80 hours

CD 541 Advanced Spanish Morpho-Syntax for Education Professionals

SHS 359 (offered online through UNM)

### Fall 2

1 of 2 Electives:
- CD 547 Acquired Neurogenic CDs
- CD 545 Intro to AAC
- CD 591 Selected Topic (available)
- CD 583 Dysphagia (cleft)
- CD 585 Motor Speech Disorders
- CD 548 Bilingual Assessment
- CD 589 Clinical Practicum (Thesis)

Clinical hours - 2-3 clients

<table>
<thead>
<tr>
<th>CR</th>
<th>3</th>
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<tbody>
<tr>
<td>3</td>
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<tr>
<td>3</td>
<td>1-3</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Fall 2</th>
<th>CR</th>
<th>Spring 2</th>
<th>CR</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD 547 Acquired Neurogenic CDs</td>
<td>3</td>
<td>CD 521 Professional/Multicultural Issues</td>
<td>3</td>
</tr>
<tr>
<td>CD 545 Intro to AAC</td>
<td>3</td>
<td>ONLINE</td>
<td>3</td>
</tr>
<tr>
<td>CD 591 Selected Topic (available)</td>
<td>3</td>
<td>CD 640 Externship in CD (Thesis)</td>
<td>6</td>
</tr>
<tr>
<td>CD 583 Dysphagia (cleft)</td>
<td>3</td>
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<td>(1)</td>
</tr>
<tr>
<td>CD 585 Motor Speech Disorders</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CD 548 Bilingual Assessment</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CD 589 Clinical Practicum (Thesis)</td>
<td>1-3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clinical hours - FULL TIME

| Clinical hours - FULL TIME | 150+ |

Total bilingual program = 63 - 66 CR
DEPARTMENT OF SPECIAL EDUCATION/COMMUNICATION DISORDERS
INTERNSHIP/INDEPENDENT STUDY/RESEARCH TYPE COURSE ENROLLMENT FORM
AND
STUDENT-FACULTY COURSE CONTRACT AGREEMENT*
All students taking the following numbered courses with SPED or CD prefixes must fill out this form with the faculty member supervising the course. Failure to do so will result in a failing grade in the course unless other arrangements have been made in writing and filed in the departmental office.

TERM: FALL, 20xx
COURSE NUMBER: CD 591- M01
STUDENT’S FULL NAME: ________________________________________________

  Last Name  First Name  M.I.  Banner ID#

STUDENT’S MAILING ADDRESS:
STUDENT’S TELEPHONE No:  DEGREE SOUGHT: MA Communication Disorders
EXPECTED DATE OF GRADUATION: May, 2014
FACULTY SUPERVISOR’S NAME: Dr. Alfred Valdez  COURSE No: CD 591-M01  CREDITS: 2
COURSE TITLE: Special Topics  Course Subtitle: Topics in Statistical Analysis

*******************************

CONTRACT AGREEMENT
*******************************

DESCRIPTION OF PROJECT: The purpose of this project is to support the student’s skill at scholarly writing. Toward this end the student will conduct a secondary data analysis using existing data and report the findings of their analysis in the following form: Introduction/purpose, methods, results and conclusion. The grade for this course (S/U option, see page 20 of the graduate catalogue) will be based solely on the quality of the final paper. The paper will be graded by a committee of three faculty members in the SPED/CD department as acceptable (grade of S), acceptable with revisions, or unacceptable (grade of U). Revisions must be satisfactorily completed within 7 days for the student to receive a grade of S in this course. Briefly the student will do the following:

  • Identify a research question
  • Conduct brief literature review
  • Pose research hypotheses/questions
  • Decide on appropriate analysis
  • Conduct analysis
  • Write results as final research paper

ADDITIONAL COMMENTS, AGREEMENTS, AND STIPULATIONS:
Student will meet weekly (see attached schedule) with supervisor to discuss assigned readings and progress on the paper assignment.

STUDENT’S SIGNATURE: ____________________________  Date: _________

SUPERVISOR’S SIGNATURE: ____________________________  Date: _________

OTHER APPROPRIATE SIGNATURES:
DEPT. HEAD: ____________________________  Date: _________

*(Two COPIES, ONE TO DEPARTMENT SECRETARY AND ONE TO SUPERVISOR)

DOCUMENTING YOUR SERVICE ACTIVITIES

Revised Summer 2017

47
### NMSU CD DEPARTMENT
### DOCUMENTATION of SERVICE ACTIVITIES

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DATE</th>
<th>NAME OF PERSON TO VERIFY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
APPENDIX E

COMMUNICATION DISORDERS PROGRAM MATERIALS

ASL Documents Pages 54-62
Clinician Levels Page 63
Graduate Assistant Evaluation Form Pages 64-67
Application for Professional Liability Insurance Pages 68-72
Scope of Practice in Speech-Language Pathology Pages 73
Code of Ethics of ASHA Pages 115-119
Department of SPED/CD Independent Study Agreement Form Page 1
<table>
<thead>
<tr>
<th>ASL</th>
<th>Graduate Clinician</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. conduct speech-language and hearing screenings</td>
<td>1. administer and interpret diagnostic tests under supervision of supervising SLP</td>
</tr>
<tr>
<td>2. conduct treatment programs/procedures planned or designed by the supervising SLP</td>
<td>2. provide treatment and analyze client performance under the supervision of supervising SLP</td>
</tr>
<tr>
<td>3. prepare written daily plans based on the program selected by the supervising SLP</td>
<td>3. select and/or discharge clients under the direction of supervising SLP</td>
</tr>
<tr>
<td>4. record or chart data relative to client’s performance and report performance to supervising SLP</td>
<td>4. compose and sign diagnostic reports under the direction of supervising SLP</td>
</tr>
<tr>
<td>5. maintain daily service/delivery treatment notes and complete daily charges as requested by SLP</td>
<td>5. provide family/caregiver/client counseling under the direction of supervising SLP</td>
</tr>
<tr>
<td>6. report BUT NOT INTERPRET data relative to client’s performance to teachers, family, etc. (i.e. do not report as “did well”, but achieved 25/30 correct responses)</td>
<td>6. develop IEP/IFSP/goals and therapy plans under the direction of supervising SLP</td>
</tr>
<tr>
<td>7. assist the supervising SLP during the assessment of clients that are difficult to test</td>
<td>7. share pertinent information with other professionals following HIPPA guidelines</td>
</tr>
<tr>
<td>8. perform clerical duties for the supervising SLP</td>
<td>8. refer client to other professionals under supervision of supervising SLP</td>
</tr>
<tr>
<td>9. participate with supervising SLP in research, in-service training or public relations programs</td>
<td>9. conduct research under the direction of supervisor</td>
</tr>
</tbody>
</table>

**ASL CAN...**

1. conduct speech-language and hearing screenings
2. conduct treatment programs/procedures planned or designed by the supervising SLP
3. prepare written daily plans based on the program selected by the supervising SLP
4. record or chart data relative to client’s performance and report performance to supervising SLP
5. maintain daily service/delivery treatment notes and complete daily charges as requested by SLP
6. report BUT NOT INTERPRET data relative to client’s performance to teachers, family, etc.
7. assist the supervising SLP during the assessment of clients that are difficult to test
8. perform clerical duties for the supervising SLP
9. participate with supervising SLP in research, in-service training or public relations programs

**ASL MUST NOT...**

1. administer diagnostic tests
2. interpret data into diagnostic statements, strategies or procedures
3. select or discharge clients for service
4. interpret clinical information including impressions relative to client performance
5. treat clients without following the individualized treatment plan
6. independently compose clinical reports (other than progress notes)
7. refer a client to other professionals or agencies
8. provide client or family counseling
9. develop/modify treatment plans without SLP approval
10. disclose confidential information
11. sign any formal documentation without supervising SLP co-signature
12. represent self as a speech-language pathologist
SLPA/ASL Policies

1) First semester clinicians may not take an SLPA/ASL position. Upon completion of the first semester, it is possible for graduate clinicians to attain an SLPA/ASL position with the stipulation that they cannot have a workload of more than 10 hours per week (including paperwork and travel).

2) SLPAs/ASLs may count up to 50 hours of their work towards clinical clock hours; however, it will require the approval of the Department Head and Coordinator of Clinical Services.

   The following must also be completed:
   a. A current Affiliation Agreement must be in place with the site
   b. Coordinator of Clinical Services must receive a Letter of Supervision
   c. Supervisor must submit copies of state licensure as well as ASHA

   The site would be considered as an externship, in which case the supervisor would have to provide documentation and follow supervision requirements of an externship supervisor as deemed by the NMSU CD and Clinic as well as ASHA Policies.

