

**February 25, 2020**  
**Board Room 4**  
**9:00 a.m.**

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**Call to Order – Melissa McNichol, Au.D., CCC-A**

- Welcome
- Emergency Egress Procedures

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**Ordering of Agenda – Dr. McNichol**

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**Public Comment – Dr. McNichol**

The Board will receive all public comment related to agenda items 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.

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**Approval of Minutes – Dr. McNichol**  
**July 30, 2019 – Full Board Meeting**

**Pages 1-4**

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**Agency Director’s Report - David Brown, DC**

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**Legislative/Regulatory Report – Elaine Yeatts**

- Legislative Update for 2020 General Assembly Session
- Regulatory Update
  - Regulatory Amendment (18VAC30-21-40) to adjust fee for returned checks (Action Required)
  - Licensure by Endorsement (effective date 3/5/2020)
  - Additional CE Provider (effective 3/5/2020)

**Pages 5-20**

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**Discussion Items**

- Cannabidiol Oil and Vertical Pharmaceutical Processors – **Annette Kelly, Deputy Executive Director, Board of Pharmacy**
- Update to Guidance Document 30-2: Bylaws – **Leslie Knachel**
- Update on Professional Association Certification for Speech-Language Pathology and Audiology Assistants – **Ms. Knachel**
- Supervision of Speech-Language Pathology Assistants – **Ms. Knachel**
- Update on licensure compact – **Ms. Knachel**

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**Board Member Training – Kelli Moss**

**Closing Cases**

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**Board Counsel Report – Charis Mitchell**

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**President’s Report – Dr. McNichol**

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**Board of Health Professions’ Report – Allison King, Ph.D., CCC-SLP**

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**Staff Reports**

**Pages 27-30**

- Executive Director’s Report – **Ms. Knachel**
  - Statistics
  - CE Audit Report
  - Outreach
- Discipline Report – **Ms. Moss**

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**New Business – Dr. McNichol**

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**Next Meeting – July 7, 2020**

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**Meeting Adjournment – Dr. McNichol**

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This information is in DRAFT form and is subject to change.

**BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY  
MEETING MINUTES  
July 30, 2019**

**TIME AND PLACE:** The Board of Audiology and Speech-Language Pathology (Board) meeting was called to order at 10:27 a.m. on Tuesday, July 30, 2019, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room 3, Henrico, Virginia.

**PRESIDING OFFICER:** Angela W. Moss, MA, CCC-SLP

**MEMBERS PRESENT:** Melissa A. McNichol, Au.D., CCC-A  
Corliss V. Booker, Ph.D., APRN, FNP-BC  
Bradley W. Kesser, M.D.  
Alison Ruth King, Ph.D., CCC-SLP  
Erin G. Piker, Au.D., Ph.D., CCC-A  
Kyttra Burge, Citizen Member

**MEMBERS NOT PRESENT:** All members present

**QUORUM:** With seven members of the Board present, a quorum was established.

**STAFF PRESENT:** Leslie L. Knachel, Executive Director  
Charis Mitchell, Assistant Attorney General, Board Counsel  
Kelli Moss, Deputy Executive Director  
Anthony Morales, Licensing Operations Manager  
David E. Brown, D.C. – Agency Director  
Elaine Yeatts - Senior Policy Analyst  
Lena Moore – Administrative Assistant  
Laura Paasch - Administrative Assistant  
Elizabeth Carter, Ph.D., Director, Healthcare Workforce Data Center (HWDC)  
Yetty Shobo, Ph.D., Deputy Director, HWDC

**OTHERS PRESENT:** Jerry J. Gentile – Planning & Budget

**ORDERING OF AGENDA:** No changes were made to the agenda.

**PUBLIC COMMENT:** No public comment was presented.

**APPROVAL OF MINUTES:** Dr. Booker moved to approve the meeting minutes for the following meetings:

- February 19, 2019 – Full Board; and
- June 3, 2019 - Regulatory Advisory Panel on Telepractice

The motion was seconded and carried.

**DIRECTOR’S REPORT:** Dr. Brown provided an update on agency activities including the roll out of updates to the main DHP website. He indicated that the Board of Audiology and Speech-Language Pathology’s website will be updated in the near future.

**LEGISLATIVE/REGULATORY UPDATE:** Legislative Update

Ms. Yeatts stated that HB2228 which became effective on July 1, 2019, provides for the staggering of one SLP board member appointment. This legislation will help ensure better continuity by not having the same term expiration for the four licensees of the Board.

Ms. Yeatts mentioned the work being conducted by the Joint Commission on Health Care related to language assessment for children who are deaf or hard of hearing. She indicated that both she and Ms. Knachel had spoken with the staff appointed to conduct the study to answer questions and provide information. At this time there is no further role for the Board in the study, but Ms. Knachel continues to monitor the information provided by the study's staff.

#### **Petition for Rulemaking**

Ms. Yeatts reviewed the petition with the Board. She indicated that the Board could move forward with a fast track regulatory action if it approved the petition.

Dr. Booker moved to accept the petition to add Det Norske Vertias Healthcare, Inc. to the list of accredited sponsors or organizations that may offer or approve continuing education courses or programs as a fast track action and to change the reference to the Joint Commission to reflect its current name.

The motion was seconded and carried.

#### **Regulatory Action**

Ms. Yeatts stated that a regulatory change was needed to fix an issue with licensure by endorsement. She reviewed the suggested change.

Dr. Piker moved to accept the amendment to the regulations as a fast track action

The motion was seconded and carried.

#### **DISCUSSION ITEMS:**

#### **Healthcare Workforce Data Center (HWDC) Survey**

Dr. Carter and Dr. Shobo presented the results of the HWDC's 2018 survey of Virginia's Audiologist and Speech-Language Pathologist's Workforce to the Board.

#### **Review of Guidance Document 30-1: Telepractice**

Ms. Knachel reported to the Board that the Regulatory Advisory Panel (RAP) on Telepractice met on June 3, 2019, to discuss how to proceed with questions related to telepractice. She indicated the RAP reviewed documentation from other states and opted to proceed with a guidance document. The board discussed the draft document.

