

CHAPTER 115

Department of Labor, Licensing and Regulation— Board of Examiners in Speech/Language Pathology and Audiology

(Statutory Authority: 1976 Code § 40-67-90)

ARTICLE 1 LICENSING PROVISIONS

115-1. General Licensing Provisions.

Each applicant for a license must submit a notarized application form to the board office. The appropriate fee must be received before the application may be evaluated.

(A) An applicant for active licensure in Speech-Language Pathology or Audiology must submit or cause to be submitted documented evidence of the following:

(1) a post-graduate degree in speech-language pathology or audiology from a school or program with regional accreditation determined by the board to be equivalent to those accredited by the Council of Academic Accreditation (CAA) for Audiology and Speech-Language Pathology of the American Speech-Language Hearing Association (ASHA) or other board approved authority;

(2) a passing score on a national examination as approved by the board; and

(3)(a) completed supervised professional employment (SPE); or

(b) meets ASHA's standards for Certificate of Clinical Competence or its equivalent as approved by the board, in Speech-Language Pathology or Audiology in effect at the time of application; or

(c) have a current ASHA Certificate of Clinical Competence or its equivalent as approved by the board.

(B) An applicant for active licensure in Audiology with a Masters in Audiology before January 1, 2007, must submit or cause to be submitted documented evidence of the following:

(1) at least a masters degree in audiology or its equivalent from a school or program determined by the board to be equivalent to those accredited by the Council of Academic Accreditation (CAA) for Audiology and Speech-Language Pathology of the American Speech-Language Hearing Association (ASHA);

(2) successful completion of a supervised clinical practicum approved by the board; and

(3) successful completion of postgraduate professional experience approved by the board; or

(4) meets ASHA's standards for Certificate of Clinical Competence or its equivalent as approved by the board.

(C) An applicant for active licensure in Audiology with a Doctorate in Audiology after January 1, 2007, must submit or cause to be submitted documented evidence of the following:

(1) a doctoral degree in audiology from a school or educational institution with regional accreditation determined by the board to be equivalent to those accredited by the Council of Academic Accreditation (CAA) for Audiology and Speech-Language Pathology of the American Speech-Language Hearing Association (ASHA); or

(2) meets ASHA's standards for Certificate of Clinical Competence or its equivalent as approved by the board.

(D) An applicant for a speech-language pathology or audiology intern license must submit or cause to be submitted documented evidence of having satisfied the requirement of (A)(1).

(1) A speech-language pathology or audiology intern license must be issued to an applicant who has satisfied the requirement of subsection (A)(1) but who has not passed the examination required by subsection (A)(2) or who lacks the supervised professional employment as required by subsection (A)(3), or both.

(2) A person who has been issued a license as an intern who has not met the requirement of subsection (A)(2) must pass an examination approved by the board within twelve months of the issuance of the intern license.

HISTORY: Amended by State Register Volume 22, Issue No. 6, Part 3, eff June 26, 1998; State Register Volume 38, Issue No. 6, Doc. No. 4389, eff June 27, 2014.

115-2. Speech-Language Pathology Assistants.

(A) To be licensed as a Speech-Language Pathology Assistant an applicant must:

(1) submit an application on forms approved by the board;

(2) submit an application fee as prescribed by the board;

(3) present evidence of a bachelor's degree in Speech-Language Pathology from a regionally accredited institution.

(B) A bachelor's degree in Speech-Language Pathology from a regionally accredited institution must include as a minimum the following core curriculum of 36 semester hours and not less than 100 clock hours of direct client contact/clinical practicum, excluding observation hours.

(C) Specialized Preparation: 36 Semester Hours

(1) Directed Teaching in Speech-Language Therapy (6 Semester Hours)
100 clock hours of supervised clinical practicum in not less than two different sites with direct client contact/clinical practicum, excluding observation hours.

(2) Basic Area
Anatomy, physiology, mechanics, and function of the ear
and vocal mechanism.

Phonetics

Semantics

Speech and Voice Science

Psychology of Speech

Experimental Phonetics

(3) Speech-Language Pathology Courses (12 Semester Hours)

Stuttering

Articulation

Voice Disorders

Cleft Palate

Aphasia

Cerebral Palsy

Speech-Language Disorders

(4) Audiology (3 Semester Hours)

Testing of Hearing

Introduction of Audiology

Auditory Training

Speechreading

Speech for the Deaf or Hard of Hearing

(5) Psychology (6 Semester Hours)

Human Growth and Development

Psychology of Adjustment or

Abnormal Psychology

(6) Basic Course in Public Speaking (3 Semester Hours)

(D) General Guidelines

(1) No speech-language pathology assistant may begin working in direct contact with clients/patients without the board's written approval of the supervisory agreement and on the job training plan.

