

**October 19, 2021**  
**Board Room 4**  
**9:00 a.m.**

**Agenda**  
**Virginia Board of Audiology &**  
**Speech-Language Pathology**  
**Full Board Meeting**

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

**Page 1**

- Welcome
- Emergency Egress
- Introduction of new staff
- Mission Statement

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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**

**Pages 2-7**

- February 9, 2021 – Full Board Meeting (pages 2-5)
- April 19, 2021 – Regulatory Committee Meeting (pages 6-7)

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**Agency Report – David E. Brown, D.C., Director**

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**Legislative/Regulatory Update – Elaine Yeatts**

**Pages 8-35**

- Delbridge Petition for Rulemaking to allow supervision of assistants via telepractice – public comment open 10/11/21 – 11/10/21 (pages 8-9)
- Periodic Review Update
  - Report from Regulatory Committee
- Review of suggested regulatory amendments (pages 10-29)
- Policy Action – Consideration of Electronic Meeting Policy (pages 30-35)

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**Discussion Items**

**Pages 36-95**

- Healthcare Workforce Data Reports – **Yetty Shobo**
  - Virginia’s Audiologist Workforce: 2021 (pages 36-65)
  - Virginia’s Speech-Language Pathology Workforces: 2021 (pages 66-95)
- Continuing Education (CE) Audit for July 1, 2020 to June 30, 2021 – **Leslie Knachel**
- Update on Licensure Compact Update – **Ms. Knachel**
- Update on ASHA Assistants Certification – **Ms. Knachel**

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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 – Dr. Alison King**

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**Staff Reports**

**Pages 96-99**

- Executive Director’s Report (pages 96-99)– **Ms. Knachel**
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- Statistics
  - Outreach
  - Board Calendar
  - Discipline Report – **Kelli Moss**

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**New Business – Dr. McNichol**

Elections (pages 100-104)

**Pages 100-  
104**

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**Next Meeting – Dr. McNichol**

Tuesday, March 8, 2022

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**Meeting Adjournment – Dr. McNichol**

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

# MISSION STATEMENT

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Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

**VIRGINIA BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY  
MEETING MINUTES  
February 9, 2021**

**TIME AND PLACE:** A virtual meeting via WebEx of the Virginia Board of Audiology and Speech-Language Pathology (Board) was called to order at 9:00 a.m. on Tuesday, February 9, 2021.

**PRESIDING OFFICER:** Melissa A. McNichol, Au.D.,CCC-A, Chair (Virtual Participation)

**MEMBERS PRESENT (VIRTUALLY):** Kyttra Burge, Citizen Member  
Bradley W. Kesser, M.D.  
Alison Ruth King, Ph.D., CCC-SLP  
Angela W. Moss, MA, CCC-SLP  
Erin G. Piker, Au.D., Ph.D., CCC-A

**MEMBERS NOT PRESENT:** Corliss V. Booker, Ph.D., APRN, FNP-BC

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

**STAFF PRESENT (VIRTUALLY):** Leslie L. Knachel, Executive Director  
Kelli Moss, Deputy Executive Director  
Charis Mitchell, Assistant Attorney General, Board Counsel  
David E. Brown, D.C. – Agency Director  
Barbara Allison-Bryan, M.D. – Agency Chief Deputy Director  
Elaine Yeatts - Senior Policy Analyst  
Yetty Shobo – Healthcare Data Workforce Center  
Celia Wilson, Disciplinary Case Specialist  
Heather Pote, Disciplinary Case Specialist  
Tamara Farmer, Administrative Assistant  
Amy Davis, Administrative Assistant

**INTRODUCTIONS:** Ms. Knachel introduced Ms. Pote to the Board.

**ORDERING OF AGENDA:** Ms. Knachel requested that “Audiology National Examination” be added to the Discussion Items. Ms. Burge moved to accept the agenda as amended. The motion was seconded by Ms. Moss. A roll call vote was taken by Ms. Knachel. The motion passed unanimously.

**PUBLIC COMMENT:** There was no public comment.

**APPROVAL OF MINUTES:** Dr. Kesser moved to approve the meeting minutes for the February 25, 2020 – Full Board Meeting as presented. The motion was seconded by Ms. Burge. A roll call vote was taken by Ms. Knachel. The motion passed unanimously.

**DIRECTOR’S REPORT:** Dr. Brown provided an overview of the General Assembly session.  
  
Dr. Allison-Bryan provided an overview of the COVID-19 vaccine administration in Virginia.