Ms. Burge moved to accept the revised draft of Guidance Document 30-1 as presented.

The motion was seconded and carried.

#### **ASHA Certificate Changes**

Ms. Knachel provided the ASHA Certificate of Clinical Competency changes that go into effect January 1, 2020.

**Continuing Education Audit Update**

Ms. Knachel indicated that the CE audit will begin in the near future.

**BOARD MEMBER TRAINING:**

**Use of Electronic Equipment in the Discipline Process**

Ms. Kelli Moss provided a presentation on the use of electronic equipment in the disciplinary process.

**BOARD COUNSEL REPORT:**

Ms. Mitchell had nothing to report.

**PRESIDENT'S REPORT:**

Ms. Moss had nothing to report.

**BOARD OF HEALTH  
PROFESSIONS' REPORT:**

Dr. King spoke on the updated activities of the Board of Health Professions.

**STAFF REPORTS:**

**Executive Director's Report**

Ms. Knachel provided information on the following:

- Licensure and budget statistics.
- Ms. Kelli Moss and Dr. Piker will be attending the annual meeting of the National Council of State Boards of Examiners for Speech-Language Pathology and Audiology in San Antonio, TX; and
- Status of the Speech-Language Pathology/Audiology licensure compact.

**Discipline Report - Ms. Moss**

Ms. Kelli Moss provided an overview of the caseload statistics.

**NEW BUSINESS:**

**Board Elections**

**Board Chair**

Dr. Booker nominated Ms. Moss, which was seconded.

Dr. Kesser nominated Dr. McNichol, which was seconded.

Mr. Morales conducted a roll-call vote. Ms. Moss announced that Dr. McNichol was elected Chair by a 4-to-3 vote.

**Board Vice-Chair**

Ms. Burge nominated Ms. Moss, which was seconded.

Dr. McNichol nominated Dr. Piker, which was seconded.

Mr. Morales conducted a roll-call vote. Ms. Moss announced that she was elected Vice-Chair by a 5-to-2 vote.

**NEXT MEETING:**

The next scheduled full board meeting is November 12, 2019.

**ADJOURNMENT:**

The meeting adjourned at 12:26 p.m.

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Angela W. Moss, MA, CCC-SLP  
Chair

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

DRAFT

**Board of Audiology & Speech-Language Pathology  
Report of the 2020 General Assembly**

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**HB 347 Commonwealth's medical cannabis program; SHHR to convene work group to review & make recommendation.**

*Chief patron: Davis*

*Summary as passed House:*

**Tetrahydrocannabinol products; permits to process and dispense cannabidiol oil and THC-A oil.** Directs the Secretary of Health and Human Resources to convene a work group to review the Commonwealth's medical cannabis program and issues of critical importance to the medical cannabis industry and patients, including expansion of the medical cannabis program and the medical use of cannabis flowers, and to report its findings and recommendations, including any legislative recommendations, to the Governor, the Attorney General, and the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health no later than October 1, 2020.

**HB 471 Health professionals; unprofessional conduct, reporting.**

*Chief patron: Collins*

*Summary as passed House:*

**Health professionals; unprofessional conduct; reporting.** Requires the chief executive officer and the chief of staff of every hospital or other health care institution in the Commonwealth, the director of every licensed home health or hospice organization, the director of every accredited home health organization exempt from licensure, the administrator of every licensed assisted living facility, and the administrator of every provider licensed by the Department of Behavioral Health and Developmental Services in the Commonwealth to report to the Department of Health Professions any information of which he may become aware in his professional capacity that indicates a reasonable belief that a health care provider is in need of treatment or has been admitted as a patient for treatment of substance abuse or psychiatric illness that may render the health professional a danger to himself, the public or his patients; or that he determines, following review and any necessary investigation or consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, indicates that there is a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct. Current law requires

information to be reported if the information indicates, after reasonable investigation and consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct.

**HB 908 Naloxone; possession and administration, employee or person acting on behalf of a public place.**

*Chief patron: Hayes*

*Summary as passed House:*

**Naloxone; possession and administration; employee or person acting on behalf of a public place.** Authorizes an employee or other person acting on behalf of a public place, as defined in the bill, who has completed a training program on the administration of naloxone or other opioid antagonist to possess and administer naloxone or other opioid antagonist, other than naloxone in an injectable formulation with a hypodermic needle or syringe, in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. The bill also provides that a person who is not otherwise authorized to administer naloxone or other opioid antagonist used for overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. The bill provides immunity from civil liability for a person who, in good faith, administers naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose, unless such act or omission was the result of gross negligence or willful and wanton misconduct. This bill incorporates HB 650, HB 1465 and HB 1466.

**HB 967 Military service members and veterans; expediting the issuance of credentials to spouses.**

*Chief patron: Willett*

*Summary as passed House:*

**Professions and occupations; expediting the issuance of credentials to spouses of military service members.** Provides for the expedited issuance of credentials to the spouses of military service members who are (i) ordered to federal active duty under Title 10 of the United States Code or (ii) veterans who have left active-duty service within one year of the submission



of an application to a board if the spouse accompanies the service member to the Commonwealth or an adjoining state or the District of Columbia. Under current law, the expedited review is provided more generally for active-duty members of the military who are the subject of a military transfer to the Commonwealth. The bill also authorizes a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions or any other board in Title 54.1 (Professions and Occupations) to waive any requirement relating to experience if the board determines that the documentation provided by the applicant supports such waiver. The bill incorporates HB 930.

