

**BOARD OF AUDIOLOGY SPEECH-LANGUAGE PATHOLOGY**  
**Full Board Meeting**  
**September 8, 2016**  
**10:00 a.m.**

**Call to Order**

*A. Tucker Gleason, Ph.D., Chair*

**Ordering of Agenda**

*Dr. Gleason*

**Public Comment**

*Dr. Gleason*

The Board will receive public comment at this time. The Board will not receive comment on any regulatory process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

**Approval of Minutes**

*Dr. Gleason*

- June 9, 2016 – Telephone Conference Call
- February 18, 2016 – Full Board

**Director's Report**

*Dr. David E. Brown*

**Workforce Reports**

*Elizabeth Carter, Ph.D.*

**Legislative/Regulatory Update**

*Elaine Yeatts*

- Review of Regulatory Actions
  - Incorporation of Cerumen Management and Assistant SLP Regulations
  - Clean-up of two Chapter 21 outdated issues (18-VAC-30-21-120 and 130)
- Public Participation Guidelines Revision
- Volunteer Hours for CE (HB319)
- Report on License/Certification of Assistant Speech-Language Pathologists (HB252)
  - Adoption of Report to General Assembly
  - Review of Survey Questions for Usage of Assistant Speech-Language Pathologists

**Discussion Items**

*Leslie Knachel*

- Update of Guidance Documents
  - 30-6: Self-Employment
  - 30-9: CE Audits and Sanctioning for Failure to Complete CE (combining with 30-5)
  - 30-11: Guidelines for Processing Applications for Licensure
- CE Audit Update

*Ms. Knachel/Carol Stamey*

**President's Report**

*Dr. Gleason*

**Executive Director's Report**

*Ms. Knachel*

- Statistics
- Budget
- Outreach emails
- Annual Meeting of National Council of State Boards of Examiners

**New Business**

*Dr. Gleason*

- Officer Elections
- 2017 Board Calendar

**Adjournment**

*Dr. Gleason*

**VIRGINIA BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY  
SPECIAL SESSION – TELEPHONE CONFERENCE CALL  
JUNE 9, 2016  
MINUTES**

**CALL TO ORDER:** Pursuant to § 54.1-2400(13) of the Code of Virginia, a telephone conference call of the Virginia Board of Audiology and Speech-Language Pathology (“Board”) was called to order on June 9, 2016, at 10:05 a.m., to consider a Consent Order for possible resolution of Case No. 169189.

**PRESIDING:** Lillian Beasley Beahm, Au.D., CCC-A, Chair

**MEMBERS PRESENT:** George T. Hashisaki, M.D.  
Angela W. Moss, MA, CCC-SLP  
Ronald Spencer, RN

**MEMBERS ABSENT:** Corliss V. Booker, Ph.D., APRN, FNP-BC

**MEMBERS EXCUSED:** A. Tucker Gleason, Ph.D., CCC-A  
Laura Purcell Verdun, MA, CCC-SLP

**QUORUM:** With four members of the Board participating, a quorum was established.

**STAFF PRESENT:** Leslie L. Knachel, Executive Director  
Amanda E. M. Blount, Deputy Executive Director  
Terri H. Behr, Discipline/Compliance Operations Manager  
Mykl D. Egan, Adjudication Specialist  
Joy Malonza, Intern

**BOARD COUNSEL:** Charis A. Mitchell, Assistant Attorney General

**Erin D. Jackson, S.L.P.  
Case No. 169189** The Board received information from Mr. Egan regarding a Consent Order signed by Ms. Jackson for the resolution of her case in lieu of proceeding with a formal administrative hearing.

**CLOSED SESSION:** Dr. Hashisaki moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia (“Code”) for the purpose of deliberation to reach a decision in the matter of **Erin D. Jackson, S.L.P.** Additionally, he moved that Ms. Mitchell, Ms. Knachel, and Ms. Blount attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and passed.

**RECONVENE:** Dr. Hashisaki moved that the Board certify that it heard,

discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and passed.

The Board reconvened in open session pursuant to § 2.2-3712(D) of the Code.

**DECISION:**

Dr. Hashisaki moved that the Board accept the Consent Order that was signed by Ms. Jackson in lieu of proceeding with a formal administrative hearing. Following a second, a roll call vote was taken. The motion passed unanimously.

**ADJOURNMENT:**

The meeting was adjourned at 10:13 a.m.

\_\_\_\_\_  
Lillian Beasley Beahm, Au.D., CCC-A, Chair

\_\_\_\_\_  
Leslie L. Knachel, M.P.H, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY  
MEETING MINUTES  
FEBRUARY 18, 2016**

- TIME AND PLACE:** The Board of Audiology and Speech-Language Pathology (Board) meeting was called to order at 10:02 a.m. on Thursday, February 18, 2016, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room 3, Henrico, Virginia.
- PRESIDING OFFICER:** A. Tucker Gleason, Ph.D., CCC-A
- MEMBERS PRESENT:** George T. Hashisaki, M.D.  
Angela W. Moss, MA, CCC-SLP  
Laura Purcell Verdun, MA, CCC-SLP  
Corliss V. Booker, Ph.D., APRN, FNP-BC
- MEMBERS NOT PRESENT:** Martin L. Lenhardt, Au.D, Ph.D.  
Ronald Spencer, R.N.
- QUORUM:** With five members of the Board present, a quorum was established.
- STAFF PRESENT:** Leslie L. Knachel, Executive Director  
Charis Mitchell, Assistant Attorney General, Board Counsel  
Lisa R. Hahn, MPA, Chief Deputy Director  
Elaine Yeatts, Senior Policy Analyst  
Carol Stamey, Operations Manager
- OTHERS PRESENT:** Marie Ireland, Virginia Department of Education (VDOE)  
Darlene Robke, Speech Hearing Association of Virginia (SHAV)  
Shannon Salley, SHAV
- ORDERING OF AGENDA:** It was noted that Ms. Yeatts was attending a concurrent meeting and the agenda would be adjusted to receive her report based upon her availability.
- PUBLIC COMMENT:** No public comment was presented.
- INTRODUCTION OF NEW BOARD MEMBER:** Dr. Gleason introduced and welcomed the new board member, Corliss Booker, Ph.D., APRN.
- APPROVAL OF MINUTES:** Ms. Verdun moved to approve, as a block, the January 30, 2015, Speech-Language Pathology Assistant Ad Hoc Committee, June 11, 2015, Full Board and the December 11, 2015, Public Hearing minutes as presented. The motion was seconded and carried.
- DIRECTOR'S REPORT:** Dr. Brown was not available to provide a report.
- DISCUSSION ITEMS:** **Guidance Documents**
- Guidance Document 30-5: Meeting Continuing Competency Requirements – As requested at the Board's previous meeting, Ms. Knachel presented an amended

draft of Guidance Document 30-5 to reflect clarification of school continuing education.

Ms. Verdun moved to delete “Meetings during which discussion involves client performance and the selection of goals and services will be accepted as Type 2 continuing education credits.” The motion was seconded and carried.

Ms. Moss moved to amend the added language by inserting “non-clinical” after “documentation” and before “software usage” inside the parentheses. The motion was seconded and carried.

Dr. Booker moved to adopt Guidance Document 30-5 as presented with amendments. The motion was seconded and carried.

## **LEGISLATIVE/REGULATORY UPDATE:**

### **2016 Legislation Update**

Ms. Yeatts provided an overview of the 2016 legislation that affects the boards within the Department of Health Professions. She noted that HB252 had been revised and required the board to review the need for and impact of licensure or certification of speech-language pathology assistants and report its findings by November 1, 2016. Ms. Yeatts recommended that the Board reconvene its Ad Hoc Assistant Speech-Language Pathology Committee and discuss possible expansion of committee membership. It was the consensus of the Board that the Committee should be composed of the following members:

- Two board members;
- Two SHAV members to include a private practitioner; and
- Two VDOE members to include a representative from a public school division.

The Board directed Ms. Knachel to contact the stakeholders and arrange meetings at appropriate intervals to complete the review within the prescribed timeframe.

### **Regulatory Update – Actions Required**

Ms. Yeatts reported on the following regulatory actions for the Board’s consideration:

- **Promulgation of Chapter 21 and repeal of Chapter 20**  
– Public comments were reviewed and discussed.

Ms. Verdun moved to repeal Chapter 20 and adopt as final regulations Chapter 21 as presented. The motion was seconded and carried.

- **Performance of Cerumen Management by Audiologists**

Ms. Yeatts commented that the Board should request a six month extension for the cerumen management Emergency

regulations to ensure adequate time for the final regulations to complete the promulgation process and become effective.

Ms. Moss moved to authorize a six month extension for the cerumen management emergency regulations. The motion was seconded and carried.

The Board reviewed and discussed the public comment on the proposed cerumen management regulations.

Ms. Verdun moved to adopt the final regulations for cerumen management as presented with an amendment to 18VAC30-20-241(D)(1) to read "Obtain informed consent of the patient or legally responsible adult and document such consent and the procedure performed in the patient record." The motion was seconded and carried.

- **Practice by Assistant Speech-Language Pathologists**  
Public comments were reviewed and discussed.

Ms. Verdun moved to adopt the final regulations for assistant speech-language pathology as presented. The motion was seconded and carried.

#### **Fiberoptic Endoscopic Evaluation of Swallowing (FEES)**

Ms. Yeatts informed the Board that the FEES regulations became effective on October 7, 2015. She commented that Guidance Document 30-7 related to FEES was no longer needed.

Ms. Moss moved to repeal Guidance 30-7. The motion was seconded and carried.

#### **DISCUSSION ITEMS CONTINUED:**

##### **Removal of Guidance Document 30-7 on FEES**

Ms. Knachel informed the Board that Guidance Document 30-7 regarding FEES will be removed as voted on previously.

##### **Discussion Need for Guidance Documents**

- **Guidance Document for Performance of Cerumen Management**

Ms. Knachel informed the Board that when the cerumen management regulations become final a guidance document could be drafted if needed to clarify the training requirements as discussed during a previous meeting.

- **Telepractice – License Type Needed**

Ms. Knachel informed the board that she had received an inquiry as to which type of license was required to conduct telepractice in the school system. She indicated that Guidance Document 30-8: Requirements to Hold Licensure in Virginia to Practice Speech-Language Pathology did not address this issue. Ms. Mitchell, Board Counsel, advised that she would need to research the

matter before rendering guidance. It was noted that the guidance document could be amended pending receipt of advice from board counsel.

Dr. Booker moved to amend Guidance Document 30-8 based on board counsel's advice related to required licensure type to perform telepractice within the school system. The motion was seconded and carried.

**Policy Question Regarding Telesupervision**

Ms. Knachel provided documentation regarding an inquiry she received related to telesupervision. The Board discussed the issue and asked Ms. Knachel to conduct additional research.

**Information on Academic Language Therapists**

For informational purposes, Ms. Knachel informed the Board of a group known as Academic Language Therapists who are trained to work with students with dyslexia or reading disability. The therapists are currently practicing in school settings.

**Report on 2015 National Council of State Boards Annual Meeting**

Dr. Gleason reported that she and Ms. Knachel had attended the National Council of State Boards and the following topics were discussed:

- Inter-professional (collaborative) education and practice;
- Revisions for accredited graduate programs, requirements to maintain certification;
- Telemedicine;
- State reports and challenges;
- Universal licensure;
- Audiology assistants; and
- Patient abandonment.

Dr. Gleason requested that the subject of universal licensure be included on the next board meeting agenda.

**PRESIDENT'S REPORT:**

Dr. Gleason expressed her continued gratitude to board staff.

**OFFICER ELECTIONS:**

Ms. Moss moved that Dr. Gleason remain as Chair and Ms. Verdun remain as Vice-Chair. The motion was seconded and carried.

**EXECUTIVE DIRECTOR'S REPORT:**

**Statistics**

Ms. Knachel provided an overview of the licensure and disciplinary statistics. She stated that the continuing education audit resulted in disciplinary cases involving 8 percent of the licensees audited.

**Budget**

Ms. Knachel provided a budget update.

**INTRODUCTION OF LISA HAHN:**

Ms. Hahn was introduced as the new Chief Deputy for the agency

upon return from attending the General Assembly.

**NEW BUSINESS:**

Ms. Verdun inquired about the automated Sanction Reference Point worksheet. Staff will forward an automated SRP sheet to all the board members for use in disciplinary matters as required.

**ADJOURNMENT:**

The meeting was adjourned at 12:15 p.m.

\_\_\_\_\_  
A. Tucker Gleason, Ph.D., CCC-A  
Chair

\_\_\_\_\_  
Leslie L. Knachel, M.P.H  
Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

DRAFT



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# *Virginia's Audiologist Workforce: 2015*

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Healthcare Workforce Data Center

March 2016

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Richmond, VA 23233  
804-367-2115, 804-527-4466(fax)  
E-mail: [HWDC@dhp.virginia.gov](mailto:HWDC@dhp.virginia.gov)

Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

*410 Audiologists voluntarily participated in this survey. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Audiology & Speech-Language Pathology express our sincerest appreciation for your ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

**David E. Brown, D.C.**  
*Director*

**Lisa R. Hahn, MPA**  
*Chief Deputy Director*

*Healthcare Workforce Data Center Staff:*

**Dr. Elizabeth Carter, Ph.D.**  
*Executive Director*

**Yetty Shobo, Ph.D.**  
*Research Analyst*

**Laura Jackson**  
*Operations Manager*

**Christopher Coyle**  
*Research Assistant*

## The Board of Audiology & Speech-Language Pathology

### *Chair*

A. Tucker Gleason, Ph.D., CCC-A  
*Jeffersonton*

### *Vice-Chair*

Laura Purcell Verdun, MA, CCC-SLP  
*Oak Hill*

### *Members*

Corliss V. Booker, Ph.D., APRN, FNP-BC  
*Chester*

George T. Hashisaki, MD  
*Charlottesville*

Lillian B. Beahm, Au.D., CCC-A  
*Roanoke*

Angela W. Moss, MA, CCC-SLP  
*Henrico*

Ronald Spencer, RN  
*Midlothian*

### *Executive Director*

Leslie L. Knachel

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## The Audiologist Workforce: At a Glance:

### The Workforce

Licensees:	522
Virginia's Workforce:	397
FTEs:	338

### Background

Rural Childhood:	27%
HS Degree in VA:	36%
Prof. Degree in VA:	31%

### Current Employment

Employed in Prof.:	96%
Hold 1 Full-time Job:	75%
Satisfied?:	98%

### Survey Response Rate

All Licensees:	79%
Renewing Practitioners:	86%

### Education

Au.D.:	68%
Masters:	23%

### Job Turnover

Switched Jobs in 2015:	6%
Employed over 2 yrs:	67%

### Demographics

Female:	88%
Diversity Index:	18%
Median Age:	46

### Finances

Median Income: \$70k-\$80k	
Health Benefits:	60%
Under 40 w/ Ed debt:	58%

### Primary Roles

Patient Care:	82%
Administration:	4%
Non-Clinical Edu.:	2%

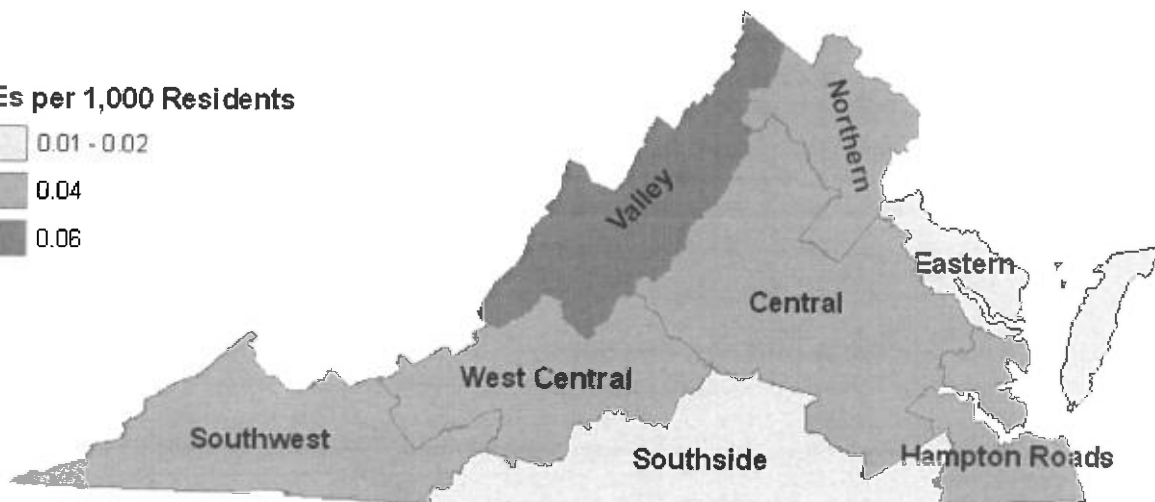
Source: Va. Healthcare Workforce Data Center

## Full Time Equivalency Units per 1,000 Residents by Council on Virginia's Future Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents

	0.01 - 0.02
	0.04
	0.06



Annual Estimates of the Resident Population: July 1, 2014  
Source: U.S. Census Bureau, Population Division



410 audiologists voluntarily took part in the 2015 Audiologist Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every December for audiologists. These survey respondents represent 79% of the 522 audiologists who are licensed in the state and 86% of renewing practitioners.

The HWDC estimates that 397 audiologists participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an audiologist at some point in the future. During 2015, Virginia's audiologist workforce provided 338 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

88% of all audiologists are female, including 96% of all audiologists under the age of 40. In a random encounter between two audiologists, there is an 18% chance that they would be of different races or ethnicities, a measure known as the diversity index. Virginia's audiologist workforce is significantly less diverse than the state's overall population, where there is a 55% chance that two randomly chosen people would be of different races or ethnicities.

27% of all audiologists grew up in a rural area, but only 14% of these professionals currently work in non-Metro areas of the state. Overall, 7% of Virginia's audiologists work in rural areas of the state. Meanwhile, 36% of Virginia's audiologists graduated from high school in Virginia, and 31% earned their initial professional degree in the state. In total, 45% of Virginia's audiologists have some educational background in the state.

More than two-thirds of all audiologists hold a Doctor of Audiology (Au.D.) as their highest professional degree, while another 23% hold a Master's degree. Nearly one-third of audiologists currently carry educational debt, including 58% of those under the age of 40. The median debt burden for those audiologists with educational debt is between \$30,000 and \$40,000.

96% of audiologists are currently employed in the profession. Three-quarters of Virginia's audiologist workforce hold one full-time position, while 8% hold two or more positions simultaneously. In addition, 51% of audiologists work between 40 and 49 hours per week, while just 4% work at least 60 hours per week. Two-thirds of Virginia's audiologist workforce has been at their primary work location for more than two years, while just 6% have switched jobs at some point in the past year.

The typical audiologist earned between \$70,000 and \$80,000 last year. In addition, 85% of audiologists who are compensated with either an hourly wage or salary at their primary work location also receive at least one employer-sponsored benefit, including 60% who receive health insurance. 98% of all audiologists are satisfied with their current employment situation, including 70% who indicate they are "very satisfied".

38% of audiologists work in Northern Virginia, the most of any region in the state. Meanwhile, 81% of audiologists work in the private sector, including 72% who work at a for-profit establishment. Group private practices were the most common establishment type, employing 23% of the state's audiologist workforce.

A typical audiologist spends between 80% and 90% of her time treating patients, while most of her remaining time is spent performing administrative tasks. 82% of audiologists serve a patient care role, meaning that at least 60% of their time is spent in patient care activities. In addition, the typical audiologist treats between 30 and 40 patients per week at her primary work location.

37% of audiologists expect to retire by the age of 65. Just 3% of the current workforce expects to retire in the next two years, while half of the current workforce expects to retire by 2040. Over the next two years, only 2% of Virginia's audiologist workforce plan on leaving the state to practice elsewhere. At the same time, 8% of audiologists plan on increasing patient care activities.

**A Closer Look:**

Licensee Counts		
License Status	#	%
Renewing Practitioners	462	89%
New Licensees	29	6%
Non-Renewals	31	6%
All Licensees	522	100%

Source: Va. Healthcare Workforce Data Center

*Our surveys tend to achieve very high response rates. 86% of renewing audiologists submitted a survey. These represent 79% of audiologists who held a license at some point in 2015.*

Response Rates			
Statistic	Non Respondents	Respondent	Response Rate
<b>By Age</b>			
Under 30	26	16	38%
30 to 34	13	47	78%
35 to 39	12	58	83%
40 to 44	8	57	88%
45 to 49	12	45	79%
50 to 54	5	57	92%
55 to 59	15	57	79%
60 and Over	21	73	78%
<b>Total</b>	<b>112</b>	<b>410</b>	<b>79%</b>
<b>New Licenses</b>			
Issued in 2015	22	7	24%
<b>Metro Status</b>			
Non-Metro	5	27	84%
Metro	77	294	79%
Not in Virginia	30	89	75%

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Licensed Audiologists**

Number:	522
New:	6%
Not Renewed:	6%

**Survey Response Rates**

All Licensees:	79%
Renewing Practitioners:	86%

Source: Va. Healthcare Workforce Data Center

**Response Rates**

Completed Surveys	410
Response Rate, all licensees	79%
Response Rate, Renewals	86%

Source: Va. Healthcare Workforce Data Center

**Definitions**

- 1. The Survey Period:** The survey was conducted in December 2015.
- 2. Target Population:** All audiologists who held a Virginia license at some point in 2015.
- 3. Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some audiologists newly licensed in 2015.

### At a Glance:

#### Workforce

2015 Audiologist Workforce: 397  
 FTEs: 338

#### Utilization Ratios

Licenses in VA Workforce: 76%  
 Licenses per FTE: 1.54  
 Workers per FTE: 1.17

Source: Va. Healthcare Workforce Data Center

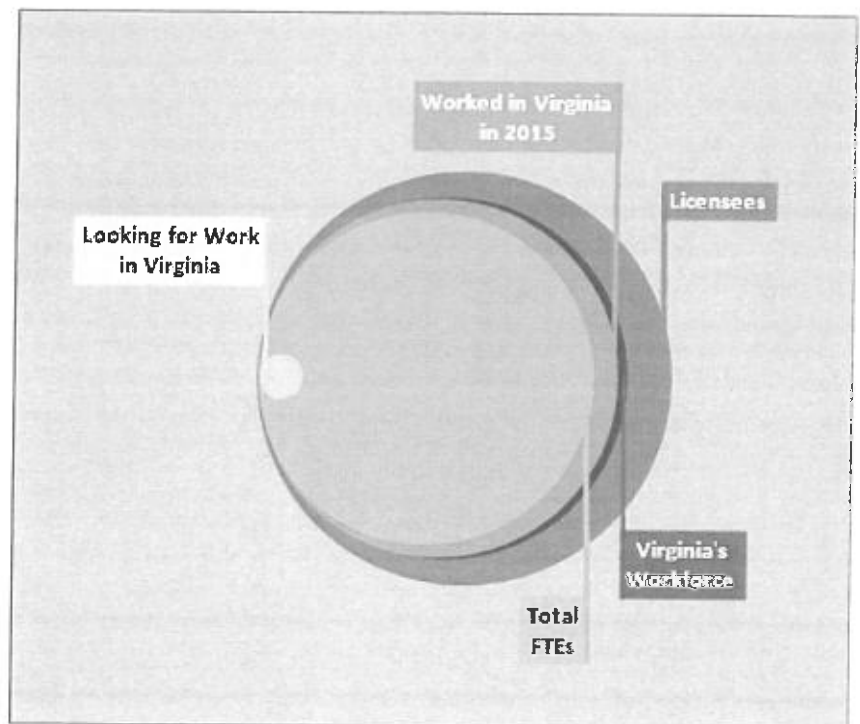
Virginia's Audiologist Workforce		
Status	#	%
Worked in Virginia in Past Year	391	98%
Looking for Work in Virginia	6	2%
Virginia's Workforce	397	100%
Total FTEs	338	
Licenses	522	

Source: Va. Healthcare Workforce Data Center

*This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: [www.dhp.virginia.gov/hwdc](http://www.dhp.virginia.gov/hwdc)*

### Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licenses in VA Workforce:** The proportion of licenses in Virginia's Workforce.
- 4. Licenses per FTE:** An indication of the number of licenses needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.



Source: Va. Healthcare Workforce Data Center



**A Closer Look:**

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	0	0%	31	100%	31	10%
30 to 34	3	7%	36	93%	38	12%
35 to 39	1	3%	42	97%	44	14%
40 to 44	3	8%	36	92%	39	12%
45 to 49	3	7%	35	93%	38	12%
50 to 54	10	26%	30	74%	40	12%
55 to 59	7	14%	44	86%	51	16%
60 +	12	28%	32	72%	44	14%
<b>Total</b>	<b>39</b>	<b>12%</b>	<b>286</b>	<b>88%</b>	<b>325</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Gender**

% Female: 88%  
% Under 40 Female: 96%

**Age**

Median Age: 46  
% Under 40: 35%  
% 55+: 29%

**Diversity**

Diversity Index: 18%  
Under 40 Div. Index: 20%

Source: Va. Healthcare Workforce Data Center

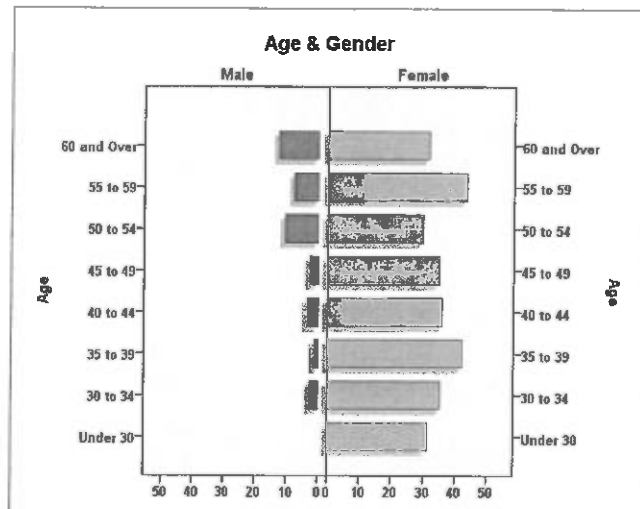
*In a chance encounter between two audiologists, there is an 18% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index. For Virginia's population as a whole, the comparable number is 55%.*

Race & Ethnicity					
Race/Ethnicity	Virginia*	Audiologists		Audiologists Under 40	
	%	#	%	#	%
White	63%	300	91%	101	89%
Black	19%	7	2%	2	2%
Asian	6%	6	2%	3	3%
Other Race	0%	6	2%	4	4%
Two or more races	2%	6	2%	0	0%
Hispanic	9%	6	2%	3	3%
<b>Total</b>	<b>100%</b>	<b>331</b>	<b>100%</b>	<b>113</b>	<b>100%</b>

\*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2014.