**DISCUSSION ITEMS:** The Legislative/Regulatory report was delayed based on a request from Ms. Yeatts.

### **Audiology National Examination**

Ms. Knachel provided information on the new audiology national examination. The current audiology exam 5342 will be only available until August 2021 and requires a passing score of 170. The new audiology examination 5343 is now available and has a recommended passing score of 162. In addition, the current speech-language examination 5331 has a passing score requirement of 162. The examinations are owned and administered by Education Testing Service (ETS). Ms. Knachel stated that Virginia needs to adopt the passing scores for these three examinations.

Ms. Moss moved to adopt the following passing scores for the PRAXIS examinations:

- 170 for Audiology 5342
- 162 for Audiology 5343
- 162 for Speech-Language Pathology 5331

The motion was seconded by Ms. King. A roll call vote was taken by Ms. Knachel. The motion passed unanimously.

### **LEGISLATIVE/REGULATORY UPDATE:**

#### **2021 Legislative Session Overview**

Ms. Yeatts provided an update on legislation of interest to the Board.

#### **Periodic Review**

Ms. Yeatts provided information regarding the Periodic Review of Regulations. Ms. Yeatts and Ms. Knachel suggested a regulatory committee be appointed to conduct review the regulations and make recommendations to the full Board. Dr. King, Dr. Piker and Ms. Burge volunteered to serve on the committee.

### **DISCUSSION ITEMS:**

#### **Healthcare Workforce Data Reports**

Dr. Shobo reviewed the information regarding trends with Audiologists and Speech Language Pathologists from 2012 to 2020.

#### **Continuing Education Audit for Previous License Year**

Ms. Knachel stated in accordance with Dr. Brown's recommendation that a continuing education audit for the time period of January 1, 2019 to June 30, 2020, not be conducted.

Ms. Moss moved that continuing education audit for January 1, 2019 to June 30, 2020 not be conducted. The motion was seconded by Ms. Burge. A roll call vote was taken by Ms. Knachel. The motion passed unanimously.

#### **Guidance Document Review**

Ms. Knachel reported on the guidance documents that were due for review.

Ms. Burge moved to reaffirm Guidance Document 30-6, Board Guidance on Definition of Active Practice. The motion was seconded by Dr. Kesser. A roll call vote was taken by Ms. Knachel. The motion passed unanimously.

Ms. Burge moved to adopt Guidance Document 30-8, Board Guidance on Requirements to Hold Licensure in Virginia to Practice Speech-Language Pathology as amended. The motion was seconded by Ms. Moss. A roll call vote was taken by Ms. Knachel. The motion passed unanimously.

Ms. Burge moved to reaffirm Guidance Document 30-11, Guidelines for Processing Applications for Licensure. The motion was seconded by Dr. Kesser. A roll call vote was taken by Ms. Knachel. The motion passed unanimously.

#### **Update on Licensure Compact**

Ms. Knachel stated that six states have joined the compact with pending legislation in additional states. Ten states are required to activate the compact. Ms. Knachel commented that questions about the funding plan for the compact still have not been answered. Since the compact requires member states to fully fund the Compact Commission in the absence of other funding, it is recommended that the Board take no action at this time and continue monitoring the situation. She indicated that several steps have been taken to expedite endorsement licensing applications in Virginia including board staff obtaining licensure verifications from other states' online verification systems.

#### **Update on ASHA Assistants Certification**

Ms. Knachel reviewed information regarding American Speech-Language-Hearing Association's new Assistants Certification program. She commented that the Board has regulations regarding qualifications and supervision of assistants. However, there is no authority at this time for the Board to license, register, or certify assistants. After discussion, the Board took no action regarding a legislative proposal to license, register, or certify assistants or to change regulations. Ms. Knachel will continue to monitor the situation and update the Board as needed.

#### **BOARD COUNSEL REPORT:**

Ms. Mitchell had nothing to report.

#### **PRESIDENT'S REPORT:**

Dr. McNichol had nothing to report.

#### **BOARD OF HEALTH PROFESSIONS' REPORT:**

Dr. King reported that the last Board of Health Professions meeting was held on January 25, 2021. Elections were held for Chair, 1<sup>st</sup> Vice Chair and 2<sup>nd</sup> Vice Chair.

#### **STAFF REPORTS:**

##### **Executive Director's Report**

Ms. Knachel provided the following information:

- Licensure and budget statistics;
- Outreach email regarding extended time due to the pandemic to obtain continuing education for the renewal that took place in June 2020

##### **Discipline Report**

Ms. Moss provided an overview of the caseload statistics.