**HB 1147 Epinephrine; certain public places may make available for administration.**

*Chief patron: Keam*

*Summary as passed House:*

**Epinephrine required in certain public places.** Allows public places to make epinephrine available for administration. The bill allows employees of such public places who are authorized by a prescriber and trained in the administration of epinephrine to possess and administer epinephrine to a person present in such public place believed in good faith to be having an anaphylactic reaction. The bill also provides that an employee of such public place who is authorized by a prescriber and trained in the administration of epinephrine and who administers or assists in the administration of epinephrine to a person present in the public place believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

**HB 1174 Inhaled asthma medications; school nurse, etc., may administer to a student.**

*Chief patron: Lopez*

*Summary as passed House:*

**Professional use by practitioners; administration of inhaled asthma medication.** Provides that a prescriber may authorize pursuant to a written order or standing protocol issued within the course of the prescriber's professional practice, and with the consent of the student's parents, an employee of (i) a school board, (ii) a school for students with disabilities, or (iii) an accredited private school who is trained in the administration or supervision of self-administered inhaled

asthma medications to administer or supervise the self-administration of such medication to a student diagnosed with a condition requiring inhaled asthma medications when the student is believed to be experiencing or about to experience an asthmatic crisis. The bill provides that such authorization shall be effective only when a licensed nurse, nurse practitioner, physician, or physician assistant is not present to perform the administration of the medication.

**HB 1562 Music therapy; definition of music therapist, licensure.**

*Chief patron: Head*

*Summary as passed House:*

**Music therapy; licensure.** Requires the Board of Social Work to adopt regulations establishing a regulatory structure to license music therapists in the Commonwealth and establishes an advisory board to assist the Board in this process. Under the bill, no person shall engage in the practice of music therapy or hold himself out or otherwise represent himself as a music therapist unless he is licensed by the Board.

**SB 713 Art therapists and art therapy associates; definitions, licensure.**

*Chief patron: McClellan*

*Summary as passed Senate:*

**Board of Counseling; licensure of art therapists and art therapist associates.** Requires the Board of Counseling to adopt regulations establishing a regulatory structure to license art therapists and art therapist associates in the Commonwealth and establishes an advisory board to assist the Board in this process. Under the bill, no person shall engage in the practice of art therapy or hold himself out or otherwise represent himself as an art therapist or art therapist associate unless he is licensed by the Board.

20106549D

SENATE BILL NO. 633  
AMENDMENT IN THE NATURE OF A SUBSTITUTE  
(Proposed by the Senate Committee on Education and Health  
on January 30, 2020)

(Patron Prior to Substitute—Senator Vogel)

A BILL to amend the Code of Virginia by adding in Chapter 37 of Title 54.1 an article numbered 2, consisting of sections numbered 54.1-3709.1, 54.1-3709.2, and 54.1-3709.3, relating to music therapy; licensure.

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Chapter 37 of Title 54.1 an article numbered 2, consisting of sections numbered 54.1-3709.1, 54.1-3709.2, and 54.1-3709.3, as follows:

Article 2.

Music Therapy.

§ 54.1-3709.1. Definitions.

As used in this article, unless the context requires a different meaning:

"Music therapist" means a person who has (i) completed a bachelor's degree or higher in music therapy, or its equivalent; (ii) satisfied the requirements for licensure set forth in regulations adopted by the Board pursuant to § 54.1-3709.2; and (iii) been issued a license for the independent practice of music therapy by the Board.

"Music therapy" means the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship through an individualized music therapy treatment plan for the client that identifies the goals, objectives, and potential strategies of the music therapy services appropriate for the client using music therapy interventions, which may include music improvisation, receptive music listening, songwriting, lyric discussion, music and imagery, music performance, learning through music, and movement to music. "Music therapy" does not include the screening, diagnosis, or assessment of any physical, mental, or communication disorder.

§ 54.1-3709.2. Music therapy; licensure.

A. The Board shall adopt regulations governing the practice of music therapy, upon consultation with the Advisory Board on Music Therapy established in § 54.1-3709.3. The regulations shall (i) set forth the educational, clinical training, and examination requirements for licensure to practice music therapy; (ii) provide for appropriate application and renewal fees; and (iii) include requirements for licensure renewal and continuing education. In developing such regulations, the Board shall consider requirements for board certification offered by the Certification Board for Music Therapists or any successor organization.

B. No person shall engage in the practice of music therapy or hold himself out or otherwise represent himself as a music therapist unless he is licensed by the Board.

C. Nothing in this section shall prohibit (i) the practice of music therapy by a student pursuing a course of study in music therapy if such practice constitutes part of the student's course of study and is adequately supervised or (ii) a licensed health care provider, other professional registered, certified, or licensed in the Commonwealth, or any person whose training and national certification attests to his preparation and ability to practice his certified profession or occupation from engaging in the full scope of his practice, including the use of music incidental to his practice, provided that he does not represent himself as a music therapist.

§ 54.1-3709.3. Advisory Board on Music Therapy; membership; terms.

A. The Advisory Board on Music Therapy (Advisory Board) is hereby established to assist the Board in formulating regulations related to the practice of music therapy. The Advisory Board shall also assist in such other matters relating to the practice of music therapy as the Board may require.

B. The Advisory Board shall have a total membership of five nonlegislative citizen members to be appointed by the Governor as follows: three members shall be licensed music therapists, one member shall be a licensed health care provider other than a music therapist, and one member shall be a citizen at large.

C. After the initial staggering of terms, members shall be appointed for a term of four years. Appointments to fill vacancies, other than by expiration of a term, shall be for the unexpired terms. All members may be reappointed. However, no member shall serve more than two consecutive four-year terms. The remainder of any term to which a member is appointed to fill a vacancy shall not constitute a term in determining the member's eligibility for reappointment. Vacancies shall be filled in the same manner as the original appointments.

2. That the initial appointments of nonlegislative citizen members of the Advisory Board on Music Therapy, created by this act, to be appointed by the Governor shall be staggered as follows: one

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SENATE SUBSTITUTE

SB633S1

60 member, who shall be a music therapist who holds a certification issued by the Certification Board  
61 for Music Therapists, shall be appointed for a term of one year; one member, who shall be a  
62 music therapist who holds a certification issued by the Certification Board for Music Therapists,  
63 shall be appointed for a term of two years; one member, who shall be a licensed health care  
64 provider other than a music therapist, shall be appointed for a term of three years; and two  
65 members, one of whom shall be a music therapist who holds a certification issued by the  
66 Certification Board for Music Therapists and one of whom shall be a citizen at large representing  
67 the Commonwealth, shall be appointed for a term of four years.