(2) Only a speech-language pathologist with an active license in good standing and a minimum of three years of work experience may supervise speech-language pathology assistants.

(3) A speech-language pathologist shall supervise no more than two full-time or three part-time speech-language pathology assistants, not to exceed more than three speech-language pathology assistants whether part-time or full-time. Full time is defined as a minimum of 30 work hours per week.

(4) If, for any reason, there is a change in supervising speech-language pathologist, it is the responsibility of the supervising speech-language pathologist to notify the board in writing within seven (7) working days that the supervisory agreement has been discontinued.

(5) The assistant's license shall become void when the authorized supervisor is no longer available for supervision. The license will be reactivated upon receipt and approval by the board of a new supervisory agreement and the change in supervising speech-language pathologist fee specified in Section 40-67-50.

(6) At the time of license renewal, supervising speech-language pathologists are to list the names of all those speech-language pathology assistants they are supervising.

(7) A speech-language pathology assistant may work part-time for more than one supervising speech-language pathologist provided that the board has approved supervisory agreements for each supervising speech-language pathologist.

(8) A licensed speech-language pathologist who supervises any speech-language pathology assistant must provide each speech-language pathology assistant with on the job training and must maintain responsibility for all services performed or omitted by such speech-language pathology assistant(s).

(E) On-the-Job Training (OJT)

At a minimum, on-the-job training (OJT) must include step-by-step instruction of each and every service or task the speech-language pathology assistant is to perform and continuous visual observation by the supervising speech-language pathologist of the speech-language pathology assistant's performance of each service or task until the supervising speech-language pathologist establishes the speech-language pathology assistant's competence. The supervising speech-language pathologist must maintain a written record of each service or task indicating the activity, date, time, and location of the training demonstration and observations. This record must be signed by both the supervising speech-language pathologist and the speech-language pathology assistant and a copy must be provided to the speech-language pathology assistant. The supervising speech-language pathologist and the speech-language pathology assistant must maintain such records for a period of four (4) years and such records must be made available to the director or the designee upon request.

(F) Supervision - General.

Supervising speech-language pathologists are responsible for all the clinical services provided or omitted by the speech-language pathology assistant(s). When speech-language pathology assistants provide direct services, the supervising speech-language pathologist is responsible for informing, in writing, all the clients (or their legal guardians), referring agencies, and third-party payers. Further, it is the supervisor's responsibility to ensure that the assistant is clearly identified at all times as an assistant by means of a name tag or similar identification. At no time may a speech-language pathology assistant perform tasks when the supervising speech-language pathologist cannot be reached by personal contact, phone, e-mail, pager, or other immediate or electronic means. The supervisor must make provisions, in writing, for emergency situations including designation of another licensed speech-language pathologist who has agreed to be available on an as needed basis to provide supervision and consultation to the assistant when the supervisor is not available. If for any reason (i.e., maternity leave, illness, change of job) a supervisor is not able to provide the level of supervision stipulated, the assistant may not perform client contact tasks.

(G) Direct Supervision.

Following initial OJT, direct supervision of each speech-language pathology assistant must consist of a minimum of 15% (e.g., 6 hours per 40 hour work week) or one of every seven visits per patient of direct, visual supervision of client contact to include a sampling of each assigned service or task. This direct supervision must be documented in writing. This documentation must be maintained by the

supervising speech-language pathologist for a period of four years and must be made available to the director or the designee upon request.

(H) Indirect Supervision.

In addition to direct supervision, indirect supervision is required a minimum of 5% (e.g., 2 hours per 40 hour work week) and must include review of written records and may include demonstrations, review and evaluation of audio- or video- taped sessions, and/or supervisory conferences.

(I) Quarterly Reviews.

In addition to direct and indirect supervision, the supervising speech-language pathologist must conduct quarterly performance reviews of each speech-language pathology assistant's performance of each assigned service or task. Such quarterly reviews must document, on a form approved by the board, direct observation of each task or service assigned to the speech-language pathology assistant. These reviews must be signed by both the supervising speech-language pathologist and the speech-language pathology assistant and must be maintained by the supervising speech-language pathologist for a period of four (4) years and must be made available to the director or the designee upon request.

(J) Scope of Practice.

The supervising speech-language pathologist accepts full and complete responsibility for all services and tasks performed or omitted by the speech-language pathology assistant. Provided that education, training, supervision and documentation are consistent with that defined in this chapter, the following tasks may be designated to the speech-language pathology assistant:

(1) Conduct speech-language or hearing screenings (without interpretation) following specified screening protocols developed by the supervising speech-language pathologist.