Source: Va. Healthcare Workforce Data Center

*More than one-third of audiologists are under the age of 40, and 96% of these professionals are female. In addition, audiologists who are under the age of 40 are slightly more diverse than the overall audiologist workforce.*



Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Childhood

Urban Childhood: 10%  
Rural Childhood: 27%

#### Virginia Background

HS in Virginia: 36%  
Prof. Education in VA: 31%  
HS/Prof. Educ. in VA: 45%

#### Location Choice

% Rural to Non-Metro: 14%  
% Urban/Suburban to Non-Metro: 4%

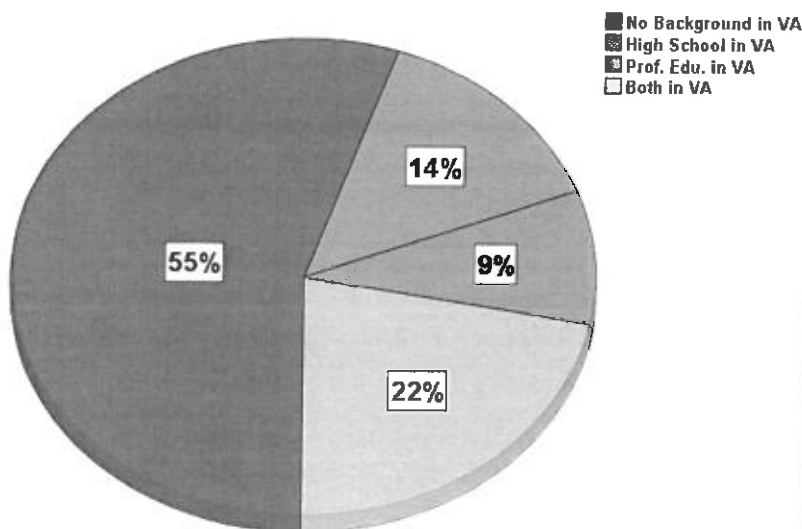
Source: Va. Healthcare Workforce Data Center

### A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 million+	21%	67%	12%
2	Metro, 250,000 to 1 million	27%	73%	-
3	Metro, 250,000 or less	38%	58%	4%
<b>Non-Metro Counties</b>				
4	Urban pop 20,000+, Metro adj	33%	33%	33%
6	Urban pop, 2,500-19,999, Metro adj	75%	25%	-
7	Urban pop, 2,500-19,999, nonadj	63%	38%	-
8	Rural, Metro adj	-	-	-
9	Rural, nonadj	50%	50%	-
<b>Overall</b>		<b>27%</b>	<b>64%</b>	<b>10%</b>

Source: Va. Healthcare Workforce Data Center

### Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

*27% of audiologists grew up in self-described rural areas, and 14% of these professionals currently work in non-Metro counties. Overall, just 7% of all audiologists currently work in non-Metro counties.*

## Top Ten States for Audiologist Recruitment

Rank	All Professionals			
	High School	#	Professional School	#
1	Virginia	117	Virginia	100
2	Pennsylvania	24	Tennessee	24
3	Maryland	23	Washington, D.C.	22
4	New York	19	West Virginia	21
5	West Virginia	16	Maryland	20
6	Ohio	14	Pennsylvania	15
7	Michigan	12	Ohio	14
8	Outside U.S./Canada	10	North Carolina	12
9	New Jersey	9	Michigan	11
10	Massachusetts	7	New York	10

Source: Va. Healthcare Workforce Data Center

*36% of licensed audiologists received their high school degree in Virginia, and 31% received their initial professional degree in the state.*

*Among audiologists who received their license in the past five years, 23% received their high school degree in Virginia, while 15% received their initial professional degree in the state.*

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	18	Maryland	12
2	Pennsylvania	9	Pennsylvania	9
3	Maryland	8	Virginia	9
4	New Jersey	8	West Virginia	8
5	Ohio	5	Tennessee	7
6	New York	4	Washington, D.C.	5
7	Illinois	3	Texas	5
8	Florida	3	Arizona	4
9	Louisiana	3	Ohio	4
10	Outside U.S./Canada	3	Arkansas	3

Source: Va. Healthcare Workforce Data Center

*Nearly one-quarter of licensed audiologists did not participate in Virginia's workforce in 2015. 87% of these audiologists worked at some point in the past year, and 83% are currently employed as audiologists.*

### At a Glance:

#### Not in VA Workforce

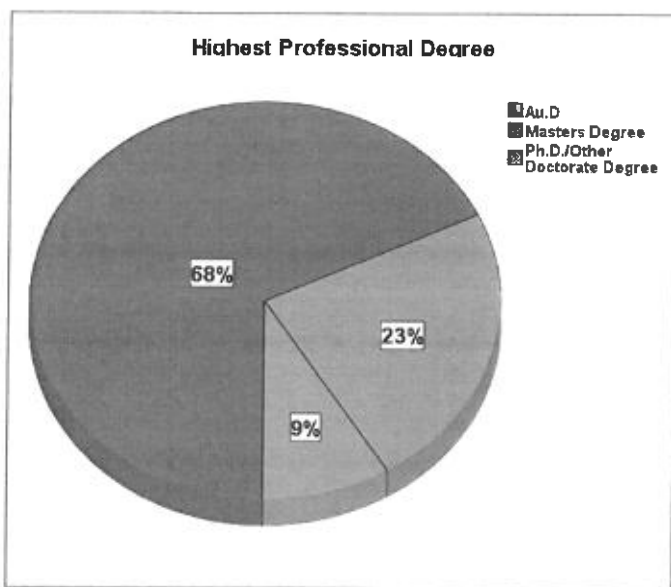
Total:	124
% of Licensees:	24%
Federal/Military:	19%
Va Border State/DC:	32%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Highest Professional Degree		
Degree	#	%
<b>Masters Degree</b>	75	23%
<b>Au.D.</b>	218	68%
<b>Ph.D.</b>	27	8%
<b>Other Doctorate</b>	1	0%
<b>Total</b>	321	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

### At a Glance:

**Education**

Doctor of Audiology: 68%

Masters Degree: 23%

**Educational Debt**

Carry debt: 32%

Under age 40 w/ debt: 58%

Median debt: \$30k-\$40k

Source: Va. Healthcare Workforce Data Center

*More than two-thirds of all audiologists hold a Doctorate of Audiology (Au.D.) as their highest professional degree.*

*32% of audiologists currently have educational debt, including 58% of those under the age of 40. For those with educational debt, the median outstanding balance on their loans is between \$30,000 and \$40,000.*

Amount Carried	Educational Debt			
	All Audiologists		Audiologists Under 40	
	#	%	#	%
<b>None</b>	195	68%	43	42%
<b>Less than \$10,000</b>	16	6%	4	4%
<b>\$10,000-\$19,999</b>	12	4%	8	8%
<b>\$20,000-\$29,999</b>	14	5%	6	6%
<b>\$30,000-\$39,999</b>	9	3%	7	7%
<b>\$40,000-\$49,999</b>	5	2%	3	3%
<b>\$50,000-\$59,999</b>	5	2%	4	4%
<b>\$60,000-\$69,999</b>	4	1%	3	3%
<b>\$70,000-\$79,999</b>	6	2%	3	3%
<b>\$80,000-\$89,999</b>	7	2%	6	6%
<b>\$90,000-\$99,999</b>	6	2%	6	6%
<b>\$100,000 or more</b>	9	3%	9	9%
<b>Total</b>	287	100%	102	100%

Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Top Specialties

Hearing Aids/Devices:	56%
Pediatrics:	24%
Geriatrics:	22%

#### Top Credentials

CCC-A Audiology:	68%
Hearing Aid Disp. License:	57%
F-AAA Fellow:	40%

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

#### Self-Designated Specialties

Specialty	#	% of Workforce
<b>Hearing Aids/Devices</b>	<b>224</b>	<b>56%</b>
<b>Pediatrics</b>	<b>96</b>	<b>24%</b>
<b>Geriatrics</b>	<b>86</b>	<b>22%</b>
<b>Vestibular</b>	<b>69</b>	<b>17%</b>
<b>Educational</b>	<b>51</b>	<b>13%</b>
<b>Occupational Hearing Conservation</b>	<b>37</b>	<b>9%</b>
<b>Cochlear Implants</b>	<b>24</b>	<b>6%</b>
<b>Intraoperative Monitoring</b>	<b>2</b>	<b>1%</b>
<b>Other</b>	<b>25</b>	<b>6%</b>
<b>At Least One Specialty</b>	<b>268</b>	<b>68%</b>

Source: Va. Healthcare Workforce Data Center

#### Credentials

Credential	#	% of Workforce
<b>CCC-A: Audiology</b>	<b>271</b>	<b>68%</b>
<b>Hearing Aid Dispenser License</b>	<b>227</b>	<b>57%</b>
<b>F-AAA Fellow</b>	<b>157</b>	<b>40%</b>
<b>ABA Certification</b>	<b>17</b>	<b>4%</b>
<b>CCC-SLP: Speech-Language Pathology</b>	<b>7</b>	<b>2%</b>
<b>PASC: Pediatric Audiology</b>	<b>2</b>	<b>1%</b>
<b>BCS-IOM: Intraoperative Monitoring</b>	<b>0</b>	<b>0%</b>
<b>CI: Cochlear Implants</b>	<b>0</b>	<b>0%</b>
<b>Other</b>	<b>10</b>	<b>3%</b>
<b>At Least One Credential</b>	<b>326</b>	<b>82%</b>

Source: Va. Healthcare Workforce Data Center

*68% of all audiologists have at least one self-designated specialty, while 82% have at least one credential as well. Hearing Aids & Devices is the most common self-designated specialization, while CCC-A Audiology is the most common credential.*

### At a Glance:

#### Employment

Employed in Profession: 96%  
 Involuntarily Unemployed: 0%

#### Positions Held

1 Full-time: 75%  
 2 or More Positions: 8%

#### Weekly Hours:

40 to 49: 51%  
 60 or more: 4%  
 Less than 30: 14%

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	0	0%
Employed in an audiologist-related capacity	314	96%
Employed, NOT in an audiologist-related capacity	6	2%
Not working, reason unknown	0	0%
Involuntarily unemployed	1	0%
Voluntarily unemployed	6	2%
Retired	1	0%
<b>Total</b>	<b>328</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*96% of Virginia's audiologists are currently employed in the profession. Three-quarters of the state's audiologist workforce have one full-time job, while 8% hold multiple positions simultaneously. Just over half of all audiologists work between 40 and 49 hours per week.*

Current Positions		
Positions	#	%
No Positions	8	2%
One Part-Time Position	49	15%
Two Part-Time Positions	6	2%
One Full-Time Position	243	75%
One Full-Time Position & One Part-Time Position	17	5%
Two Full-Time Positions	1	0%
More than Two Positions	2	1%
<b>Total</b>	<b>326</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	8	2%
1 to 9 hours	9	3%
10 to 19 hours	9	3%
20 to 29 hours	27	8%
30 to 39 hours	65	20%
40 to 49 hours	164	51%
50 to 59 hours	29	9%
60 to 69 hours	10	3%
70 to 79 hours	3	1%
80 or more hours	0	0%
<b>Total</b>	<b>324</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Income		
Hourly Wage	#	%
Volunteer Work Only	4	1%
Less than \$20,000	8	3%
\$20,000-\$29,999	7	3%
\$30,000-\$39,999	12	5%
\$40,000-\$49,999	11	4%
\$50,000-\$59,999	26	10%
\$60,000-\$69,999	39	16%
\$70,000-\$79,999	52	21%
\$80,000-\$89,999	40	16%
\$90,000-\$99,999	22	9%
\$100,000-\$109,999	12	5%
\$110,000-\$119,999	4	1%
\$120,000 or more	18	7%
<b>Total</b>	<b>255</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	227	70%
Somewhat Satisfied	90	28%
Somewhat Dissatisfied	5	2%
Very Dissatisfied	3	1%
<b>Total</b>	<b>325</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

**Hourly Earnings**  
 Median Income: \$70k-80k

**Benefits**  
 Health Insurance: 60%  
 Retirement: 64%

**Satisfaction**  
 Satisfied: 98%  
 Very Satisfied: 70%

Source: Va. Healthcare Workforce Data Center

*The typical audiologist earns between \$70,000 and \$80,000 in the past year. Among audiologists who receive either an hourly wage or salary as compensation at their primary work location, 64% have an employer-sponsored retirement plan and 60% receive health insurance.*

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	222	71%	80%
Paid Sick Leave	209	67%	75%
Retirement	179	57%	64%
Health Insurance	166	53%	60%
Dental Insurance	128	41%	45%
Group Life Insurance	91	29%	32%
Signing/Retention Bonus	14	4%	5%
<b>Receive At Least One Benefit</b>	<b>241</b>	<b>77%</b>	<b>85%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Underemployment in Past Year		
In the past year did you ...?	#	%
Experience Involuntary Unemployment?	5	1%
Experience Voluntary Unemployment?	15	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	2	1%
Work two or more positions at the same time?	30	8%
Switch employers or practices?	24	6%
Experienced at least 1	69	17%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's audiologists were involuntary unemployed at some point in 2015. For comparison, Virginia's average monthly unemployment rate was 4.4%.<sup>1</sup>

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 1%  
Underemployed: 1%

**Turnover & Tenure**

Switched: 6%  
New Location: 21%  
Over 2 years: 67%  
Over 2 yrs, 2<sup>nd</sup> location: 66%

**Employment Type**

Salary/Commission: 67%  
Hourly Wage: 15%

Source: Va. Healthcare Workforce Data Center

67% of audiologists have worked at their primary location for more than 2 years—the job tenure normally required to get a conventional mortgage loan.

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	2	1%	2	3%
Less than 6 Months	22	7%	4	6%
6 Months to 1 Year	31	10%	8	12%
1 to 2 Years	49	16%	8	12%
3 to 5 Years	60	19%	19	29%
6 to 10 Years	61	19%	15	23%
More than 10 Years	92	29%	9	14%
Subtotal	316	100%	65	100%
Did not have location	7		330	
Item Missing	74		2	
Total	397		397	

Source: Va. Healthcare Workforce Data Center

Two-thirds of audiologists receive a salary at their primary work location, while 15% each receive either income from a business or an hourly wage.

Employment Type		
Primary Work Site	#	%
Salary/ Commission	175	67%
Business/ Practice Income	39	15%
Hourly Wage	38	15%
By Contract	4	2%
Unpaid	4	2%
Subtotal	260	100%

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate ranged from 3.9% in December to 5.1% in January.



### At a Glance:

#### Concentration

Top Region:	38%
Top 3 Regions:	73%
Lowest Region:	1%

#### Locations

2 or more (2015):	21%
2 or more (Now*):	20%

Source: Va. Healthcare Workforce Data Center

*38% of audiologists work in Northern Virginia, the most of any region in the state. In addition, another 20% of audiologists work in Hampton Roads, and 15% work in Central Virginia.*

### A Closer Look:

Regional Distribution of Work Locations				
COVF Region	Primary Location		Secondary Location	
	#	%	#	%
Central	48	15%	12	18%
Eastern	2	1%	0	0%
Hampton Roads	64	20%	18	28%
Northern	120	38%	18	28%
Southside	7	2%	3	5%
Southwest	15	5%	5	8%
Valley	24	8%	4	6%
West Central	31	10%	2	3%
Virginia Border State/DC	4	1%	3	5%
Other US State	1	0%	0	0%
Outside of the US	0	0%	0	0%
<b>Total</b>	<b>316</b>	<b>100%</b>	<b>65</b>	<b>100%</b>
Item Missing	74		1	

Source: Va. Healthcare Workforce Data Center

### Council On Virginia's Future Regions



*20% of audiologists currently have multiple work locations, while 21% have had multiple work locations in 2015.*

Locations	Number of Work Locations			
	Work Locations in 2015		Work Locations Now*	
	#	%	#	%
0	6	2%	9	3%
1	249	77%	250	78%
2	46	14%	44	14%
3	16	5%	15	5%
4	3	1%	5	2%
5	1	0%	0	0%
6 or More	1	0%	0	0%
<b>Total</b>	<b>322</b>	<b>100%</b>	<b>323</b>	<b>100%</b>

\*At the time of survey completion, December 2015.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	<b>212</b>	<b>72%</b>	<b>51</b>	<b>81%</b>
<b>Non-Profit</b>	28	9%	8	13%
<b>State/Local Government</b>	36	12%	1	2%
<b>Veterans Administration</b>	10	3%	2	3%
<b>U.S. Military</b>	10	3%	1	2%
<b>Other Federal Gov't</b>	0	0%	0	0%
<b>Total</b>	<b>296</b>	<b>100%</b>	<b>63</b>	<b>100%</b>
<b>Did not have location</b>	7		330	
<b>Item Missing</b>	95		4	

Source: Va. Healthcare Workforce Data Center

### At a Glance: (Primary Locations)

**Sector**

For Profit: 72%

Federal: 7%

**Top Establishments**

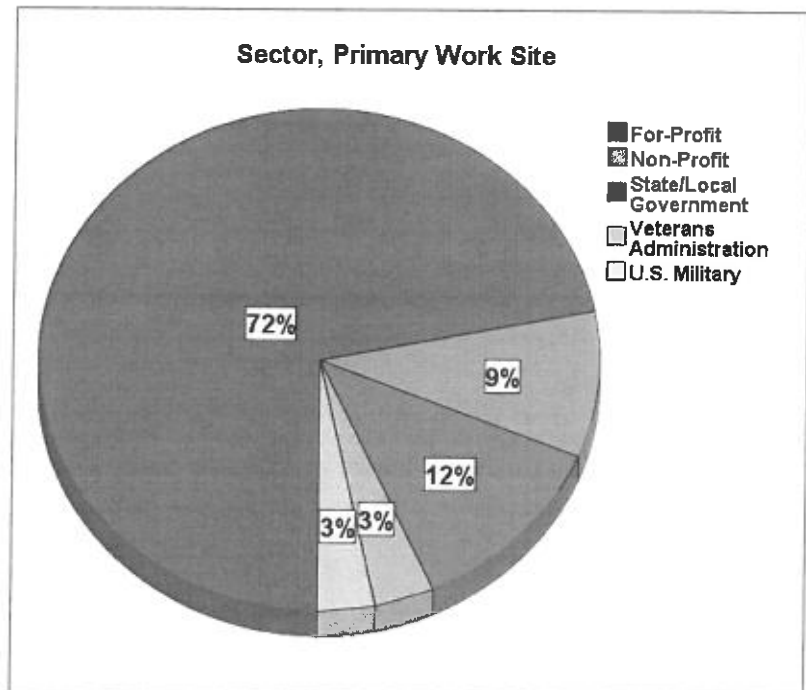
Private Practice (Group): 23%

Physician's Office: 21%

Private Practice (Solo): 16%

Source: Va. Healthcare Workforce Data Center

*81% of audiologists work in the private sector, including 72% who work at for-profit establishments. Another 12% of Virginia's audiologist workforce works with either a state or local government.*



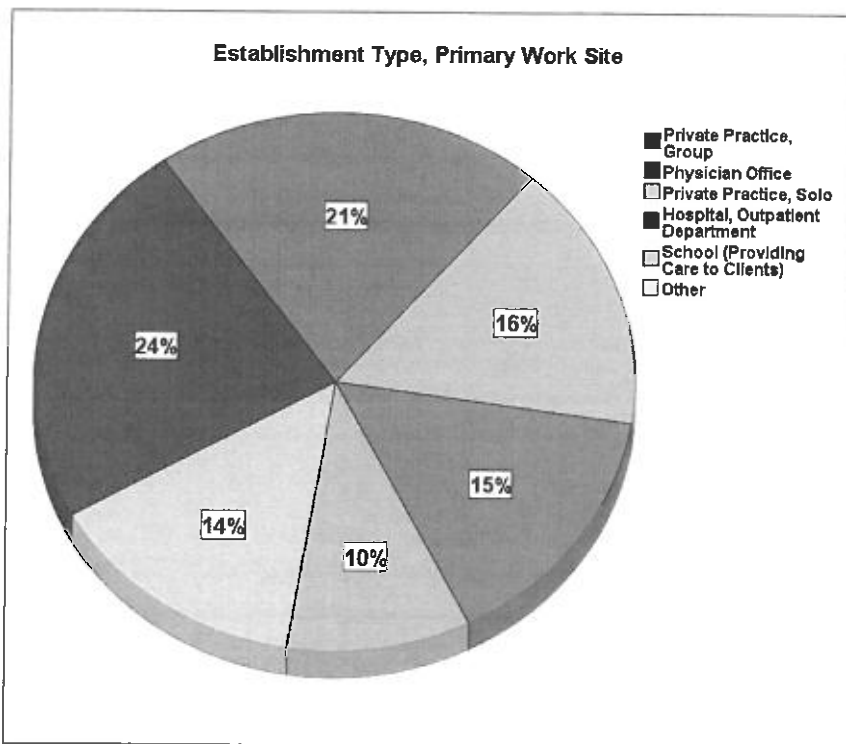
Source: Va. Healthcare Workforce Data Center

Top 10 Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Group	68	23%	17	27%
Physician Office	61	21%	15	24%
Private Practice, Solo	47	16%	13	21%
Hospital, Outpatient Department	44	15%	10	16%
School (Providing Care to Clients)	29	10%	0	0%
Academic Institution (Teaching Health Professions Students or Research)	8	3%	3	5%
Community-Based Clinic or Health Center	7	2%	1	2%
Administrative/Business Organization	5	2%	0	0%
Hospital, Inpatient Department	4	1%	0	0%
Child Day Care	1	0%	1	2%
Rehabilitation Facility	1	0%	0	0%
Skilled Nursing Facility	0	0%	1	2%
Other	15	5%	2	3%
<b>Total</b>	<b>290</b>	<b>100%</b>	<b>63</b>	<b>100%</b>
Did Not Have a Location	7		330	

Employing nearly one-quarter of all audiologists, group private practices are the most common establishment type in the state. Physician offices and solo private practices are also common establishment types among Virginia's audiologists.

Source: Va. Healthcare Workforce Data Center

Among those audiologists who also have a secondary work location, group private practices are still the most common employer in the state. Physician offices and solo private practices also both employ in excess of 20% of all audiologists with a secondary work location.



Source: Va. Healthcare Workforce Data Center

**At a Glance:**  
(Primary Locations)

**Typical Time Allocation**

Client Care: 80%-89%  
Administration: 10%-19%

**Roles**

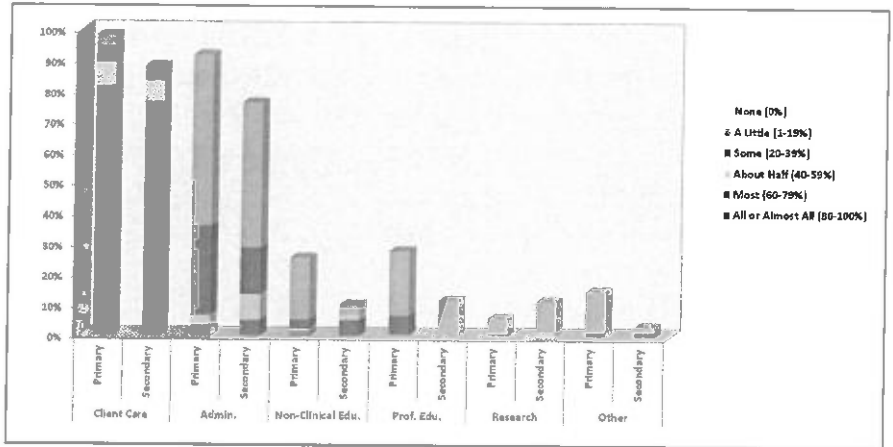
Patient Care: 82%  
Administration: 4%  
Non-Clinical Edu.: 2%

**Patient Care Audiologists**

Median Admin Time: 10%-19%  
Ave. Admin Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**



Source: Va. Healthcare Workforce Data Center

*A typical audiologist spends most of her time in client care activities. 82% of audiologists fill a client care role, defined as spending at least 60% of their time in that activity.*

Time Allocation													
Time Spent	Client Care		Admin.		Non-Clinical Education		Professional Education		Research		Other		
	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	
<b>All or Almost All (80-100%)</b>	50%	63%	2%	5%	0%	5%	0%	0%	0%	0%	0%	1%	0%
<b>Most (60-79%)</b>	32%	13%	1%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	8%	7%	3%	8%	1%	2%	0%	0%	0%	2%	0%	0%	0%
<b>Some (20-39%)</b>	5%	5%	29%	15%	3%	0%	6%	0%	1%	0%	1%	2%	0%
<b>A Little (1-20%)</b>	4%	0%	56%	47%	20%	3%	21%	12%	5%	10%	13%	2%	0%
<b>None (0%)</b>	2%	12%	8%	23%	75%	87%	72%	87%	94%	88%	85%	95%	0%

Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Weekly Session Totals

(Median)

Primary Location: 30-39

Secondary Location: 10-19

Total: 30-39

#### % with Group Sessions

Primary Location: 10%

Secondary Location: 3%

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

Client Sessions / Week	Primary Work Location		Secondary Work Location		Total <sup>2</sup>	
	#	%	#	%	#	%
<b>None</b>	16	5%	8	13%	16	5%
<b>1-9</b>	22	7%	23	37%	20	7%
<b>10-19</b>	32	11%	15	24%	27	9%
<b>20-29</b>	61	20%	8	13%	48	16%
<b>30-39</b>	66	22%	6	10%	71	24%
<b>40-49</b>	57	19%	1	2%	47	16%
<b>50-59</b>	15	5%	1	2%	22	7%
<b>60-69</b>	12	4%	1	2%	15	5%
<b>70-79</b>	7	2%	0	0%	11	4%
<b>80 or more</b>	10	3%	0	0%	20	7%
<b>Total</b>	<b>298</b>	<b>100%</b>	<b>63</b>	<b>100%</b>	<b>297</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*The typical audiologist has between 30 and 39 client sessions per week at their primary work location. In addition, audiologists who also have a secondary work location conduct an additional 10 to 19 client sessions per week.*

# of Weekly Sessions	Primary Work Location				Secondary Work Location			
	Individual Sessions		Group Sessions		Individual Sessions		Group Sessions	
	#	%	#	%	#	%	#	%
<b>None</b>	15	5%	267	90%	8	13%	61	97%
<b>1-9</b>	26	9%	26	9%	24	38%	1	2%
<b>10-19</b>	34	11%	1	0%	15	23%	0	0%
<b>20-29</b>	74	25%	1	0%	8	13%	1	2%
<b>30-39</b>	64	22%	0	0%	5	8%	0	0%
<b>40-49</b>	45	15%	1	0%	1	2%	0	0%
<b>50-59</b>	15	5%	0	0%	1	2%	0	0%
<b>60-69</b>	11	4%	0	0%	1	2%	0	0%
<b>70-79</b>	5	2%	0	0%	0	0%	0	0%
<b>80 or more</b>	7	2%	0	0%	0	0%	0	0%
<b>Total</b>	<b>296</b>	<b>100%</b>	<b>297</b>	<b>100%</b>	<b>64</b>	<b>100%</b>	<b>63</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

<sup>2</sup> This column estimates the total number of client sessions across both primary and secondary work locations.

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All		Over 50	
	#	%	#	%
<b>Under age 50</b>	<b>4</b>	<b>1%</b>	-	-
<b>50 to 54</b>	5	2%	1	1%
<b>55 to 59</b>	25	9%	4	4%
<b>60 to 64</b>	67	25%	25	23%
<b>65 to 69</b>	105	39%	43	39%
<b>70 to 74</b>	38	14%	20	18%
<b>75 to 79</b>	7	3%	1	1%
<b>80 or over</b>	4	1%	2	2%
<b>I do not intend to retire</b>	17	6%	13	12%
<b>Total</b>	<b>271</b>	<b>100%</b>	<b>109</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All Audiologists**

Under 65: 37%

Under 60: 13%

**Audiologists 50 and over**

Under 65: 28%

Under 60: 5%

**Time until Retirement**

Within 2 years: 3%

Within 10 years: 17%

Half the workforce: by 2040

Source: Va. Healthcare Workforce Data Center

*37% of all audiologists expect to retire by the age of 65, but this number falls to just 28% for those audiologists who have already reached age 50 or over. Meanwhile, nearly one-quarter of all audiologists do not expect to retire until at least age 70.*

*Within the next two years, 8% of audiologists plan to increase patient care hours. In addition, 8% of audiologists also expect to pursue additional educational opportunities.*

**Future Plans**

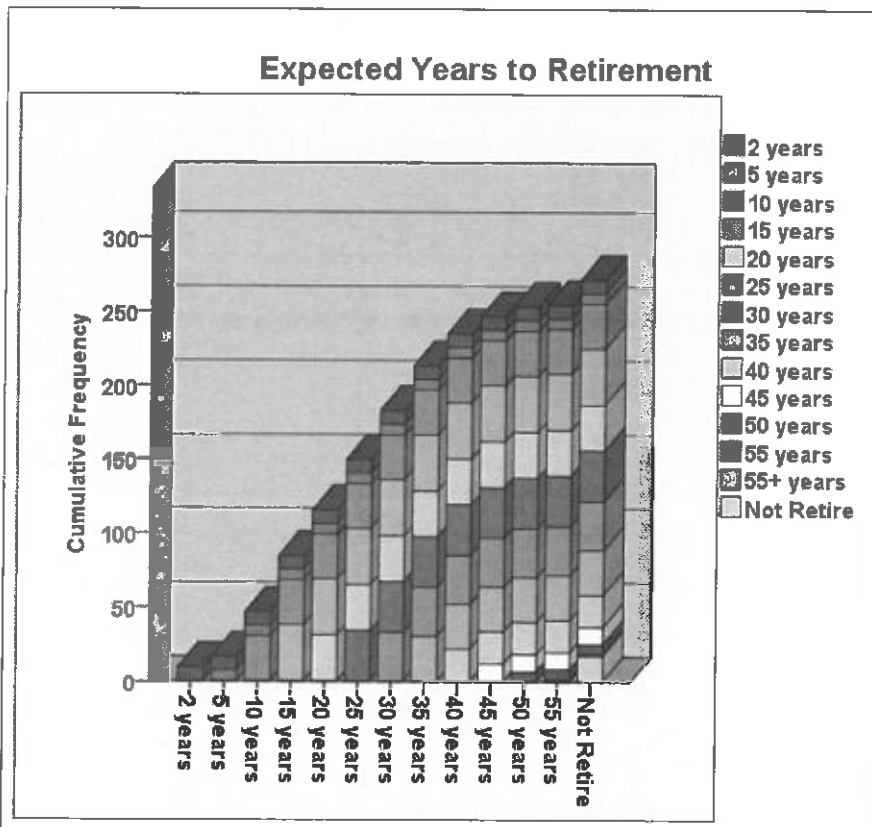
2 Year Plans:		
	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	8	2%
<b>Leave Virginia</b>	6	2%
<b>Decrease Client Care Hours</b>	13	3%
<b>Decrease Teaching Hours</b>	0	0%
<b>Increase Participation</b>		
<b>Increase Client Care Hours</b>	33	8%
<b>Increase Teaching Hours</b>	8	2%
<b>Pursue Additional Education</b>	32	8%
<b>Return to Virginia's Workforce</b>	2	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for audiologists. Only 3% of audiologists plan on retiring in the next two years, while 17% plan on retiring in the next ten years. Half of the current audiologist workforce expects to be retired by 2040.

Time to Retirement			
Expect to retire within . . .	#	%	Cumulative %
2 years	9	3%	3%
5 years	7	3%	6%
10 years	30	11%	17%
15 years	38	14%	31%
20 years	31	11%	42%
25 years	34	13%	55%
30 years	33	12%	67%
35 years	30	11%	78%
40 years	22	8%	86%
45 years	12	4%	91%
50 years	6	2%	93%
55 years	1	0%	93%
In more than 55 years	0	0%	93%
Do not intend to retire	17	6%	100%
<b>Total</b>	<b>271</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach 10% of the current workforce every five years starting in 2025. Retirements will peak at 14% of the current workforce around 2030 before declining to under 10% of the current workforce again around 2055.