20106583D

SENATE BILL NO. 713  
AMENDMENT IN THE NATURE OF A SUBSTITUTE  
(Proposed by the Senate Committee on Education and Health  
on January 30, 2020)

(Patron Prior to Substitute—Senator McClellan)

A BILL to amend and reenact §§ 54.1-3500 and 54.1-3503 of the Code of Virginia and to amend the Code of Virginia by adding in Chapter 35 of Title 54.1 an article numbered 3, consisting of sections numbered 54.1-3516 and 54.1-3517, relating to Board of Counseling; licensure of art therapists and art therapy associates.

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3500 and 54.1-3503 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Chapter 35 of Title 54.1 an article numbered 3, consisting of sections numbered 54.1-3516 and 54.1-3517, as follows:

§ 54.1-3500. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Appraisal activities" means the exercise of professional judgment based on observations and objective assessments of a client's behavior to evaluate current functioning, diagnose, and select appropriate treatment required to remediate identified problems or to make appropriate referrals.

"Art therapist" means a person who has (i) completed a master's or doctoral degree program in art therapy, or an equivalent course of study, from an accredited educational institution; (ii) satisfied the requirements for licensure set forth in regulations adopted by the Board; and (iii) been issued a license for the independent practice of art therapy by the Board.

"Art therapy" means the integrated use of psychotherapeutic principles, visual art media, and the creative process in the assessment, treatment, and remediation of psychosocial, emotional, cognitive, physical, and developmental disorders in children, adolescents, adults, families, or groups.

"Art therapy associate" means a person who has (i) completed a master's or doctoral degree program in art therapy, or an equivalent course of study from an accredited educational institution; (ii) satisfied the requirements for licensure set forth in regulations adopted by the Board; and (iii) been issued a license to practice art therapy under an approved clinical supervisor in accordance with regulations of the Board.

"Board" means the Board of Counseling.

"Certified substance abuse counseling assistant" means a person certified by the Board to practice in accordance with the provisions of § 54.1-3507.2.

"Certified substance abuse counselor" means a person certified by the Board to practice in accordance with the provisions of § 54.1-3507.1.

"Counseling" means the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health.

"Licensed substance abuse treatment practitioner" means a person who: (i) is trained in and engages in the practice of substance abuse treatment with individuals or groups of individuals suffering from the effects of substance abuse or dependence, and in the prevention of substance abuse or dependence; and (ii) is licensed to provide advanced substance abuse treatment and independent, direct, and unsupervised treatment to such individuals or groups of individuals, and to plan, evaluate, supervise, and direct substance abuse treatment provided by others.

"Marriage and family therapist" means a person trained in the appraisal and treatment of cognitive, affective, or behavioral mental and emotional disorders within the context of marriage and family systems through the application of therapeutic and family systems theories and techniques.

"Marriage and family therapy" means the appraisal and treatment of cognitive, affective, or behavioral mental and emotional disorders within the context of marriage and family systems through the application of therapeutic and family systems theories and techniques and delivery of services to individuals, couples, and families, singularly or in groups, for the purpose of treating such disorders.

"Practice of counseling" means rendering or offering to render to individuals, groups, organizations, or the general public any service involving the application of principles, standards, and methods of the counseling profession, which shall include appraisal, counseling, and referral activities.

"Practice of marriage and family therapy" means the appraisal and treatment of cognitive, affective, or behavioral mental and emotional disorders within the context of marriage and family systems through the application of therapeutic and family systems theories and techniques, which shall include

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SENATE SUBSTITUTE

SB713S1

60 assessment, treatment, and referral activities.

61 "Practice of substance abuse treatment" means rendering or offering to render substance abuse  
62 treatment to individuals, groups, organizations, or the general public.

63 "Professional counselor" means a person trained in the application of principles, standards, and  
64 methods of the counseling profession, including counseling interventions designed to facilitate an  
65 individual's achievement of human development goals and remediating mental, emotional, or behavioral  
66 disorders and associated distresses that interfere with mental health and development.

67 "Qualified mental health professional" includes qualified mental health professionals-adult and  
68 qualified mental health professionals-child.

69 "Qualified mental health professional-adult" means a qualified mental health professional who  
70 provides collaborative mental health services for adults. A qualified mental health professional-adult  
71 shall provide such services as an employee or independent contractor of the Department of Behavioral  
72 Health and Developmental Services or the Department of Corrections, or as a provider licensed by the  
73 Department of Behavioral Health and Developmental Services.

74 "Qualified mental health professional-child" means a person who by education and experience is  
75 professionally qualified and registered by the Board to provide collaborative mental health services for  
76 children and adolescents up to 22 years of age. A qualified mental health professional-child shall  
77 provide such services as an employee or independent contractor of the Department of Behavioral Health  
78 and Developmental Services or the Department of Corrections, or as a provider licensed by the  
79 Department of Behavioral Health and Developmental Services.

80 "Qualified mental health professional-trainee" means a person who is receiving supervised training to  
81 qualify as a qualified mental health professional and is registered with the Board.

82 "Referral activities" means the evaluation of data to identify problems and to determine advisability  
83 of referral to other specialists.

84 "Registered peer recovery specialist" means a person who by education and experience is  
85 professionally qualified and registered by the Board to provide collaborative services to assist individuals  
86 in achieving sustained recovery from the effects of addiction or mental illness, or both. A registered peer  
87 recovery specialist shall provide such services as an employee or independent contractor of the  
88 Department of Behavioral Health and Developmental Services, a provider licensed by the Department of  
89 Behavioral Health and Developmental Services, a practitioner licensed by or holding a permit issued  
90 from the Department of Health Professions, or a facility licensed by the Department of Health.

91 "Residency" means a post-internship supervised clinical experience registered with the Board.

92 "Resident" means an individual who has submitted a supervisory contract to the Board and has  
93 received Board approval to provide clinical services in professional counseling under supervision.

94 "Substance abuse" and "substance dependence" mean a maladaptive pattern of substance use leading  
95 to clinically significant impairment or distress.