(2) Provide direct treatment assistance to patients/clients identified by the supervising speech-language pathologist.

(3) Follow documented treatment plans or protocols developed by the supervising speech-language pathologist.

(4) Document patient/client progress toward meeting established objectives as stated in the treatment plan.

(5) Assist the supervising speech-language pathologist during assessment of patients/clients.

(6) Assist with tallying patient/client responses, prepare therapy materials, schedule activities, prepare charts and assist with other clerical tasks as directed by the supervising speech-language pathologist.

(7) Perform checks and maintenance of equipment on a regular basis, and calibration at least annually on audiometric equipment.

(8) Assist the supervising speech-language pathologist in research projects, in-service training and public relations programs.

(9) Sign treatment notes which must be reviewed and co-signed by the supervising speech-language pathologist.

(10) Discuss with the client, the guardian or family members specifically observed behaviors that have occurred during treatment when such behaviors are supported by documented objective data.

(K) Prohibited Activities.

The speech-language pathology assistant must not:

(1) Perform diagnostic tests of any kind, formal or informal evaluations, or interpret test results.

(2) Participate in parent conferences, case conferences, or any interdisciplinary team meetings where diagnostic information is interpreted or treatment plans developed without the presence of the supervising speech-language pathologist or designated licensed speech-language pathologist.

(3) Provide patient/client or family counseling.

(4) Write, develop, or modify a patient/client's treatment plan in any way.

(5) Assist with patients/clients without following a documented treatment plan which has been prepared by a licensed speech-language pathologist and for which the speech-language pathology assistant has not received appropriately documented OJT.

(6) Sign any formal documents (e.g., treatment plans, reimbursement forms or reports) without the signature of the supervising speech-language pathologist.

(7) Select patients/clients for services.

(8) Discharge patients/clients from services.

(9) Disclose clinical or confidential information either orally or in writing to any one not designated in writing by the supervising speech-language pathologist.

(10) Make referrals for additional services.

(11) Provide any interpretation or elaboration of information that is contained in reports written by any licensed speech-language pathologist.

(12) Represent oneself to be a speech-language pathologist.

(13) Make advertisement or public announcement of services independent of the supervising speech-language pathologist.

HISTORY: Amended by State Register Volume 22, Issue No. 6, Part 3, eff June 26, 1998; State Register Volume 36, Issue No. 6, eff June 22, 2012; State Register Volume 38, Issue No. 6, Doc. No. 4389, eff June 27, 2014

115-3. Supervised Professional Employment (SPE).

(A) Supervised professional employment (SPE), as required by the board, means direct clinical work with patients, consultations, record keeping, or any other duties relevant to a bona fide program of clinical work. It is expected, however, that a significant amount of clinical experience will be in direct clinical contact with persons who have communication disorders. Time spent in supervision of students, academic teaching, and research, as well as any administrative activity that does not deal directly with management programs of specific patients or clients will not count toward completion of the SPE.

(B) The SPE is defined as not fewer than nine (9) months of full-time professional employment, whether or not for wages or other compensation. Full-time employment means a minimum of thirty (30) clock hours of work per week. This requirement may also be met by part-time employment as follows:

(1) fifteen (15) to nineteen (19) hours of work per week over a period of eighteen (18) months;

(2) twenty (20) to twenty-four (24) hours of work per week over a period of fifteen (15) months;
or

(3) twenty-five (25) to twenty-nine (29) hours of work per week over a period of twelve (12) months.

In the event that part-time employment is used to fulfill a portion of the SPE, one hundred (100%) percent of the minimum hour requirements for part-time work must be spent in direct professional employment as defined above.

(C) SPE supervision must entail the personal and direct involvement of the supervisor in observations of diagnostic and therapeutic procedures that will permit the SPE supervisor to monitor, improve and evaluate the intern's performance in professional clinical employment. The supervision must include on-site observations of the intern. Other monitoring activities such as conferences with the intern, evaluation of written reports, and evaluation by professional colleagues may be executed by correspondence. The intern's supervisor must base the total evaluation on no fewer than thirty-six (36) monitored activities (a minimum of four hours per month). The monitoring activities must include at least eighteen (18) on-site observations (a minimum of two hours each month). Should a supervisor suspect at any time during the SPE that an intern will not meet the requirements of this section, the supervisor must counsel the intern both orally and in writing and maintain carefully written records of all contacts and conferences in the ensuing months.