#### **NEW BUSINESS:**

##### **Elections**

Dr. McNichol reviewed the information in the bylaws regarding elections to be held at the first board meeting of the organizational year with an effective date of January 1.

Ms. Moss moved to nominate Dr. McNichol as chair. The motion was seconded by Dr. Kesser. A roll call vote was taken by Ms. Knachel. The motion passed unanimously.

Ms. Moss moved to nominate herself as vice-chair. The motion was seconded by Dr. Kesser. A roll call vote was taken by Ms. Knachel. The motion passed unanimously.

**Letter from SHAV**

Ms. Knachel reviewed a letter received from the Speech-Language-Hearing Association of Virginia (SHAV) regarding tracheal suctioning which asked for the Board to take a position that this skill is in a Virginia speech-language pathologist's (SLP) scope of practice. Ms. Knachel reported on her conversations with Ms. Mitchell, Ms. Yeatts and the President of SHAV. Ms. Knachel stated that board staff would need additional time to review the matter. However, the scope of practice is defined by the legislature. If the legislature adds this specific skill to the SLP scope of practice, a committee comprised of board members and stakeholders would be convened to develop regulations. After discussion, the Board asked Ms. Knachel to contact SHAV stating legislation is required to further define the change scope of practice for a speech-language pathologist. No further action was taken by the Board at this time.

**NEXT MEETING:**

Ms. Knachel stated the Regulatory Committee will need to meet which will determine the timing of the next full board meeting. Possible dates for future meetings and a formal hearing will be circulated in the near future.

**ADJOURNMENT:**

The meeting adjourned at 11:20 a.m.

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Melissa A. McNichol, Au.D., CCC-A  
Chair

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

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Date

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Date

**VIRGINIA BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY  
REGULATORY COMMITTEE  
MEETING MINUTES  
April 19, 2021**

**TIME AND PLACE:** The Regulatory Committee of the Virginia Board of Audiology and Speech-Language Pathology virtual meeting was called to order at 2:03 p.m. on Monday, April 19, 2021.

**PRESIDING OFFICER:** Kyttra Burge, Citizen Member

**MEMBERS PRESENT:** Alison Ruth King, Ph.D., CCC-SLP  
Erin G. Piker, Au.D., Ph.D., CCC-A

**QUORUM:** With all three members of the Committee present, a quorum was established.

**STAFF PRESENT:** Leslie L. Knachel, Executive Director  
Elaine Yeatts, DHP Senior Policy Analyst  
Heather Pote, Discipline Case Specialist  
Celia Wilson, Discipline Case Specialist  
Amy Davis, Administrative Assistant

**COMMITTEE PURPOSE:** Ms. Burge stated that pursuant to Executive Order 14 as amended July 16, 2018 and §§2.2-4007.1 and 2.2-4017 of the *Code of Virginia*, the Regulations Governing the Practice of Audiology and Speech-Language Pathology is undergoing a periodic review. The Committee has been tasked with determining whether the regulations should be repealed, amended, or retained in its current form and make recommendations to the Board of Audiology and Speech-Language Pathology.

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

**PUBLIC COMMENT:** There was no public comment.

**DISCUSSION ITEMS:** Ms. Knachel and Ms. Yeatts reviewed the document in the agenda packet which contained suggested changes made by staff.

After review and discussion of the regulations, the Committee agreed on recommended changes which will be presented to the Board of Audiology and Speech-Language Pathology at its next meeting in order for the Board to move forward with issuing a Notice of Intended Regulatory Action (NOIRA).

**NEW BUSINESS:** No new business was presented.

**NEXT MEETING:** The Committee is not scheduled to meet, unless deemed, necessary prior to the Board meeting.

**ADJOURNMENT:** The meeting adjourned at 3:50 p.m.



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Kyttra Burge, Citizen Member  
Chair