### At a Glance:

#### FTEs

Total: 338  
 FTEs/1,000 Residents: 0.041  
 Average: 0.87

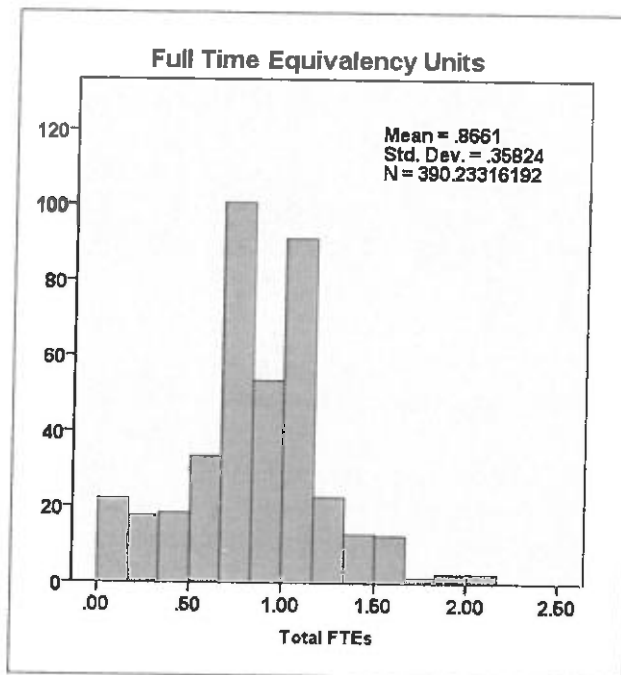
#### Age & Gender Effect

Age, Partial Eta<sup>2</sup>: Small  
 Gender, Partial Eta<sup>2</sup>: Small

*Partial Eta<sup>2</sup> Explained:*  
 Partial Eta<sup>2</sup> is a statistical  
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

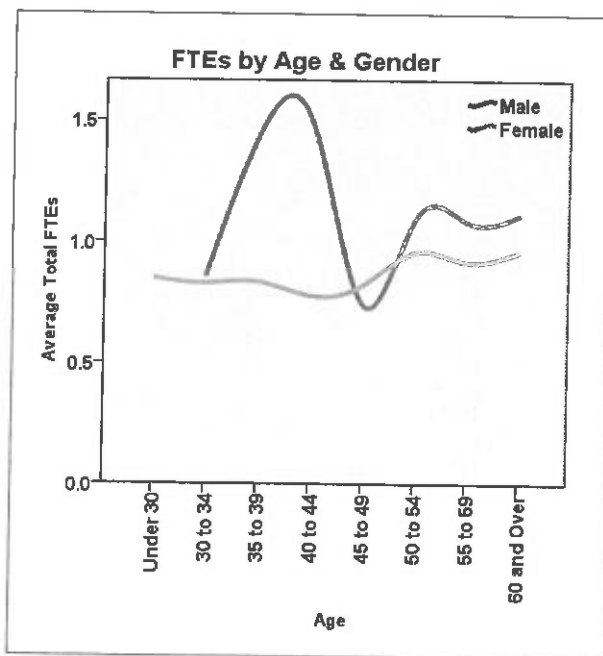


Source: Va. Healthcare Workforce Data Center

The typical audiologist provided 0.84 FTEs in 2015, or about 34 hours per week for 50 weeks. Statistical tests indicate that FTEs appear to vary by gender.

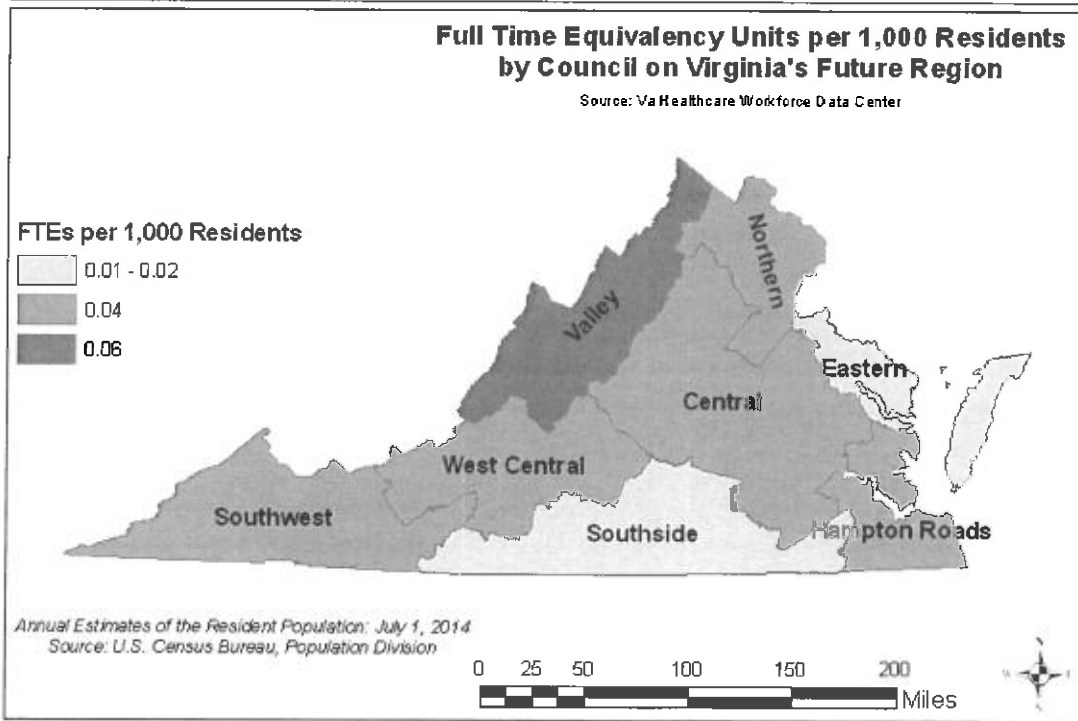
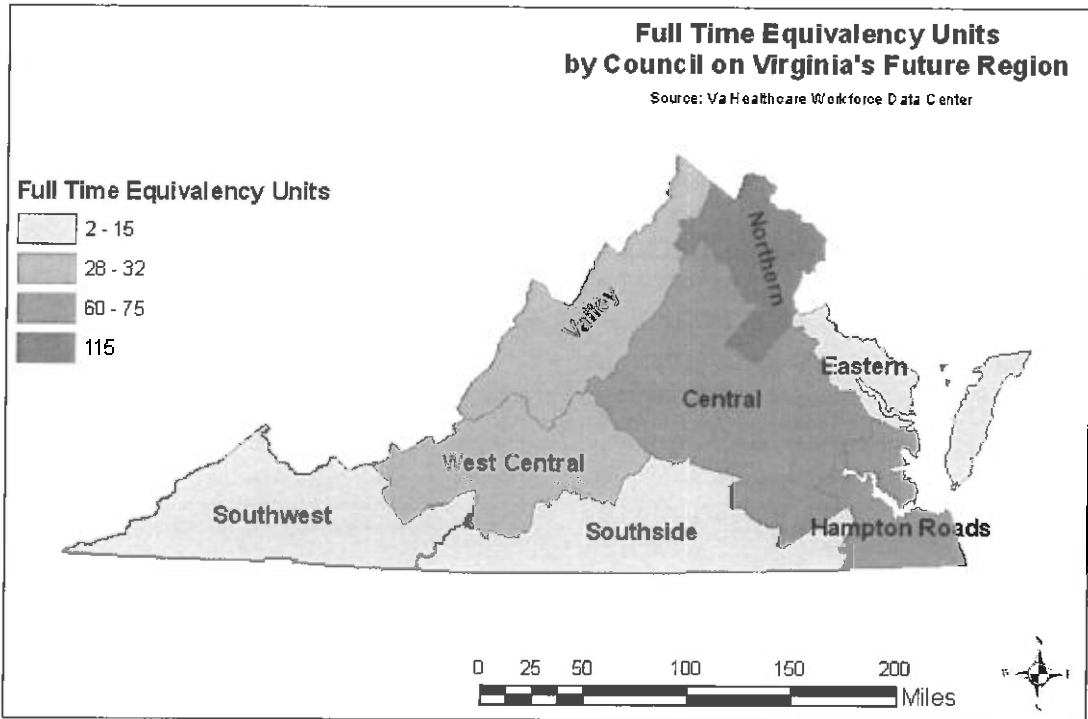
Full-Time Equivalency Units		
	Average	Median
Age		
Under 30	0.82	0.81
30 to 34	0.83	0.89
35 to 39	0.84	0.81
40 to 44	0.86	0.81
45 to 49	0.68	0.65
50 to 54	0.97	0.93
55 to 59	0.93	0.96
60 and Over	0.97	0.95
Gender		
Male	1.10	1.09
Female	0.86	0.92

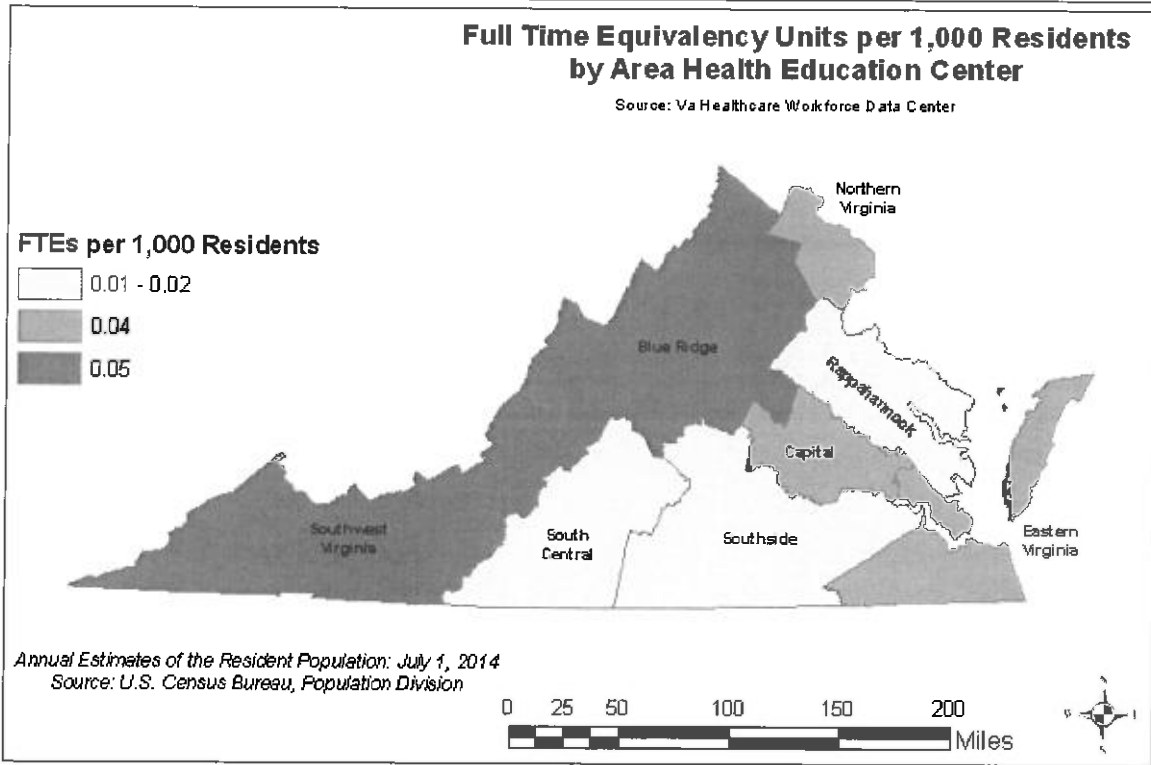
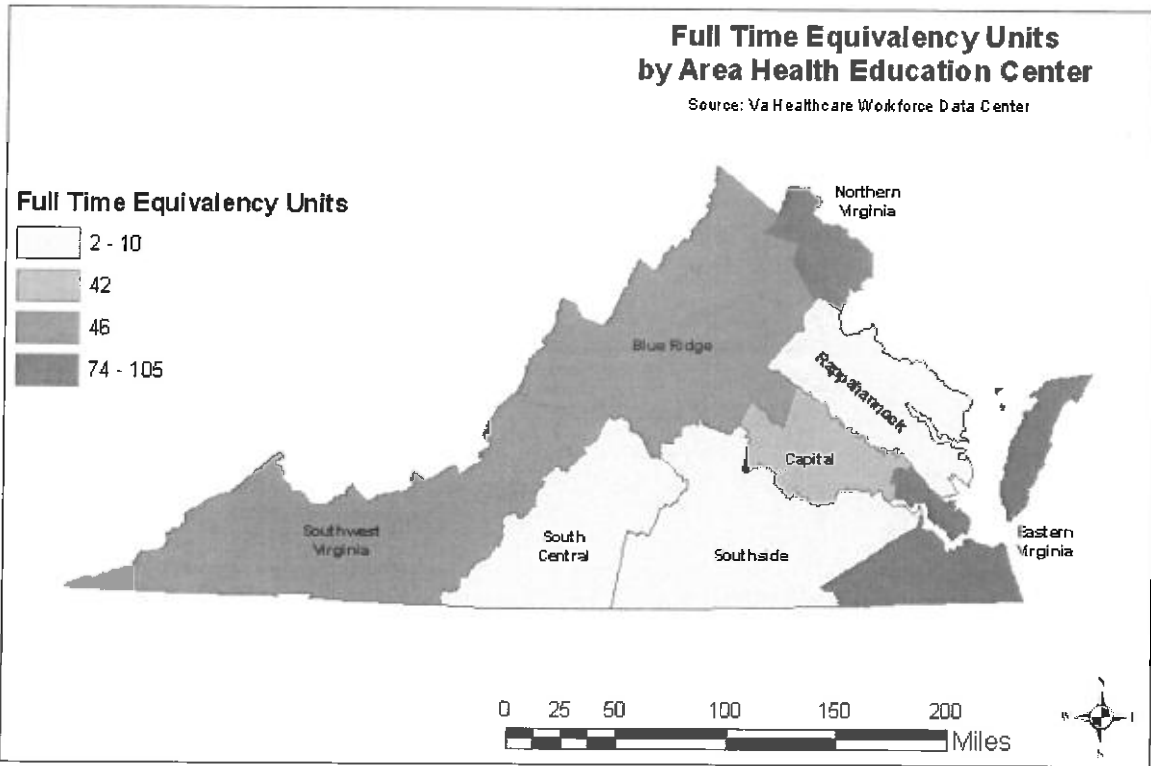
Source: Va. Healthcare Workforce Data Center

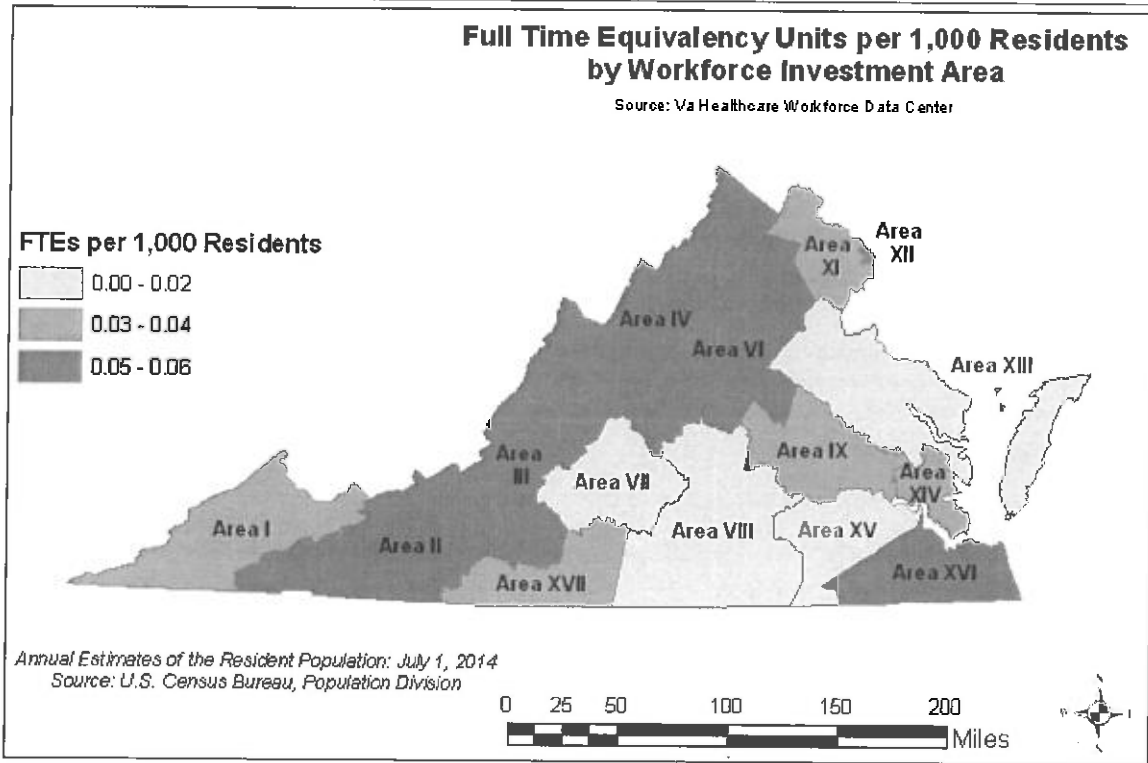
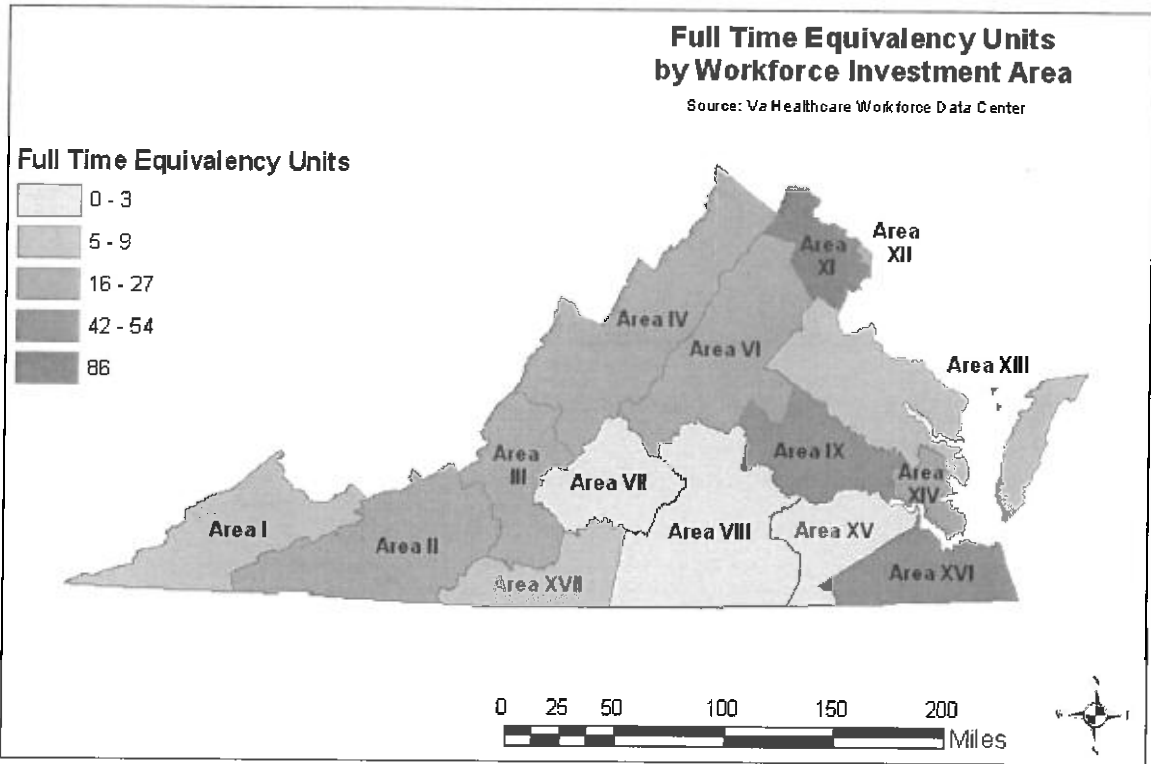


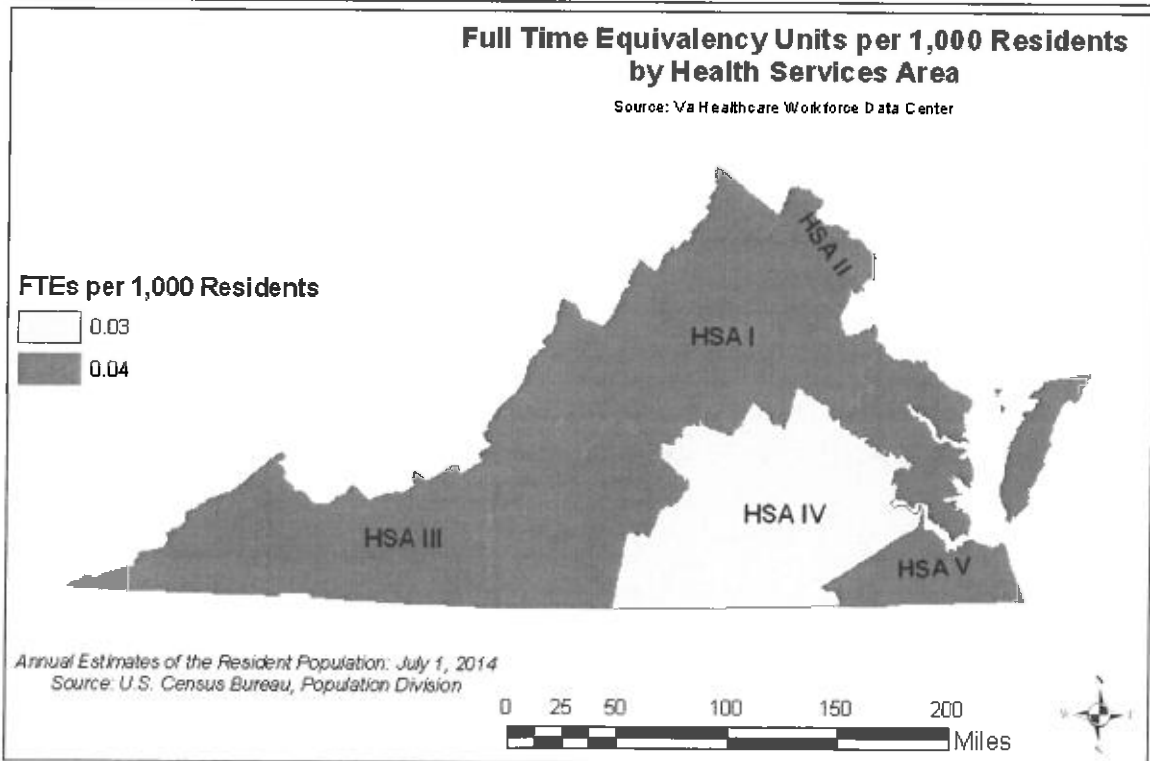
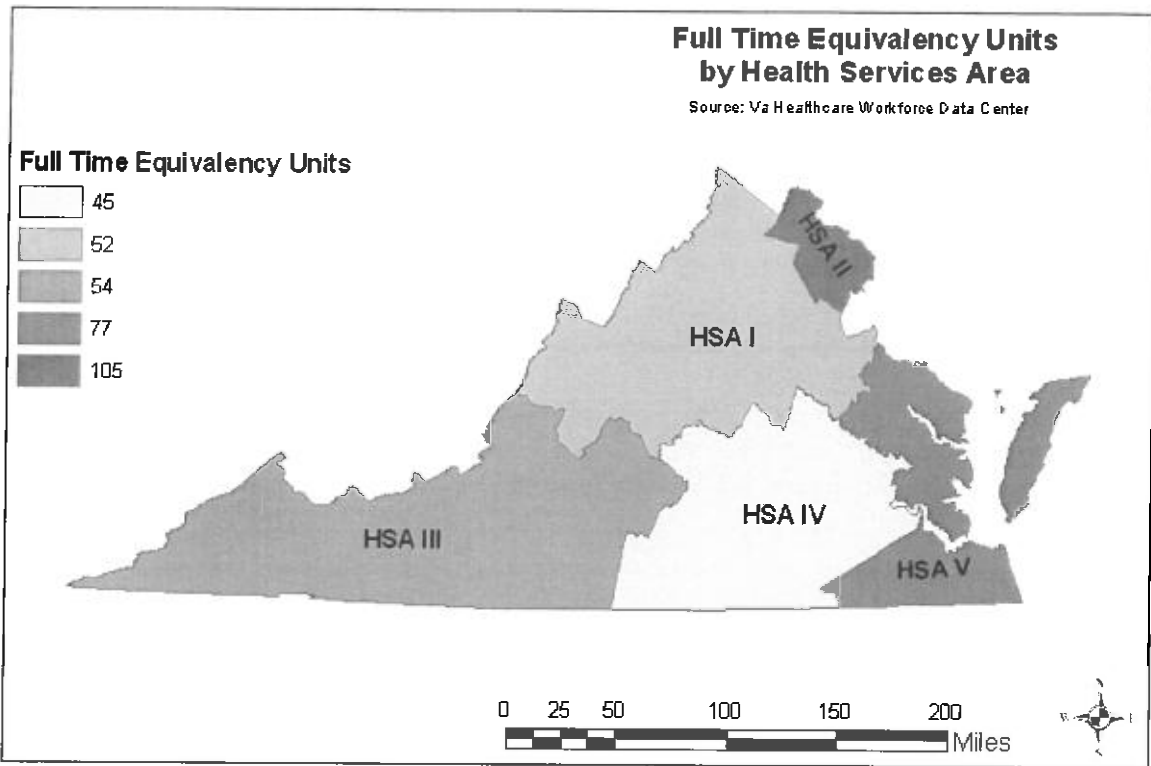
Source: Va. Healthcare Workforce Data Center













Appendix

Weights

Rural Status	#	Location Weight		Total Weight	
		Rate	Weight	Min	Max
Metro, 1 million+	280	77.86%	1.284404	1.09732	2.64816
Metro, 250,000 to 1 million	34	76.47%	1.307692	1.11721	1.32259
Metro, 250,000 or less	57	87.72%	1.14	0.97395	1.15298
Urban pop 20,000+, Metro adj	7	42.86%	2.333333	1.99346	2.21187
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	12	100.00%	1	0.85434	2.06178
Urban pop, 2,500-19,999, nonadj	9	88.89%	1.125	0.96113	1.13781
Rural, Metro adj	2	100.00%	1	0.89568	1.01139
Rural, nonadj	2	100.00%	1	0.89568	1.01139
Virginia border state/DC	82	79.27%	1.261538	1.07778	2.60102
Other US State	37	64.86%	1.541667	1.31711	1.55923

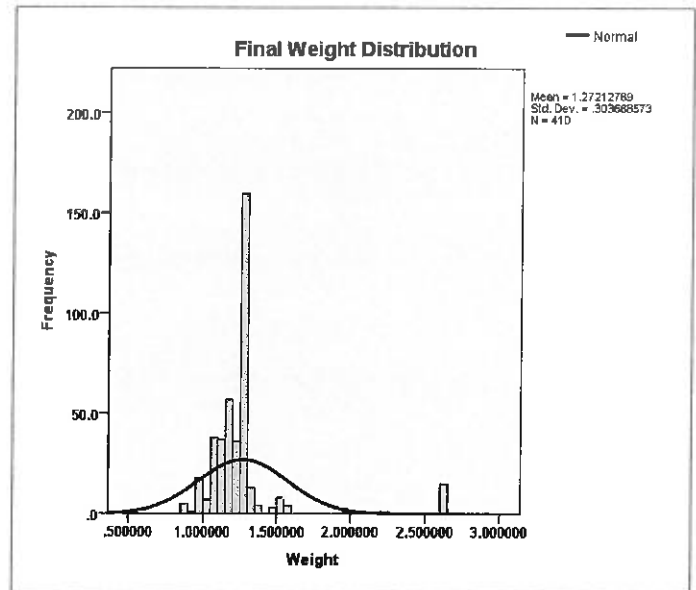
See the Methods section on the HWDC website for details on HWDC Methods:

[www.dhp.virginia.gov/hwdc/](http://www.dhp.virginia.gov/hwdc/)

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight}$$

**Overall Response Rate: 0.785441**



Age	#	Age Weight		Total Weight	
		Rate	Weight	Min	Max
Under 30	42	38.10%	2.625	2.06178	2.64816
30 to 34	60	78.33%	1.276596	1.14307	1.54581
35 to 39	70	82.86%	1.206897	0.94795	2.21187
40 to 44	65	87.69%	1.140351	0.89568	1.38084
45 to 49	57	78.95%	1.266667	0.99489	1.53379
50 to 54	62	91.94%	1.087719	0.85434	1.99346
55 to 59	72	79.17%	1.263158	0.99214	1.52954
60 and Over	94	77.66%	1.287671	1.01139	1.55923

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# *Virginia's Speech-Language Pathology Workforce: 2015*

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Healthcare Workforce Data Center

March 2016

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
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Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

*3,296 Speech-Language Pathologists voluntarily participated in this survey. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Audiology & Speech-Language Pathology express our sincerest appreciation for your ongoing cooperation.*

*Thank You!*

***Virginia Department of Health Professions***

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## The Speech-Language Pathology Workforce: At a Glance:

### The Workforce

Licensees:	3,999
Virginia's Workforce:	3,441
FTEs:	2,647

### Background

Rural Childhood:	29%
HS Degree in VA:	44%
Prof. Degree in VA:	46%

### Current Employment

Employed in Prof.:	95%
Hold 1 Full-time Job:	59%
Satisfied?:	95%

### Survey Response Rate

All Licensees:	82%
Renewing Practitioners:	90%

### Education

Masters:	98%
Doctorate:	2%

### Job Turnover

Switched Jobs in 2015:	8%
Employed over 2 yrs:	65%

### Demographics

Female:	97%
Diversity Index:	24%
Median Age:	41

### Finances

Median Inc.:	\$50k-\$60k
Health Benefits:	62%
Under 40 w/ Ed debt:	65%

### Primary Roles

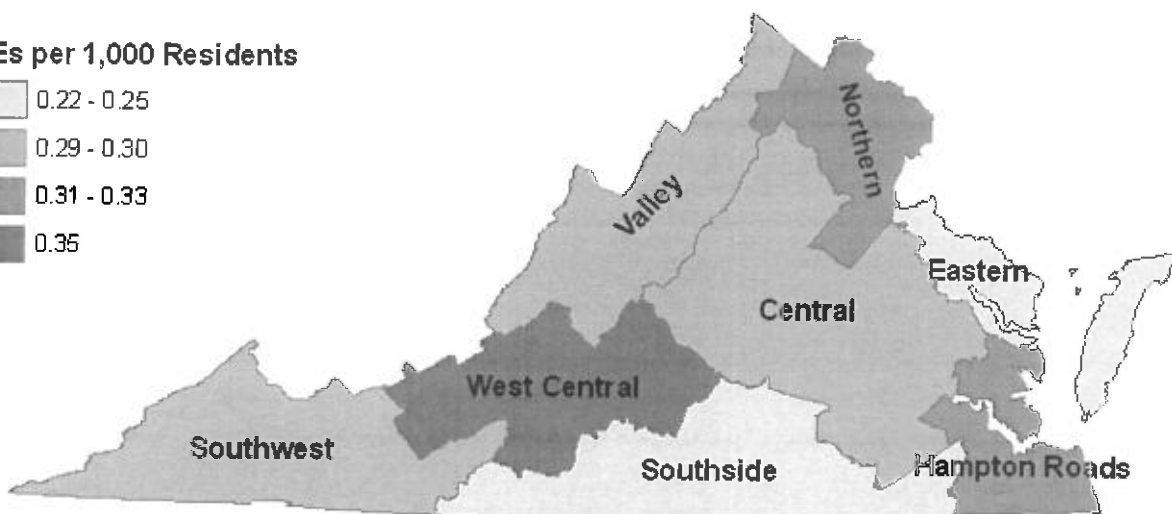
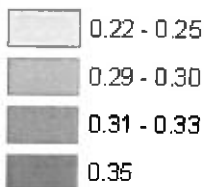
Client Care:	78%
Administration:	5%
Non-Clinical Educ.:	1%

Source: Va. Healthcare Workforce Data Center

## Full Time Equivalency Units per 1,000 Residents by Council on Virginia's Future Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2014  
Source: U.S. Census Bureau, Population Division



3,296 speech-language pathologists (SLPs) voluntarily took part in the 2015 Speech-Language Pathologist Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every December for SLPs. These survey respondents represent 82% of the 3,999 SLPs who are licensed in the state and 90% of renewing practitioners.