(D) Within one month of completion of the SPE, the supervisor must conduct a formal evaluation of the intern's performance and submit the evaluation to the board. Such evaluation must be completed on a form approved by the board, must be signed and dated by both the intern and the supervisor, and must include a recommendation by the supervisor that in his opinion the intern either is or is not qualified for full licensure.

(E) The SPE supervisor shall only supervise three interns at a time.

HISTORY: Amended by State Register Volume 22, Issue No. 6, Part 3, eff June 26, 1998; State Register Volume 36, Issue No. 6, eff June 22, 2012; State Register Volume 38, Issue No. 6, Doc. No. 4389, eff June 27, 2014.

115-4. Audiology License - Hearing Aid Dispensing.

(A) An audiologist may determine through a comprehensive hearing assessment, inquiry, actual observation, or review of any other available information that a prospective hearing aid user has a condition of the ear or auditory system that would benefit from medical evaluation or intervention. An audiologist who fits and/or sells hearing aids must advise a prospective hearing aid user, or parent or guardian, if the prospective user is not 18 years old or older, that the best health interest would be served if there was a medical evaluation by a licensed physician (preferably a physician who specializes in diseases of the ear) before purchasing a hearing aid. The prospective user may waive the medical evaluation by signing a statement which indicates that the prospective user has been informed of the best health interest and does not wish to have a medical evaluation before purchasing a hearing aid.

(B) An audiologist must have a record of a comprehensive hearing assessment performed within the previous six months before fitting or selling a hearing aid to any person. This restriction does not apply to replacing a lost or damaged hearing aid that has a replacement warranty or insurance.

(C) If no waiver of medical evaluation has been signed by the prospective user, or if the prospective user is not 18 years old or older, by his or her parent or guardian, a written statement must be presented to the audiologist, signed by a licensed physician, stating that the patient's hearing loss has been medically evaluated within the previous six months and that the patient may be considered a candidate for a hearing aid.

(D) An audiologist who fits and sells hearing aids must provide in writing to each purchaser at the time of purchase a purchase agreement which clearly states all warranty terms and warranty periods, return privileges, refund information, payment schedule, hearing aid mode, and manufacturer, serial number, date of sale, the audiologist's license number, signatures of purchaser and seller, and in the case of a reconditioned hearing aid, a statement that the hearing aid being purchased is reconditioned. If the hearing aid is being fit through a state or federal program and the prospective user is not making a purchase then no purchase agreement is required.

(E) All audiometers used by an audiologist must be calibrated at least annually. Records of such calibration must be maintained by the audiologist for a period of four years, and must be made available to the Director or the designee upon request.

HISTORY: Added by State Register Volume 20, Issue No. 6, Part 3, eff June 26, 1998. Amended by State Register Volume 36, Issue No. 6, eff June 22, 2012; State Register Volume 38, Issue No. 6, Doc. No. 4389, eff June 27, 2014.

115-5. Deleted by State Register Volume 38, Issue No. 6, Doc. No. 4389, eff June 27, 2014.

Editor's Note

Former R. 115-5 was titled **Audiology License - Hearing Aid Dispensing** and had the following history: Amended by State Register Volume 22, Issue No. 6, Part 3, eff June 26, 1998.

ARTICLE 2 CONTINUING EDUCATION

115-6. Continuing Education.

(A) Courses used to meet the continuing education requirement must meet at least one of the following conditions:

(1) Courses offered by an American Speech-Language Hearing Association (ASHA) or American Academy of Audiology (AAA) Continuing Education Sponsor.

(2) Courses offered by one of the following organizations: South Carolina Academy of Audiology, South Carolina Speech-Language-Hearing Association, National Institute of Hearing Instruments Studies (NIHIS), Academy of Rehabilitative Audiology, American Auditory Society, Academy of Dispensing Audiology, or other organization approved by the board.

(3) Graduate level courses offered by a regionally accredited college or university within scope of practice (1 semester hour equals 15 hours for 1.5 CEUs).

(4) Courses offered by a state or federal agency provided the courses are within scope of practice.

(B) At least one-half of the continuing education requirement must pertain to clinical practice in the area of licensure.

(C) Not more than two (2) hours of the continuing education requirement may be met by independent study. All independent study must receive prior approval by the board sixty (60) days prior to implementation. Independent study is developing a plan encompassing a variety of activities, such as reading journal articles, observing a master clinician, or reviewing case files. The study shall include the licensee writing a critical review stating how the licensee will incorporate the newly acquired skills and knowledge into practice.

(D) Continuing education requirements may be met by online or electronic courses.