3) If you are employed as a SLPA/ASL, it is mandatory to join ASHA as an associate affiliate. Please see the link below for more information.

Associates Program Requirements

Here are the requirements you must meet to become an ASHA Associate. The Associates Program is open to individuals who are:

Currently employed in support positions providing audiology or speech-language pathology assistant services, working under the supervision of an ASHA certified audiologist (CCC-A) or speech-language pathologist (CCC-SLP). Potential applicants are required to obtain the signature of their ASHA certified supervisors in order to become ASHA Associates.
### Clinical Responsibilities

The purpose of this plan is to allow a student who is employed by an agency as an ASL to count >50 clock hours of graduate student clinical practicum responsibilities that are supervised according to ASHA guidelines.

Example: Two 5-hour days per week of Graduate Practicum work with specified supervision for 10 weeks = 100 clock hours.

### Supervision Requirements

- Supervision must be provided by individuals who hold the CCCs in the appropriate area of practice. The amount of supervision must be appropriate to the student’s level of knowledge, experience, and competence. Supervision must be sufficient to ensure the welfare of the client/patient.
- Direct supervision must be in real time and must never be less than 25% of the student’s total contact with each client/patient receiving intervention services or 50% of the time for evaluation services.

### Clinical Clock Hours Accepted Toward 400 Required Conditions

All acquired clock hours that meet Clinical Responsibilities and Supervision Requirements. (Typical Extern practicum Clock Hours acquisition = 100+)

Students must follow the guidelines in the Advising Manual for completing an external Graduate Practicum in an ASL site.
- Submit a proposal to the Coordinator of Clinical Services.
- Complete an evaluation of the Extern experience at term’s end.
- Do only one extern Graduate Practicum.
- Follow other guidelines listed in reference below.


7/25/03

---

Graduate Practicum—PLAN GP

<table>
<thead>
<tr>
<th>Graduate Practicum in an ASL Site**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope of Graduate Practicum Student Responsibilities (with approval and guidance of supervising SLP):</td>
</tr>
<tr>
<td>- Conduct Speech-Language screenings.</td>
</tr>
<tr>
<td>- Perform standardized or non-standardized diagnostic tests, formal or informal evaluations, and interpret test results.</td>
</tr>
<tr>
<td>- Write, develop, or modify a patient/client’s treatment plan.</td>
</tr>
<tr>
<td>- Document patient/client progress.</td>
</tr>
<tr>
<td>- Assist SLP with assessment.</td>
</tr>
<tr>
<td>- Complete informal documentation, prepare materials, and other clerical duties.</td>
</tr>
<tr>
<td>- Schedule activities, prepare charts, records, graphs, or otherwise display data.</td>
</tr>
<tr>
<td>- Perform checks and maintenance of equipment.</td>
</tr>
<tr>
<td>- Participate with SLP in research projects, in-service training, and PR.</td>
</tr>
<tr>
<td>- Participate in parent conferences, case conferences, or any interdisciplinary team as approved by supervising SLP.</td>
</tr>
<tr>
<td>- Provide patient/client or family counseling.</td>
</tr>
<tr>
<td>- Select patients/clients for services.</td>
</tr>
<tr>
<td>- Discharge a patient/client from services.</td>
</tr>
<tr>
<td>- Make referrals.</td>
</tr>
<tr>
<td>Responsibilities OUTSIDE of Graduate Practicum Student Clinician scope:</td>
</tr>
<tr>
<td>- Sign any formal documents; ASL should sign or initial informal treatment notes for review and co-sign with SLP.</td>
</tr>
<tr>
<td>- Disclose clinical or confidential information.</td>
</tr>
<tr>
<td>- Communicate with the patient/client, family, or others regarding any aspect of the patient/client status or service without the specific consent of the supervising SLP.</td>
</tr>
<tr>
<td>- Represent self as a Speech-Language Pathologist.</td>
</tr>
</tbody>
</table>

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** Revised Summer 2017 52
## ASL Practicum--PLAN AP

<table>
<thead>
<tr>
<th><strong>Clinical Responsibilities</strong></th>
<th><strong>Extern Practicum as an ASL</strong>*</th>
</tr>
</thead>
<tbody>
<tr>
<td>The purpose of this plan is to allow a student who is employed by an agency as an ASL to count 50 hours of restricted ASHA-defined ASL clinical responsibilities that are supervised according to ASHA guidelines, during one academic term.</td>
<td><strong>Scope of ASL Responsibilities:</strong></td>
</tr>
<tr>
<td><strong>Example:</strong> One 5-hour day per week of ASL work with specified supervision for 10 weeks = 50 clock hours.</td>
<td>- Conduct Speech-Language screenings.</td>
</tr>
<tr>
<td></td>
<td>- Provide direct treatment; follow treatment plans or protocols developed by supervising SLP.</td>
</tr>
<tr>
<td></td>
<td>- Document patient/client progress.</td>
</tr>
<tr>
<td></td>
<td>- Assist SLP with assessment.</td>
</tr>
<tr>
<td></td>
<td>- Assist with informal documentation, prepare materials, and other clerical duties.</td>
</tr>
<tr>
<td></td>
<td>- Schedule activities, prepare charts, records, graphs, or otherwise display data.</td>
</tr>
<tr>
<td></td>
<td>- Perform checks and maintenance of equipment.</td>
</tr>
<tr>
<td></td>
<td>- Participate with SLP in research projects, in-service training, and PL.</td>
</tr>
<tr>
<td></td>
<td><strong>Responsibilities OUTSIDE of ASL scope:</strong></td>
</tr>
<tr>
<td></td>
<td>- Perform standardized or non-standardized diagnostic tests, formal or informal evaluations, or interpret test results.</td>
</tr>
<tr>
<td></td>
<td>- Participate in parent conferences, care conferences, or any interdisciplinary team without presence of supervising SLP or other ASHA-certified SLP designated by the supervising SLP.</td>
</tr>
<tr>
<td></td>
<td>- Provide patient/client or family counseling.</td>
</tr>
<tr>
<td></td>
<td>- Write, develop, or modify a patient/client’s treatment plan in any way.</td>
</tr>
<tr>
<td></td>
<td>- Assist with patients/clients without following the treatment plan prepared by the SLP or without access to supervision (see Supervision Guidelines).</td>
</tr>
<tr>
<td></td>
<td>- Sign any formal documents, ASL should sign or initial informal treatment notes for review and co-sign with SLP.</td>
</tr>
<tr>
<td></td>
<td>- Select patients/clients for services.</td>
</tr>
<tr>
<td></td>
<td>- Discharge a patient/client from services.</td>
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<td>- Disclose clinical or confidential information.</td>
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<td>- Make referrals.</td>
</tr>
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<td></td>
<td>- Communicate with the patient/client, family, or others regarding any aspect of the patient/client status or service without the specific consent of the supervising SLP.</td>
</tr>
<tr>
<td></td>
<td>- Represent self as a Speech-Language Pathologist.</td>
</tr>
</tbody>
</table>

### Supervision Requirements

<table>
<thead>
<tr>
<th><strong>Clinical Clock Hours</strong></th>
<th><strong>Maximum of 50 hours that meet Clinical Responsibilities and Supervision Requirements</strong></th>
</tr>
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<tbody>
<tr>
<td><strong>Accepted Toward 400</strong></td>
<td><strong>Required</strong></td>
</tr>
<tr>
<td>Conditions</td>
<td><strong>Students must follow the guidelines in the Advising Manual for completing an external practicum.</strong></td>
</tr>
<tr>
<td></td>
<td>- Submit a proposal to the Coordinator of Clinical Services.</td>
</tr>
<tr>
<td></td>
<td>- Complete an evaluation of the ASL Extern experience at term's end.</td>
</tr>
<tr>
<td></td>
<td>- Do only one ASL Practicum.</td>
</tr>
<tr>
<td></td>
<td>- Follow other guidelines listed in the reference below.</td>
</tr>
</tbody>
</table>


7/30/05
ASHA's Associate Affiliation Category

Associates Program Overview

Are you currently working in a support role to a speech-language pathologist or audiologist? Are you eligible to be employed as an assistant in your state? If so, ASHA wants you to know about an offer that can help you to become the best assistant you can be in the field of communication sciences and disorders!

What is the offer?
ASHA has created a place in our organization designed especially for qualified SLP and audiology support personnel. It's called the Associate Program and officially launched in September 2011.

How does this new Associate category work?