96 "Substance abuse treatment" means (i) the application of specific knowledge, skills, substance abuse  
97 treatment theory, and substance abuse treatment techniques to define goals and develop a treatment plan  
98 of action regarding substance abuse or dependence prevention, education, or treatment in the substance  
99 abuse or dependence recovery process and (ii) referrals to medical, social services, psychological,  
100 psychiatric, or legal resources when such referrals are indicated.

101 "Supervision" means the ongoing process, performed by a supervisor, of monitoring the performance  
102 of the person supervised and providing regular, documented individual or group consultation, guidance,  
103 and instruction with respect to the clinical skills and competencies of the person supervised.

104 **§ 54.1-3503. Board of Counseling.**

105 The Board of Counseling shall regulate the practice of counseling, substance abuse treatment, *art*  
106 *therapy*, and marriage and family therapy.

107 The Board shall consist of 12 members to be appointed by the Governor, subject to confirmation by  
108 the General Assembly. Ten members shall be professionals licensed in the Commonwealth, who shall  
109 represent the various specialties recognized in the profession, and two shall be *nonlegislative* citizen  
110 members. Of the 10 professional members, six shall be professional counselors, three shall be licensed  
111 marriage and family therapists who have passed the examination for licensure as a marriage and family  
112 therapist, and one shall be a licensed substance abuse treatment practitioner.

113 The terms of the members of the Board shall be four years.

114 **Article 3.**

115 **Art Therapists.**

116 **§ 54.1-3516. Art therapist and art therapy associate; licensure.**

117 *A. No person shall engage in the practice of art therapy or hold himself out or otherwise represent*  
118 *himself as an art therapist or art therapy associate unless he is licensed by the Board. Nothing in this*  
119 *chapter shall prohibit a person licensed, certified, or registered by a health regulatory board from using*  
120 *the modalities of art media if such modalities are within his scope of practice.*

121 *B. The Board shall adopt regulations governing the practice of art therapy, upon consultation with*

122 the Advisory Board on Art Therapy established in § 54.1-3517. Such regulations shall (i) set forth the  
123 requirements for licensure as an art therapist or art therapy associate, (ii) provide for appropriate  
124 application and renewal fees, and (iii) include requirements for licensure renewal and continuing  
125 education.

126 C. In the adoption of regulations for licensure, the Board shall consider requirements for registration  
127 as a Registered Art Therapist (ATR) and certification as a Board Certified Art Therapist (ATR-BC) with  
128 the Art Therapy Credentials Board and successful completion of the Registered Art Therapist Board  
129 Certified Art Therapist examination.

130 D. A license issued for an art therapy associate shall be valid for a period of five years. At the end  
131 of the five-year period, an art therapy associate who has not met the requirements for licensure as an  
132 art therapist may submit an application for extension of licensure as an art therapy associate to the  
133 Board. Such application shall include (i) a plan for completing the requirements to obtain licensure as  
134 an art therapist, (ii) documentation of compliance with the continuing education requirements, (iii)  
135 documentation of compliance with requirements related to supervision, and (iv) a letter of  
136 recommendation from the clinical supervisor of record. An extension of a license as an art therapy  
137 associate pursuant to this subsection shall be valid for a period of two years and shall not be  
138 renewable.

139 § 54.1-3517. Advisory Board on Art Therapy; membership; terms.

140 A. The Advisory Board on Art Therapy (the Advisory Board) is hereby established to assist the  
141 Board in formulating regulations related to the practice of art therapy. The Advisory Board shall also  
142 assist in such other matters relating to the practice of art therapy as the Board may require.

143 B. The Advisory Board shall have a total membership of five nonlegislative citizen members to be  
144 appointed by the Governor as follows: three members shall be licensed art therapists, one member shall  
145 be a licensed health care provider other than an art therapist, and one member shall be a citizen at  
146 large.

147 C. After the initial staggering of terms, members shall be appointed for a term of four years.  
148 Appointments to fill vacancies, other than by expiration of a term, shall be for the unexpired terms. All  
149 members may be reappointed. However, no member shall serve more than two consecutive four-year  
150 terms. The remainder of any term to which a member is appointed to fill a vacancy shall not constitute  
151 a term in determining the member's eligibility for reappointment. Vacancies shall be filled in the same  
152 manner as the original appointments.

153 2. That the initial appointments of nonlegislative citizen members of the Advisory Board on Art  
154 Therapy, as created by this act, to be appointed by the Governor shall be staggered as follows:  
155 one member, who shall be a Board Certified Art Therapist (ATR-BC), shall be appointed for a  
156 term of one year; one member, who shall be a Board Certified Art Therapist (ATR-BC), shall be  
157 appointed for a term of two years; one member, who shall be a licensed health care provider  
158 other than an art therapist, shall be appointed for a term of three years; and two members, one of  
159 whom shall be a Board Certified Art Therapist (ATR-BC) and one of whom shall be a citizen at  
160 large representing the Commonwealth, shall be appointed for a term of four years.

**Board action: Amendment to fee for returned checks**

**Included in agenda package:**

Applicable sections of the Code of Virginia

Revised Fee section

**Staff note:**

Auditors from the Office of the Comptroller have advised DHP that we should be charging \$50 for a returned check, rather than the current \$35. That amount was based on language in § 2.2-614.1. However, § 2.2-4805 (from the Va. Debt Collection Act) requires the fee for a returned check to be \$50.

Board counsel for DHP boards has advised that the handling fee of \$50 in Virginia Code 2.2-4805 governs. Section 2.2-614.1 states that a “penalty of \$35 or the amount of any costs, whichever is greater,” shall be imposed. By amending § 2.2-4805 in 2009, the General Assembly determined that the costs, in the form of a “handling fee,” is \$50, and thus greater than the \$35 penalty imposed under 2.2-614.1.

Therefore, all board regulations will need to be amended to reflect the higher “handling” fee.



## **§ 2.2-4805. Interest, administrative charges and penalty fees**

A. Each state agency and institution may charge interest on all past due accounts receivable in accordance with guidelines adopted by the Department of Accounts. Each past due accounts receivable may also be charged an additional amount that shall approximate the administrative costs arising under § 2.2-4806. Agencies and institutions may also assess late penalty fees, not in excess of ten percent of the past-due account on past-due accounts receivable. The Department of Accounts shall adopt regulations concerning the imposition of administrative charges and late penalty fees.