The HWDC estimates that 3,441 SLPs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an audiologist at some point in the future. In 2015, Virginia's SLP workforce provided 2,647 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

Virginia's SLP workforce is overwhelmingly female. 97% of all SLPs are female, including 98% of those SLPs who are under the age of 40. Overall, the median age for Virginia's SLPs is 41. In a random encounter between two SLPs, there is a 24% chance that they would be of different races or ethnicities, a measure known as the diversity index. This percentage increases slightly to 26% for those SLPs who are under the age of 40. Regardless, Virginia's SLP workforce is considerably less diverse than the state's general population, which has a diversity index of 55%.

29% of SLPs grew up in a rural area, but only 21% of these professionals currently work in non-Metro areas of the state. Overall, 10% of Virginia's SLPs currently work in a rural area. 44% of Virginia's SLPs graduated from high school in Virginia, while 46% earned their initial professional degree in the state. In total, 56% of SLPs have some form of educational background in the state.

While nearly all SLPs have a Masters degree as their highest professional degree, 2% of SLPs have gone on to earn a doctoral degree as well. 41% of SLPs currently carry education debt, including 65% of those under the age of 40. The median debt burden for those SLPs with educational debt is between \$40,000 and \$50,000.

95% of all SLPs are currently employed in the profession. 59% of all SLPs hold one full-time position, while 19% hold two or more positions simultaneously. Over the past year, 1% of SLPs have been involuntarily unemployed, while another 3% of SLPs have been underemployed. During the same time period, 8% of Virginia's SLP workforce has switched jobs.

The typical SLP earned between \$50,000 and \$60,000 last year. 81% of SLPs who are compensated with either an hourly wage or salary at their primary work location also receive at least one employer-sponsored benefit, including 62% who receive health insurance. 95% of all SLPs are satisfied with their current employment situation, including 59% who indicate they are "very satisfied".

More than one-third of Virginia's SLP workforce is employed in Northern Virginia, the most of any region in the state. 40% of SLPs work for either a state or local government, while another 38% works in the for-profit sector. Schools that provide care to clients were the most common working establishment type for Virginia's SLP workforce, but skilled nursing facilities and private group practices also employed a significant number of the state's SLP workforce.

A typical SLP spends approximately three-quarters of her time taking care of patients. In addition, 78% of SLPs serve a patient care role, meaning that at least 60% of their time is spent in patient care activities. The typical SLP will treat between 30 and 39 patients per week at her primary work location.

46% all SLPs expect to retire by the age of 65. 5% of the current workforce expects to retire in the next two years, while half of the current workforce expects to retire by 2040. Over the next two years, just 1% of Virginia's current SLP workforce expects to leave the profession, while 4% expect to leave the state entirely in order to practice elsewhere. Meanwhile, 10% of SLPs plan on increasing patient care activities, and 14% expect to pursue additional educational opportunities.

**A Closer Look:**

Licensee Counts		
License Status	#	%
Renewing Practitioners	3,426	86%
New Licensees	316	8%
Non-Renewals	257	6%
All Licensees	3,999	100%

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

Licensed SLPs

Number:	3,999
New:	8%
Not Renewed:	6%

Survey Response Rates

All Licensees:	82%
Renewing Practitioners:	90%

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. 82% of renewing SLPs submitted a survey. These represent 90% of SLPs who held a license at some point in 2015.*

**Response Rates**

Completed Surveys	3,296
Response Rate, all licensees	82%
Response Rate, Renewals	90%

Source: Va. Healthcare Workforce Data Center

**Response Rates**

Statistic	Non Respondents	Respondent	Response Rate
<b>By Age</b>			
Under 30	126	391	76%
30 to 34	122	546	82%
35 to 39	86	509	86%
40 to 44	68	473	87%
45 to 49	61	414	87%
50 to 54	49	270	85%
55 to 59	62	257	81%
60 and Over	129	436	77%
<b>Total</b>	<b>703</b>	<b>3,296</b>	<b>82%</b>
<b>New Licensees</b>			
Issued in 2015	164	152	48%
<b>Metro Status</b>			
Non-Metro	46	244	84%
Metro	487	2,640	84%
Not in Virginia	170	413	71%

Source: Va. Healthcare Workforce Data Center

**Definitions**

- 1. The Survey Period:** The survey was conducted in December 2015.
- 2. Target Population:** All SLPs who held a Virginia license at some point in 2015.
- 3. Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some SLPs newly licensed in 2015.

### At a Glance:

#### Workforce

2015 SLP Workforce: 3,441  
 FTEs: 2,647

#### Utilization Ratios

Licenses in VA Workforce: 86%  
 Licenses per FTE: 1.51  
 Workers per FTE: 1.30

Source: Va. Healthcare Workforce Data Center

### Definitions

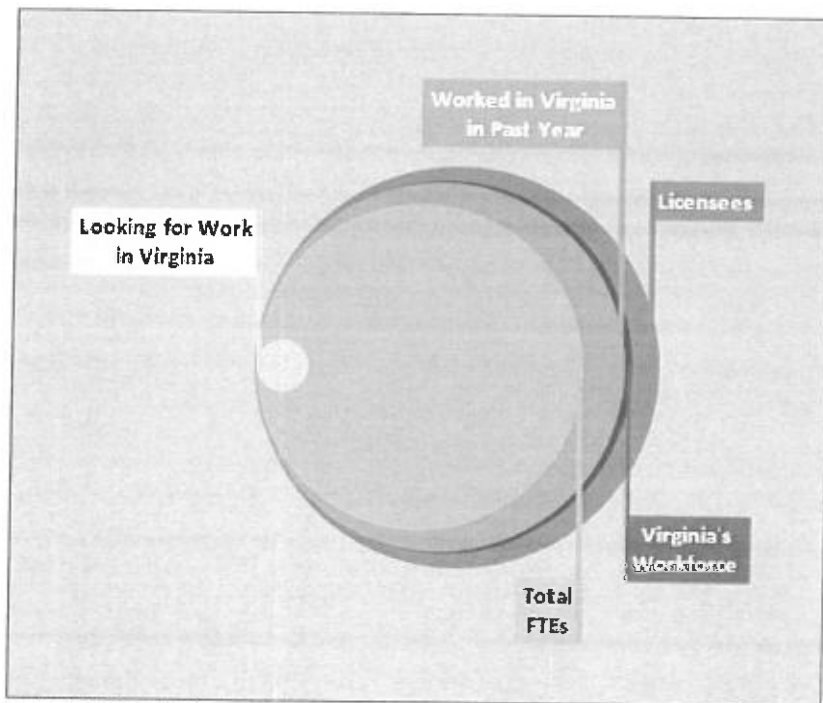
- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licenses in VA Workforce:** The proportion of licenses in Virginia's Workforce.
- 4. Licenses per FTE:** An indication of the number of licenses needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's SLP Workforce

Status	#	%
Worked in Virginia in Past Year	3,374	98%
Looking for Work in Virginia	67	2%
Virginia's Workforce	3,441	100%
Total FTEs	2,647	
Licenses	3,999	

Source: Va. Healthcare Workforce Data Center

*This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: [www.dhp.virginia.gov/hwdc](http://www.dhp.virginia.gov/hwdc)*



Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	8	2%	442	98%	450	14%
30 to 34	8	2%	532	99%	540	17%
35 to 39	14	3%	472	97%	486	15%
40 to 44	15	3%	422	97%	437	14%
45 to 49	5	1%	365	99%	369	12%
50 to 54	10	4%	227	96%	238	8%
55 to 59	9	4%	227	96%	237	8%
60 +	24	6%	374	94%	399	13%
<b>Total</b>	<b>94</b>	<b>3%</b>	<b>3,061</b>	<b>97%</b>	<b>3,155</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	SLPs		SLPs Under 40	
	%	#	%	#	%
White	63%	2,733	87%	1,251	86%
Black	19%	192	6%	98	7%
Asian	6%	60	2%	37	3%
Other Race	0%	27	1%	17	1%
Two or more races	2%	43	1%	22	2%
Hispanic	9%	84	3%	38	3%
<b>Total</b>	<b>100%</b>	<b>3,139</b>	<b>100%</b>	<b>1,463</b>	<b>100%</b>

\*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2014.

Source: Va. Healthcare Workforce Data Center

47% of SLPs are under the age of 40, and 98% of these professionals are female. In addition, the diversity index among SLPs who are under the age of 40 increases slightly to 26%.

### At a Glance:

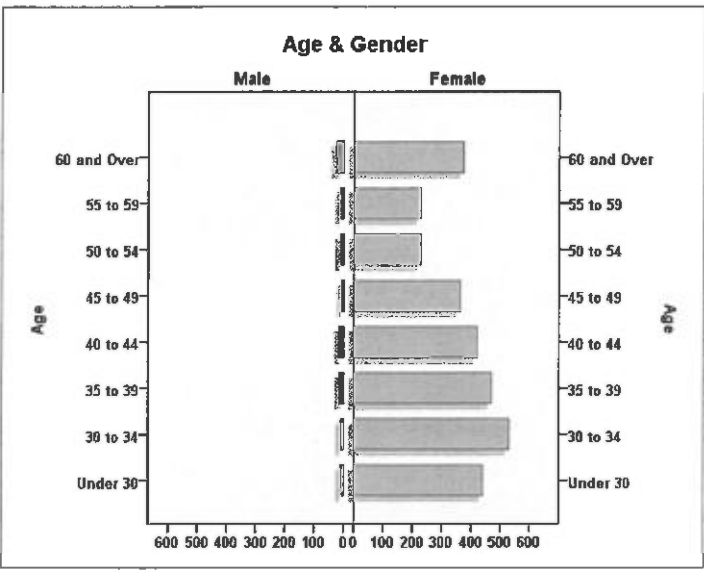
**Gender**  
 % Female: 97%  
 % Under 40 Female: 98%

**Age**  
 Median Age: 41  
 % Under 40: 47%  
 % 55+: 20%

**Diversity**  
 Diversity Index: 24%  
 Under 40 Div. Index: 26%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two SLPs, there is a 24% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the diversity index is at 55%.



Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Childhood

Urban Childhood: 9%  
 Rural Childhood: 29%

#### Virginia Background

HS in Virginia: 44%  
 Prof. Education in VA: 46%  
 HS/Prof. Educ. in VA: 56%

#### Location Choice

% Rural to Non-Metro: 21%  
 % Urban/Suburban to Non-Metro: 5%

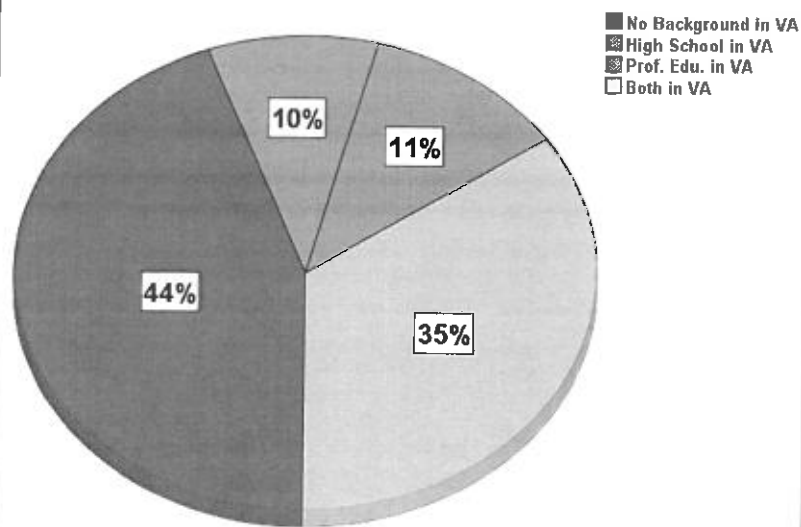
Source: Va. Healthcare Workforce Data Center

### A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 million+	22%	68%	10%
2	Metro, 250,000 to 1 million	43%	48%	8%
3	Metro, 250,000 or less	36%	56%	8%
<b>Non-Metro Counties</b>				
4	Urban pop 20,000+, Metro adj	67%	31%	2%
6	Urban pop, 2,500-19,999, Metro adj	59%	34%	8%
7	Urban pop, 2,500-19,999, nonadj	68%	28%	5%
8	Rural, Metro adj	55%	38%	7%
9	Rural, nonadj	72%	24%	3%
<b>Overall</b>		<b>29%</b>	<b>61%</b>	<b>9%</b>

Source: Va. Healthcare Workforce Data Center

### Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

29% of SLPs grew up in self-described rural areas, and 21% of these professionals currently work in non-Metro counties. Overall, 10% of Virginia's SLP workforce currently works in non-Metro counties.



## Top Ten States for SLP Recruitment

Rank	All Professionals			
	High School	#	Professional School	#
1	Virginia	1,386	Virginia	1,431
2	New York	227	Washington, D.C.	185
3	Pennsylvania	213	New York	169
4	Maryland	120	Pennsylvania	141
5	New Jersey	111	North Carolina	130
6	North Carolina	100	Tennessee	125
7	West Virginia	94	Maryland	95
8	Florida	82	Florida	92
9	Ohio	81	Ohio	67
10	California	57	West Virginia	58

Source: Va. Healthcare Workforce Data Center

*44% of Virginia's SLPs received their high school degree in Virginia, and 46% received their initial professional degree in the state.*

*Among SLPs who have been licensed in the past five years, 39% received their high school degree in Virginia, and 44% received their initial professional degree in the state.*

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	444	Virginia	504
2	New York	94	New York	74
3	Pennsylvania	89	Washington, D.C.	67
4	Maryland	43	Pennsylvania	57
5	North Carolina	43	North Carolina	52
6	New Jersey	41	Maryland	44
7	Ohio	40	Florida	40
8	West Virginia	32	Tennessee	37
9	Illinois	27	Massachusetts	24
10	Florida	26	Illinois	22

Source: Va. Healthcare Workforce Data Center

*14% of licensed SLPs did not participate in Virginia's workforce in 2015. 84% of these professionals worked at some point in the past year, including 77% who currently work as SLPs.*

### At a Glance:

#### Not in VA Workforce

Total:	560
% of Licensees:	14%
Federal/Military:	4%
Va Border State/DC:	27%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Masters Degree	3,019	98%
Doctorate - SLP	41	1%
Other Doctorate	25	1%
<b>Total</b>	<b>3,085</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

**Education**

Masters: 98%

Doctorate: 2%

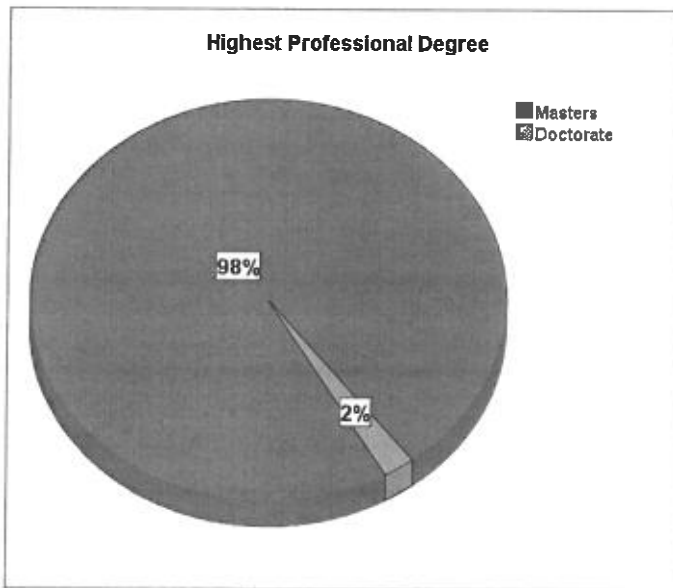
**Educational Debt**

Carry debt: 41%

Under age 40 w/ debt: 65%

Median debt: \$40k-\$50k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*Most SLPs hold a Masters as their highest professional degree, while 2% have gone on to earn a Doctorate as well.*

*41% of SLPs currently have educational debt, including 65% of those under the age of 40. For those with educational debt, the median debt amount is between \$40,000 and \$50,000.*

Amount Carried	All SLPs		SLPs Under 40	
	#	%	#	%
<b>None</b>	1,624	59%	457	35%
<b>Less than \$10,000</b>	150	5%	93	7%
<b>\$10,001-\$20,000</b>	140	5%	97	7%
<b>\$20,001-\$30,000</b>	135	5%	96	7%
<b>\$30,001-\$40,000</b>	135	5%	102	8%
<b>\$40,001-\$50,000</b>	131	5%	100	8%
<b>\$50,001-\$60,000</b>	99	4%	71	5%
<b>\$60,001-\$70,000</b>	67	2%	55	4%
<b>\$70,001-\$80,000</b>	51	2%	44	3%
<b>\$80,001-\$90,000</b>	60	2%	52	4%
<b>\$90,001-\$100,000</b>	51	2%	41	3%
<b>Over \$100,000</b>	122	4%	96	7%
<b>Total</b>	<b>2,766</b>	<b>100%</b>	<b>1,304</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Top Specialties

Swallowing:	27%
Child Language:	25%
School/Pediatrics:	24%

#### Top Credentials

CCC-SLP:	83%
VitalStim Certified:	15%
DOE Endorsement:	3%

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

Self-Designated Specialties		
Specialty	#	%
Swallowing & Swallowing Disorders	939	27%
Child Language	858	25%
School/Pediatrics	809	24%
Autism	769	22%
Child/Infant	562	16%
Geriatrics	501	15%
Medical	385	11%
Brain Injury	339	10%
Voice	224	7%
Fluency Disorders	213	6%
Deaf and Hard of Hearing	176	5%
Other	262	8%
<b>Have at least 1 Specialty</b>	<b>2,211</b>	<b>64%</b>

Source: Va. Healthcare Workforce Data Center

Credentials		
Credential	#	%
CCC-SLP: Speech-Language Pathology	2,848	83%
VitalStim Certified	499	15%
DOE Endorsement	117	3%
CBIS - Certified Brain Injury Specialist	23	1%
CF-SLP: Fellowship	43	1%
CCC-A: Audiology	10	0%
BRS-S: Swallowing	6	0%
BRS-FD: Fluency Disorders	2	0%
BRS-CL: Child Language	1	0%
Other	137	4%
<b>Have at least 1 Credential</b>	<b>2943</b>	<b>86%</b>

Source: Va. Healthcare Workforce Data Center

*64% of all SLPs have at least one self-designated specialty, and 86% have at least one credential. Swallowing & Swallowing Disorders is the most common self-designated specialization, while CCC-SLP: Speech-Language Pathology is the most common credential.*

### At a Glance:

#### Employment

Employed in Profession: 95%  
 Involuntarily Unemployed: < 1%

#### Positions Held

1 Full-time: 59%  
 2 or More Positions: 19%

#### Weekly Hours:

40 to 49: 45%  
 60 or more: 3%  
 Less than 30: 19%

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	3	0%
Employed in a SLP-related capacity	2,962	95%
Employed, NOT in a SLP-related capacity	58	2%
Not working, reason unknown	0	0%
Involuntarily unemployed	1	0%
Voluntarily unemployed	76	2%
Retired	23	1%
<b>Total</b>	<b>3,123</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*95% of licensed SLPs are currently employed in the profession.  
 59% of SLPs have one full-time job, and 45% of SLPs work  
 between 40 and 49 hours per week.*

Current Positions		
Positions	#	%
No Positions	100	3%
One Part-Time Position	583	19%
Two Part-Time Positions	144	5%
One Full-Time Position	1,825	59%
One Full-Time Position & One Part-Time Position	371	12%
Two Full-Time Positions	1	0%
More than Two Positions	69	2%
<b>Total</b>	<b>3,093</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	100	3%
1 to 9 hours	112	4%
10 to 19 hours	169	6%
20 to 29 hours	284	9%
30 to 39 hours	698	23%
40 to 49 hours	1,379	45%
50 to 59 hours	219	7%
60 to 69 hours	57	2%
70 to 79 hours	12	0%
80 or more hours	7	0%
<b>Total</b>	<b>3,037</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Income		
Hourly Wage	#	%
Volunteer Work Only	16	1%
\$20,000 or less	141	6%
\$20,001-\$30,000	113	4%
\$30,001-\$40,000	163	6%
\$40,001-\$50,000	353	14%
\$50,001-\$60,000	527	21%
\$60,001-\$70,000	427	17%
\$70,001-\$80,000	340	13%
\$80,001-\$90,000	240	9%
\$90,001-\$100,000	126	5%
\$100,001-\$110,000	49	2%
\$110,001-\$120,000	28	1%
More than \$120,000	30	1%
<b>Total</b>	<b>2,551</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	1,787	59%
Somewhat Satisfied	1,086	36%
Somewhat Dissatisfied	123	4%
Very Dissatisfied	26	1%
<b>Total</b>	<b>3,022</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Sick Leave	1,730	58%	65%
Retirement	1,681	57%	62%
Health Insurance	1,669	56%	62%
Dental Insurance	1,546	52%	58%
Paid Vacation	1,539	52%	58%
Group Life Insurance	1,058	36%	40%
Signing/Retention Bonus	149	5%	5%
<b>Receive At Least One Benefit</b>	<b>2,186</b>	<b>74%</b>	<b>81%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Hourly Earnings**

Median Income: \$50k-\$60k

**Benefits**

Employer Health Ins.: 62%

Employer Retirement: 62%

**Satisfaction**

Satisfied: 95%

Very Satisfied: 59%

Source: Va. Healthcare Workforce Data Center

The typical SLP earned between \$50,000 and \$60,000 in 2015. Among SLPs who received either an hourly wage or a salary as compensation at the primary work location, 62% received health insurance and 62% also had access to a retirement plan.

**A Closer Look:**

Underemployment in Past Year		
In the past year did you . . . ?	#	%
Experience Involuntary Unemployment?	28	1%
Experience Voluntary Unemployment?	157	5%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	93	3%
Work two or more positions at the same time?	673	20%
Switch employers or practices?	282	8%
Experienced at least 1	1,023	30%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's SLPs were involuntary unemployed at some point in 2015. For comparison, Virginia's average monthly unemployment rate was 4.4%.<sup>1</sup>

Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	49	2%	54	7%
Less than 6 Months	240	8%	116	15%
6 Months to 1 Year	186	6%	101	13%
1 to 2 Years	573	19%	144	19%
3 to 5 Years	656	22%	184	24%
6 to 10 Years	555	19%	81	11%
More than 10 Years	706	24%	82	11%
Subtotal	2,965	100%	763	100%
Did not have location	87		2,643	
Item Missing	390		36	
Total	3,441		3,441	

Source: Va. Healthcare Workforce Data Center

54% of SLPs receive a salary or commission at their primary work location, while 33% receive an hourly wage.

**At a Glance:**

**Unemployment**

**Experience in 2015**

Involuntarily Unemployed: 1%  
Underemployed: 3%

**Stability**

Switched: 8%  
New Location: 22%  
Over 2 years: 65%  
Over 2 yrs, 2<sup>nd</sup> location: 45%

**Employment Type**

Salary/Commission: 54%  
Hourly Wage: 33%

Source: Va. Healthcare Workforce Data Center

65% of SLPs have worked at their primary location for more than 2 years—the job tenure normally required to get a conventional mortgage loan.

Employment Type		
Primary Work Site	#	%
Salary/ Commission	1,328	54%
Hourly Wage	812	33%
By Contract	245	10%
Business/Practice Income	62	3%
Unpaid	10	0%
Subtotal	2,457	100%

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate ranged from 3.9% in December to 5.1% in January.