- In July 2011, ASHA extended a special pre-launch offer to assistants in SLP and audiology who were interested in participating in a "try it before you buy it" Associates Program free trial, which lasted until September 2011.
- Now ASHA has begun processing applications for interested individuals who meet the qualifications to join ASHA as an Associate. The Associates Program Application [PDF] can be downloaded, filled out via the "fillable" blanks in the PDF, printed out to obtain the appropriate signatures, and then mailed with the payment to the address listed on the application.

Associates Program Requirements

Here are the requirements you must meet to become an ASHA Associate.

The Associates Program is open to individuals who are:

- Currently employed in support positions providing audiology or speech-language pathology assistant services, working under the supervision of an ASHA certified audiologist (CCC-A) or speech-language pathologist (CCC-SLP). Potential applicants are required to obtain the signature of their ASHA certified supervisors in order to become ASHA Associates.

OR

- If applicants are not employed as audiology assistants or speech-language pathology assistants at the time they apply for the Associates Program, they need to obtain the signature of their program director (or training program instructor) certifying that they are qualified to provide services under the direction of an ASHA certified audiologist or speech-language pathologist.
In addition to obtaining the appropriate signature(s), potential Associates also have to meet the following requirements:

- Applicants have to agree to follow all ASHA policies related to the responsibilities of support personnel.
- Applicants have to agree to work only under the supervision of ASHA certified SLPs or audiologists.
- Applicants have to pay annual fees to maintain their affiliation.
- Applicants have to be qualified to practice in their state and follow the state licensure rules (if any) that are applicable to them.

Associates Program Benefits

What do you get as an ASHA Associate?

Some of the outstanding benefits for Associates include the following:

- **Networking opportunities** with other Associates both in online discussion forums and at the Schools Conference and the Annual Convention
- **Affinity benefits** such as insurance of all types, credit card offers, car rental, etc.
- **Consultation** provided by ASHA’s professional practices staff
- Listing and search capabilities on ASHA’s **online Member and Affiliate Directory**
- Opportunity to participate in **advocacy efforts**
- Opportunity to participate in **mentoring programs**
- **Reduced registration fees** for educational programs and products
- **Online Career Center**
- Subscription to *The ASHA Leader* and access to *The ASHA Leader Online (ALO)*
- Access to four online scholarly **journals**
- Subscription to **Associates e-newsletter**
- **Associates e-Group** (listserv/forum/social network)
- **Professional Development Hours (PDHs)** for Associates

©1997-2012 American Speech-Language-Hearing Association
1. Personal Information

Title:    ☐ Miss    ☐ Mr    ☐ Mrs    ☐ Ms
First Name:    Middle Name
Last Name:    Previous Name:
Mailing Address
City:    State/Province: ___ Zip/Postal: ___
Phone/Cell Number:    E-mail Address:

Check one.
☐ I am applying as a speech-language pathology Associate
☐ I am applying as an audiology Associate.

2. Employment Status

NOTE: Though your state may use different terms, such as technician, aide, associate or other title, the use of "assistant" throughout this application is meant to include all titles of support personnel in audiology or speech-language pathology.

Check one.
☐ I am employed as a speech-language pathology assistant or as an audiology assistant. Note: If you are employed, you must complete Section 5a.
☐ I am not currently employed as a speech-language pathology assistant or as an audiology assistant. Note: If you are not employed, you must complete Section 5b.

3. Licensure, Registration or Certification Status

Check one.
☐ I am licensed, registered or certified to work as a speech-language pathology assistant or as an audiology assistant.

State issuing license, registration or certificate: ____
License, registration or certification number, if applicable:

☐ I am not licensed, registered or certified to work as a speech-language pathology assistant or as an audiology assistant.

4. Qualifications

Check one.
☐ My education or training background meets the requirements of my state for speech-language pathology assistants or audiology assistants.
☐ My state does not set education requirements for speech-language pathology assistants or audiology assistants.

What is the highest level of education you have completed?
☐ Bachelor's degree    ☐ Associate's degree
☐ High school diploma    ☐ Course or other relevant training

Area of degree (e.g., Communication Sciences & Disorders (CSD), SLPA, Biology, Psychology, etc.):

Name of course or other relevant training:
5. **One Verifying Signature Required**

5a. If you are employed as a speech-language pathology assistant or as an audiology assistant, you must obtain the signature of the ASHA-certified professional who supervises your work.

**NOTE TO SUPERVISING SPEECH-LANGUAGE PATHOLOGIST OR AUDIOLOGIST:** By signing this application you are verifying that you supervise this applicant in accordance with *ASHA Guidelines for the Training, Use and Supervision of Speech-Language Pathology Assistants or Support Personnel in Audiology: Position Statement and Guidelines*, and that in your opinion, this applicant is qualified to perform the assigned tasks of either a speech-language pathology assistant or an audiology assistant.

**Signature of Supervising Speech-Language Pathologist or Audiologist**

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State/Province: _____</td>
</tr>
<tr>
<td>ASHA ID NUMBER:</td>
<td>(optional)</td>
</tr>
</tbody>
</table>

5b. If you are not employed as a speech-language pathology assistant or as an audiology assistant, you must obtain the signature of the program director or instructor of your speech-language pathology or audiology training or education program.

**NOTE TO PROGRAM DIRECTOR OR INSTRUCTOR:** By signing below, you are verifying that this applicant has received training from you toward becoming a speech-language pathology assistant or audiology assistant, and that, in your opinion, this applicant is qualified to perform either the assigned tasks of a speech-language pathology assistant or an audiology assistant.

**Signature of Program Director**

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State/Province: _____</td>
</tr>
<tr>
<td>ASHA ID NUMBER:</td>
<td>(optional)</td>
</tr>
</tbody>
</table>

6. **One Verifying Signature Required**

As an ASHA Associate, I will agree to:

- Perform my job solely within the appropriate scope of responsibilities described in the *ASHA Guidelines for the Training, Use and Supervision of Speech-Language Pathology Assistants or Support Personnel in Audiology: Position Statement and Guidelines*.
- Perform only those tasks assigned by a supervising speech-language pathologist or audiologist.
- Work only under the supervision of an ASHA certified speech-language pathologist or audiologist.
- Adhere to all applicable state (province) laws and rules regulating the professions listed above.

I have read and agree to the above. Further, I agree that the information provided on this application is true and accurate.

**Signature of Applicant**

<table>
<thead>
<tr>
<th>Date</th>
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</table>

Revised Summer 2017 57
Payment by Check

☐ Fees enclosed ($75).
(Payment must be made in US dollars. Make checks payable to ASHA. Payments are not refundable and must be paid in full at the time of application.)

Payment By Credit Card

☐ Please charge $75 to my: ☐ Visa ☐ MasterCard ☐ Discover

Credit Card Number

/ 

Expiration Date (MM/YYYY)

Signature

American Speech-Language-Hearing Association
PO Box 1160 #210
Rockville, MD 20849

We cannot process incomplete applications. If you have questions about this application, contact the ASHA Action Center at 800-498-2071 or actioncenter@asha.org.
NMSU Program in Communication Disorders

CLINICIAN LEVELS

LEVEL I
First-Year Graduate Students-Fall and Spring terms
• Work independently in ERG Speech and Hearing Center
  o Intervention (Fall/Spring)
  o Evaluation (Fall/Spring)
  o Audiology Clinic (Fall/Spring)
• Work with support in externship placement in the spring semester
• Develop clinical knowledge & skills
  o Design personal Learning Outcomes
  o Develop session plans, client treatment goals and complete treatment logs
• Attend Clinical Practicum Meeting (CD 589)
• Attend Disposition Meetings
• Complete all EOT documentation; monitor clinical clock hours acquired and needed in CALIPSO
• Complete 100 clinical hours by end of year

LEVEL II
First-Year Graduate Students Summer I and Summer II terms
• ERG Speech and Hearing Center
  o Intervention
  o Evaluation
• Develop clinical knowledge & skills
  o Design personal Learning Outcomes
  o Develop session plans, client treatment goals and complete treatment logs
• Attend Clinical Meetings
• Complete a minimum of 100 clock hours (supervised following ASHA direct observation requirements) by the end of Summer II
• Complete all EOT documentation; monitor clinical clock hours acquired and needed in CALIPSO

LEVEL III
Second-Year Graduate Students-Fall and Spring terms
• ERG Speech and Hearing Center
  o Intervention
  o Evaluation
  o Audiology
• External Placements
  o Intervention
  o Evaluation
• Attend Clinical Staff Meetings
• Attend Disposition Meetings
• Complete all appropriate clinic documentation; monitor clinical clock hours acquired and needed in CALIPSO
COMMUNICATION DISORDERS PROGRAM

GRADUATE ASSISTANT EVALUATION

Student

Term

Evaluator(s)

Responsibilities

Use this form to evaluate each CD graduate assistant. For each factor, select a rating that best describes your judgment of the student and circle the appropriate point value. If a factor does not apply to the GA's responsibilities, circle the N/A rating in the factor cell. When you have rated the student on all factors, add the points, divide by the number of factors that were used and record the average. Please use the scale below to determine the assigned overall rating.