B. Failure to pay in full at the time goods, services, or treatment are rendered by the Commonwealth or when billed for a debt owed to any agency of the Commonwealth shall result in the imposition of interest at the judgment rate as provided in § 6.2-302 on the unpaid balance unless a higher interest rate is authorized by contract with the debtor or provided otherwise by statute. Interest shall begin to accrue on the 60th day after the date of the initial written demand for payment. A public institution of higher education in the Commonwealth may elect to impose a late fee in addition to, or in lieu of, interest for such time as the institution retains the claim pursuant to subsection D of § 2.2-4806. Returned checks or dishonored credit card or debit card payments shall incur a handling fee of \$50 unless a higher amount is authorized by statute to be added to the principal account balance.

C. If the matter is referred for collection to the Division, the debtor shall be liable for reasonable attorney fees unless higher attorney fees are authorized by contract with the debtor.

D. A request for or acceptance of goods or services from the Commonwealth, including medical treatment, shall be deemed to be acceptance of the terms specified in this section.

1988, c. 544, § 2.1-732; 2001, c. 844; 2009, c. 797.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

**Code of Virginia**

**Title 2.2. Administration of Government**

**Chapter 6. General Provisions**

**§ 2.2-614.1. Authority to accept revenue by commercially acceptable means; service charge; bad check charge.**

**A. Subject to § 19.2-353.3, any public body that is responsible for revenue collection, including, but not limited to, taxes, interest, penalties, fees, fines or other charges, may accept payment of any amount due by any commercially acceptable means, including, but not limited to, checks, credit cards, debit cards, and electronic funds transfers.**

**B. The public body may add to any amount due a sum, not to exceed the amount charged to that public body for acceptance of any payment by a means that incurs a charge to that public body or the amount negotiated and agreed to in a contract with that public body, whichever is less. Any state agency imposing such additional charges shall waive them when the use of these means of payment reduces processing costs and losses due to bad checks or other receivable costs by an amount equal to or greater than the amount of such additional charges.**

**C. If any check or other means of payment tendered to a public body in the course of its duties is not paid by the financial institution on which it is drawn, because of insufficient funds in the account of the drawer, no account is in the name of the drawer, or the account of the drawer is closed, and the check or other means of payment is returned to the public body unpaid, the amount thereof shall be charged to the person on whose account it was received, and his liability and that of his sureties, shall be as if he had never offered any such payment. A penalty of \$35 or the amount of any costs, whichever is greater, shall be added to such amount. This penalty shall be in addition to any other penalty provided by law, except the penalty imposed by § 58.1-12 shall not apply.**

**2002, c. 719; 2004, c. 565.**

[edit]

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**18VAC30-21-40. Fees required.**

**A. The following fees shall be paid as applicable for licensure:**

1. Application for audiology or speech-language pathology license	\$135
2. Application for school speech-language pathology license	\$70
3. Verification of licensure requests from other states	\$20
4. Annual renewal of audiology or speech-language pathology license	\$75
5. Late renewal of audiology or speech-language pathology license	\$25
6. Annual renewal of school speech-language pathology license	\$40
7. Late renewal of school speech-language pathology license	\$15
8. Reinstatement of audiology or speech-language pathology license	\$135
9. Reinstatement of school speech-language pathology license	\$70
10. Duplicate wall certificate	\$25
11. Duplicate license	\$5
12. <del>Returned check</del> <u>Handling fee for returned check or dishonored credit card or debit card</u>	<del>\$35</del> <u>\$50</u>
13. Inactive license renewal for audiology or speech-language pathology	\$40
14. Inactive license renewal for school speech-language pathology	\$20
15. Application for provisional license	\$50
16. Renewal of provisional license	\$25

**B. Fees shall be made payable to the Treasurer of Virginia and shall not be refunded once submitted.**

**C. The renewal fees due by December 31, 2018, shall be as follows:**

1. Annual renewal of audiology or speech-language pathology license	\$55
2. Annual renewal of school speech-language pathology license	\$30

**Statutory Authority**

§ 54.1-2400 of the Code of Virginia.

**Historical Notes**

Derived from Virginia Register Volume 32, Issue 23, eff. August 10, 2016; amended, Virginia Register Volume 34, Issue 16, eff. May 2, 2018.

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Virginia.gov

Agencies | Governor

**Proposed Text**[highlight](#)**Action:** Licensure by endorsement**Stage:** Fast-Track

1/21/20 10:56 AM [latest] ▼

18VAC30-21-80

18VAC30-21-80. Qualifications for licensure by endorsement.

An applicant for licensure in audiology or speech-language pathology who has been licensed in another United States jurisdiction shall apply for licensure in Virginia in accordance with application requirements in 18VAC30-21-50 and submission of documentation of:

1. Ten continuing education hours for each year in which ~~he~~ the applicant has been licensed in the other jurisdiction, not to exceed 30 hours, or a current and unrestricted Certificate of Clinical Competence in the area in which ~~he~~ the applicant seeks licensure issued by ASHA or certification issued by the American Board of Audiology or any other accrediting body recognized by the board. Verification of currency shall be in the form of a certified letter from a recognized accrediting body issued within six months prior to filing an application for licensure;
2. Passage of the qualifying examination from an accrediting body recognized by the board;
3. Current status of licensure in any other United States jurisdiction showing that the license is current and unrestricted or, if lapsed, is eligible for reinstatement and that no disciplinary action is pending or unresolved. The board may deny a request for licensure to any applicant who has been determined to have committed an act in violation of 18VAC30-21-160; and
4. Evidence of active practice in another United States jurisdiction for at least one of the past three years or practice for six months with a provisional license in accordance with 18VAC30-21-70 and by providing evidence of a recommendation for licensure by ~~his~~ the applicant's supervisor. An applicant who graduated from an accredited program in audiology or speech-language pathology within 12 months immediately preceding application may be issued a license without evidence of active practice if the applicant holds a current and unrestricted Certificate of Clinical Competence in the area in which the applicant seeks licensure issued by ASHA or certification issued by the American Board of Audiology or any other accrediting body recognized by the board.