### At a Glance:

#### Concentration

Top Region:	34%
Top 3 Regions:	74%
Lowest Region:	1%

#### Locations

2 or more (2015):	26%
2 or more (Now*):	24%

Source: Va. Healthcare Workforce Data Center

*Nearly three-quarters of all SLPs work in Northern Virginia, Central Virginia, and Hampton Roads.*

### A Closer Look:

Regional Distribution of Work Locations				
COVF Region	Primary Location		Secondary Location	
	#	%	#	%
<b>Central</b>	581	20%	135	17%
<b>Eastern</b>	37	1%	15	2%
<b>Hampton Roads</b>	602	20%	129	17%
<b>Northern</b>	1,021	34%	250	32%
<b>Southside</b>	104	4%	32	4%
<b>Southwest</b>	136	5%	36	5%
<b>Valley</b>	176	6%	40	5%
<b>West Central</b>	269	9%	58	7%
<b>Virginia Border State/DC</b>	23	1%	42	5%
<b>Other US State</b>	17	1%	40	5%
<b>Outside of the US</b>	2	0%	4	1%
<b>Total</b>	2,968	100%	781	100%
<b>Item Missing</b>	387		18	

Source: Va. Healthcare Workforce Data Center

### Council On Virginia's Future Regions



*24% of SLPs currently have multiple work locations, while 26% of SLPs had at least two work locations in the past year.*

Locations	Number of Work Locations			
	Work Locations in 2015		Work Locations Now*	
	#	%	#	%
<b>0</b>	67	2%	98	3%
<b>1</b>	2,161	71%	2,209	73%
<b>2</b>	453	15%	430	14%
<b>3</b>	237	8%	234	8%
<b>4</b>	45	1%	19	1%
<b>5</b>	24	1%	17	1%
<b>6 or More</b>	39	1%	19	1%
<b>Total</b>	3,026	100%	3,026	100%

\*At the time of survey completion, December 2015.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	<b>1,076</b>	<b>38%</b>	<b>522</b>	<b>69%</b>
<b>Non-Profit</b>	<b>576</b>	<b>20%</b>	<b>112</b>	<b>15%</b>
<b>State/Local Government</b>	<b>1,125</b>	<b>40%</b>	<b>115</b>	<b>15%</b>
<b>Veterans Administration</b>	<b>15</b>	<b>1%</b>	<b>0</b>	<b>0%</b>
<b>U.S. Military</b>	<b>6</b>	<b>0%</b>	<b>0</b>	<b>0%</b>
<b>Other Federal Gov't</b>	<b>13</b>	<b>0%</b>	<b>4</b>	<b>1%</b>
<b>Total</b>	<b>2,811</b>	<b>100%</b>	<b>753</b>	<b>100%</b>
<b>Did not have location</b>	<b>87</b>		<b>2643</b>	
<b>Item Missing</b>	<b>542</b>		<b>47</b>	

Source: Va. Healthcare Workforce Data Center

### At a Glance: (Primary Locations)

**Sector**

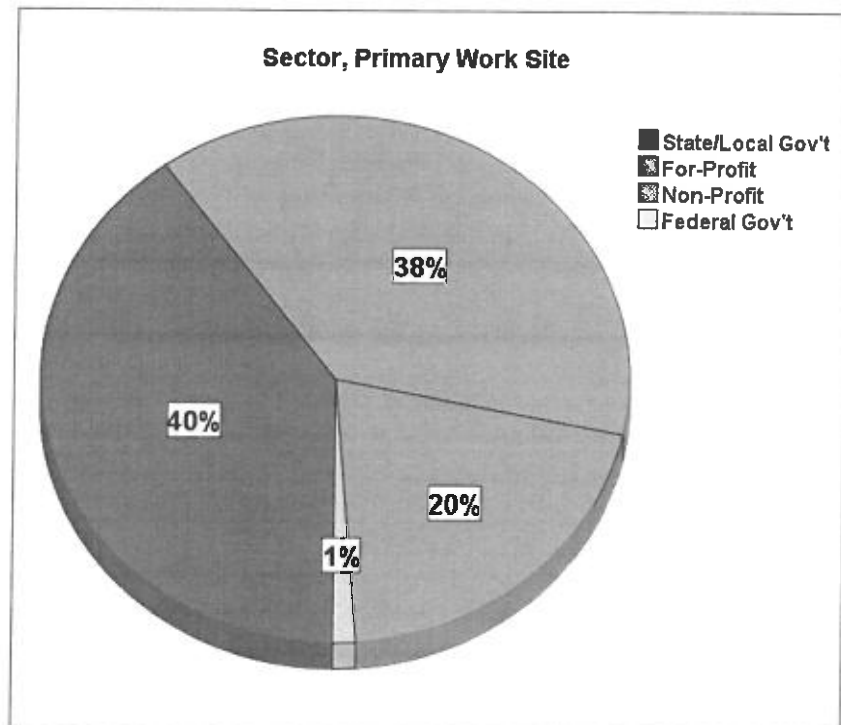
For Profit:	38%
Federal:	1%

**Top Establishments**

School (Providing Care To Clients):	41%
Skilled Nursing Facility:	11%
Private Practice (Group):	8%

Source: Va. Healthcare Workforce Data Center

*40% of all SLPs work for a state or local government, while another 38% work in the for-profit sector.*



Source: Va. Healthcare Workforce Data Center

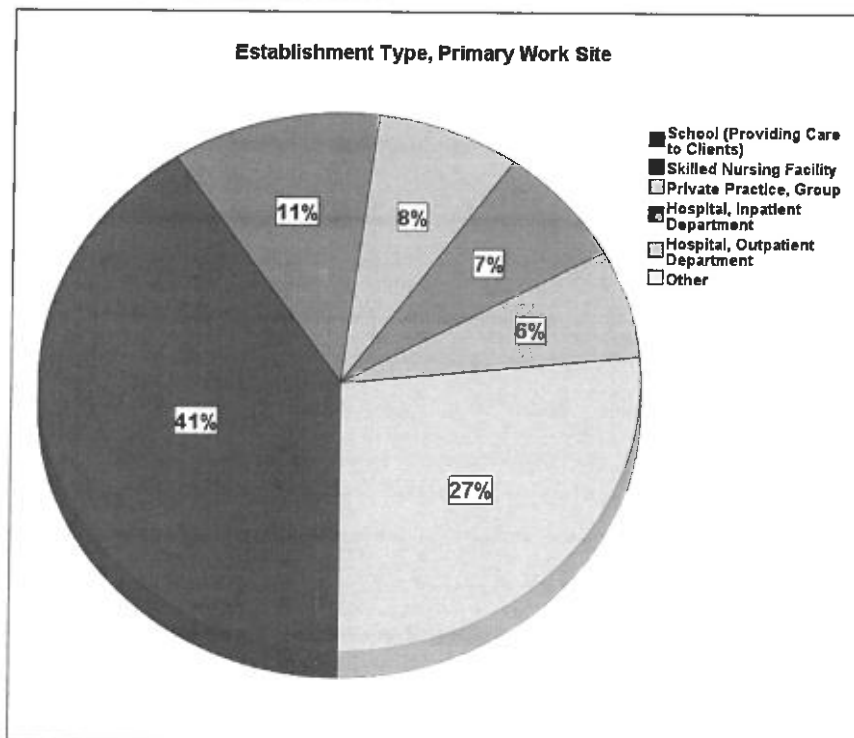


Top 10 Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
School (Providing Care to Clients)	1,109	41%	75	10%
Skilled Nursing Facility	307	11%	126	17%
Private Practice, Group	211	8%	87	12%
Hospital, Inpatient Department	197	7%	84	11%
Hospital, Outpatient Department	176	6%	22	3%
Rehabilitation Facility	144	5%	66	9%
Home Health Care	135	5%	93	13%
Private Practice, Solo	133	5%	72	10%
Academic Institution (Teaching Health Professions Students or Research)	78	3%	23	3%
Community-Based Clinic or Health Center	40	1%	17	2%
Residential Facility/Group Home	30	1%	9	1%
Administrative/Business Organization	17	1%	1	0%
Child Day Care	8	0%	1	0%
Physician Office	0	0%	2	0%
Other	142	5%	57	8%
<b>Total</b>	<b>2,727</b>	<b>100%</b>	<b>735</b>	<b>100%</b>
Did Not Have a Location	87		2643	

Schools that provide care to clients are the most common establishment type among SLPs with a primary work location, employing 41% of Virginia's SLP workforce.

Source: Va. Healthcare Workforce Data Center

Among SLPs who also have a secondary work location, skilled nursing facilities are the most common establishment type, employing 17% of the state's SLP workforce.



Source: Va. Healthcare Workforce Data Center

### At a Glance: (Primary Locations)

#### Typical Time Allocation

Client Care: 70%-79%  
Administration: 10%-19%

#### Roles

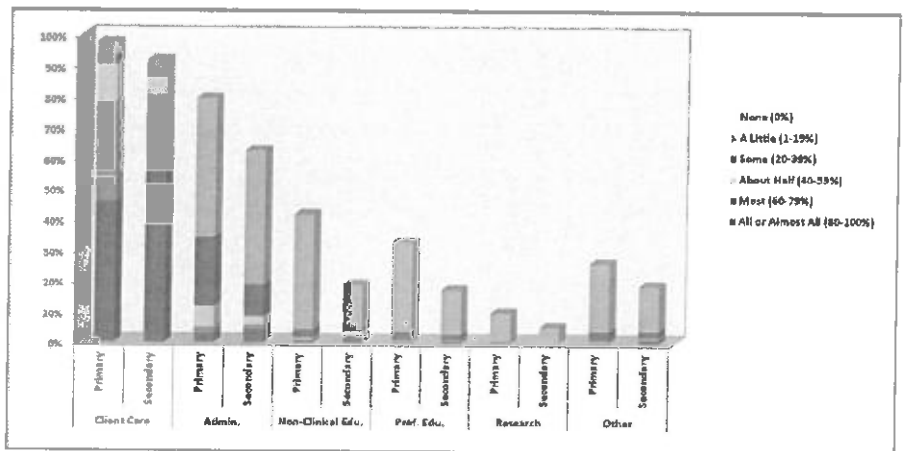
Client Care: 78%  
Administration: 5%  
Non-Clinical Edu.: 1%

#### Patient Care SLPs

Median Admin. Time: 1%-9%  
Ave. Admin. Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

### A Closer Look:



Source: Va. Healthcare Workforce Data Center

*The typical SLP spends around three-quarters of her time treating patients. In fact, 78% of SLPs fill a client care role, defined as spending 60% or more of their time in that activity.*

Time Spent	Time Allocation											
	Client Care		Admin.		Non-Clinical Education		Professional Education		Research		Other	
	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site
<b>All or Almost All (80-100%)</b>	46%	67%	3%	4%	0%	2%	0%	1%	0%	0%	0%	1%
<b>Most (60-79%)</b>	33%	13%	2%	2%	0%	0%	0%	0%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	12%	6%	7%	3%	1%	1%	0%	0%	0%	0%	1%	0%
<b>Some (20-39%)</b>	3%	3%	23%	10%	3%	1%	3%	2%	0%	0%	3%	2%
<b>A Little (1-19%)</b>	4%	3%	45%	44%	38%	14%	29%	15%	9%	5%	22%	15%
<b>None (0%)</b>	2%	8%	20%	37%	58%	81%	67%	82%	90%	95%	74%	81%

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Weekly Session Totals**  
(Median)  
Primary Location: 30-39  
Secondary Location: 1-9  
Total: 30-39

**% with Group Sessions**  
Primary Location: 49%  
Secondary Location: 18%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Client Sessions / Week	Primary Work Location		Secondary Work Location		Total <sup>2</sup>	
	#	%	#	%	#	%
<b>None</b>	<b>130</b>	<b>5%</b>	<b>66</b>	<b>9%</b>	<b>118</b>	<b>4%</b>
<b>1-9</b>	449	16%	439	58%	312	11%
<b>10-19</b>	393	14%	80	11%	401	14%
<b>20-29</b>	323	11%	68	9%	336	12%
<b>30-39</b>	269	9%	28	4%	287	10%
<b>40-49</b>	170	6%	21	3%	206	7%
<b>50-59</b>	237	8%	13	2%	240	8%
<b>60-69</b>	106	4%	8	1%	122	4%
<b>70-79</b>	68	2%	1	0%	73	3%
<b>80 or more</b>	702	25%	33	4%	752	26%
<b>Total</b>	<b>2,847</b>	<b>100%</b>	<b>757</b>	<b>100%</b>	<b>2,847</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*A typical SLP has approximately 30 to 39 client sessions per week across both their primary and secondary work locations. Nearly half of these SLPs conduct group session at their primary work location.*

# of Weekly Sessions	Primary Work Location				Secondary Work Location			
	Individual Sessions		Group Sessions		Individual Sessions		Group Sessions	
	#	%	#	%	#	%	#	%
<b>None</b>	151	5%	1,445	51%	77	10%	619	82%
<b>1-9</b>	1,148	41%	411	15%	515	68%	99	13%
<b>10-19</b>	699	25%	342	12%	93	12%	19	3%
<b>20-29</b>	368	13%	309	11%	36	5%	12	2%
<b>30-39</b>	250	9%	176	6%	12	2%	4	1%
<b>40-49</b>	104	4%	89	3%	7	1%	1	0%
<b>50-59</b>	63	2%	29	1%	5	1%	2	0%
<b>60-69</b>	28	1%	11	0%	3	0%	0	0%
<b>70-79</b>	4	0%	2	0%	1	0%	0	0%
<b>80 or more</b>	17	1%	7	0%	9	1%	0	0%
<b>Total</b>	<b>2,832</b>	<b>100%</b>	<b>2,821</b>	<b>100%</b>	<b>757</b>	<b>100%</b>	<b>756</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

<sup>2</sup> This column estimates the total number of client sessions across both primary and secondary work locations.

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All		Over 50	
	#	%	#	%
Under age 50	38	1%	-	-
50 to 54	104	4%	5	1%
55 to 59	300	11%	39	5%
60 to 64	772	29%	211	29%
65 to 69	984	38%	318	44%
70 to 74	265	10%	90	12%
75 to 79	45	2%	18	2%
80 or over	16	1%	3	0%
I do not intend to retire	94	4%	40	6%
<b>Total</b>	<b>2,618</b>	<b>100%</b>	<b>724</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

<b>All SLPs</b>	
Under 65:	46%
Under 60:	17%
<b>SLPs 50 and over</b>	
Under 65:	35%
Under 60:	6%

**Time until Retirement**

Within 2 years:	5%
Within 10 years:	18%
Half the workforce:	By 2040

Source: Va. Healthcare Workforce Data Center

46% of SLPs expect to retire before the age of 65, including 17% who plan on retiring no later than the age of 60. Among SLPs who are age 50 and over, 35% plan on retiring by age 65.

Within the next two years, 1% of Virginia's SLPs plan on leaving the profession and 4% expect to leave the state in order to practice elsewhere. Meanwhile, 14% of SLPs plan on pursuing additional education, and 10% also plan to increase their client care hours.

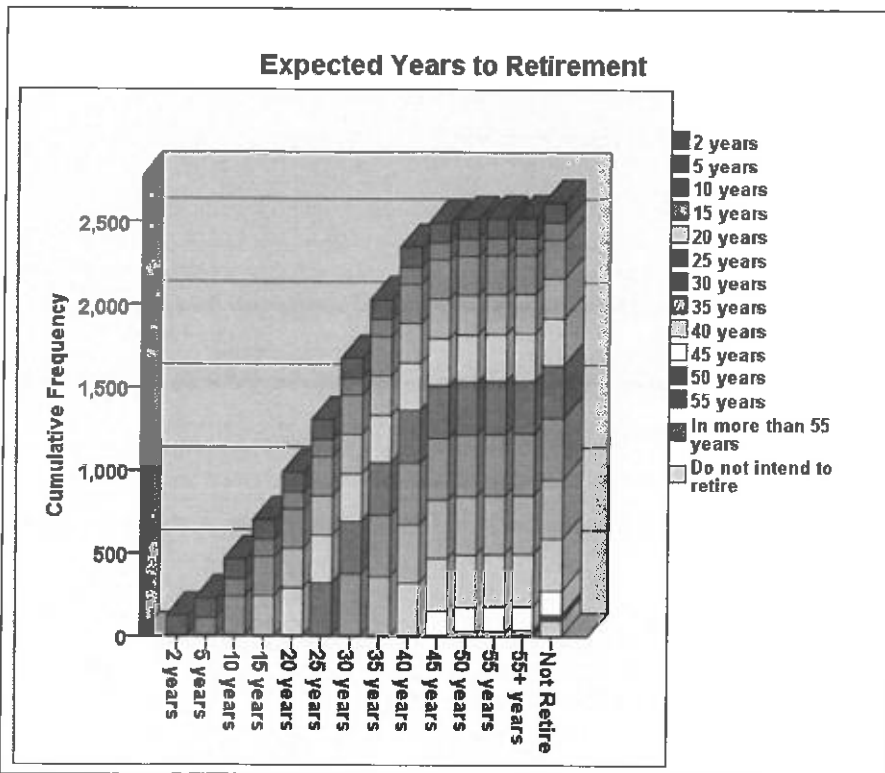
Future Plans		
2 Year Plans:	#	%
<b>Decrease Participation</b>		
Leave Profession	50	1%
Leave Virginia	129	4%
Decrease Client Care Hours	186	5%
Decrease Teaching Hours	19	1%
<b>Increase Participation</b>		
Increase Client Care Hours	341	10%
Increase Teaching Hours	112	3%
Pursue Additional Education	486	14%
Return to Virginia's Workforce	39	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for SLPs. Only 5% of SLPs plan on retiring in the next two years, while 18% plan on retiring in the next ten years. Half of the current SLP workforce expects to be retired by 2040.

Time to Retirement			
Expect to retire within . . .	#	%	Cumulative %
2 years	119	5%	5%
5 years	104	4%	9%
10 years	236	9%	18%
15 years	240	9%	27%
20 years	286	11%	38%
25 years	318	12%	50%
30 years	372	14%	64%
35 years	355	14%	78%
40 years	317	12%	90%
45 years	148	6%	95%
50 years	22	1%	96%
55 years	4	0%	96%
In more than 55 years	4	0%	96%
Do not intend to retire	94	4%	100%
<b>Total</b>	<b>2,618</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach 10% of the current workforce starting in 2035. Retirements will peak at 14% of the current workforce around 2045 before declining to under 10% of the current workforce again around 2060.

### At a Glance:

#### FTEs

Total: 2,647  
 FTEs/1,000 Residents: 0.318  
 Average: 0.79

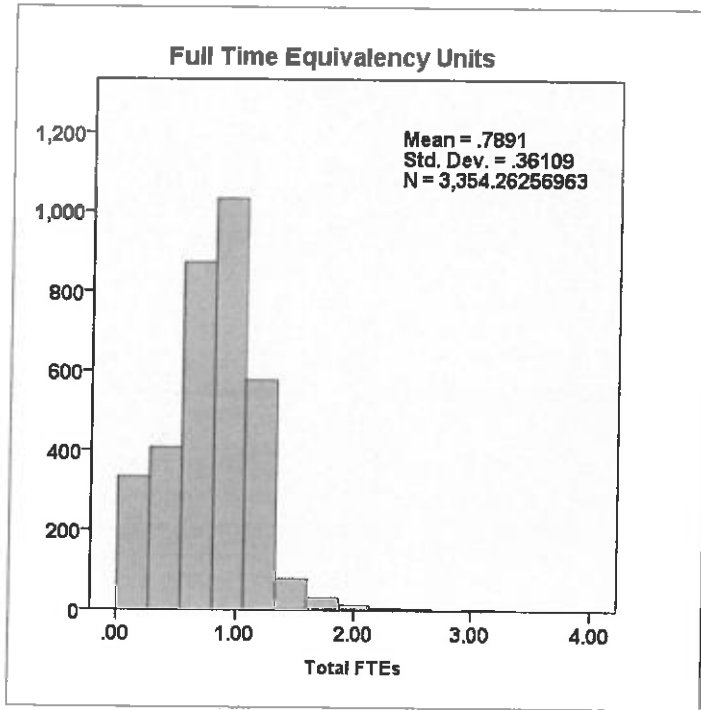
#### Age & Gender Effect

Age, Partial Eta<sup>2</sup>: Small  
 Gender, Partial Eta<sup>2</sup>: Negligible

*Partial Eta<sup>2</sup> Explained:*  
 Partial Eta<sup>2</sup> is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

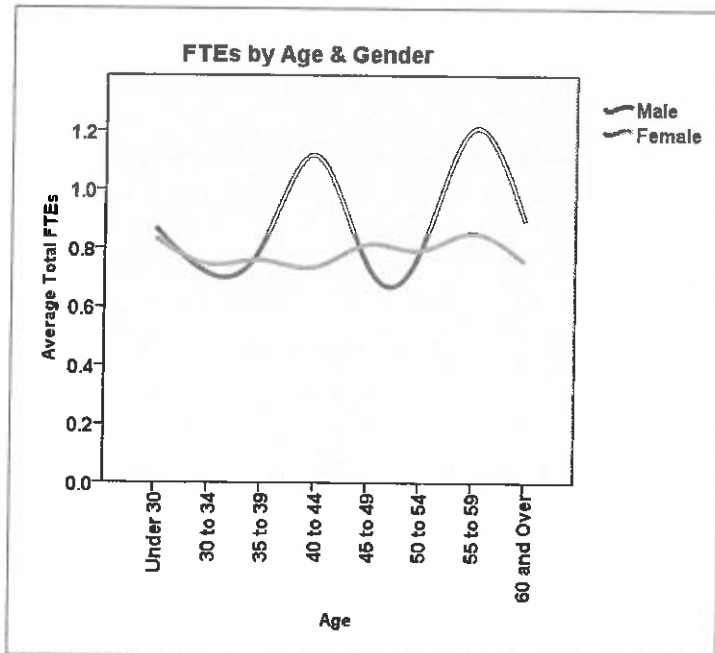


Source: Va. Healthcare Workforce Data Center

*The typical SLP provided 0.82 FTEs in 2015, or approximately 33 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.<sup>3</sup>*

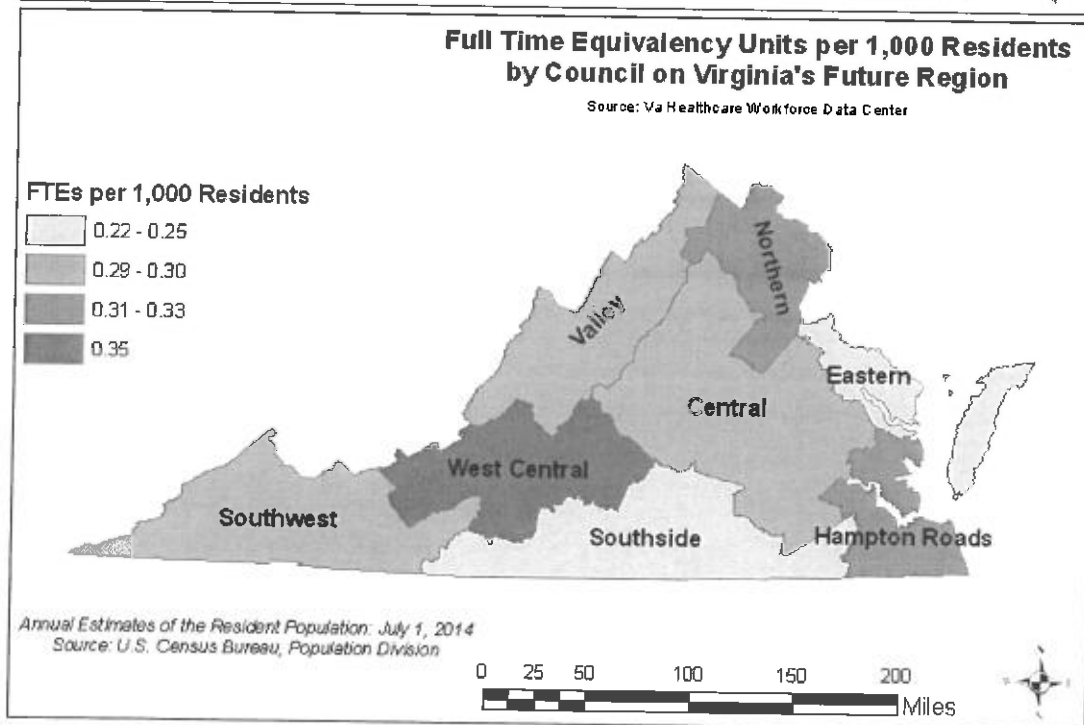
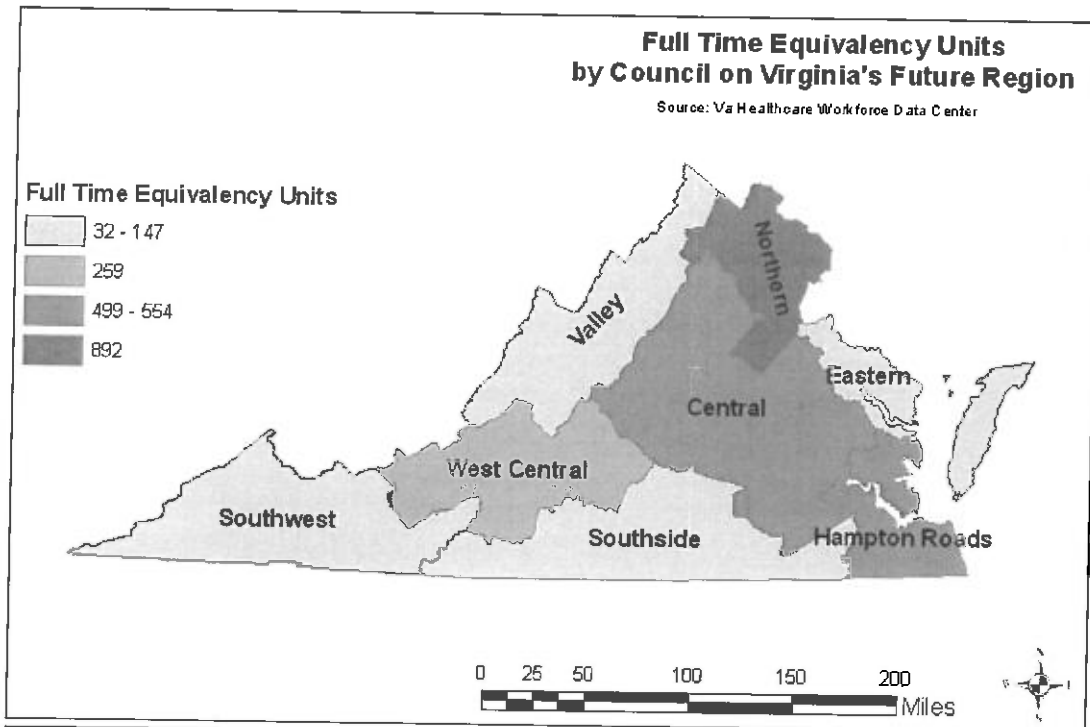
Full-Time Equivalency Units		
	Average	Median
<b>Age</b>		
<b>Under 30</b>	0.84	0.89
<b>30 to 34</b>	0.74	0.76
<b>35 to 39</b>	0.76	0.75
<b>40 to 44</b>	0.74	0.76
<b>45 to 49</b>	0.86	0.86
<b>50 to 54</b>	0.76	0.79
<b>55 to 59</b>	0.85	0.84
<b>60 and Over</b>	0.80	0.86
<b>Gender</b>		
<b>Male</b>	0.91	0.96
<b>Female</b>	0.78	0.83

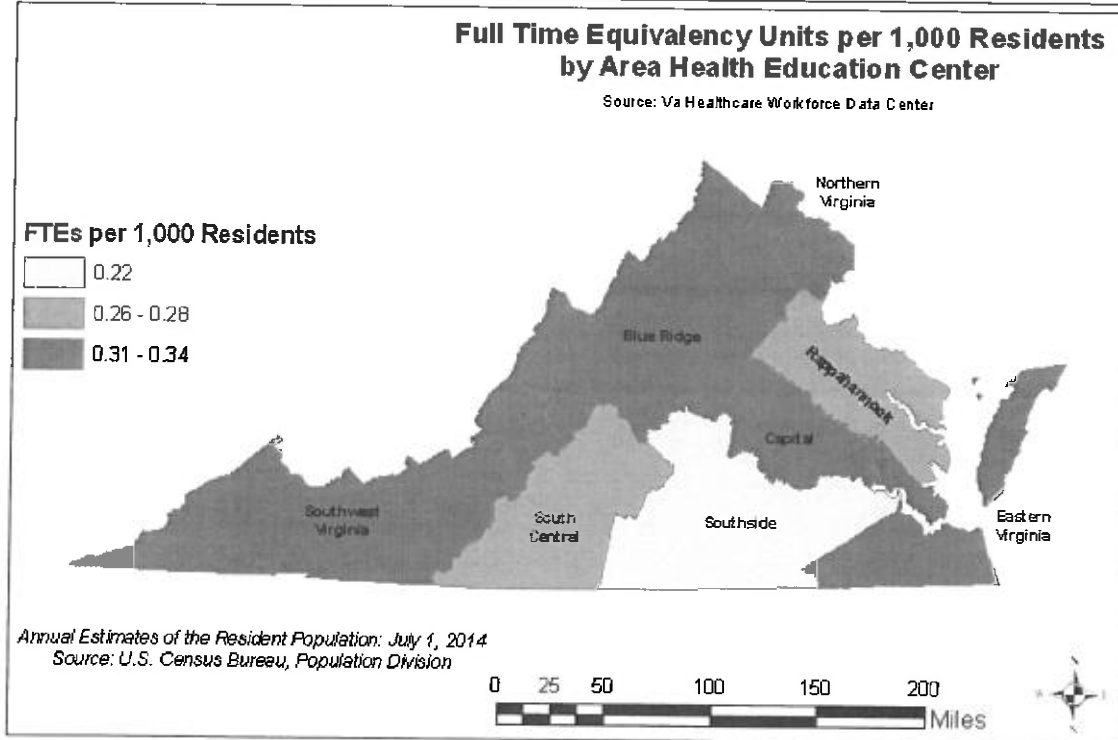
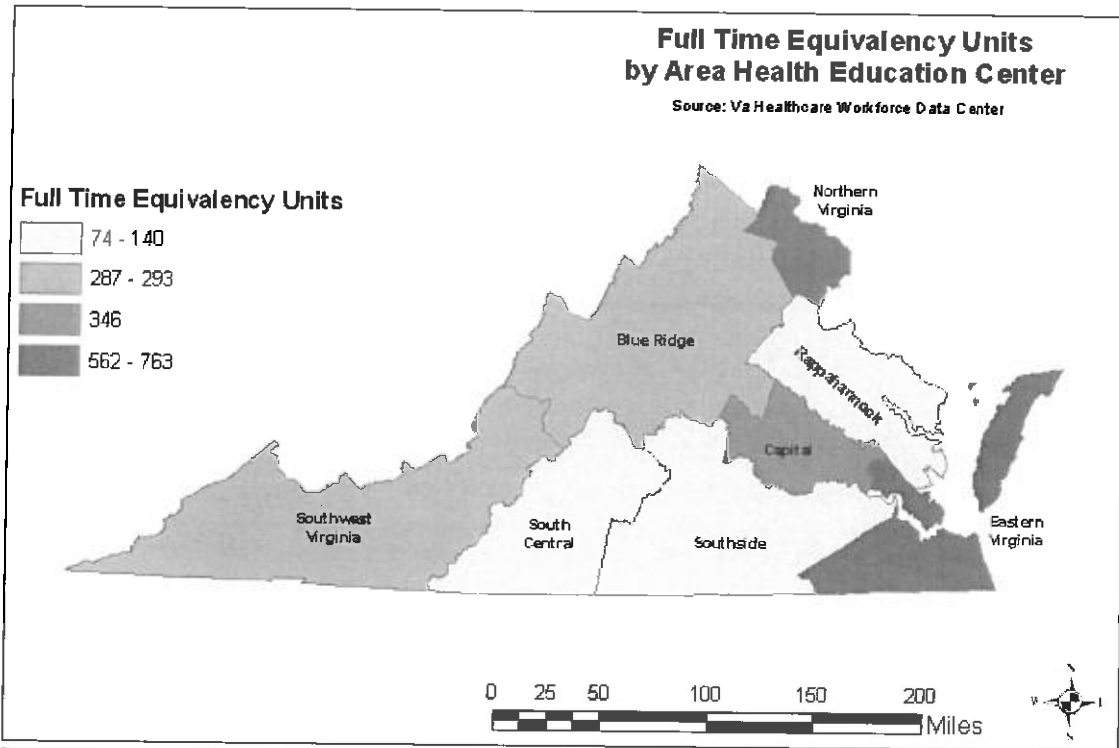
Source: Va. Healthcare Workforce Data Center