(E) Instructors may receive continuing education credit, equivalent to that received by participants, for preparing and teaching courses, including online and electronic courses, within the scope of practice, subject to once per course.

(F) Submission of false or misleading continuing education information is grounds for immediate revocation of the license to practice and such other disciplinary actions as the board deems appropriate.

(G) Required documentation and audit process:

(1) each licensee shall attest to completion of the required continuing education at the time of license renewal;

(2) each licensee shall maintain records of continuing education hours earned for a period of four

(4) years, and such records must be made available to the director or the designee upon request.

HISTORY: Amended by State Register Volume 22, Issue No. 6, Part 3, eff June 26, 1998; State Register Volume 38, Issue No. 6, Doc. No. 4389, eff June 27, 2014.

ARTICLE 3 Code of Ethics

115-7. Code of Ethics.

PRINCIPLE 1: Individuals shall provide professional services with honesty and compassion, and shall respect the dignity, worth and rights of those served.

Rule 1a: Individuals shall not limit the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for the potential benefit from such services.

Rule 1b: Individuals shall not discriminate in the provision of services to individuals on the basis of gender, race, religion, national origin, sexual orientation, or general health.

Rule 1c: Individuals shall not engage in sexual activity with a patient or client or with a person who has been a patient or client to whom services were provided within the past two (2) years.

PRINCIPLE 2: Individuals shall maintain high standards of professional competence in rendering services, providing only those professional services for which they are qualified by education and experience.

Rule 2a: Individuals shall use available resources including referrals to other specialists, and shall not accept benefits or items of personal value for receiving or making referral.

Rule 2b: Individuals shall exercise all reasonable precautions to avoid injury to persons in the delivery of professional services.

Rule 2c: Individuals shall not provide services except in a professional relationship.

Rule 2d: Individuals shall provide appropriate supervision and assume full responsibility for services delegated to supportive personnel. Individuals shall not delegate any service requiring professional competence to unqualified persons.

Rule 2e: Individuals shall not permit personnel to engage in any practice that is a violation of the Code of Ethics.

Rule 2f: Individuals shall maintain professional competence, including participation in continuing education.

PRINCIPLE 3: Individuals shall maintain the confidentiality of the information and records of those receiving services.

Rule 3a: Individuals shall not reveal to unauthorized persons any professional or personal information obtained from the person served professionally, unless required by law.

PRINCIPLE 4: Individuals shall honor their responsibility to the public by promoting public understanding of the profession, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communication involving any aspect of the professions.

Rule 4a: Individuals shall not misrepresent their credentials, competence, education, training, or experience.

Rule 4b: Individuals shall not participate in professional activities that constitute a conflict of interest.

Rule 4c: Individuals shall not misrepresent diagnostic information, services rendered, or products dispensed or engage in any scheme or artifice to defraud in connection with obtaining payment or reimbursement for such services or products.

Rule 4d: Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, and about professional services.

Rule 4e: Individuals' statements to the public - advertising, announcing, and marketing their professional services, reporting research results, and promoting products - shall adhere to prevailing professional standards and shall not contain misrepresentations.

PRINCIPLE 5: Individuals shall provide accurate information about the nature and management of communicative disorders and about the services and products offered.

Rule 5a: Individuals shall provide persons served with the information a reasonable person would want to know about the nature and possible effects of services rendered, or products provided.

Rule 5b: Individuals may make a statement of prognosis, but shall not guarantee results, mislead, or misinform persons served.

Rule 5c: Individuals shall not carry out teaching or research activities in a manner that constitutes an invasion of privacy, or that fails to inform persons fully about the nature and possible effects of these activities, affording all persons informed free choice of participation.

Rule 5d: Individuals shall maintain documentation of professional services rendered.

PRINCIPLE 6: Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of allied professions, maintain harmonious interprofessional and intra professional relationships and adopt the professions' self-imposed standards.

Rule 6a: Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.

Rule 6b: Individuals shall not engage in dishonesty, fraud, deceit misrepresentation, or any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

Rule 6c: 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 contributors consent.

Rule 6d: Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

Rule 6e: Individuals shall not discriminate in their relationships with colleagues, students and members of the allied professions on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation or disability.

Rule 6f: Individuals who have reason to believe that the Code of Ethics has been violated shall inform the board.

Rule 6g: Individuals shall cooperate fully with the board in its investigation and adjudication of matters related to the Code of Ethics.

HISTORY: Amended by State Register Volume 22, Issue No. 6, Part 3, eff June 26, 1998; State Register Volume 36, Issue No. 6, eff June 22, 2012; State Register Volume 38, Issue No. 6, Doc. No. 4389, eff June 27, 2014.