RATING SCALE AND DEFINITION OF RATING TERMS:

8.56 – 10.00 **Outstanding**—consistently exceeds expectations for the position
6.56 – 8.55 **Commendable**—accomplishments exceed expected level or essential requirements
4.56 – 6.55 **Satisfactory**—performance meets standards of job requirements
2.56 – 4.55 **Needs Improvement**—performance does not meet all essential requirements of job; work requires frequent guidance and checking. Improvement is expected
1.00 – 2.55 **Unsatisfactory**—performance substandard, requires a high degree of supervision and direction. Deficiencies are clearly evident and specific; remedial action is required

<table>
<thead>
<tr>
<th>Factor</th>
<th>Outstanding</th>
<th>Commendable</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of job</td>
<td>10</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Quality of Work</td>
<td>10</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Time and Task Management</td>
<td>10</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Attendance and Punctuality</td>
<td>10</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>6</td>
</tr>
</tbody>
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regarding absences and tardiness? Does GA call to report absences or tardiness? N/A

<table>
<thead>
<tr>
<th>5. Work Relations</th>
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<tbody>
<tr>
<td>Consider the GA's willingness to work cooperatively with and for others.</td>
</tr>
<tr>
<td>N/A</td>
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<tr>
<th>6. Judgment</th>
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</thead>
<tbody>
<tr>
<td>Consider GA's ability to obtain necessary facts before making decisions. Does GA know when to seek advice/request information?</td>
</tr>
<tr>
<td>N/A</td>
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<tr>
<th>7. Dependability</th>
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<tbody>
<tr>
<td>Can GA be relied upon to complete assignments satisfactorily and on a schedule? Consider GA's initiative.</td>
</tr>
<tr>
<td>N/A</td>
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<tr>
<th>8. Adaptability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider GA's ability to adjust to new situations, changes in technology, tasks or unexpected situations.</td>
</tr>
<tr>
<td>N/A</td>
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<tr>
<th>9. Department/NMSU Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider GA's ability to properly represent NMSU and the CD Program when in contact with others, within and outside the NMSU community.</td>
</tr>
<tr>
<td>N/A</td>
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TOTAL POINTS_________ AVERAGE SCORE_________ ASSIGNED RATING________________________
Professional Liability Insurance exclusively for ASHA Members

As an ASHA professional, you know you're responsible for the duties and services you provide to your clients. Make sure you're protected.

Program Selections

Employee Program
An "employee" is one who is paid a specified salary or wage from which the employer deducts Federal Income and Social Security Taxes and one who does not engage in any private practice.

Business Self-Employed Program
A person who is "self-employed" receives fees for services from which Federal Income and Social Security Taxes are not deducted. These services may be provided on either a full-time or a part-time basis. A "self-employed" person may practice as an individual or as part of a firm.

Student Program
As a student, you're responsible for the results of your own actions. This insurance coverage is particularly important during your educational activities. Students may only apply for the $1,000,000/$3,000,000 Limit of Liability.

Professional Liability Plan Information

- Pays court judgments and out-of-court settlements up to the limits of your policy.
- Includes $750 for damage you unintentionally inflict on the property of others during any non-business pursuit.
- Locum Tenens coverage which provides protection to another professional who temporarily assumes your duties and provides services on your behalf for a specific period of time (self-employed only).

Who May Apply
If you or any of your employees (if applying as a group practice) currently practice or intend to practice within the next 12 months, any amount of electroneurodiagnostic (END) intra-operative services, you are no longer eligible for the standard professional liability program. Please contact us at (800) 503-9230 to discuss coverage options.

All members of the American Speech-Language-Hearing Association are eligible to apply for Professional Liability Insurance—whether a student, employee, employer or self-employed.

Use the enclosed application.
1. Complete and sign the application.
2. Determine your premium.
3. Return the application and your check or credit card authorization in the enclosed envelope. If approved, your insurance will go into effect on the date your application is approved and premium is received.

Coverage will become effective upon approval of your application and receipt of your premium payment.

Your opinion matters to us. Please complete a customer satisfaction survey at www.seaburychicago.com/survey.

This is a membership service of:
Administered By:

MARSH
Affinity Group Services
a service of Seabury & Smith

75 Remittance Drive, Suite 1788
Chicago, IL 60675-1788

1-800-503-9230
www.proliability.com
CA-0633005

Underwritten by:
Chicago Insurance Company,
one of the Fireman’s Fund Insurance Companies.

All costs for this program are paid by the administrator
and Insurance Company.

The ASHA Professional Liability Plan has been organized
as a risk purchasing group, located and domiciled in
Illinois to take advantage of legislation enacted by
Congress known as the Federal Liability Risk Retention
Act of 1986. Coverage will be provided to the purchasing
group by the Chicago Insurance Company, one of the
Fireman’s Fund Insurance Companies. This application
is subject to underwriter’s approval. Your completion of
this application and premium payment does not bind
coverage or obligate the insurance company to issue
insurance coverage to you. Receipt of an approved
application and premium payment will entitle you to
immediate membership in the ASHA Purchasing Group
Association and the insurance coverage outlined through
the group on an annual term.

PLP-ASHA

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Application for Employed Individuals and Student Members
PROFESSIONAL LIABILITY INSURANCE PROGRAM
for ASHA and NSSLHA Members

HOW TO APPLY:
1. Complete application below.
2. Note the premium below for the policy you selected.
   All premiums are annual.
3. Return your completed application, along with your annual
   premium, to the address provided.
All coverages elected must be under the same policy limits.
Coverage is effective the date your application is approved and
payment is received. Please allow three to four weeks for delivery
of your certificate. Please print all information.

If you currently practice or intend to practice within the next 12 months, any amount of electrophysiologic (END)
intra-operative services, you are no longer eligible for the standard professional liability program. Please contact us at
(800) 503-9230 to discuss coverage options.

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>INITIAL</th>
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<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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<tr>
<th>BUSINESS PHONE</th>
<th>HOME PHONE</th>
<th>E-MAIL ADDRESS</th>
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<table>
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<tr>
<th>DATE OF BIRTH (FOR IDENTIFICATION)</th>
<th>ASHA OR NSSLHA MEMBERSHIP #</th>
</tr>
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</table>

CHECK ONE:

☐ $2,000,000 per incident/occurrence
   $5,000,000 annual aggregate

☐ $1,000,000 per incident/occurrence
   $5,000,000 annual aggregate

☐ $1,000,000 per incident/occurrence
   $3,000,000 annual aggregate
(If you are a student, this is the only coverage
you are eligible for)

CHECK ONE:

☐ I am an employee and do not engage in any private practice.
☐ I am a student member

CHECK ONE:

☐ I currently hold the CCC.
☐ I have the ACE.
☐ I have both CCC and ACE.
☐ I have neither CCC nor ACE.

ANNUAL COST

<table>
<thead>
<tr>
<th>Limits of Liability</th>
<th>Cost</th>
<th>With 5% CCC Credit</th>
<th>With 10% ACE Credit</th>
<th>With 15% CCC/ACE Credit</th>
<th>Student Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000,000 each incident/occurrence $5,000,000 annual aggregate</td>
<td>$52.00</td>
<td>$87.00</td>
<td>$83.00</td>
<td>$78.00</td>
<td>n/a</td>
</tr>
<tr>
<td>$1,000,000 each incident/occurrence $5,000,000 annual aggregate</td>
<td>$79.00</td>
<td>$75.00</td>
<td>$71.00</td>
<td>$67.00</td>
<td>n/a</td>
</tr>
<tr>
<td>$1,000,000 each incident/occurrence $3,000,000 annual aggregate</td>
<td>$57.00</td>
<td>$54.00</td>
<td>$51.00</td>
<td>$48.00</td>
<td>$30.00</td>
</tr>
</tbody>
</table>

*5% credit in New York
**10% credit in New York

Underwritten by Chicago Insurance Company,
one of the Fireman’s Fund Insurance Companies.