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

DRAFT

Virginia.gov Agencies | Governor


**Secretariat** Health and Human Resources

**Agency** Department of Health Professions

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

Petition 353

Petition Information	
<b>Petition Title</b>	Supervision of speech-language assistants
<b>Date Filed</b>	9/9/2021 <a href="#">[Transmittal Sheet]</a>
<b>Petitioner</b>	Rebecca Delbridge
<b>Petitioner's Request</b>	To allow for supervision of assistants by speech-language pathologists via telepractice.
<b>Agency's Plan</b>	<p>The petition will be published on October 11, 2021 in the <i>Register of Regulations</i> and also posted on the Virginia Regulatory Townhall at <a href="http://www.townhall.virginia.gov">www.townhall.virginia.gov</a> to receive public comment ending November 10, 2021.</p> <p>Following receipt of all comments on the petition to amend regulations, the Board will decide whether to make any changes to the regulatory language. This matter may also be discussed at the Board meeting on October 19, 2021 in the context of a periodic review of regulations. The petitioner will be informed of its decision.</p>
<b>Comment Period</b>	Will begin 10/11/2021 and end on 11/10/2021
<b>Agency Decision</b>	Pending
Contact Information	
<b>Name / Title:</b>	Leslie L. Knachel / <i>Executive Director</i>
<b>Address:</b>	9960 Mayland Drive Suite 300 Richmond, 23233
<b>Email Address:</b>	<a href="mailto:AudBD@dhp.virginia.gov">AudBD@dhp.virginia.gov</a>
<b>Telephone:</b>	(804)597-4130 FAX: (804)527-4471 TDD: (-)

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# COMMONWEALTH OF VIRGINIA

## Board of Audiology & Speech-Language Pathology

9960 Mayland Drive, Suite 300  
Richmond, Virginia 23233-1463

(804) 367-4630 (Tel)  
(804) 527-4471 (Fax)

Note: As of June 1, 2019, the Boards phone number will change to: (804) 597-4132

### Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

<b>Please provide the information requested below. (Print or Type)</b>		
Petitioner's full name (Last, First, Middle initial, Suffix,)		
Delbridge, Rebecca A		
Street Address	Area Code and Telephone Number	
1200 GARTH CT	919-616-6262	
City	State	Zip Code
Virginia Beach	VA	23454
Email Address (optional)	Fax (optional)	
rebecca.a.delbridge@gmail.com		

**Respond to the following questions:**

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending. 18VAC30-21-140. Supervisory responsibilities; supervision of unlicensed assistants.  
 E. Supervision of an assistant in speech-language pathology.  
 2. The speech-language pathologist shall provide the level of supervision to the speech-language pathologist assistant necessary to ensure quality of care to include onsite 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. The speech-language pathologist shall document such onsite observation and evaluation in the client record for each session.
2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.  
 I am requesting to change the verbiage of supervision requirements from "onsite" supervision to "direct supervision via onsite or telepractice". This will ensure that every speech language pathologist assistant is able to work to their full potential of which they have been trained while guaranteeing adequate supervision for best therapy provision to clients. There are many school divisions in rural areas that are unable to access speech-language pathologists, but are able to access fully trained speech language pathology assistants. This will ensure students are still able to receive quality speech therapy services despite location, use of telepractice, or a student's inability to attend school due to public health emergencies. Proposed verbiage:  
 E. Supervision of an assistant in speech-language pathology  
 2. The speech-language pathologist shall provide the level of supervision to the speech-language pathologist assistant necessary to ensure quality of care to include direct supervision, via onsite or telepractice, of at least two client sessions for each assistant being supervised every 30 days to directly observe and evaluate the performance of the assistant. The speech-language pathologist shall document such direct observation and evaluation in the client record for each session.
3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

No other code reference

Signature: Rebecca A Delbridge MS CCC SLP Date: 8/12/21

Committee recommendations in RED Discussion items are highlighted.

## Chapter 21. Regulations Governing Audiology and Speech-Language Pathology

### Part I

#### General Provisions

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

A. The words and terms "audiologist," "board," "practice of audiology," "practice of speech-language pathology," "speech-language disorders," and "speech-language pathologist" when used in this chapter shall have the meanings ascribed to them in § [54.1-2600](#) of the Code of Virginia.

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.

"ASHA" means the American Speech-Language-Hearing Association.

"Client" means a patient or person receiving services in audiology or speech-language pathology.

~~"Contact hour" means 60 minutes of time spent in continuing learning activities.~~

"Limited cerumen management" means the identification and removal of cerumen from the cartilaginous outer one-third portion of the external auditory canal in accordance with minimum standards and procedures set forth in this chapter.

"School speech-language pathologist" means a person licensed pursuant to § [54.1-2603](#) of the Code of Virginia to provide speech-language pathology services solely in public school divisions.

"Supervision" means that the audiologist or speech-language pathologist is responsible for the entire service being rendered or activity being performed, is available for consultation, and is

providing regular monitoring and documentation of clinical activities and competencies of the person being supervised.