## Proposed Text

[highlight](#)**Action:** Additional CE provider**Stage:** Fast-Track

1/21/20 10:56 AM [latest] ▼

18VAC30-21-100

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 the renewal date 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~~ The Joint Commission on Accreditation of Healthcare Organizations or DNV GL Healthcare.

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 18VAC30-21-60.

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 each year.

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 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.

## **VIRGINIA BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY BYLAWS**

### **ARTICLE I: GENERAL**

The organizational year for the Board shall be from July 1<sup>st</sup> through June 30<sup>th</sup>. At the first board meeting of the organizational year, the Board shall elect from its members a Chair and Vice-Chair with an effective date of ~~the next regularly scheduled board meeting~~ January 1<sup>st</sup>. The term of office shall be one year.

For purposes of these Bylaws, the Board schedules at least full board meetings in each year to take place during each quarter, with the right to change the date or cancel any board meeting, with the exception that a minimum of one meeting shall take place annually. Board members shall attend all board meetings in person, unless prevented by illness or similar unavoidable cause. A majority of the members of the Board shall constitute a quorum for the transaction of business. The current edition of Robert's Rules of Order, revised, shall apply unless overruled by these bylaws or when otherwise agreed.

Members shall attend all scheduled meetings of the Board and committee to which they serve. In the event of two consecutive unexcused absences at any meeting of the Board or its committees, the Chair shall make a recommendation to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

### **ARTICLE II: OFFICERS OF THE BOARD**

1. The Chair presides at all meetings and formal administrative hearings in accordance with parliamentary rules and the Administrative Process Act, and requires adherence of it on the part of the board members. The Chair shall appoint all committees and committee chairpersons unless otherwise ordered by the Board.
2. The Vice-Chair shall act as Chair in the absence of the Chair.
3. In the absence of both the Chair and Vice-Chair, the Chair shall appoint another board member to preside at the meeting and/or formal administrative hearing.
4. The Executive Director shall be the custodian of all Board records and all papers of value. She/He shall preserve a correct list of all applicants and licensees. She/He shall manage the correspondence of the Board and shall perform all such other duties as naturally pertain to this position.

### **ARTICLE III: ORDER OF THE BUSINESS MEETINGS**

The order of the business shall be as follows:

1. Call to order with statement made for the record of how many and which board members are present and that it constitutes a quorum.
2. Public Comment.
3. Approval of minutes.
4. The Executive Director and the Chair shall collaborate on the remainder of the agenda.

### **ARTICLE IV: COMMITTEES**

There shall be the following committees:

#### **A. Standing Committees:**

##### **1. Special Conference Committee.**

This committee shall consist of two board members who shall review information regarding alleged violations of the audiology and speech-language pathology laws and regulations and determine if probable cause exists to proceed with possible disciplinary action. The Chair may also designate another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date. Further, should the caseload increase to the level that additional special conference committees are needed, the Chair may appoint additional committees.

##### **2. Credentials Committee.**

The committee shall consist of two or more board members. The committee will may review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations when the Board Chair deems necessary. The committee shall not be required to meet collectively.

##### **3. Legislative/Regulatory Committee.**

The committee shall consist of at least three Board members of which one member shall be the Chair and shall include at least one audiologist and one speech-language pathologist. The Board delegates to the Legislative/Regulatory Committee the authority to consider and respond to petitions for rulemaking. This committee is responsible for the development of proposals for new regulations or amendments to existing regulations with all required accompanying



documentation; the development of proposals for legislative initiatives of the Board; the drafting of Board responses to public comment as required in conjunction with rulemaking; conducting the required review of all existing regulations as required by the Board's Public Participation Guidelines and any Executive Order of the Governor, and other required tasks related to regulations. In accordance with the Administrative Process Act, any proposed draft regulation and response to public comment shall be reviewed and approved by the full Board prior to publication.

4. **Continuing Education Committee.** This committee shall consist of at least two board members who shall review applicants for approval of continuing audiology and/or speech-language pathology education programs and other matters related to continuing education. The Board delegates the approval of continuing audiology and/or speech-language pathology education programs to this committee.

#### **B. Ad Hoc Committees**

There may be **Ad Hoc Committees**, appointed as needed, each of which shall consist of at least two persons appointed by the Board who are knowledgeable in the particular area of practice or education under consideration by the Board. The committee shall review matters as requested by the Board and advise the Board relative to the matters or make recommendations for consideration by the Board.

### **ARTICLE V: GENERAL DELEGATION OF AUTHORITY**

1. The Board delegates to Board staff the authority to issue and renew licenses where minimum statutory and regulatory qualifications have been met.
2. The Board delegates to the Executive Director the authority to reinstate licenses when the reinstatement is due to the lapse of the license and not due to previous Board disciplinary action, unless specified in the Board Order.
3. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of the Board business, to include, but not limited to, licensure applications, renewal forms and documents used in the disciplinary process.
4. The Board delegates authority to the Executive Director to negotiate a Consent Order in consultation with the chair of a Special Conference Committee or formal hearing.
5. The Board delegates to the Executive Director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.

6. The Board delegates to the Executive Director, who may consult with a special conference committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.
7. The Board delegates to the Executive Director the authority to review information regarding alleged violations of law or regulations and, in consultation with a member of a special conference committee, make a determination as to whether probable cause exists to proceed with possible disciplinary action.
8. The Board delegates authority to the Executive Director to close non-jurisdictional cases and fee dispute cases without review by a board member.
9. The Board delegates authority to the Executive Director to issue a Confidential Consent Agreement or offer a Consent Order for action consistent with any board-approved guidance document.
10. The Board delegates to the Executive Director the authority to grant continuing education extensions for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.
11. The Board delegates to the Executive Director the authority to grant a continuing education 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.
12. The Board delegates to the Chair, the authority to represent the Board in instances where Board "consultation" or "review" may be requested where a vote of the Board is not required and a meeting is not feasible.
13. The Board delegates authority to the Executive Director to issue an Advisory Letter to the person who is the subject of complaint pursuant to Va. Code § 54.1-2400.2(F), when it is determined that a probable cause review indicates a disciplinary proceeding will not be instituted.
14. The Board delegates authority to the Executive Director to request and accept from a licensee, in lieu of disciplinary action, a Confidential Consent Agreement, pursuant to Va. Code § 54.1-2400(14), consistent with any guidance documents adopted by the Board.