S. C. WWW

BE SURE TO SIGN ON REVERSE
PLEE-ASHA
1. Have you or any of your employees ever had the following revoked, suspended, refused, denied renewal, placed on probation, cancelled, or voluntarily surrendered by you or any of your employees or is such an action pending? (If yes, explain on a separate sheet of paper, please include dates and allegations.)

- State License or Certification: [ ] YES [ ] NO
- Malpractice Insurance*: [ ] YES [ ] NO

*Notice to Missouri Residents: This question does not apply.

2. Has any claim or suit ever been brought against you or any of your employees or are any or any of your employees aware of any incident that might reasonably lead to a claim or suit? (If yes, explain on a separate sheet of paper, please include dates, allegations and amounts.)

- [ ] YES [ ] NO

3. My primary occupation is

- [ ] Audiology
- [ ] Speech-Language Pathology

I certify that I am a current member of ASHA or NSSLHA and am not self-employed or an employer of others on a full or part-time basis.

I understand that I am not covered by this insurance if Irender or fail to render any professional services as the following: physician, surgeon, dentist, sonographer, colon therapist, nurse midwife, nurse anesthetist, chiropractor, podiatrist, osteopath, cytotechnologist, perfusionist, electromyographic diagnostic technologist or psychiatrist. I understand that these professional occupations are excluded from coverage. I understand that this insurance will not apply to any partner, principal, or owner of a residential or veterinary facility. The insurance described herein is subject to the terms, conditions and exclusions of the insurance certificate. This insurance is excess when other insurance applies to a loss. In order to enhance the stability of this professional liability insurance program, coverage has been organized through a purchasing group, pursuant to legislation, known as the Federal Liability Risk Retention Act of 1986, enacted by Congress. Coverage is provided to the purchasing group by the Chicago Insurance Company, one of the Fireman's Fund Insurance Companies. Once the completed application has been approved and the premium has been received, you will automatically become a member of the ASHA Purchasing Group Association located and domiciled in Illinois and obtain the insurance coverage afforded through the Group Policy on an annual term. This application is subject to the underwriter's approval. Your completion of this application and premium payment does not bind coverage or obligate the insurance company to issue you insurance coverage. Coverage will become effective upon receipt of your acceptable application and premium payment. Your application cannot be processed unless it is completed in its entirety. The application is subject to the company's underwriting rules. I declare the information contained in the application is true and that no material facts have been suppressed or misstated. I understand that incorrect information could void the protection. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material thereto, commits a fraudulent insurance act.

Notice to New York Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any material thereto, commits a fraudulent insurance act which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

YOU MUST SIGN AND DATE THIS APPLICATION

Signature ___________________________ Date ___________________________

Enclosed is my check for $ ___________________________ Effective Date Desired* ___________________________

Make check payable to Marsh and return your check and this application in the envelope provided.

*May not be earlier than the date the administrator receives and approves this application.

I authorize Seabury & Smith to charge my: [ ] VISA [ ] MasterCard Amount $ ___________________________

Credit Card Number ___________________________ Expiration Date ___________________________

Print name exactly as it appears on card ___________________________

Signature ___________________________
Transparency and Disclosure

Thank you for expressing your interest in the professional liability plans administered through Marsh Affinity. In order to place insurance with insurers, Marsh typically enters into agreements commonly called "agency agreements" which authorize Marsh Affinity to solicit the sale of the insurers' products and set forth the terms of trade between Marsh Affinity and the insurers.

As part of Marsh Affinity’s best practice we are disclosing the following information regarding our compensation on your professional liability policy.

If you elected to complete your application and the application is approved by underwriting and issued by the carrier, Marsh Affinity will be compensated 27.5% based on your total premium. The base rate filed by the carrier with the applicable state agencies is the same rate provided to you.

Illinois Only

Illinois Medical Professional Liability Law PA94-677, Senate Bill 475, requires insurers to implement a quarterly premium payment installment plan as prescribed by the Secretary of the Illinois Department of Financial and Professional Regulation (IDFPR).

If you practice in the state of Illinois and your annual medical professional liability premium is above $500, please visit www.proliability.com/illinstall for information regarding installment payment options.

10/3/06
Scope of Practice in Speech-Language Pathology

Ad Hoc Committee on the Scope of Practice in Speech-Language Pathology


Index terms: scope of practice
DOI: 10.1044/policy.SP2007-00283

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Disclaimer: The American Speech-Language-Hearing Association disclaims any liability to any party for the accuracy, completeness, or availability of these documents, or for any damages arising out of the use of the documents and any information they contain.
This scope of practice document is an official policy of the American Speech-Language-Hearing Association (ASHA) defining the breadth of practice within the profession of speech-language pathology. This document was developed by the ASHA Ad Hoc Committee on the Scope of Practice in Speech-Language Pathology. Committee members were Kenn Apel (chair), Theresa E. Bartolotta, Adam A. Brickell, Lynne E. Hewitt, Ann W. Kummer, Luis F. Riquelme, Jennifer B. Watson, Carole Zangari, Brian B. Shulman (vice president for professional practices in speech-language pathology), Lemmietta McNeilly (ex officio), and Diane R. Paul (consultant). This document was approved by the ASHA Legislative Council on September 4, 2007 (LC 09-07).

****

Introduction

The Scope of Practice in Speech-Language Pathology includes a statement of purpose, a framework for research and clinical practice, qualifications of the speech-language pathologist, professional roles and activities, and practice settings. The speech-language pathologist is the professional who engages in clinical services, prevention, advocacy, education, administration, and research in the areas of communication and swallowing across the life span from infancy through geriatrics. Given the diversity of the client population, ASHA policy requires that these activities are conducted in a manner that takes into consideration the impact of culture and linguistic exposure/acquisition and uses the best available evidence for practice to ensure optimal outcomes for persons with communication and/or swallowing disorders or differences.

As part of the review process for updating the Scope of Practice in Speech-Language Pathology, the committee made changes to the previous scope of practice document that reflected recent advances in knowledge, understanding, and research in the discipline. These changes included acknowledging roles and responsibilities that were not mentioned in previous iterations of the Scope of Practice (e.g., funding issues, marketing of services, focus on emergency responsiveness, communication wellness). The revised document also was framed squarely on two guiding principles: evidence-based practice and cultural and linguistic diversity.

Statement of Purpose

The purpose of this document is to define the Scope of Practice in Speech-Language Pathology to
1. delineate areas of professional practice for speech-language pathologists;
2. inform others (e.g., health care providers, educators, other professionals, consumers, payers, regulators, members of the general public) about professional services offered by speech-language pathologists as qualified providers;
3. support speech-language pathologists in the provision of high-quality, evidence-based services to individuals with concerns about communication or swallowing;
4. support speech-language pathologists in the conduct of research;
5. provide guidance for educational preparation and professional development of speech-language pathologists.
This document describes the breadth of professional practice offered within the profession of speech-language pathology. Levels of education, experience, skill, and proficiency with respect to the roles and activities identified within this scope of practice document vary among individual providers. A speech-language pathologist typically does not practice in all areas of the field. As the ASHA Code of Ethics specifies, individuals may practice only in areas in which they are competent (i.e., individuals' scope of competency), based on their education, training, and experience.

In addition to this scope of practice document, other ASHA documents provide more specific guidance for practice areas. Figure 1 illustrates the relationship between the ASHA Code of Ethics, the Scope of Practice, and specific practice documents. As shown, the ASHA Code of Ethics sets forth the fundamental principles and rules considered essential to the preservation of the highest standards of integrity and ethical conduct in the practice of speech-language pathology.

Speech-language pathology is a dynamic and continuously developing profession. As such, listing specific areas within this Scope of Practice does not exclude emerging areas of practice. Further, speech-language pathologists may provide additional professional services (e.g., interdisciplinary work in a health care setting, collaborative service delivery in schools, transdisciplinary practice in early intervention settings) that are necessary for the well-being of the individual(s) they
are serving but are not addressed in this *Scope of Practice*. In such instances, it is both ethically and legally incumbent upon professionals to determine whether they have the knowledge and skills necessary to perform such services.

This scope of practice document does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. It may serve, however, as a model for the development or modification of licensure laws.

The overall objective of speech-language pathology services is to optimize individuals' ability to communicate and swallow, thereby improving quality of life. As the population profile of the United States continues to become increasingly diverse (U.S. Census Bureau, 2005), speech-language pathologists have a responsibility to be knowledgeable about the impact of these changes on clinical services and research needs. Speech-language pathologists are committed to the provision of culturally and linguistically appropriate services and to the consideration of diversity in scientific investigations of human communication and swallowing. For example, one aspect of providing culturally and linguistically appropriate services is to determine whether communication difficulties experienced by English language learners are the result of a communication disorder in the native language or a consequence of learning a new language.