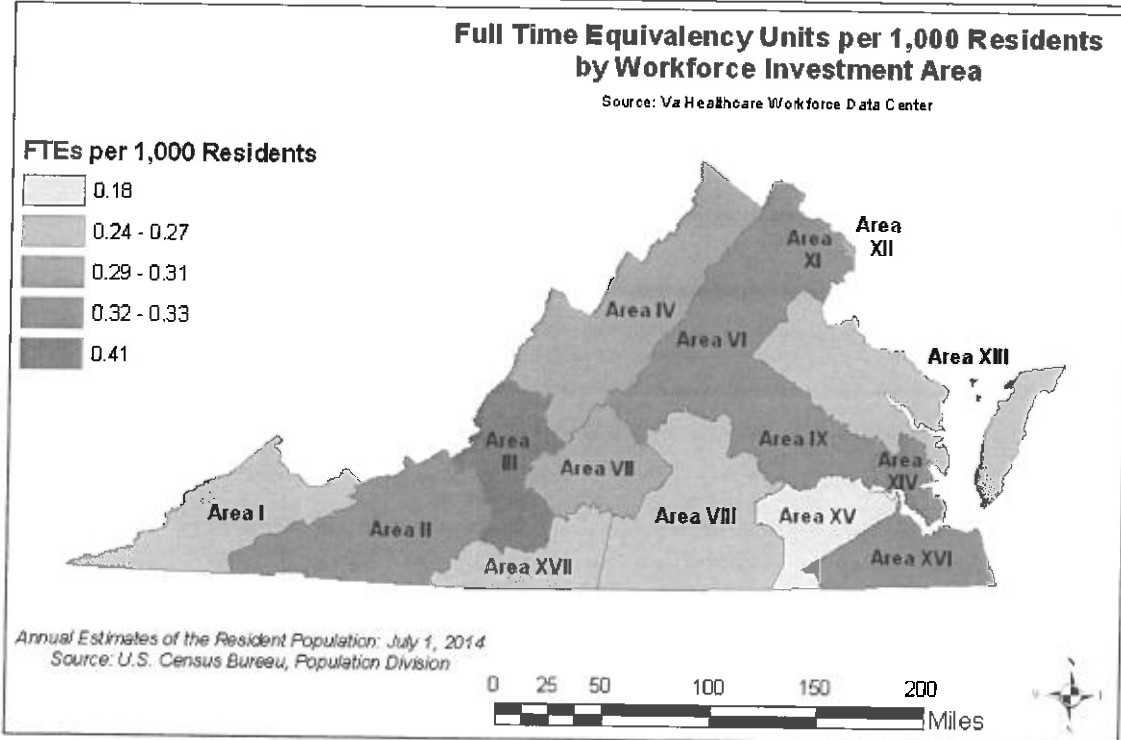
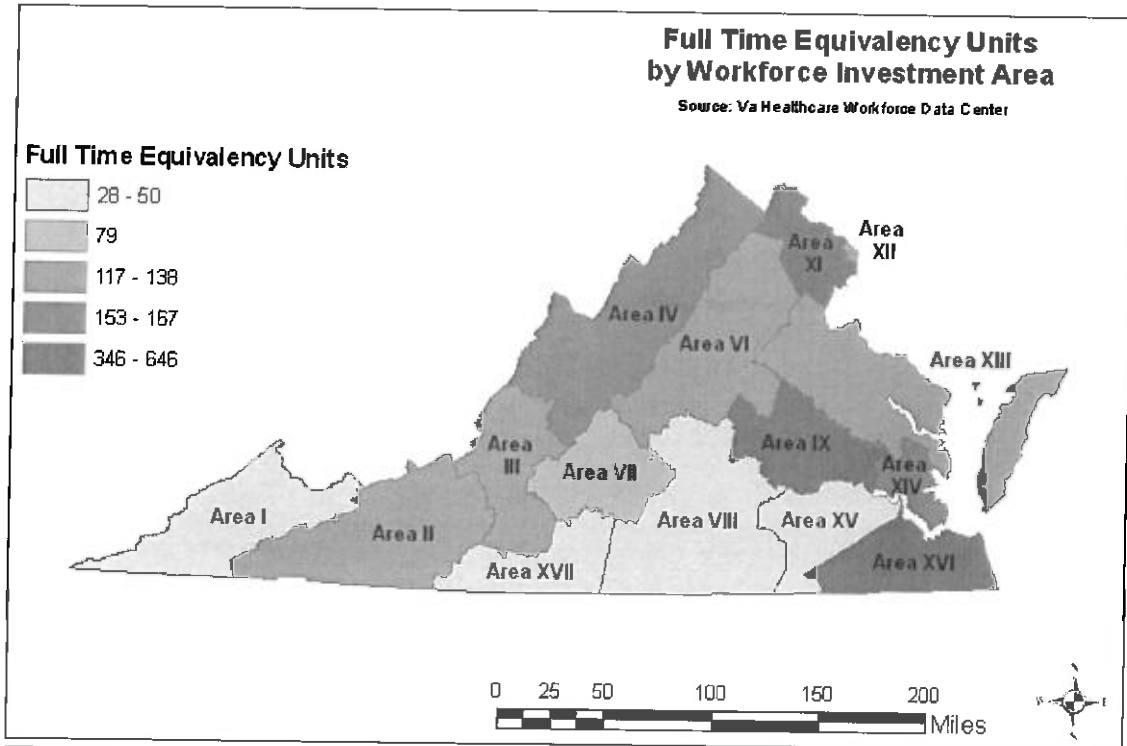
Source: Va. Healthcare Workforce Data Center

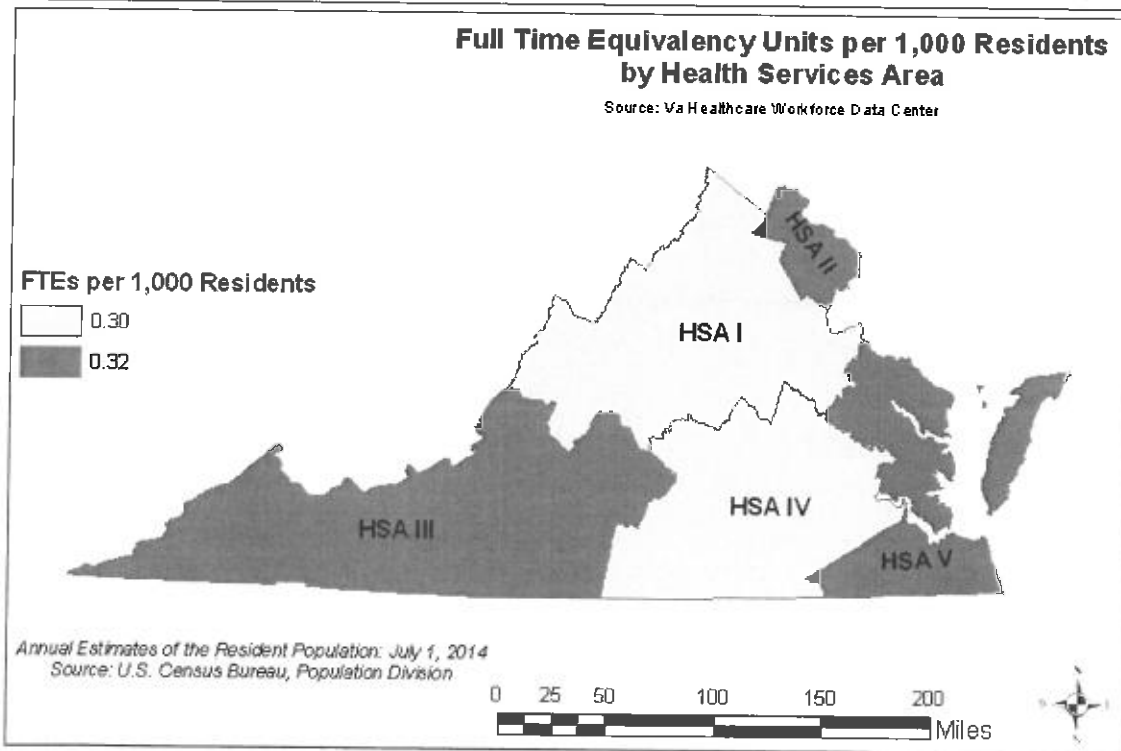
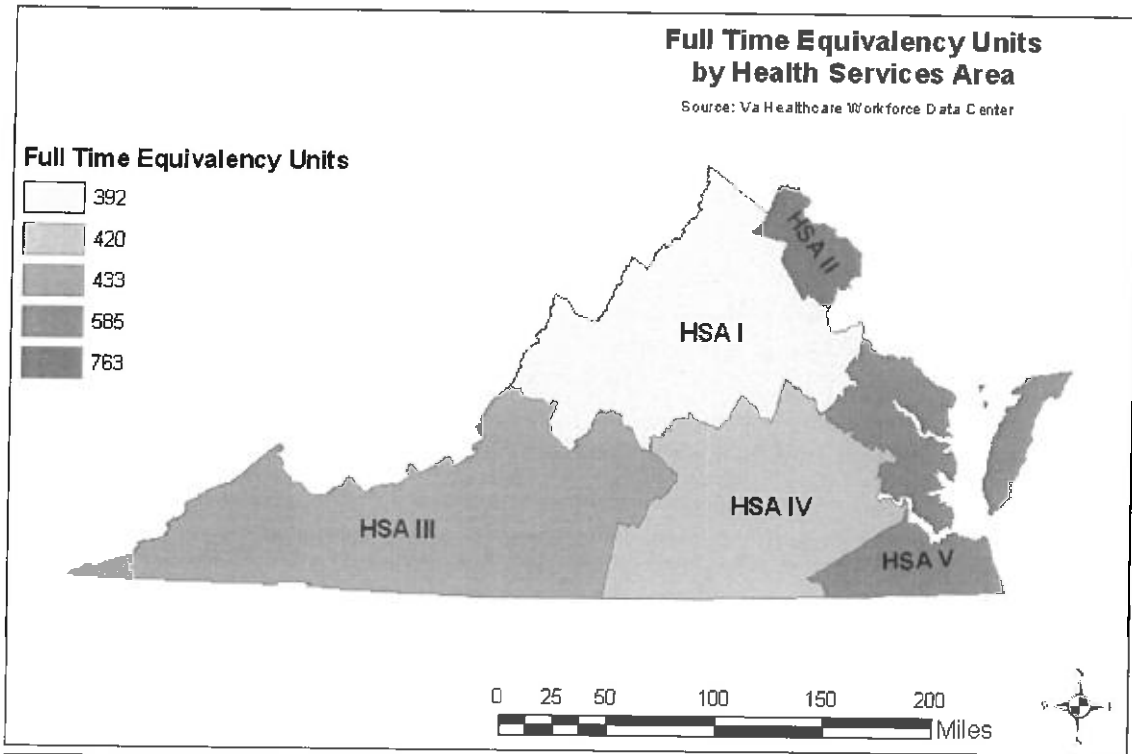
<sup>3</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test & Interaction effect are significant).













Appendix

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	2,451	84.01%	1.190384	1.12223	1.297358
Metro, 250,000 to 1 million	285	89.82%	1.113281	1.049542	1.213326
Metro, 250,000 or less	391	83.12%	1.203077	1.134197	1.311192
Urban pop 20,000+, Metro adj	42	80.95%	1.235294	1.16457	1.346304
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	119	88.24%	1.133333	1.068446	1.23518
Urban pop, 2,500-19,999, nonadj	65	78.46%	1.27451	1.20154	1.389044
Rural, Metro adj	44	84.09%	1.189189	1.121104	1.296056
Rural, nonadj	20	85.00%	1.176471	1.109114	1.282194
Virginia border state/DC	360	76.94%	1.299639	1.225231	1.416431
Other US State	223	60.99%	1.639706	1.545828	1.787058

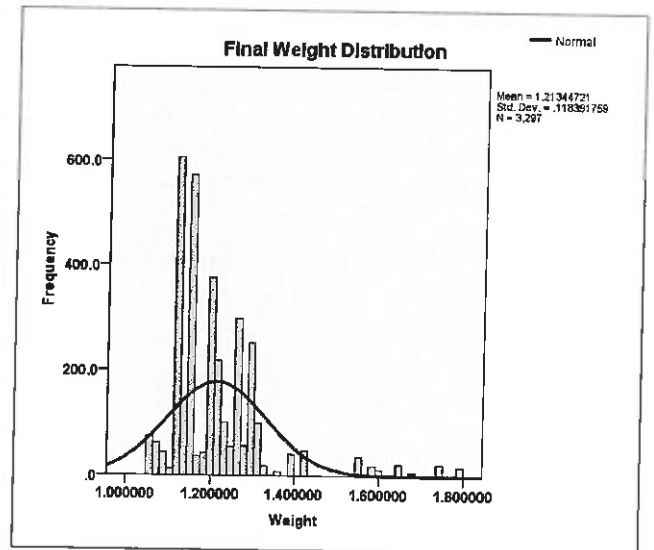
See the Methods section on the HWDC website for details on HWDC Methods:

[www.dhp.virginia.gov/hwdc/](http://www.dhp.virginia.gov/hwdc/)

Final weights are calculated by multiplying the two weights and the overall response rate:


$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight}$$

**Overall Response Rate: 0.824250**



Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	517	75.63%	1.322251	1.213326	1.787058
30 to 34	668	81.74%	1.223443	1.122659	1.653517
35 to 39	595	85.55%	1.168959	1.072662	1.57988
40 to 44	541	87.43%	1.143763	1.049542	1.545828
45 to 49	475	87.16%	1.147343	1.052827	1.550666
50 to 54	319	84.64%	1.181481	1.084153	1.596805
55 to 59	319	80.56%	1.241245	1.138994	1.677577
60 and Over	565	77.17%	1.295872	1.18912	1.751406

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions  
(As of August 22, 2015)**

<b>Board of Audiology and Speech-Language Pathology</b>		
<b>Chapter</b>		<b>Action / Stage Information</b>
[18 VAC 30 - 20]	Regulations of the Board of Audiology and Speech-Language Pathology	<u>Promulgate Chapter 21 &amp; repeal existing Chapter 20; reduction in number of CE hours</u> [Action 3446]  Final - Register Date: 7/11/16 Effective: 8/10/16
[18 VAC 30 - 20]	Regulations of the Board of Audiology and Speech-Language Pathology	<u>Performance of cerumen management by audiologists</u> [Action 4257]  Final - Register Date: 6/27/16 Effective: 7/27/16
[18 VAC 30 - 20]	Regulations of the Board of Audiology and Speech-Language Pathology	<u>Practice by assistant speech-language pathologists</u> [Action 4258]  Final - Register Date: 6/27/16 Effective: 7/27/16
[18 VAC 30 - 21]	[under development] Regulations Governing the Practice of Audiology and Speech-Language Pathology	 <u>Incorporation of cerumen management and assistant SLP regulations</u> [Action 4609]  Final - Register Date: 8/22/16 Effective: 9/21/16

**Agenda Item: Regulatory Action – Adoption of fast-track action**

**Staff Note:**

**Included in your packet are:**

A copy of corrected sections 110 and 120

**Board action:**

Adoption of proposed regulations to correct sections of new Chapter 21

**BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY**

**Clarification of chapter 21**

Part IV

Reactivation and Reinstatement

**18VAC30-21-110. Inactive licensure; reactivation for audiologists, ~~or~~ speech-language pathologists, or school speech-language pathologists.**

A. An audiologist, ~~or~~ speech-language pathologist, or school speech-language pathologist who holds a current, unrestricted license in Virginia may, upon a request on the renewal application and submission of the required fee, be issued an inactive license. The holder of an inactive license shall not be required to maintain continuing education requirements and shall not be entitled to perform any act requiring a license to practice audiology or speech-language pathology in Virginia.

B. A licensee whose license has been inactive and who requests reactivation of an active license shall file an application, pay the difference between the inactive and active renewal fees for the current year, and provide documentation of current ASHA certification or of having completed 10 continuing education hours equal to the requirement for the number of years in which the license has been inactive, not to exceed 30 contact hours.

C. A licensee who does not reactivate within five years shall meet the requirements of subsection B of this section and shall either:

1. Meet the requirements for initial licensure as prescribed by 18VAC30-21-60; or
2. Provide documentation of a current license in another jurisdiction in the United States and evidence of active practice for at least one of the past three years or practice in

accordance with 18VAC30-21-70 with a provisional license for six months and submit a recommendation for licensure from his supervisor.

D. If the licensee holds licensure in any other state or jurisdiction, he shall provide evidence that no disciplinary action is pending or unresolved. The board may deny a request for reactivation to any licensee who has been determined to have committed an act in violation of 18VAC30-21-160.

**18VAC30-21-120. Reinstatement of a lapsed license for audiologists, ~~or speech-language pathologists,~~ or school speech-language pathologists.**

A. When a license has not been renewed within one year of the expiration date, a person may apply to reinstate his license by submission of a reinstatement application, payment of the reinstatement fee, and submission of documentation of ~~current ASHA certification~~ a current Certificate of Clinical Competence issued by ASHA or certification issued by the American Board of Audiology or any other accrediting body recognized by the board or at least 10 continuing education hours for each year the license has been lapsed, not to exceed 30 contact hours, obtained during the time the license in Virginia was lapsed.

B. A licensee who does not reinstate within five years shall meet the requirements of subsection A of this section and shall either:

1. Reinstate by meeting the requirements for initial licensure as prescribed by 18VAC30-21-60; or
2. Provide documentation of a current license in another United States jurisdiction and evidence of active practice for at least one of the past three years or practice in accordance with 18VAC30-21-70 with a provisional license for six months and submit a recommendation for licensure from his supervisor.



C. If the licensee holds licensure in any other state or jurisdiction, he shall provide evidence that no disciplinary action is pending or unresolved. The board may deny a request for reinstatement to any licensee who has been determined to have committed an act in violation of 18VAC30-21-160.

**18VAC30-21-130. ~~Reactivation or reinstatement of a school speech-language pathologist.~~**  
**(Repealed.)**

~~A. A school speech-language pathologist whose license has been inactive and who requests reactivation of an active license shall file an application and pay the difference between the inactive and active renewal fees for the current year. A school speech-language pathologist whose license has lapsed and who requests reinstatement shall file an application and pay the reinstatement fee as set forth in 18VAC30-21-40.~~

~~B. The board may reactivate or reinstate licensure as a school speech-language pathologist to an applicant who:~~

- ~~1. Holds a master's degree in speech-language pathology; and~~
- ~~2. Holds a current endorsement in speech-language pathology from the Virginia Department of Education.~~

~~C. The board may deny a request for reactivation or reinstatement to any licensee who has been determined to have committed an act in violation of 18VAC30-21-160.~~

**Agenda Item: Board action on Public Participation Guidelines (PPG)**

**Included in your agenda package are:**

A copy of the applicable law in the Administrative Process Act (APA)

A copy of the applicable section of the Board's PPG regulations

**Staff Note:**

The action to conform the regulation to language in the Code.

**Board action:**

**To adopt the amendment to 18VAC30-11-50.**

Code of Virginia  
Title 2.2. Administration of Government  
Chapter 40. Administrative Process Act

## § 2.2-4007.02. Public participation guidelines.

A. Public participation guidelines for soliciting the input of interested parties in the formation and development of its regulations shall be developed, adopted, and used by each agency pursuant to the provisions of this chapter. The guidelines shall set out any methods for the identification and notification of interested parties and any specific means of seeking input from interested persons or groups that the agency intends to use in addition to the Notice of Intended Regulatory Action. The guidelines shall set out a general policy for the use of standing or ad hoc advisory panels and consultation with groups and individuals registering interest in working with the agency. Such policy shall address the circumstances in which the agency considers the panels or consultation appropriate and intends to make use of the panels or consultation.

B. In formulating any regulation, including but not limited to those in public assistance and social services programs, the agency pursuant to its public participation guidelines shall afford interested persons an opportunity to (i) submit data, views, and arguments, either orally or in writing, to the agency, to include an online public comment forum on the Virginia Regulatory Town Hall, or other specially designated subordinate and (ii) be accompanied by and represented by counsel or other representative. However, the agency may begin drafting the proposed regulation prior to or during any opportunities it provides to the public to submit comments.

2007, cc. 873, 916; 2012, c. 795.

BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

Conforming to Code

Part III

Public Participation Procedures

**18VAC30-11-50. Public comment.**

A. In considering any nonemergency, nonexempt regulatory action, the agency shall afford interested persons an opportunity to (i) submit data, views, and arguments, either orally or in writing, to the agency; and (ii) be accompanied by and represented by counsel or other representative. Such opportunity to comment shall include an online public comment forum on the Town Hall.

1. To any requesting person, the agency shall provide copies of the statement of basis, purpose, substance, and issues; the economic impact analysis of the proposed or fast-track regulatory action; and the agency's response to public comments received.
2. The agency may begin crafting a regulatory action prior to or during any opportunities it provides to the public to submit comments.

B. The agency shall accept public comments in writing after the publication of a regulatory action in the Virginia Register as follows:

1. For a minimum of 30 calendar days following the publication of the notice of intended regulatory action (NOIRA).
2. For a minimum of 60 calendar days following the publication of a proposed regulation.

3. For a minimum of 30 calendar days following the publication of a repropoed regulation.
4. For a minimum of 30 calendar days following the publication of a final adopted regulation.
5. For a minimum of 30 calendar days following the publication of a fast-track regulation.
6. For a minimum of 21 calendar days following the publication of a notice of periodic review.
7. Not later than 21 calendar days following the publication of a petition for rulemaking.

C. The agency may determine if any of the comment periods listed in subsection B of this section shall be extended.

D. If the Governor finds that one or more changes with substantial impact have been made to a proposed regulation, he may require the agency to provide an additional 30 calendar days to solicit additional public comment on the changes in accordance with § 2.2-4013 C of the Code of Virginia.

E. The agency shall send a draft of the agency's summary description of public comment to all public commenters on the proposed regulation at least five days before final adoption of the regulation pursuant to § 2.2-4012 E of the Code of Virginia.

**Agenda Item: Board action on Continuing Education Regulations**

**Included in your agenda package are:**

A copy of HB319 of the 2016 General Assembly

A copy of the DRAFT regulations

**Staff Note:**

The legislation requires promulgation of regulations to allow some volunteer service time to count towards meeting CE requirements. The mandate takes effect January 1, 2017.

**Board action:**

- 1) To adopt the draft amendments to Chapter 20 by fast-track action; or
- 2) To adopt a revised version of amendments.

# VIRGINIA ACTS OF ASSEMBLY -- 2016 SESSION

## CHAPTER 82

*An Act to amend and reenact § 54.1-2400 of the Code of Virginia, relating to continuing education requirements; volunteer health services.*

Approved March 1, 2016

[H 319]

**Be it enacted by the General Assembly of Virginia:**

**1. That § 54.1-2400 of the Code of Virginia is amended and reenacted as follows:**

**§ 54.1-2400. General powers and duties of health regulatory boards.**

The general powers and duties of health regulatory boards shall be:

1. To establish the qualifications for registration, certification, licensure or the issuance of a multistate licensure privilege in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.
2. To examine or cause to be examined applicants for certification or licensure. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.
3. To register, certify, license or issue a multistate licensure privilege to qualified applicants as practitioners of the particular profession or professions regulated by such board.
4. To establish schedules for renewals of registration, certification, licensure, and the issuance of a multistate licensure privilege.
5. To levy and collect fees for application processing, examination, registration, certification or licensure or the issuance of a multistate licensure privilege and renewal that are sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions and the health regulatory boards.
6. To promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) *which that* are reasonable and necessary to administer effectively the regulatory system, *which shall include provisions for the satisfaction of board-required continuing education for individuals registered, certified, licensed, or issued a multistate licensure privilege by a health regulatory board through delivery of health care services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those health services.* Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.) ~~of this title.~~
7. To revoke, suspend, restrict, or refuse to issue or renew a registration, certificate, license or multistate licensure privilege which such board has authority to issue for causes enumerated in applicable law and regulations.
8. To appoint designees from their membership or immediate staff to coordinate with the Director and the Health Practitioners' Monitoring Program Committee and to implement, as is necessary, the provisions of Chapter 25.1 (§ 54.1-2515 et seq.) of this title. Each health regulatory board shall appoint one such designee.
9. To take appropriate disciplinary action for violations of applicable law and regulations, and to accept, in their discretion, the surrender of a license, certificate, registration or multistate licensure privilege in lieu of disciplinary action.
10. To appoint a special conference committee, composed of not less than two members of a health regulatory board or, when required for special conference committees of the Board of Medicine, not less than two members of the Board and one member of the relevant advisory board, or, when required for special conference committees of the Board of Nursing, not less than one member of the Board and one member of the relevant advisory board, to act in accordance with § 2.2-4019 upon receipt of information that a practitioner or permit holder of the appropriate board may be subject to disciplinary action or to consider an application for a license, certification, registration, permit or multistate licensure privilege in nursing. The special conference committee may (i) exonerate; (ii) reinstate; (iii) place the practitioner or permit holder on probation with such terms as it may deem appropriate; (iv) reprimand; (v) modify a previous order; (vi) impose a monetary penalty pursuant to § 54.1-2401, (vii) deny or grant an application for licensure, certification, registration, permit, or multistate licensure privilege; and (viii) issue a restricted license, certification, registration, permit or multistate licensure privilege subject to terms and conditions. The order of the special conference committee shall become final 30 days after service of the order unless a written request to the board for a hearing is received within such time. If service of the decision to a party is accomplished by mail, three days shall be added to the 30-day period. Upon receiving a timely written request for a hearing, the board or a panel of the board shall then proceed with a hearing as provided in § 2.2-4020, and the action of the committee shall be vacated.

This subdivision shall not be construed to limit the authority of a board to delegate to an appropriately qualified agency subordinate, as defined in § 2.2-4001, the authority to conduct informal fact-finding proceedings in accordance with § 2.2-4019, upon receipt of information that a practitioner may be subject to a disciplinary action. The recommendation of such subordinate may be considered by a panel consisting of at least five board members, or, if a quorum of the board is less than five members, consisting of a quorum of the members, convened for the purpose of issuing a case decision. Criteria for the appointment of an agency subordinate shall be set forth in regulations adopted by the board.

11. To convene, at their discretion, a panel consisting of at least five board members or, if a quorum of the board is less than five members, consisting of a quorum of the members to conduct formal proceedings pursuant to § 2.2-4020, decide the case, and issue a final agency case decision. Any decision rendered by majority vote of such panel shall have the same effect as if made by the full board and shall be subject to court review in accordance with the Administrative Process Act. No member who participates in an informal proceeding conducted in accordance with § 2.2-4019 shall serve on a panel conducting formal proceedings pursuant to § 2.2-4020 to consider the same matter.

12. To issue inactive licenses or certificates and promulgate regulations to carry out such purpose. Such regulations shall include, but not be limited to, the qualifications, renewal fees, and conditions for reactivation of licenses or certificates.

13. To meet by telephone conference call to consider settlement proposals in matters pending before special conference committees convened pursuant to this section, or matters referred for formal proceedings pursuant to § 2.2-4020 to a health regulatory board or a panel of the board or to consider modifications of previously issued board orders when such considerations have been requested by either of the parties.

14. To request and accept from a certified, registered or licensed practitioner or person holding a multistate licensure privilege to practice nursing, in lieu of disciplinary action, a confidential consent agreement. A confidential consent agreement shall be subject to the confidentiality provisions of § 54.1-2400.2 and shall not be disclosed by a practitioner. A confidential consent agreement shall include findings of fact and may include an admission or a finding of a violation. A confidential consent agreement shall not be considered either a notice or order of any health regulatory board, but it may be considered by a board in future disciplinary proceedings. A confidential consent agreement shall be entered into only in cases involving minor misconduct where there is little or no injury to a patient or the public and little likelihood of repetition by the practitioner. A board shall not enter into a confidential consent agreement if there is probable cause to believe the practitioner has (i) demonstrated gross negligence or intentional misconduct in the care of patients or (ii) conducted his practice in such a manner as to be a danger to the health and welfare of his patients or the public. A certified, registered or licensed practitioner who has entered into two confidential consent agreements involving a standard of care violation, within the 10-year period immediately preceding a board's receipt of the most recent report or complaint being considered, shall receive public discipline for any subsequent violation within the 10-year period unless the board finds there are sufficient facts and circumstances to rebut the presumption that the disciplinary action be made public.

15. When a board has probable cause to believe a practitioner is unable to practice with reasonable skill and safety to patients because of excessive use of alcohol or drugs or physical or mental illness, the board, after preliminary investigation by an informal fact-finding proceeding, may direct that the practitioner submit to a mental or physical examination. Failure to submit to the examination shall constitute grounds for disciplinary action. Any practitioner affected by this subsection shall be afforded reasonable opportunity to demonstrate that he is competent to practice with reasonable skill and safety to patients. For the purposes of this subdivision, "practitioner" shall include any person holding a multistate licensure privilege to practice nursing.