**ARTICLE VI. AMENDMENTS**

Proposed amendments to these bylaws shall be presented in writing to all Board members, the Executive Director of the Board and the Board's legal counsel prior to any regularly scheduled meeting of the Board. Amendments to the bylaws shall become effective with a favorable vote of at least two-thirds of the board members present at that regular meeting.

Effective Date: May 20, 1999  
Revision Date: March 13, 2014

\_\_\_\_\_  
Chair  
Board of Audiology and Speech-Language Pathology

DRAFT 02.25.2020

## **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 18VAC30-21-160 of the *Regulations Governing the Practice of Audiology and Speech-Language Pathology*.

Affirmative responses to any questions on applications for licensure for which the Board may 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 case:

*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.*

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.

From: Virginia Board of Audiology and Speech-Language Pathology  
Date: Tue, Oct 8, 2019 at 7:00 PM  
Subject: Telepractice Guidelines



Virginia Department of  
**Health Professions**

**Board of Audiology and Speech-Language Pathology**

During the board meeting held on July 30, 2019, the Board adopted telepractice guidelines. Guidance document 30-12. Guidance for Telepractice became effective on September 19, 2019.

Questions may be directed to [audbd@dhp.virginia.gov](mailto:audbd@dhp.virginia.gov)

Website: [Board of Audiology and Speech-Language Pathology](http://www.audbd.dhp.virginia.gov)

### Audiology Monthly Snapshot for January 2020

Audiology has closed more cases in January than received. Audiology has closed 2 patient care cases and 0 non-patient care cases for a total of 2 cases.

Cases Closed	
Patient Care	2
Non Patient Care	0
<b>Total</b>	<b>2</b>

Audiology has received 0 patient care case and 0 non-patient care cases for a total of 0 cases.

Cases Received	
Patient Care	0
Non Patient Care	0
<b>Total</b>	<b>0</b>

As of January 31, 2019, there were 15 Patient care cases open and 3 non-patient care cases open for a total of 18 cases.

Cases Open	
Patient Care	15
Non Patient Care	3
<b>Total</b>	<b>18</b>

There were 5605 Audiology licensees as of January 31, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Total for Audiologist	563
Total for School Speech-Language Pathologist	469
Total for Speech-Language Pathologist	4559
<b>Total for Speech Pathology/Audiology</b>	<b>5591</b>

There were 46 licenses issued for Audiology for the month of January. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Audiologist	5
Provisional Speech-Language Pathologist	6
School Speech-Language Pathologist	6
Speech-Language Pathologist	29
<b>Total</b>	<b>46</b>

## Audiology Monthly Snapshot for June 2019

Audiology/Speech Pathology has closed more cases in June than received cases. Audiology/Speech Pathology has closed 2 patient care cases and 3 non patient care cases for a total of 5 cases.

Closed Cases	
Patient Care	2
Non Patient Care	3
<b>Total</b>	<b>5</b>

The department has received 1 patient care cases and 0 non patient care cases for a total of 1 case.<sup>1</sup>

Cases Received	
Patient Care	1
Non Patient Care	0
<b>Total</b>	<b>1</b>

As of June 31 2019, there are 17 Patient care cases open and 6 non patient care cases open for a total of 23 cases.

Cases Open	
Patient Care Cases	17
Non Patient Care Cases	6
<b>Total</b>	<b>23</b>

There are **5106** Audiology/Speech Pathology licensees as of July 1, 2019. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Profession	Current Licenses
<i>Audiologist</i>	508
<i>School Speech Pathologist</i>	406
<i>Speech Pathologist</i>	4177
<b>Total for Speech Pathology/Audiology</b>	<b>5091</b>

There were **96** licenses issued for Audiology/Speech Pathology for the month of June. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Profession	License Issued
<i>Audiologist</i>	11
<i>Provisional Speech-Language Pathologist</i>	44
<i>School Speech-Language Pathologist</i>	2
<i>Speech-Language Pathologist</i>	39
<b>Total for Speech Pathology/Audiology</b>	<b>96</b>

<sup>1</sup> The cases received and cases closed figures exclude Compliance Tracking Cases

Virginia Department of Health Professions  
Cash Balance  
As of December 31, 2019

	<u>115- Audiology and Speech Lang</u>
<b>Board Cash Balance as June 30, 2019</b>	<b>\$ 605,624</b>
<b>YTD FY20 Revenue</b>	<b>41,015</b>
<b>Less: YTD FY20 Direct and Allocated Expenditures</b>	<b>180,745</b>
<b>Board Cash Balance as December 31, 2019</b>	<b><u>\$ 465,894</u></b>



# **AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY**

## **2020 CALENDAR**

<b>FEBRUARY 25, 2020 (Tuesday)</b>	<b>BR 4 10:00 AM</b>	<b>BOARD MEETING</b>
<b>FEBRUARY 25, 2020 (Tuesday)</b>	<b>BR 4</b>	<b>INFORMAL CONFERENCE(S)</b>
<b>JULY 7, 2020 (Tuesday)</b>	<b>BR 3 10:00 AM</b>	<b>BOARD MEETING</b>
<b>JULY 7, 2020 (Tuesday)</b>	<b>BR 3</b>	<b>INFORMAL CONFERENCE(S)</b>
<b>NOVEMBER 3, 2020 (Tuesday)</b>	<b>BR 1 10:00 AM</b>	<b>BOARD MEETING</b>
<b>NOVEMBER 3, 2020 (Tuesday)</b>	<b>BR 1</b>	<b>INFORMAL CONFERENCE(S)</b>