Additionally, an important characteristic of the practice of speech-language pathology is that, to the extent possible, clinical decisions are based on best available evidence. ASHA has defined evidence-based practice in speech-language pathology as an approach in which current, high-quality research evidence is integrated with practitioner expertise and the individual's preferences and values into the process of clinical decision making (ASHA, 2005). A high-quality basic, applied, and efficacy research base in communication sciences and disorders and related fields of study is essential to providing evidence-based clinical practice and quality clinical services. The research base can be enhanced by increased interaction and communication with researchers across the United States and from other countries. As our global society is becoming more connected, integrated, and interdependent, speech-language pathologists have access to an abundant array of resources, information technology, and diverse perspectives and influence (e.g., Lombardo, 1997). Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders can be a means to strengthen research collaboration and improve clinical services.

The World Health Organization (WHO) has developed a multipurpose health classification system known as the International Classification of Functioning, Disability and Health (ICF; WHO, 2001). The purpose of this classification system is to provide a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the breadth of the role of
the speech-language pathologist in the prevention, assessment, and habilitation/rehabilitation, enhancement, and scientific investigation of communication and swallowing. It consists of two components:

• Health Conditions
  • Body Functions and Structures: These involve the anatomy and physiology of the human body. Relevant examples in speech-language pathology include craniofacial anomaly, vocal fold paralysis, cerebral palsy, stuttering, and language impairment.
  • Activity and Participation: Activity refers to the execution of a task or action. Participation is the involvement in a life situation. Relevant examples in speech-language pathology include difficulties with swallowing safely for independent feeding, participating actively in class, understanding a medical prescription, and accessing the general education curriculum.

• Contextual Factors
  • Environmental Factors: These make up the physical, social, and attitudinal environments in which people live and conduct their lives. Relevant examples in speech-language pathology include the role of the communication partner in augmentative and alternative communication, the influence of classroom acoustics on communication, and the impact of institutional dining environments on individuals' ability to safely maintain nutrition and hydration.
  • Personal Factors: These are the internal influences on an individual's functioning and disability and are not part of the health condition. These factors may include, but are not limited to, age, gender, ethnicity, educational level, social background, and profession. Relevant examples in speech-language pathology might include a person's background or culture that influences his or her reaction to a communication or swallowing disorder.

The framework in speech-language pathology encompasses these health conditions and contextual factors. The health condition component of the ICF can be expressed on a continuum of functioning. On one end of the continuum is intact functioning. At the opposite end of the continuum is completely compromised functioning. The contextual factors interact with each other and with the health conditions and may serve as facilitators or barriers to functioning. Speech-language pathologists may influence contextual factors through education and advocacy efforts at local, state, and national levels. Relevant examples in speech-language pathology include a user of an augmentative communication device needing classroom support services for academic success, or the effects of premorbid literacy level on rehabilitation in an adult post brain injury. Speech-language pathologists work to improve quality of life by reducing impairments of body functions and structures, activity limitations, participation restrictions, and barriers created by contextual factors.

Qualifications

Speech-language pathologists, as defined by ASHA, hold the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), which requires a master's, doctoral, or other recognized postbaccalaureate degree. ASHA-certified speech-language pathologists complete a supervised postgraduate professional experience and pass a national examination as described in the ASHA certification standards. Demonstration of continued professional development is
mandated for the maintenance of the CCC-SLP. Where applicable, speech-language pathologists hold other required credentials (e.g., state licensure, teaching certification).

This document defines the scope of practice for the field of speech-language pathology. Each practitioner must evaluate his or her own experiences with preservice education, clinical practice, mentorship and supervision, and continuing professional development. As a whole, these experiences define the scope of competence for each individual. Speech-language pathologists may engage in only those aspects of the profession that are within their scope of competence.

As primary care providers for communication and swallowing disorders, speech-language pathologists are autonomous professionals; that is, their services are not prescribed or supervised by another professional. However, individuals frequently benefit from services that include speech-language pathologist collaborations with other professionals.

Speech-language pathologists serve individuals, families, and groups from diverse linguistic and cultural backgrounds. Services are provided based on applying the best available research evidence, using expert clinical judgments, and considering clients' individual preferences and values. Speech-language pathologists address typical and atypical communication and swallowing in the following areas:

- Speech sound production
  - Articulation
  - Apraxia of speech
  - Dysarthria
  - Ataxia
  - Dyskinesia
- Resonance
  - Hypernasality
  - Hyponasality
  - Cul-de-sac resonance
  - Mixed resonance
- Voice
  - Phonation quality
  - Pitch
  - Loudness
  - Respiration
- Fluency
  - Stuttering
  - Cluttering
- Language (comprehension and expression)
  - Phonology
  - Morphology
  - Syntax
  - Semantics
  - Pragmatics (language use, social aspects of communication)
  - Literacy (reading, writing, spelling)
  - Prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)
  - Paralinguistic communication
Scope of Practice in Speech-Language Pathology

**Clinical Services**

Speech-language pathologists provide clinical services that include the following:
- prevention and pre-referral
- screening
- assessment/evaluation
- consultation
- diagnosis
- treatment, intervention, management
- counseling
- collaboration
- documentation
- referral

Examples of these clinical services include:

1. using data to guide clinical decision making and determine the effectiveness of services;

Potential etiologies of communication and swallowing disorders include:
- neonatal problems (e.g., prematurity, low birth weight, substance exposure);
- developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention deficit disorder);
- auditory problems (e.g., hearing loss or deafness);
- oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral-motor dysfunction);
- respiratory compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease);
- pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence);
- laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis, tracheostomy);
- neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebral vascular accident, dementia, Parkinson's disease, amyotrophic lateral sclerosis);
- psychiatric disorder (e.g., psychosis, schizophrenia);
- genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome).

The professional roles and activities in speech-language pathology include clinical/educational services (diagnosis, assessment, planning, and treatment), prevention and advocacy, and education, administration, and research.
2. making service delivery decisions (e.g., admission/eligibility, frequency, duration, location, discharge/dismissal) across the lifespan;
3. determining appropriate context(s) for service delivery (e.g., home, school, telepractice, community);
4. documenting provision of services in accordance with accepted procedures appropriate for the practice setting;
5. collaborating with other professionals (e.g., identifying neonates and infants at risk for hearing loss, participating in palliative care teams, planning lessons with educators, serving on student assistance teams);
6. screening individuals for hearing loss or middle ear pathology using conventional pure-tone air conduction methods (including otoscopic inspection), otoacoustic emissions screening, and/or screening tympanometry;
7. providing intervention and support services for children and adults diagnosed with speech and language disorders;
8. providing intervention and support services for children and adults diagnosed with auditory processing disorders;
9. using instrumentation (e.g., videofluoroscopy, electromyography, nasendoscopy, stroboscopy, endoscopy, nasometry, computer technology) to observe, collect data, and measure parameters of communication and swallowing or other upper aerodigestive functions;
10. counseling individuals, families, coworkers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication and swallowing;
11. facilitating the process of obtaining funding for equipment and services related to difficulties with communication and swallowing;
12. serving as case managers, service delivery coordinators, and members of collaborative teams (e.g., individualized family service plan and individualized education program teams, transition planning teams);
13. providing referrals and information to other professionals, agencies, and/or consumer organizations;
14. developing, selecting, and prescribing multimodal augmentative and alternative communication systems, including unaided strategies (e.g., manual signs, gestures) and aided strategies (e.g., speech-generating devices, manual communication boards, picture schedules);
15. providing services to individuals with hearing loss and their families/caregivers (e.g., auditory training for children with cochlear implants and hearing aids; speechreading; speech and language intervention secondary to hearing loss; visual inspection and listening checks of amplification devices for the purpose of troubleshooting, including verification of appropriate battery voltage);
16. addressing behaviors (e.g., perseverative or disruptive actions) and environments (e.g., classroom seating, positioning for swallowing safety or attention, communication opportunities) that affect communication and swallowing;
17. selecting, fitting, and establishing effective use of prosthetic/adaptive devices for communication and swallowing (e.g., tracheoesophageal prostheses, speaking valves, electrolarynges; this service does not include the selection or fitting of sensory devices used by individuals with hearing loss or other auditory perceptual deficits, which falls within the scope of practice of audiologists; ASHA, 2004);
### Scope of Practice in Speech-Language Pathology

#### Prevention and Advocacy

1. Providing services to modify or enhance communication performance (e.g., accent modification, transgender voice, care and improvement of the professional voice, personal/professional communication effectiveness).