**2. That the provisions of this act shall become effective on January 1, 2017.**



**BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY**

**CE credit for volunteer**

**18VAC30-21-100. Continuing education requirements for renewal of an active license.**

A. In order to renew an active license, a licensee shall complete at least 10 contact hours of continuing education prior to December 31 of each year. Up to 10 contact hours of continuing education in excess of the number required for renewal may be transferred or credited to the next renewal year. One hour of the 10 hours required for annual renewal may be satisfied through delivery of professional services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

B. Continuing education shall be activities, programs, or courses related to audiology or speech-language pathology, depending on the license held, and offered or approved by one of the following accredited sponsors or organizations sanctioned by the profession:

1. The Speech-Language-Hearing Association of Virginia or a similar state speech-language-hearing association of another state;
2. The American Academy of Audiology;
3. The American Speech-Language-Hearing Association;
4. The Accreditation Council on Continuing Medical Education of the American Medical Association offering Category I continuing medical education;

5. Local, state, or federal government agencies;
6. Colleges and universities;
7. International Association of Continuing Education and Training; or
8. Health care organizations accredited by the Joint Commission on Accreditation of Healthcare Organizations.

C. If the licensee is dually licensed by this board as an audiologist and speech-language pathologist, a total of no more than 15 hours of continuing education are required for renewal of both licenses with a minimum of 7.5 contact hours in each profession.

D. A licensee shall be exempt from the continuing education requirements for the first renewal following the date of initial licensure in Virginia under 18VAC30-20-60.

E. The licensee shall retain all continuing education documentation for a period of three years following the renewal of an active license. Documentation from the sponsor or organization shall include the title of the course, the name of the sponsoring organization, the date of the course, and the number of hours credited.

F. The board may grant an extension of the deadline for continuing education requirements, for up to one year, for good cause shown upon a written request from the licensee prior to the renewal date of December 31.

G. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

H. The board shall periodically conduct an audit for compliance with continuing education requirements. Licensees selected for an audit conducted by the board shall complete the

Continuing Education Activity and Assessment Form and provide all supporting documentation within 30 days of receiving notification of the audit.

I. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

**Agenda Item: Adoption of Final Report on Assistant Speech-Language Pathologists**

**Included in your agenda package are:**

**Copy of HB252**

**Copies of minutes of Ad Hoc Committee**

**Copy of Draft Report recommended by Ad Hoc Committee**

**Copies of comments on report**

**Staff Note:**

*The 2016 Session of the General Assembly passed HB252, which directed: "That the Board of Audiology and Speech-Language Pathology shall review the need for and impact of licensure or certification of assistant speech-language pathologists and report its findings to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2016."*

In accordance, the Board directed the Chair to appoint an Ad Hoc Committee to conduct the review and report its findings to the Board. The Board will adopt a final report at this meeting on September 8, 2016.

**Board action:**

**Motion on adoption of Report to the General Assembly**

# VIRGINIA ACTS OF ASSEMBLY -- 2016 SESSION

## CHAPTER 77

*An Act to amend and reenact § 54.1-2605 of the Code of Virginia, relating to assistant speech-language pathologists; duties.*

Approved March 1, 2016

[H 252]

**Be it enacted by the General Assembly of Virginia:**

**1. That § 54.1-2605 of the Code of Virginia is amended and reenacted as follows:**

**§ 54.1-2605. Practice of assistant speech-language pathologists.**

A person who has met the qualifications prescribed by the Board may practice as an assistant speech-language pathologist *in accordance with regulations of the Board* and may perform *limited* duties ~~not that are~~ otherwise restricted to the practice of a speech-language pathologist under the supervision *and direction* of a licensed speech-language pathologist.

**2. That the Board of Audiology and Speech-Language Pathology shall review the need for and impact of licensure or certification of assistant speech-language pathologists and report its findings to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2016.**

**BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY  
SPEECH-LANGUAGE PATHOLOGY ASSISTANT AD HOC COMMITTEE  
MEETING MINUTES  
MAY 2, 2016**

- TIME AND PLACE:** The Speech-Language Pathology Ad Hoc Committee (Committee) meeting was called to order at 10:00 a.m. on Monday, May 2, 2016, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room 3, Henrico, Virginia.
- PRESIDING OFFICER:** Laura Verdun, MA, CCC-SLP, Board Member
- MEMBERS PRESENT:** Marie Ireland, SLP, Department of Education (DOE)  
Karen Lindberg, SLP, DOE  
Scott Rankins, SLP, Speech-Language-Hearing Association of Virginia (SHAV)  
Darlene Robke, SLP, SHAV
- MEMBERS NOT PRESENT:** Angela Moss, MA, CCC-SLP, Board Member
- QUORUM:** With five members of the Committee present, a quorum was established.
- STAFF PRESENT:** Elaine Yeatts, Senior Policy Analyst  
Leslie L. Knachel, Executive Director  
Carol Stamey, Operations Manager
- OTHERS PRESENT:** Heidi Dellert, New Kent Public Schools  
Marie Owens, SLP, New Kent Public Schools  
LaVae Hoffman, SLP, University of Virginia
- ORDERING OF AGENDA:** No changes were made to the agenda.
- PUBLIC COMMENT:** No public comment was presented.
- DISCUSSION ITEMS:**
- Review in-process regulatory action related to assistant speech-language pathologists**  
Ms. Yeatts provided a brief history regarding the Committee's previous work to develop proposed regulations consisting of licensed speech-language pathologist's (SLP) supervisory responsibilities and qualifications of assistant speech-language pathology assistants as required by 2014 legislation. Ms. Yeatts indicated that the regulations are in the final promulgation stage.
- Review legislation and purpose of Committee**  
Ms. Yeatts reported that the 2016 General Assembly passed HB252 which directs the Board to review the need for and impact of licensure or certification of assistant speech-language pathologists. She reviewed a draft work plan to address the Committee's responsibilities.
- Ms. Ireland moved to accept the Work Plan with amendments. The motion was seconded and carried. The Work Plan is attached.
- Ms. Yeatts provided an overview of the differences and usage of licensure, certification and registration and the criteria for evaluating the need for

regulation referred to in the Board of Health Professions' *Policies and Procedures for Evaluation of the Need to Regulate Health Occupations and Profession*. The Committee reviewed and discussed the various criteria for licensure and noted the following concerns about regulating assistant speech-language pathologists:

- 1) No national examination currently exists;
- 2) Limited number of educational programs in the United States;
- 3) No specific educational programs in Virginia; and
- 4) No significant identified risk of harm to the public that would indicate the need to license, certify or register.

#### **Review of additional information**

Ms. Yeatts provided an overview of the American Speech-Language-Hearing Association's (ASHA) information and research on Speech-Language Pathology Assistants that included the following:

- Support Personnel Requirements in School Settings by State
- Support Personnel Excluding School Settings by State
- Scope of Practice
- Frequently Asked Questions
- Model Bill for States
- Technical Training Programs for Speech-Language Pathology Assistants

The Committee discussed the need to recommend changing *assistant speech-language pathologist* to *speech-language pathology assistant* in §54.1-2605 of the Code of Virginia to be more consistent with other states and ASHA. Ms. Yeatts indicated that this could be added to the report.

Ms. Knachel provided an overview of her conversation with the program director for the closest technical training program located at Caldwell Community and Tech Institute in North Carolina. She noted that this training program was specifically developed to meet the North Carolina laws related to speech-language pathology assistants.

Ms. Yeatts reviewed the laws and regulations from neighboring states related to speech-language pathology assistants.

Ms. Knachel reported that the Virginia Department of Education's (VDOE) webpage on the use of speech-language pathology assistants was provided as a "for your information" for the Committee's review. When asked about the number of assistants used by VDOE, Ms. Ireland stated that it would be difficult to determine the number because the job titles and duties among the schools districts are inconsistent.

The Committee's next steps were discussed and the following information will be collected by board staff or considered for inclusion in the report to the legislature:

- Additional information will be requested from ASHA to determine availability regarding education, examinations and statistics about potential SLPAs.
- Laws and regulations will be collected for additional states (Minnesota, Utah and Oregon).
- A recent legislative change granting authority to the Board to be the

single licensing entity for SLPs took effect on July 1, 2015. Information is not yet available on how this change affects the practice of SLPs in the public schools and whether an increase in the use of assistants is needed.

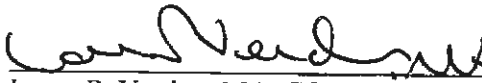
- Committee members are to respond to staff generated questions related to the discussion during the meeting. The comments will be submitted to staff for inclusion in the next committee meeting.
- Potential fiscal impact of the licensure, certification, or registration will be discussed.


**NEW BUSINESS:**

No new business was presented.

**ADJOURNMENT:**

The meeting adjourned at 12:45 p.m.

  
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Laura P. Verdun, MA, CCC-SLP  
Chair  
6/15/16  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Leslie L. Knachel, M.P.H  
Executive Director  
6/15/16  
\_\_\_\_\_  
Date



**VIRGINIA BOARD OF AUDIOLOGY AND SPEECH-LANGAUGE  
PATHOLOGY  
DEPARTMENT OF HEALTH PROFESSIONS**

**Work Plan DRAFT  
Review of the Need for and Impact of Licensure or Certification of Assistant  
Speech-Language Pathologists  
Pursuant to HB252 (2016)**

***Background and Authority:***

House Bill 252, patroned by Delegate Kaye Kory and passed by the 2016 Session of the General Assembly, requests the Virginia Board of Audiology and Speech-Language Pathology, review the need for and impact of licensure or certification of assistant speech-language pathologists. The Board must complete its work in time to submit its findings and recommendations to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2016. (A copy of HB 252 is attached to this workplan.)

***Workgroup the Virginia Board of Audiology and Speech-Language Pathology***

During 2014, the Board of Audiology and Speech-Language Pathology convened a Speech-Language Pathology Ad Hoc Committee in 2014 to develop recommendations for prescribing qualifications for a person who may practice as an assistant speech-language pathologist. The Ad Hoc Committee was composed of two board members, two representatives from the Speech-Language-Hearing Association of Virginia and a representative from the Department of Education. For the purpose of reviewing the need for and the impact of licensure or certification of assistant speech-language pathologists, the Ad Hoc Committee with the addition of another representative from the Department of Education will serve as the work group workgroup for HB 252.

The Executive Director of the Board of Board of Audiology and Speech-Language Pathology, Leslie L. Knachel and Senior Agency Policy Analyst, Elaine J. Yeatts, will provide staff and research assistance for the Ad Hoc Committee.

***Review Methodology***

**A. Examination of research collected by the American Speech-Language-Hearing Association regarding scope of practice for assistant speech-language pathologists:**

The American Speech-Language-Hearing Association is a large professional organization that has researched the use of assistant speech-language pathologists. The organization has issued documents related to the recommended scope of practice and Code of Ethics for assistant speech-language pathologists.

**B. Examination of actions taken by other states with regard to the licensure or certification of assistant speech-language pathologists:**

The Ad Hoc Committee will review whether other states have determined that the licensure or certification is necessary to protect the public.

**C. Examination of fiscal impact to public school divisions if assistant speech-language pathologists are required to be licensed or certified.**

Currently, the Virginia Department of Education (VDOE) employs individuals with the title of assistant speech-language pathologist. The VDOE is the identified as largest potential employer of these assistants going forward. Therefore, the Ad Hoc Committee will collect information on the fiscal impact on VDOE if licensure or certification is required for assistant speech-language pathologists.

**D. Examination of the Department of Medical Assistance Services' reimbursement requirements:**

The reimbursement requirements for school and medical settings may be different. The requirements for both settings need to be reviewed to determine if licensure, certification or registration has impact on reimbursement.

**E. Public hearings and solicitation of public comment:**

At least one public hearing and one 30-day public comment period will be conducted to ensure that the Ad Hoc Committee has reviewed information from stakeholders and interested parties.

*Schedule for Completion of the Study*

Discuss intent to develop work plan by the Board of Audiology and Speech-Language Pathology	February 18, 2016
Ad Hoc Committee Meetings (3 anticipated)	May 2, June 15 and August 17 of 2016
Public Hearing	August 2016
Adoption of draft report by the Board	TBD (September 1 or 8)
Administrative Approvals Completed	October 15, 2016
Final report to Division of Legislative Services	November 1, 2016

*Anticipated Costs for the Study*

The anticipated costs for the Ad Hoc Committee and Board meetings should not exceed \$2,500. All costs can be absorbed within the existing budget for the Department and the Board of Audiology and Speech-Language Pathology.

**BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY  
SPEECH-LANGUAGE PATHOLOGY ASSISTANT (SLPA) AD HOC COMMITTEE  
MEETING MINUTES  
JUNE 15, 2016**

- TIME AND PLACE:** The Speech-Language Pathology Ad Hoc Committee (Committee) meeting was called to order at 9:02 a.m. on Wednesday, June 15, 2016, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Hearing Room 3, Henrico, Virginia.
- PRESIDING OFFICER:** Laura Verdun, MA, CCC-SLP, Board Member
- MEMBERS PRESENT:** Angela Moss, MA, CCC-SLP, Board Member  
Marie Ireland, SLP, Department of Education (DOE)  
Karen Lindberg, SLP, DOE  
Scott Rankins, SLP, Speech-Language-Hearing Association of Virginia (SHAV)  
Darlene Robke, SLP, SHAV
- MEMBERS NOT PRESENT:** All members were present.
- QUORUM:** With six members of the Committee present, a quorum was established.
- STAFF PRESENT:** Elaine Yeatts, Senior Policy Analyst  
Leslie L. Knachel, Executive Director  
Carol Stamey, Operations Manager  
Joy Malonza, DHP Intern
- OTHERS PRESENT:** LaVae Hoffman, SLP, University of Virginia
- ORDERING OF AGENDA:** No changes were made to the agenda.
- PUBLIC COMMENT:** David Bailey, SHAV, presented comment indicating that the *Code of Virginia*, § 54.1-2510, directs the Board Health Professions to consider public interest in its evaluation process to determine if a health care profession should be regulated.
- APPROVAL OF MINUTES:** Ms. Ireland moved to approve the May 2, 2016, meeting minutes as presented. The motion was seconded and carried.
- DISCUSSION ITEMS:**
- Report on status of current SLPA regulatory action**  
Ms. Yeatts reported that the final proposed regulations had been approved by the Governor and are awaiting final publication. The anticipated effective date is July 27, 2016.
- Review of additional state laws and regulations**  
The Committee reviewed, discussed and commented on additional laws and regulations governing SLPAs in Minnesota, Utah and Oregon and the preliminary Sunrise Review Assessment in Vermont.
- Report on American Speech-Language-Hearing Association (ASHA) credential development**  
Ms. Knachel and Ms. Ireland reported that ASHA's report on SLPA credentialing may be out by the end of the year; however, it may take multiple years to develop a credential if that is the chosen direction of ASHA.

**Review of committee member survey responses**

The Committee reviewed and discussed the members' survey responses.

**Review of information on discipline of registered professionals**

Ms. Yeatts referred the Committee to the agenda packet that contained disciplinary statistics for professional certified/registered by a board within the agency. She stated that the Board's statute and/or regulations would require amending to include authority to sanction a certified or registered professional.

**Review of work plan and next steps**

Ms. Yeatts provided input on the options for the next steps to be taken by the Committee. The options presented included the following:

- Continue the study by gathering additional information to prepare a more thorough report for the Board to present to the General Assembly.
- Consider recommending registration to include 1) tasks for which registration is required; 2) statutory authorization to adopt regulations setting out causes for disciplinary action; and 3) a continuing education requirement.

The Committee discussed the options presented and directed Ms. Yeatts to proceed with preparing a report that requests and extension of the study until 2017 to gather additional information.

The Committee requested that Ms. Knachel research whether sanctions against registered professionals required reporting to the Healthcare Integrity and Protection Data Bank (HIPDB).

The Committee requested that Mr. Rankins research whether SLPAs could bill Medicaid if registered.


**NEW BUSINESS:**


The Committee discussed the need to include Dr. Carter on the agenda for the next meeting to aid in the development of questions for the workforce survey related to the use of SLPAs in the workplace.

It was noted that the next committee meeting date is scheduled for August 17, 2016. The start time for the meeting will change from 9:00 a.m. to noon.

**ADJOURNMENT:**

The meeting adjourned at 10:50 a.m.

  
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 Laura P. Verdun, MA, CCC-SLP  
 Chair  
 8/17/2016  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Leslie L. Knachel, M.P.H  
 Executive Director  
 August 17, 2016  
 \_\_\_\_\_  
 Date

**BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY  
SPEECH-LANGUAGE PATHOLOGY ASSISTANT (SLPA) AD HOC COMMITTEE  
MEETING MINUTES  
AUGUST 17, 2016**

- TIME AND PLACE:** The Speech-Language Pathology Ad Hoc Committee (Committee) meeting was called to order at 12:32 p.m. on Wednesday, August 17, 2016, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Hearing Room 3, Henrico, Virginia.
- PRESIDING OFFICER:** Laura Verdun, MA, CCC-SLP, Board Member
- MEMBERS PRESENT:** Angela Moss, MA, CCC-SLP, Board Member  
Marie Ireland, SLP, Department of Education (DOE)  
Scott Rankins, SLP, Speech-Language-Hearing Association of Virginia (SHAV)  
Darlene Robke, SLP, SHAV
- MEMBERS NOT PRESENT:** Karen Lindberg, SLP, DOE
- QUORUM:** With five members of the Committee present, a quorum was established.
- STAFF PRESENT:** Leslie L. Knachel, Executive Director  
Elaine Yeatts, Senior Policy Analyst  
Amanda E. M. Blount, Deputy Executive Director  
Elizabeth Carter, Ph.D., Executive Director, Board of Health Professions  
Carol Stamey, Operations Manager
- OTHERS PRESENT:** LaVae Hoffman, SLP, University of Virginia
- RECESS FOR PUBLIC HEARING:** The Committee recessed the meeting at 12:35 p.m. to begin the Public Hearing to receive public comment on the “need for and impact of licensure or certification of assistant speech-language pathologists.”
- RECONVEN COMMITTEE MEETING:** The Committee reconvened its meeting at 12:45 p.m.
- ORDERING OF AGENDA:** Ms. Ireland moved to approve the agenda with amendment to move Dr. Carter’s development of survey questions prior to the approval of the minutes. The motion was seconded and carried.
- PUBLIC COMMENT:** No public comment was presented.
- DISCUSSION ITEMS:** **Development of questions for workforce survey related to use of assistant speech-language pathologists in the workplace – Dr. Carter**  
After discussion with the Committee regarding its need to gather statistical data on the use of SLPAs, Dr. Carter recommended that the Committee utilize the software, Survey Monkey. The Committee recommended that all SLPs be sent the survey.
- APPROVAL OF MINUTES:** Ms. Moss moved to approve the June 15, 2016, meeting minutes as presented. The motion was seconded and carried.
- DISCUSSION ITEMS CONTINUED:** **Review draft report – Ms. Yeatts**  
Ms. Yeatts presented a brief overview of the recommended changes and comment provided in response to the draft SLPA report.

**Consideration of adoption of report and recommendations for the Board – Ms. Yeatts**

Ms. Ireland moved to approve the SLPA draft report as amended. The motion was seconded and carried.

Ms. Yeatts advised that a draft of the SLPA report with the suggested amendments would be disseminated to the Committee for its review to ensure all amendments were included. In addition, the report would be sent to interested parties as provided in the Public Participation Guidelines and a link to the report that is available on the Board’s website will be posted on the Town Hall to provide an opportunity for the public to comment prior to presenting it to the full board.

Ms. Yeatts requested that the Committee develop the survey questions. The Committee determined that the survey questions should address the following: geographic distribution, practice setting, use of assistants in the SLP practice setting, number of assistants, supervisory responsibility and general duties assigned to the assistant.

Ms. Yeatts advised the Committee that it may need to meet again in December 2016 to review the results of the data collected from the survey. Staff was directed to send out possible meeting dates.

**NEW BUSINESS:**

No new business was discussed.

**ADJOURNMENT:**

The meeting adjourned at 2:48 p.m.

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Laura P. Verdun, MA, CCC-SLP  
Chair

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Leslie L. Knachel, M.P.H  
Executive Director

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Date

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Date

**BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY  
AD HOC COMMITTEE FOR ASSISTANT SPEECH-LANGUAGE PATHOLOGISTS  
PUBLIC HEARING  
DEPARTMENT OF HEALTH PROFESSIONS  
AUGUST 17, 2016**

**TIME AND PLACE:** The Public Hearing was called to order at 12:38 p.m. The purpose of the hearing was to receive public comment on the “need for and impact of licensure or certification of assistant speech-language pathologists.”

**PRESIDING OFFICER:** Laura Purcell Verdun, MA, CCC-SLP

**MEMBERS PRESENT:** Angela Moss, MA, CCC-SLP, Board Member  
Marie Ireland, SLP, Department of Education (DOE)  
Scott Rankins, SLP, Speech-Language-Hearing Association of Virginia (SHAV)  
Darlene Robke, SLP, SHAV

**STAFF PRESENT:** Leslie Knachel, Executive Director  
Amanda E. M. Blount, Deputy Executive Director  
Elizabeth Carter, Ph.D., Executive Director, Board of Health Professions  
Elaine Yeatts, Senior Policy Analyst  
Carol Stamey, Operations Manager

**OTHERS PRESENT:** LaVae Hoffman, SLP, University of Virginia

**PUBLIC COMMENT:** There was no public comment presented; however, written comment was received in support of licensure or certification and discussed by the Committee.

**ADJOURNMENT:** The hearing adjourned at 12:45 p.m.

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Laura P. Verdun, MA, CCC-SLP  
Chair

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Leslie L. Knachel, M.P.H  
Executive Director

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Date

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Date



# **DRAFT Report of the Board of Audiology and Speech-Language Pathology**

## **Need for and Impact of Licensure or Certification of Assistant Speech-Language Pathologists**

### **Introduction**

The 2016 Session of the General Assembly passed HB252, patroned by Delegate Kory, which modified the *Code of Virginia* relating to practice of assistant speech-language pathologists by specifying that they may perform limited duties that are otherwise restricted to the practice of a speech-language pathologist under the supervision and direction of a licensed speech-language pathologist. The second enactment clause on HB252 directed:

*“That the Board of Audiology and Speech-Language Pathology shall review the need for and impact of licensure or certification of assistant speech-language pathologists and report its findings to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2016.”*

In accordance, the Board of Audiology and Speech-Language Pathology (“Board”) directed the Chair to appoint an Ad Hoc Committee (“Committee”) to conduct the review and report its findings for a report to the General Assembly. The Committee was comprised of two speech-language pathologists (“SLPs”) who are members of the Board, two SLPs representing the Speech-Hearing Association of Virginia, the SLP specialist for the Virginia Department of Education, and the lead SLP for a public school division. The Committee met on three occasions – May 2, 2016, June 15, 2016 and August 17, 2016. At each of the meetings, the public was invited to offer comment on the subject of the review.

### **Current Rules for Assistant Speech-Language Pathologists in Virginia**

Chapter 661 of the 2014 Acts of the Assembly added § 54.1-2605 to the Code of Virginia, specifying that: *“A person who has met the qualifications prescribed by the Board may practice as an assistant speech-language pathologist and may perform duties not otherwise restricted to the practice of a speech-language pathologist under the supervision of a licensed speech-language pathologist.”* To implement the provisions of the Act, the Board began the process to promulgate regulations to prescribe the qualifications for and practice of assistant speech-language pathologists. The Notice of Intended Regulatory Action was submitted for Executive Branch review in September of 2014, and the final regulations became effective on July 27, 2016.

To qualify as an assistant, a person must have a bachelor’s or associate’s degree and documented training by a licensed speech-language pathologist in topics related to the client population to be served; or employment as a speech-language pathologist assistant in a U. S. jurisdiction within the last five years preceding July 27, 2016. A speech-language pathologist supervising an assistant is responsible for determining that the knowledge, skills and clinical experience of the

assistant are sufficient to ensure competency to perform any tasks to which the assistant is assigned. The speech-language pathologist is required to document competency after training and direct observation of the assistant's performance of such tasks, and a record of skills and competencies must be maintained.

The scope of practice for an assistant in Virginia, as set out in regulations, is consistent with the *Responsibilities Within the Scope for Speech-Language Pathology Assistants* published by the American Speech-Language Hearing Association (ASHA). The duties prescribed by regulation include both the delivery of client services and administrative support for the SLP. The duties must be those planned, designed, and supervised by a licensed speech-language pathologist to include the following:

1. Assist with speech, language and hearing screenings without clinical interpretation of results.
2. Assist during assessment of a client exclusive of administration or interpretation.
3. Perform activities for each session that are routine and do not require professional judgment, in accordance with a plan developed and directed by the speech-language pathologist who retains the professional responsibility for the client.
4. Document a client's performance and report information to the supervising speech-language pathologist.
5. Assist with programming augmentative and alternative communication devices and assist the client in repetitive use of such devices.
6. Sign or initial informal treatment notes and, upon request, co-sign formal documents with the supervising speech-language pathologist.
7. Engage in the following activities:
  - a. Preparing materials;
  - b. Scheduling of appointments and activities;
  - c. Preparing charts, records, graphs and other clerical duties;
  - d. Performing checks and maintenance of equipment; and
  - e. Assisting a client with transitioning to and from therapy sessions.
8. Perform duties not otherwise restricted to the practice of speech-language pathology.

Likewise, the limitations on an assistant's scope of practice in Virginia are consistent with the *Responsibilities Outside the Scope for Speech-Language Pathology Assistants* published by ASHA. A speech-language pathologist assistant is not allowed to do the following:

1. Represent himself as a speech-language pathologist.
2. Perform standardized or non-standardized diagnostic tests or any formal or informal evaluations.
3. Perform procedures that require a professional level of clinical acumen and technical skill.
4. Tabulate or interpret results and observations of feeding and swallowing evaluations or screenings performed by a speech-language pathologist.
5. Participate in formal conferences or meetings without the presence of the supervising speech-language pathologist.
6. Provide interpretative information to the client, the family of the client or others regarding the client's status or service.
7. Write, develop, or modify a client's treatment plan.
8. Assist a client without following the individual treatment plan or access to supervision.

9. Sign any formal documents in lieu of the supervising speech-language pathologist.
10. Select a client for service or discharge a client from service.
11. Make a decision on the need for additional services or make referrals for service.
12. Disclose clinical or confidential information either orally or in writing to anyone other than the supervising speech-language pathologist, unless mandated by law or authorized by the supervising speech-language pathologist.
13. Develop or determine the swallowing or feeding strategies or precautions for a client or provide feeding or swallowing treatment.

Supervision of an assistant is the responsibility of a speech-language pathologist who retains full legal and ethical responsibility for the client. Therefore, a speech-language pathologist cannot be assigned to supervise an assistant without the speech-language pathologist's knowledge and consent by the assistant and the licensee documented prior to assumption of supervisory responsibilities.

A speech-language pathologist is allowed to supervise the equivalent of two full-time assistants, which is the standard recommended by ASHA. The frequency in which the speech-language pathologist personally delivers treatment or services to a client who is receiving some services from an assistant is up to the professional judgment of the speech-language pathologist and has to be determined by the treatment needs of the client, the type of services being provided, and the setting in which the client is being served, but it must occur not less than every 30 days. The speech-language pathologist must provide the level of supervision to the assistant necessary to ensure quality of care. It must include on-site supervision of at least two client sessions for each assistant being supervised every 30 days to directly observe and evaluate the performance of the assistant, as documented in the client record.

### **Criteria for Regulation and Previous Study by the Board of Health Professions**

Directed by §54.1-2409.2 of the *Code of Virginia*, the Board of Health Professions has adopted *Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions* to inform interested parties concerning that board's authority to investigate the need for state regulation of health care providers and its approach in conducting such investigations. While this review was conducted by the Board of Audiology and Speech-Language Pathology rather than by the Board of Health Professions, the Committee reviewed the Criteria for evaluating the need for regulation of a health care profession.

***Criterion One: Risk for Harm to the Consumer.*** *The unregulated practice of the health occupation will harm or endanger the public health, safety or welfare. The harm is recognizable and not remote or dependent on tenuous argument. The harm results from: (a) practices inherent in the occupation, (b) characteristics of the clients served, (c) the setting or supervisory arrangements for the delivery of health services, or (d) from any combination of these factors.*

***Criterion Two: Specialized Skills and Training.*** *The practice of the health occupation requires specialized education and training, and the public needs to have benefits by assurance of initial and continuing occupational competence. Included would be the educational requirements for entry and whether those*

programs are accredited. Also included is whether there are national, regional, and/or state examinations available to assess entry-level competency.

**Criterion Three:** *The functions and responsibilities of the practitioner require independent judgment and the members of the occupational group practice autonomously.*

**Criterion Four:** *The scope of practice is distinguishable from other licensed, certified and registered occupations, in spite of possible overlapping of professional duties, methods of examination, instrumentation, or therapeutic modalities.*

**Criterion Five:** *The economic costs to the public of regulating the occupational group are justified. These costs result from restriction of the supply of practitioner, and the cost of operation of regulatory boards and agencies.*

**Criterion Six:** *There are no alternatives to State regulation of the occupation which adequately protect the public.*

In 2000, the Board of Health Professions (“BHP”) was directed by the General Assembly to study the Need to Regulate Speech-Language Pathology Assistants. In its study, BHP conducted a policy literature review that described what speech-language pathologists and their assistants are known to do, the established guidelines for supervision, information about the types and prevalence of communication disorders, and information about the education programs for assistive personnel in the United States.

Current relevant federal and state laws and regulations were examined, and disciplinary information was obtained from states regulating speech-language pathology assistive personnel. Relevant, available malpractice insurance coverage information was obtained as was court case history for malpractice of speech-language pathology assistants.