Speech-language pathologists engage in prevention and advocacy activities related to human communication and swallowing. Example activities include:

1. Improving communication wellness by promoting healthy lifestyle practices that can help prevent communication and swallowing disorders (e.g., cessation of smoking, wearing helmets when bike riding);
2. Presenting primary prevention information to individuals and groups known to be at risk for communication disorders and other appropriate groups;
3. Providing early identification and early intervention services for communication disorders;
4. Advocating for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal, cultural, and linguistic barriers;
5. Advising regulatory and legislative agencies on emergency responsiveness to individuals who have communication and swallowing disorders or difficulties;
6. Promoting and marketing professional services;
7. Advocating at the local, state, and national levels for improved administrative and governmental policies affecting access to services for communication and swallowing;
8. Advocating at the local, state, and national levels for funding for research;
9. Recruiting potential speech-language pathologists into the profession;
10. Participating actively in professional organizations to contribute to best practices in the profession.

#### Education, Administration, and Research

Speech-language pathologists also serve as educators, administrators, and researchers. Example activities for these roles include:

1. Educating the public regarding communication and swallowing;
2. Educating and providing in-service training to families, caregivers, and other professionals;
3. Educating, supervising, and mentoring current and future speech-language pathologists;
4. Educating, supervising, and managing speech-language pathology assistants and other support personnel;
5. Fostering public awareness of communication and swallowing disorders and their treatment;
6. Serving as expert witnesses;
7. Administering and managing clinical and academic programs;
8. Developing policies, operational procedures, and professional standards;
9. Conducting basic and applied/translational research related to communication sciences and disorders, and swallowing.

#### Practice Settings

Speech-language pathologists provide services in a wide variety of settings, which may include but are not exclusive to:

1. Public and private schools;
2. early intervention settings, preschools, and day care centers;
3. health care settings (e.g., hospitals, medical rehabilitation facilities, long-term care facilities, home health agencies, clinics, neonatal intensive care units, behavioral/mental health facilities);
4. private practice settings;
5. universities and university clinics;
6. individuals’ homes and community residences;
7. supported and competitive employment settings;
8. community, state, and federal agencies and institutions;
9. correctional institutions;
10. research facilities;
11. corporate and industrial settings.

References

Resources

ASHA Cardinal Documents

General Service Delivery Issues
Admission/Discharge Criteria

Autonomy

Culturally and Linguistically Appropriate Services

Definitions and Terminology


**Evidence-Based Practice**


**Private Practice**


**Professional Service Programs**


**Speech-Language Pathology Assistants**


**Supervision**


**Clinical Services and Populations**

**Apraxia of Speech**

**Auditory Processing**

**Augmentative and Alternative Communication (AAC)**

**Aural Rehabilitation**

**Autism Spectrum Disorders**

**Cognitive Aspects of Communication**


**Deaf and Hard of Hearing**


**Dementia**


**Early Intervention**


Fluency

Hearing Screening

Language and Literacy

Mental Retardation/Developmental Disabilities

Orofacial Myofunctional Disorders

**Prevention**

**Severe Disabilities**

**Social Aspects of Communication**

**Swallowing**
American Speech-Language-Hearing Association. (2001). *Knowledge and skills needed by speech-language pathologists providing services to individuals with swallowing and/or feeding disorders [Knowledge and skills]*. Available from [www.asha.org/policy](http://www.asha.org/policy).


**Voice and Resonance**


**Health Care Services**

**Business Practices in Health Care Settings**


**Multiskilling**


**Neonatal Intensive Care Unit**


**Sedation and Anesthetics**


**Telepractice**


**School Services Collaboration**


**Evaluation**

Facilities

Inclusive Practices

Roles and Responsibilities for School-Based Practitioners

“Under the Direction of” Rule

Workload
Summary of Scope of Practice in Speech-Language Pathology (2001)

1. Providing prevention, screening, consultation, assessment and diagnosis, treatment, intervention, management, counseling, and follow-up services for disorders of:
   - **speech** (i.e., articulation, fluency, resonance, and voice including aeromechanical components of respiration);
   - **language** (i.e., phonology, morphology, syntax, semantics, and pragmatic/social aspects of communication) including comprehension and expression in oral, written, graphic, and manual modalities; language processing; preliteracy and language-based literacy skills, including phonological awareness;
   - **swallowing** or other upper aerodigestive functions such as infant feeding and aeromechanical events (evaluation of esophageal function is for the purpose of referral to medical professionals);
   - **cognitive** aspects of communication (e.g., attention, memory, problem solving, executive functions).
   - **sensory awareness** related to communication, swallowing, or other upper aerodigestive functions.

2. Establishing augmentative and alternative communication techniques and strategies including developing, selecting, and prescribing of such systems and devices (e.g., speech generating devices).

3. Providing services to individuals with hearing loss and their families/caregivers (e.g., auditory training; speechreading; speech and language intervention secondary to hearing loss; visual inspection and listening checks of amplification devices for the purpose of troubleshooting, including verification of appropriate battery voltage).

4. Screening hearing of individuals who can participate in conventional pure-tone air conduction methods, as well as screening for middle ear pathology through screening tympanometry for the purpose of referral of individuals for further evaluation and management.

5. Using instrumentation (e.g., videofluoroscopy, EMG, nasendoscopy, stroboscopy, computer technology) to observe, collect data, and measure parameters of communication and swallowing, or other upper aerodigestive functions in accordance with the principles of evidence-based practice.

6. Selecting, fitting, and establishing effective use of prosthetic/adaptive devices for communication, swallowing, or other upper aerodigestive functions (e.g., tracheoesophageal prostheses, speaking valves, electroarynges). This does not include sensory devices used by individuals with hearing loss or other auditory perceptual deficits.

7. Collaborating in the assessment of central auditory processing disorders and providing intervention where there is evidence of speech, language, and/or other cognitive communication disorders.

8. Educating and counseling individuals, families, co-workers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication, swallowing, or other upper aerodigestive concerns.

9. Advocating for individuals through community awareness, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal barriers.

10. Collaborating with and providing referrals and information to audiologists, educators, and health professionals as individual needs dictate.

11. Addressing behaviors (e.g., perseverative or disruptive actions) and environments (e.g., seating, positioning for swallowing safety or attention, communication opportunities) that affect communication, swallowing, or other upper aerodigestive functions.

12. Providing services to modify or enhance communication performance (e.g., accent modification, transendered voice, care and improvement of the professional voice, personal/professional communication effectiveness).

13. Recognizing the need to provide and appropriately accommodate diagnostic and treatment services to individuals from diverse cultural backgrounds and adjust treatment and assessment services accordingly.
Code of Ethics


Index terms: ethics
doi:10.1044/policy.ET2010-00309

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Preamble

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

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

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

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

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

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

Principle of Ethics I

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

Rules of Ethics

A. Individuals shall provide all services competently.
B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
C. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
D. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.
E. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
F. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.

G. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.

H. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.

I. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

J. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.

K. Individuals shall not provide clinical services solely by correspondence.

L. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.

M. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.

N. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.

O. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.

P. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.

Q. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

R. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

**Principle of Ethics II**

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

A. [Deleted effective June 1, 2014] Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.

B. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.

C. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.

D. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member’s competence, level of education, training, and experience.

E. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

Principle of Ethics

III

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

Rules of Ethics

A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.

B. Individuals shall not participate in professional activities that constitute a conflict of interest.

C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.

D. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.

E. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.

F. Individuals’ statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.

G. Individuals’ statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

Principle of Ethics IV

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

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

B. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.

C. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.

D. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.

E. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual’s fitness to serve persons professionally.

F. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.

G. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor’s consent.

H. Individuals shall reference the source when using other persons’ ideas, research, presentations, or products in written, oral, or any other media presentation or summary.

I. Individuals’ statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

J. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.

K. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.

L. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

M. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.

N. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.
DEPARTMENT OF SPECIAL EDUCATION/COMMUNICATION DISORDERS

INTERNSHIP/INDEPENDENT STUDY/RESEARCH TYPE COURSE ENROLLMENT FORM

AND

STUDENT-FACULTY COURSE CONTRACT AGREEMENT*

ALL STUDENTS TAKING THE FOLLOWING NUMBERED COURSES WITH SPED OR CD PREFIXES MUST FILL OUT THIS FORM WITH THE FACULTY MEMBER SUPERVISING THE COURSE. FAILURE TO DO SO WILL RESULT IN A FAILING GRADE IN THE COURSE UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE IN WRITING AND FILED IN THE DEPARTMENTAL OFFICE.

PLEASE SELECT:  FALL  SPRING  SUMMER I  SUMMER II  YEAR  _________

COURSES NUMBERED:


STUDENT’S FULL NAME:  

LAST NAME  FIRST NAME  M.I.  BANNER ID#

STUDENT’S MAILING ADDRESS:  

STUDENT’S TELEPHONE NO:  ( )  Degree Sought

EXPECTED DATE OF GRADUATION:

FACULTY SUPERVISOR’S NAME:  

COURSE NO:  CREDITS:

COURSE TITLE:  

SUBTITLE (IF APPLICABLE):  

******************************************************************************

CONTRACT AGREEMENT

DESCRIPTION OF STUDY, PRACTICUM, PROJECT, RESEARCH, INTERNSHIP, THESIS, OR DISSERTATION:

******************************************************************************

ADDITIONAL COMMENTS, AGREEMENTS, AND STIPULATIONS:

******************************************************************************

STUDENT’S SIGNATURE:  

DATE:  

SUPERVISOR’S SIGNATURE:  

DATE:  

OTHER APPROPRIATE SIGNATURES:

DEPT. HEAD:  

DATE:  

*(TWO COPIES, ONE TO DEPARTMENT SECRETARY AND ONE TO SUPERVISOR)
APPENDIX F

GRADUATION MATERIALS

<table>
<thead>
<tr>
<th>Material</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduation Checklist</td>
<td>3</td>
</tr>
<tr>
<td>Application for Admission to Candidacy for Master’s Students</td>
<td>4-5</td>
</tr>
<tr>
<td>Verification of Completion of Comprehensive Exam</td>
<td>6</td>
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</tbody>
</table>
GRADUATION CHECKLIST

Name_____________________________________________ Date______________

Permanent Address/Phone No._______________________________________________

_____________________________________________________(__________________)

Phone

Before you take your Master’s Comprehensive Examination in Speech-Language Pathology, you need to:

_____ Verify with your academic advisor that you are within 25 hours of completing the 400 clock hours required by ASHA. Attach to this form the most current copy of your official Clock Hours Record printout PLUS a list of hours accrued subsequent to that record PLUS a plan of how the remainder of your hours will be obtained.
(Academic Advisor initials)

Before you graduate, you need to:

_____ Complete the Speech-Language Pathology academic curriculum.
(Academic Advisor initials)

_____ Pass the Master’s Comprehensive Examination in Speech-Language Pathology.
(Program Director initials)

_____ Complete a minimum of 400 clock hours according to ASHA standards.
(Program Director initials)

_____ Return all Speech Building keys to the Speech & Hearing Center Secretary.
(Secretary initials)

_____ Return all books, personal materials and equipment to faculty and staff.
(Academic Advisor initials)

_____ Return all diagnostic and treatment materials, and equipment to the Speech & Hearing Center.
(Secretary initials)

Date of Graduation_______________________
NEW MEXICO STATE UNIVERSITY
Graduate School
MSC 3G P.O. Box 30001
Application for Admission to Candidacy for Master's Students
(Master's Program of Study Form)

Students should submit this form after completion of 12 graduate credit hours

Last Name: ___________________________ First Name: ___________________________

SSN: ________________________ Phone: ________________________ E-Mail: ________________________

Major: ________________________ 1st Minor: ________________________ 2nd Minor: ________________________

Course of Study

Please the list of Course#, Course Title, Credit hour, Grade (*if incomplete or not yet taken)

Courses Completed at NMSU:

Course#: ________________________ Course Title: ________________________ Credit hour: ________________________ Grade: ________________________

Courses to be Completed at NMSU:

Course#: ________________________ Course Title: ________________________ Credit hour: ________________________
Transfer Course Work:

<table>
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Approval Signatures:

1. Department Head: ________________________________

2. Student's Advisor: ____________________________

3. Minor Faculty: ________________________________

4. Student: ________________________________

5. Graduate School Dean: ________________________________
MEMORANDUM

TO: Graduate School  
     Educational Services Building, MSC 3G

FROM: Dr. Heike Lehnert-LeHouillier, Director  
       Masters of Communication Disorders Program  
       Room 245, Speech Building - MSC 3SPE

RE: Final Examination Results

The required final written examinations of the Spring 2016 candidates for the degree of Masters of Arts in Communication Disorders have been completed.

Written Exam (If student fails they must take oral exam)  Date: April 1, 2016

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<tr>
<th>Name</th>
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Oral Exam  __________ Date: __________

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Comments: ________________________________

Dr. Heike Lehnert-LeHouillier, PhD CCC-SLP  
Communication Disorders, Director

_____________________________  
Advisor

_____________________________  
Committee Member

_____________________________  
Committee Member
APPENDIX G

KEY CONCEPTS ACROSS COURSES
KEY CONCEPTS ACROSS COURSES

Words… are a kind of natural resource and it is impossible to have too many of the—Robert Clairborne

Term *(compared/contrasted with)*

Accreditation (certification, licensure)

Antecedent events (consequent events, model, respond, stimulus, response)

Articulation (phonology)

Assessment/assess (evaluation, test, diagnostic)

Best practices (evidence-based practice, treatment validity)

Certification (accreditation, licensure)

Clinical Reasoning

Cluttering (dysfluency, stuttering)

Cognition

Communication (speech, language, literacy)

Confidentiality (HIPAA)

Conversation (discourse, narration, exposition)

Consequent events (antecedent events, model, respond, stimulus, response)

Culture (ethnicity, race)

Decision trees

Deixis

Diagnostic/diagnosis (evaluation, test)

Discourse (conversation, narration, exposition)

Diversity

Dysfluency (stuttering, cluttering)
Dynamic assessment (mediated learning, scaffolding)

Elicited (spontaneous)

Ethnicity (culture, race)

Executive Functions (meta-cognition)

Evaluation/evaluate (diagnostic/test)

Evidence-Based Practice (treatment validity, best practices)

Exposition (conversation, discourse, narration)

Functional

Grammar (syntax, morphology)

Group (team)

HIPAA (confidentiality)

Incidence (prevalence)

Intervention (therapy, treatment)

Know (learn, think, understand)

Language (communication, literacy, speech)

Lateral Thinking (Vertical Thinking, Radiant Thinking)

Learn (know, think, understand)

Learning outcomes (goals, objectives)

Levels of Evidence

Licensure

Literacy (reading)

Literate (non-verbal, oral, verbal)

Mediated learning (dynamic assessment)

Meta-cognition (Executive Functions)

Meta-communication (meta-cognition, meta-linguistics, meta-pragmatics)
Meta-linguistics (meta-cognition, meta-pragmatics, meta-communication)

Meta-pragmatics (meta-cognition, meta-linguistics, meta-communication)

Meta-Skills (meta-cognition, meta-linguistics, meta-pragmatics, meta-communication)

Model (antecedent events, consequent events, respond, stimulus, response)

Modular assessment (synergistic assessment)

Morphology (grammar, syntax)

Multicultural

Narration (conversation, discourse, exposition)

Non-verbal (literate, oral, verbal)

Oral (literate, non-verbal, verbal)

Percent (percentile)

Percentile (percent)

Phonology (articulation)

Professional Reasoning

Preferred Practice Patterns (WHO International Classification of Functioning)

Pragmatics

Prevalence (incidence)

Professional(ism)

Race (culture, ethnicity)

Radiant Thinking (Vertical Thinking, Lateral Thinking)

Reading (literacy)

Respond (antecedent events, consequent events, model, stimulus, response)

Scholar (student)

Scope of Practice (ASHA)

Semantics (lexicon, vocabulary)
Speech (communication, language, literacy)
Speech-Language Pathologist (therapist)
Spontaneous (elicited)
Standard Score
Student (scholar)
Stuttering (cluttering, dysfluency)
Synergistic assessment (modular assessment)
Syntax (grammar)
Team (group)
Test (diagnostic, evaluation)
Therapist (speech-language pathologist)
Therapy (intervention, treatment)
Think (know, learn, understand)
Treatment validity (best practices, evidence-based practices)
Understand (know, learn, think)
Verbal (literate, non-verbal, oral)
Vertical Thinking (Lateral Thinking, Radiant Thinking)
WHO International Classification of Functioning (Preferred Practice Patterns)

Knowledge comes, but wisdom lingers
—Alfred Lord Tennyson