Findings of the 2000 BHP study were:

- Based upon information obtained, the occupation, referred to as "speech-language pathology assistant," itself, appears to lack standard definition. Although assistants are regulated in a number of other states under the direction of speech-language pathologists, there are no national private credentialing standards (as is routinely the case for groups seeking regulation) to define entry level competencies and no professionally validated job analyses to help define exactly what they do.
- There is insufficient information concerning the number of practitioners and their actual duties in Virginia practice settings (including the schools). Currently, there are no SLPA education programs in Virginia, and although such programs exist in some other states, there are no accreditation standards. The American Speech-Hearing-Language Association is considering development of such standards; however, the Board was informed by the Speech-Hearing-Language Association of Virginia that they are at least two years in the offing.
- Disciplinary information from other states licensing speech-language pathology assistants indicates that problems have been minimal to nonexistent. There are no known malpractice cases or liability insurance claims made as a result of the work of speech-language pathology assistants in Virginia or the nation.

- In their deliberations, the Board members held that they did not have adequate, objective insight into who (and how many) are doing what to whom and at what level of competency in Virginia. Further, they had no knowledge of any specific harm occurring in Virginia. With no empirical basis to render a rational decision, they chose to take no position on the issue of the need to regulate speech-language pathology assistants.

### **Information from the American Speech-Language Hearing Association (ASHA)**

To inform its review, the Committee studied documents obtained from ASHA including the *Speech-Language Pathology Assistant Scope of Practice*. As noted above, the Committee found that current regulations for assistants in Virginia were consistent with the responsibilities within the scope of practice and those that are considered to be outside the scope of practice for assistants. Additionally, the supervisory role, the guidelines for a ratio of SLP/assistant, and the minimum requirements for the frequency and amount of supervision were consistent with the ASHA document.

The ASHA recommendation for qualifications on an assistant exceed the requirement in Virginia in that it would require an “approved course of academic study, field work under the supervision of an ASHA-certified and/or licensed SLP, and on-the-job training specific to SLPA responsibilities and workplace behaviors.” ASHA specifies that the academic course of study must include an associate’s degree in an SLPA program or a bachelor’s degree in a speech-language pathology or communication disorders program and successful completion of at least 100 hours of supervised field work and demonstration of competency in the skills required of an assistant. The Committee obtained from ASHA a listing of training programs in the U.S., but qualified the listing as “not been reviewed or evaluated in any way” by ASHA. There were no training programs listed in Virginia nor were any listed for neighboring states with the exception of North Carolina that has two associate’s degree programs developed specific to their regulations.

The Committee also reviewed a state-by-state chart of “Support Personnel” both in school settings and in non-school work settings. There appeared to be a wide range of job titles, educational and training requirements, regulatory schemes, supervisory ratios, and continuing education. There were eight (8) states listed as licensing speech-language pathology assistants.

### **Information from Other States on the Regulation of Assistants**

To further inform its review, the Committee looked at laws and regulations from North Carolina, Tennessee, Maryland, Kentucky, Minnesota, Utah, and Oregon, as well as a sunrise review currently being conducted in Vermont. In North Carolina and Tennessee, an assistant is registered to work under the supervision of a licensed SLP; in Maryland, an assistant may be licensed but has a limited scope of practice under supervision. In Kentucky, an assistant may be licensed but only for employment in the school systems. Minnesota and Utah regulate the qualifications and scope of practice for assistants similar to requirements in Virginia. Oregon certifies assistants with a similar scope of practice and supervisory expectations. Vermont has not yet concluded its review.

Regardless of the level of regulation, other states appear to have adopted similar rules for the duties that may be assigned to an assistant, the limitations on practice, and requirements for supervision.

### **Public comment**

The Committee convened a public hearing on August 18, 2016 to receive comment on the “need for and impact of licensure or certification of assistant speech-language pathologists.” There were no comments given at the hearing, but one person provided written comment which was discussed by the Committee:

Lora Nalberczinski wrote in support of licensure or certification and provided information about an apprenticeship program she has introduced at The Speech & Language Center in Harrisonburg.

Following the Committee’s recommendation to the full Board for adoption, the draft report was posted under General Notices on the Virginia Regulatory Town Hall and sent to the interested parties on the Public Participation Guidelines mailing list for the Board with a request for comment by August 29, 2016.

[Summary of any comment received will be added to the report prior to adoption by the Board]

### **Options Considered by the Committee**

Based on the information and documentation presented and discussed, the Committee considered the following options and questions:

- 1) Licensure of SLPA.
  - What is the rationale for licensure?
  - What educational qualifications should be required?
  - What practical training should be required?
  - What should be the requirements for supervisors and for supervision?
  - What should be the scope of practice?
  - What should we anticipate to be the impact of licensure?
- 2) Certification (title protection) of SLPA.
  - Same questions as for licensure
- 3) Registration of SLPA.
  - Same questions as for licensure
- 4) No additional regulation at this time.
  - Factors to be considered for this option would be: Board regulations only in effect since July 27, 2016; universal licensure for school SLPs only recently implemented; on-going work by ASHA on minimal competency requirements; and BHP criteria for regulation.

## Recommendations and Rationale:

Based on its review and the criteria for regulation, the Committee unanimously agreed that licensure of assistant SLPs was not appropriate. There was support for certification or registration in order to have some accountability for assistants to the Board; however it was acknowledged that regulation of assistants would not alleviate the responsibility and accountability of the SLPs who supervise their practice. Therefore, the Committee recommended the following:

1. That § 54.1-2605 be amended to use the title of *speech-language pathology assistants* (SLPA); to be consistent with the term used throughout ASHA documents and in all other states.
2. That the Board continue its review of the practice and regulation of speech-language assistants following a survey of speech-language pathologists licensed in Virginia on the utilization and distribution of assistants; and
3. That the General Assembly take no additional action at this time.

The rationale for its recommendations is as follows:

1. There are no SLPA (assistant) educational/training programs in Virginia at vocational schools or community colleges. Persons with a baccalaureate degree may either be employed as assistant speech-language pathologists or may pursue a master's degree to qualify for licensure. Licensure or certification of assistant would necessitate graduation from an approved or accredited educational program, but there is no program at the associate level. To limit assistant licensure or certification to graduates of approved or accredited programs would severely curtail the supply of persons currently qualified for employment as assistants and would have a devastating effect on speech-language services, especially in public schools.
2. There are no existing measures of competency such as a national licensing or certifying examination. Every professional regulated by DHP, whether licensed, certified, or registered, must pass a competency examination. While there is such an examination in speech-language pathology, it is designed for a master's-level graduate in preparation for licensure as an SLP. Development of a Virginia examination that is psychometrical sound and reliable at the assistant level would be an extremely costly endeavor and, since all of the health regulatory boards are self-funded, would put the cost for an assistant license out of reach.
3. The Board's regulations for qualifications, the scope of practice, and supervision of assistants have just become final and effective on July 27, 2016. Speech-language pathologists who supervise assistants and their employers, primarily public school divisions, have not had sufficient opportunity to implement the new rules and to understand their implications. Additionally, there has been an insufficient amount of experience with those regulations to determine whether they are adequate to protect the

public. The Board believes it is premature to revise rules for assistants or to add another level of regulation at this time.

4. Prior to 2015, speech-language pathologists practicing in public schools could hold a license issued by the Board of Education with an endorsement in speech-language pathology. Chapter 781 of the 2014 General Assembly mandated that, effective July 1, 2015, an individual must hold a valid school speech-language pathologist license issued by the Virginia Board of Audiology and Speech-Language Pathology in order to practice speech-language pathology in Virginia public elementary and secondary schools.

The legislation further provided that that any individual who held an active, renewable license issued by the Board of Education with a valid endorsement in speech-language pathology on June 30, 2014, shall be deemed qualified to obtain a school speech-language pathologist license from the Virginia Board of Audiology and Speech-Language Pathology until July 1, 2016, or the date of expiration of such person's license issued by the Virginia Board of Education, whichever is later. Any impact of a requirement for a school speech-language pathology license issued by the Board of Audiology and Speech-Language Pathology is not fully known until the expiration of the "grandfathering" provision. With a universal license, SLPs in public schools are now accountable to the Board for their practice and for students who receive services from assistants who they supervise.

5. Members of the Committee report that ASHA is reviewing the establishment of credentialing assistants by some means of competency evaluation, approval of educational/training programs, and/or creation of an examination for assistants. Such a credential and/or approval of programs could provide a rational basis for issuance of a license, certification, or registration by the Virginia Board.
6. The Board does not have adequate information about the utilization of assistants or para-professionals in the Commonwealth. To gather data, a survey will be sent to licensed speech-language pathologists in the Fall of 2016. The survey will focus on the geographic distribution, practice setting, use of assistants in the speech-language pathology practice setting, number of assistants (full-time or part-time), supervisory responsibility, and general duties assigned to an assistant.
7. The Board did not find that licensure or certification of assistant speech-language pathologists met any of the six criteria listed in the Board of Health Professions' *Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions*. For this and other reasons as stated above, the Board does not recommend licensure, certification, or registration of assistant speech-language pathologists at this time.



## SLPA Survey Outline

### Survey Deployment

- Utilize survey monkey
- Send to all speech-language pathology and school speech-language pathology licensees
- Data collected over a specific timeframe
- Data compiled and reviewed by the Ad Hoc Committee prior to presentation to Board

### Suggested Questions and Possible Responses for Consideration

1. In what geographic region do you practice?

- Tidewater
- Central
- Northern
- Southwest

2. What is your work environment?

- Schools
- Healthcare Institutions
- Private Practice
- Other – please describe

3. Do you utilize a speech-language pathology assistant? (skip to Q#? if no)

Yes or No

4. How many speech-language pathology assistant FTEs (full-time equivalency defined as a minimum of 32 hours/week) do you use (example: 2 part-time assistants = 1 FTE)?

- 0.5 FTE
- 1.0 FTE
- 1.5 FTE
- 2.0 FTE
- 2.5 FTE
- 3.0 FTE
- 4 or more FTE

5. Does the speech-language pathology assistant(s) that you utilize work with more than one speech-language pathologist?

Yes or No

6. Indicate general duties that the speech-language pathology assistant(s) that you utilize perform (click all that apply)

- Clerical/Administrative related to speech-language pathology
- Interaction with patient/client/student
- Preparation of materials

Comment Box

Thank you for participating in this survey.

## Virginia Board of Audiology and Speech-Language Pathology

### Policy on Active Practice

#### Applicable Regulations

##### 18VAC30-21-10. Definitions.

B. The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means a minimum of 160 hours of professional practice as an audiologist or speech-language pathologist for each 12-month period immediately preceding application for licensure. Active practice may include supervisory, administrative, educational, research, or consultative activities or responsibilities for the delivery of such services.

##### 18VAC30-20-160. Reinstatement of lapsed license.

~~B. A licensee who does not reinstate within five years as prescribed by subsection A of this section shall either:~~

~~2. Meet the continuing competency requirements specified in subsection A of this section and provide documentation of a current license in another jurisdiction in the United States and evidence of active practice for at least three of the past five years.~~

##### 18VAC30-20-170. Requirements for licensure.

~~A. The board may grant a license to an applicant who:~~

~~2. Has passed the qualifying examination from an accrediting body recognized by the board within three years preceding the date of applying for licensure, or has been actively engaged in the respective profession for which he seeks licensure for one of the past three consecutive years preceding the date of application; or~~

~~B. The board may grant a license to an applicant for licensure as a speech-language pathologist who:~~

~~2. Has passed a qualifying examination from an accrediting body recognized by the board within three years preceding the date of applying for licensure in Virginia or has been actively engaged as a speech-language pathologist for one of the past three consecutive years preceding the date of application.~~

##### 18VAC30-20-185. Licensure by endorsement.

*B. An applicant shall either:*

*2. Provide documentation of a current license in another jurisdiction in the United States and evidence of **active practice** for at least three of the past five years.*

### Guidance

**Question:** What activities constitute “**active practice**” or “**actively engaged**” in the profession of Audiology or Speech-Language Pathology?

**Response:** The Board considers the following activities as active practice:

- Employment by a company or organization
- Self-employment
- Supervision of clinical practice
- Teaching in an academic institution
- Clinical fellowship
- Research activities
- Volunteer activities

**Question:** What documents must be submitted to demonstrate that **active practice** has occurred?

**Response:** The following documents may be submitted to demonstrate active practice:

Employment by a company or organization; teaching in an academic institution; clinical fellowship; and volunteer activities

- Verification from employer, supervisor, or program director on the organization’s letterhead that includes information on the title of the position or assignment, a description of job duties or responsibilities, the city and state (country if outside of the U.S.) where activities occurred, and the dates activities were performed; or
- Verification on board form found at [http://www.dhp.virginia.gov/aud/aud\\_forms.htm](http://www.dhp.virginia.gov/aud/aud_forms.htm).

Self-employment

- Letters from clients served to include who received the services, the services provided, dates of service and the city and state where services were provided; or
- Tax returns that reflect occupation information.

Supervision of clinical practice and research activities

- If employed, teaching or participating in a volunteer organization provide verification from employer, supervisor, or program director on the organization’s letterhead that includes information on the description of job duties or responsibilities, the city and state (country if outside of the U.S.) where activities occurred, and the dates activities were performed; or
- If self-employed, a statement attesting to the provision of supervision to include the name of person supervised, a description of job duties or responsibilities, the city and state (country if outside of the U.S.), and the dates activities were performed.

**Virginia Board of Audiology and Speech-Language Pathology**  
**Guidance for**  
**Continuing Education (CE) Audits and Sanctioning for Failure to Complete CE**

Applicable Regulation and Guidance

Regulations Governing the Practice of Audiology and Speech-Language Pathology: 18VAC30-20-300

18VAC30-21-100. Continuing education requirements for renewal of an active license.

A. In order to renew an active license, a licensee shall complete at least 10 contact hours of continuing education prior to December 31 of each year. Up to 10 contact hours of continuing education in excess of the number required for renewal may be transferred or credited to the next renewal year.

B. Continuing education shall be activities, programs, or courses related to audiology or speech-language pathology, depending on the license held, and offered or approved by one of the following accredited sponsors or organizations sanctioned by the profession:

1. The Speech-Language-Hearing Association of Virginia or a similar state speech-language-hearing association of another state;
2. The American Academy of Audiology;
3. The American Speech-Language-Hearing Association;
4. The Accreditation Council on Continuing Medical Education of the American Medical Association offering Category I continuing medical education;
5. Local, state, or federal government agencies;
6. Colleges and universities;
7. International Association of Continuing Education and Training; or
8. Health care organizations accredited by the Joint Commission on Accreditation of Healthcare Organizations.

C. If the licensee is dually licensed by this board as an audiologist and speech-language pathologist, a total of no more than 15 hours of continuing education are required for renewal of both licenses with a minimum of 7.5 contact hours in each profession.

D. A licensee shall be exempt from the continuing education requirements for the first renewal following the date of initial licensure in Virginia under 18VAC30-20 21-60.

E. The licensee shall retain all continuing education documentation for a period of three years following the renewal of an active license. Documentation from the sponsor or organization shall include the title of the course, the name of the sponsoring organization, the date of the course, and the number of hours credited.

F. The board may grant an extension of the deadline for continuing education requirements, for up to one year, for good cause shown upon a written request from the licensee prior to the renewal date of December 31.

G. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

H. The board shall periodically conduct an audit for compliance with continuing education requirements. Licensees selected for an audit conducted by the board shall complete the Continuing Education Activity and Assessment Form and provide all supporting documentation within 30 days of receiving notification of the audit.

I. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

## Guidance

### **Types of CE**

The Board makes the following recommendations concerning continuing education hours competency units:

- If offered or approved by an accredited sponsor or organization as prescribed in 18VAC30-21-100, the following activities may be counted as acceptable CE:
  - Hours spent in the reading, preparation and acquisition of new knowledge as a presenter shall be counted as Type 2 CE credit units, and units are to be calculated hour for hour.
  - Hours delivering a presentation at a workshop may be counted by the presenter for the first-time presentation of a continuing education program but may not be duplicated by hours credited for attendance at the program.
  - Computer classes or courses taught on-line directly related to the practices of speech-language pathology and/or audiology.
- Licensees providing clinical supervision to students in a certified and recognized master's or doctoral degree program in speech-language pathology and/or audiology or supervision of a traditional clinical fellowship year student may be given continuing competency units CE credit equal to hour for hour of supervision. The hours shall be counted for Type 2 credit. Documentation of logged hours must be kept.
- ~~Computer classes or courses taught on-line directly related to the practices of speech-language pathology and/or audiology may be counted as CE Type 1 continuing competency units if offered by an accredited sponsor or organization as prescribed in 18 VAC 30-20-300 30-21-100 of the regulations.~~

- Meetings with colleagues or employers that are not designed as an audiology or speech-language pathology professional learning experience for the licensee are not accepted as ~~Type 1 or Type 2 continuing education credits~~ CE (i.e. billing procedures, required employer documentation, software usage).
- ~~If audited, a licensee may submit a transcript from the American Speech-Language Hearing Association or the American Academy of Audiology verifying hours of continuing education as documentation of completion of continuing competency requirements for licensure.~~

### **CE Extension Requests**

CE extensions may be granted for good cause of up to one year for the completion of CE requirements. Requests for extensions must be received by the Board of Audiology and Speech-Language Pathology (Board) prior to the licensure renewal date of December 31 of each year. Licensees who have not completed the CE requirements and submit a request after December 31 may be subject to disciplinary action.

### **CE Exemptions**

The Board may grant an exemption for all or part of the CE requirements due to circumstances beyond the control of the licensee, such as temporary disability, mandatory military service or officially declared disasters. ~~Requests for an exemption should be submitted to the Board prior to the licensure renewal.~~

A licensee is exempt from completing CE requirements on the first ~~biennial~~ renewal of his initial licensure in Virginia.

### **CE Audit Procedures**

- After each renewal cycle, the Board may audit the following licensees for compliance with CE requirements:
  - Licensees who fail to respond or respond “no” to the CE renewal question on the annual license renewal form; and
  - Licensees selected for random audit using a statistically valid audit sample and a method that ensures randomness of those selected.
- For those selected for the audit:
  - Board staff will notify licensees that they are being audited via email if an address is available or by postal carrier if an email address is not available.
  - The licensee is required to submit documentation of completion of required CE credits. The CE form must be completed as required.
  - Documentation submitted to verify CE completion will be reviewed for compliance with the regulations.
  - Licensees who have not completed required CE will be referred for possible disciplinary action.
- If audited, a licensee may submit a transcript from the American Speech-Language Hearing Association or the American Academy of Audiology verifying hours of

continuing education as documentation of completion of continuing competency requirements for licensure.

**Disciplinary Action for Non-Compliance with CE Requirements**

The Board adopted the following guidelines for resolution of cases of non-compliance with CE requirements (~~30~~10 hours of CE are required in a ~~two~~one year period):

Cause	Possible Action
First offense; short <del>4</del> <u>1</u> – <del>10</del> <u>3</u> hours	Confidential Consent Agreement; 45 days to make up missing hours
First offense; short <del>11</del> <u>20</u> <del>4</del> – <del>10</del> <u>10</u> hours	Consent Order; Monetary Penalty of \$300; 60 days to make up missing hours
First offense; short <del>21</del> <u>30</u> hours	Consent Order; Monetary Penalty of \$500; 60 days to make up missing hours
Second offense; short <del>4</del> <u>30</u> <del>1</del> – <del>10</del> <u>10</u> hours	Consent Order; Reprimand; Monetary Penalty of \$200 <b>per missing hour</b> up to a maximum of <del>\$3000</del> <u>2000</u> ; 60 days to make up missing hours
No response to audit notifications or three or more offenses	Informal Fact-Finding Conference

NOTE: When probable cause is found that a licensee has falsely certified completion of the required CE for renewal of his license, the Board may offer a pre-hearing consent order or hold an informal fact-finding conference.

DRAFT

## Virginia Board of Audiology and Speech-Language Pathology

### Guidelines for Processing Applications for Licensure

The Executive Director for the Board of Audiology and Speech-Language Pathology has delegated authority to issue an initial license, renew a license or reinstate a license for those applicants who meet the qualifications as set forth in the law and regulations provided no grounds exist to refuse to issue a license pursuant to ~~18VAC30-20-280~~ 18VAC30-21-160 of the *Regulations Governing the Practice of Audiology and Speech-Language Pathology*.

~~An affirmative response to any question on an application for licensure related to grounds for the Board to refuse to issue a license shall be referred to the Board President to determine how to proceed.~~

Affirmative responses to any questions on applications for licensure, certification, or registration related to grounds for the Board to refuse to issue a license shall be referred to the Board President as to how to proceed. The Executive Director, or designee, may approve the application without referral in the following cases:

1. The applicant has been disciplined by another board of audiology and speech-language pathology in a U.S. jurisdiction for failure to complete continuing education and has evidence of compliance with that board's order.
2. Convictions in a juvenile court.

An applicant whose license has been revoked or suspended for any reason other than nonrenewal by another jurisdiction is not eligible for licensure in Virginia unless the license has been reinstated by the jurisdiction which revoked or suspended it. Pursuant to §54.1-2408 of the Code of Virginia, such applicants shall be advised in writing of their ineligible status by the Executive Director.



License Count Report for Speech Pathology/Audiology

Board	Occupation	State	License Status	License Count
<b>Speech Pathology/Audiology</b>				
<b>Audiologist</b>				
	Audiologist	Virginia	Current Active	384
	Audiologist	Virginia	Current Inactive	9
	Audiologist	Out of state	Current Active	114
	Audiologist	Out of state	Current Inactive	6
	Total for Audiologist			513
<b>Continuing Education Sponsor</b>				
	Continuing Education Sponsor	Virginia	Current Active	10
	Continuing Education Sponsor	Out of state	Current Active	5
	Total for Continuing Education Sponsor			15
<b>School Speech-Language Pathologist</b>				
	School Speech-Language Pathologist	Virginia	Current Active	459
	School Speech-Language Pathologist	Virginia	Current Inactive	2
	School Speech-Language Pathologist	Out of state	Current Active	35
	School Speech-Language Pathologist	Out of state	Current Inactive	1
	Total for School Speech-Language Pathologist			497
<b>Speech-Language Pathologist</b>				
	Speech-Language Pathologist	Virginia	Current Active	3,257
	Speech-Language Pathologist	Virginia	Current Inactive	37
	Speech-Language Pathologist	Out of state	Current Active	540
	Speech-Language Pathologist	Out of state	Current Inactive	34
	Total for Speech-Language Pathologist			3,868
Total for Speech Pathology/Audiology				4,893

CURRENT ACTIVE & INACTIVE LICENSES BY BOARD AND OCCUPATION AS OF THE LAST DAY OF THE PERIOD SPECIFIED						
License Type	FY2010	FY2011	FY2012	2013	2015	Jun-16
Audiologist	434	461	475	465	497	513
Continuing Education Provider	2	1	8	9	14	eliminated
School Speech-Language Pathologist	105	98	122	116	466	497
Speech-Language Pathologist	2705	2854	3230	3110	3812	3868
Total	3246	3414	3835	3700	4789	4878

Virginia Department of Health Professions  
Cash Balance  
As of June 30, 2016

	<u>115- Audiology and Speech Lang</u>
<b>Board Cash Balance as of June 30, 2015</b>	\$ 511,491
<b>YTD FY16 Revenue</b>	296,815
<b>Less: YTD FY16 Direct and In-Direct Expenditures</b>	<u>305,909</u>
<b>Board Cash Balance as June 30, 2016</b>	<u><u>502,397</u></u>

**From:** Board of Audiology and Speech-Language Pathology  
**To:**  
**Subject:** News You Need: Effective Dates for Three Regulatory Actions  
**Date:** Wednesday, August 10, 2016 4:08:01 PM



## Virginia Department of Health Professions



Virginia Board of  
Audiology and  
Speech-Language  
Pathology

### Virginia Board of Audiology and Speech-Language Pathology

#### Effective Dates for Three Regulatory Actions

The following two regulatory actions became effective on **July 27, 2016** :

**Practice by assistant speech-language pathologists** : [Click Here](#) to review final text related to the change.


**Performance of cerumen management** : [Click Here](#) to review final text related to the change.

The following regulatory action became effective on August 10, 2016:

**Promulgate Chapter 21 and Repeal Existing Chapter; Reduction in number of CE Hours** :  
[Click Here](#) to review final text related to the change. Please note that the decrease in approved continuing education hours (formerly Type 1) will be implemented for the renewal in December of 2016. After August 10<sup>th</sup>, licensees who accumulate more than 10 CE hours may carry over up to 10 additional hours for the 2017 renewal. For example, Jane Doe has acquired 8 hours of CE by August 10<sup>th</sup>. In October, she attends a conference that offers 8 contact hours. She will be able to carry over 6 of those hours to the 2017 renewal year.

The Board will provide an updated guidance document on continuing education following its next scheduled meeting on September 8, 2016.

To review the full text of the *Regulations Governing the Practice of Audiology and Speech-Language Pathology*, please go to [http://www.dhp.virginia.gov/aud/aud\\_laws\\_regs.htm](http://www.dhp.virginia.gov/aud/aud_laws_regs.htm). Questions may be directed to [audbd@dhp.virginia.gov](mailto:audbd@dhp.virginia.gov).

[Back](#) [Add to my calendar](#)

## 29th Annual Conference

Start 20 Oct 2016  
 End 22 Oct 2016  
 Location Santa Fe, New Mexico

### Registration

(depends on selected options)

#### Base fee:

- Exhibit Table – \$450.00 (USD)
- Option 1 - Individual from member state – \$295.00 (USD)
- Option 2 - Multiple attendees from member state – \$275.00 (USD)  
 Select this option if more than one (1) state board member will be attending.
- Option 3 - Individual from non-member state – \$495.00 (USD)
- Program Sponsorship: Bronze Level – \$100.00 (USD)
- Program Sponsorship: Friday Afternoon Break – \$500.00 (USD)
- Program Sponsorship: Friday Morning Break – \$500.00 (USD)
- Program Sponsorship: Gold Level – \$750.00 (USD)
- Program Sponsorship: Keynote Speaker – \$1,500.00 (USD)  
 2 available
- Program Sponsorship: Platinum Level – \$2,000.00 (USD)
- Program Sponsorship: Saturday Morning Break – \$500.00 (USD)
- Program Sponsorship: Silver Level – \$500.00 (USD)

[Register](#)

## Conference Registration

CONFERENCE FEE (includes continental breakfast and lunch on Friday, plus breaks)

- Individual from National Council member state - \$295.00
  - If more than one individual from member state - \$275.00
- Individual from non-member state - \$495.00
- Exhibitor (includes one conference registration) - \$450.00

PRE-CONFERENCE WORKSHOP (Includes refreshment break and flashdrive with NCSB Reference Manual)

- Training for Board Members-Individual from member state - \$210.00
- Training for Board Members-Individual from non-member state - \$300.00

### Registration Cancellation

Refunds due to cancellation will be processed as follows:

- On or before September 20, 2016: 90% of registration fees
- After September 20, 2016: No refund due to cancellation

## Conference Schedule

[Register Online](#)

### **Thursday, October 20**

Pre-Conference Workshop - Training for Board Members  
(Additional Fee Required)

### **Friday, October 21 (0.7 CEU's)**

8:00-8:30 **Registration**

8:30-8:45

- **Welcome and Introductory Remarks**  
*Kerri Phillips, NCSB President*  
*Alison Lemke, NCSB President Elect*  
*New Mexico Board of Speech-Language Pathology, Audiology, and hearing Aid Dispensing Practices*

8:45-10:00

- **Morning Keynote: "Blazing a Trail Towards Licensure Portability"**  
*Colmon Elridge*

10:00-10:15 **BREAK**

10:15-11:15

- **Roundtable discussions-topics in licensure portability**

11:15-12:00

- **Reports on roundtable discussions**

12:00-12:15

- **Feedback and concluding remarks**  
*Colmon Elridge*

12:15-1:30 **Luncheon and NCSB corporate business meeting**

1:30-2:30

- **Afternoon Keynote: "Changing Vistas: Licensure and Bilingual Service Provision"**  
*Barbara Rodriguez*

2:30-2:45 **BREAK**

2:45-3:30

- **"Practice Panorama: Considerations When Reviewing Internationally-Trained Applicants"**  
*Todd Philbrick*  
*Karen Beverly-Ducker*

3:30-4:30

- **"Sunshine and Transparency: Technology and Conduct of Board Meetings"**  
*Vickie Pullins*  
*Nahale Kalfas*

4:30-5:30

- **"Praxis Panorama: CFCC Update and Current Status of the PRAXIS examinations in Speech-Language Pathology and Audiology"**  
*Todd Philbrick*  
*Kathy Pruner*

### **Saturday, October 22**

8:30-10:30

- **"Enchanted States: NCSB State Information Exchange"**  
*Facilitated by NCSB Board Member Amy Goldman*

10:30-10:45 **BREAK**

10:45-11:30

- **"Stranded in the Desert: Issues in Patient Abandonment"**  
*Gregg Thornton*  
*Tammy Brown*

11:30-12:00

- **"Scaling the Cliffs: Update on the 2016 Revised ASHA Code of Ethics"**  
*Heather Bupp*

12:00- 12:15

- **Final Announcements**  
*Alison Lemke*

- **Invitation to the NCSB 30th Anniversary Conference - September 14-16, 2017 New Orleans, LA**  
*Kerri Phillips*

Board of Audiology and Speech-Language Pathology

2017 Calendar

February 23, 2017 – Full Board

June 29, 2017 – Full Board

October 5, 2017 – Full Board