18VAC30-21-20. Required licenses; posting of licenses.

A. There shall be separate licenses for the practices of audiology and speech-language pathology. It is prohibited for any person to practice as an audiologist or a speech-language pathologist unless the person has been issued the appropriate license.

B. A ~~licensee shall post his license in a place conspicuous to the public in each facility in which the licensee is employed and holds himself out to practice. If it is not practical to post the license,~~ the licensee shall provide a copy of his license upon request.

18VAC30-21-30. Records; accuracy of information.

A. All changes of name, address of record, or public address, if different from the address of record, shall be furnished to the board within 30 days after the change occurs.

B. A licensee who has changed his name shall submit as legal proof to the board a copy of the marriage certificate, a certificate of naturalization, or a court order evidencing the change. A duplicate license with the changed name shall be issued by the board upon receipt of such evidence and the required fee.

C. All notices required by law and by this chapter to be mailed by the board to any ~~registrant or~~ licensee shall be validly served when mailed to the latest address of record on file with the board.

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
	\$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	<del>\$5</del> <u>\$10</u>
12. Handling fee for returned check or dishonored credit card or debit card	\$50
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:~~

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

## Part II

### Requirements for Licensure

#### 18VAC30-21-50. Application requirements.

A. A person seeking a provisional license or licensure as an audiologist, a speech-language pathologist, or a school speech-language pathologist shall submit:

1. A completed and signed application;
2. The applicable fee prescribed in [18VAC30-21-40](#), or in the case of an application for licensure as an audiologist, a speech-language pathologist, or a school speech-language pathologist ~~following issuance of~~ issued a provisional license pursuant to 18VAC30-21-70 A, the difference between the provisional licensure fee and the application licensure fee;
3. Documentation as required by the board to determine if the applicant has met the qualifications for licensure;

4. An attestation that the applicant has read, understands, and will comply with the statutes and regulations governing the practice of audiology or speech-language pathology; ~~and~~

5. ~~If licensed or certified in another United States jurisdiction, verification~~ Verification of the status of the license or certification from each United States jurisdiction in which licensure or certification is or ever has been held; ~~and~~

6. A current report from the U. S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

B. An incomplete application package shall be ~~retained by the board~~ valid for a period of one year from the date the application is received by the board. If an application is not completed within the year, an applicant shall reapply and pay a new application fee.

18VAC30-21-60. Qualifications for initial licensure.

A. The board may grant an initial license to an applicant for licensure in audiology ~~or speech-language pathology~~ who:

1. Holds a current and unrestricted Certificate of Clinical Competence issued by ASHA; or

2. Holds a current and unrestricted 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; and provides documentation of having~~ 2. Has passed the qualifying examination from an accrediting body recognized by the board; ~~or~~

3. Provides documentation of graduation from an audiology program accredited by the Council on Academic Accreditation of ASHA or an equivalent accrediting body and of having passed the qualifying examination from an accrediting body recognized by the board.

B. The board may grant an initial license to an applicant for licensure in speech-language pathology who holds a current and unrestricted Certificate of Clinical Competence issued by ASHA.

~~B. C.~~ C. The board may grant a license to an applicant as a school speech-language pathologist who holds a master's degree in speech-language-pathology.

~~C. Any individual who holds an active, renewable license issued by the Virginia 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 board until~~

~~July 1, 2016, or the date of expiration of such person's license issued by the Virginia Board of Education, whichever is later.~~

D. The board may refuse to issue a license to any applicant who has been determined to have committed an act in violation of 18VAC30-21-160.

18VAC30-21-70. Provisional licensure.

A. Provisional license to qualify for initial licensure. An applicant may be issued a provisional license in order to obtain clinical experience required for certification by ASHA, the American Board of Audiology, or any other accrediting body recognized by the board. To obtain a provisional license in order to qualify for initial licensure, the applicant shall submit documentation that he has:

1. Passed the qualifying examination from an accrediting body recognized by the board; and

2. Either:

a. For provisional licensure in audiology, successfully completed all the didactic coursework required for the doctoral degree as documented by a college or university whose audiology program is accredited by the Council on Academic Accreditation of ASHA or an equivalent accrediting body; or

b. For provisional licensure in speech-language pathology, successfully completed all the didactic coursework required for a graduate program in speech-language pathology as documented by a college or university whose program is accredited by the Council on Academic Accreditation of the American Speech-Language-Hearing Association or an equivalent accrediting body.

B. Provisional license to qualify for endorsement or reentry into practice. An applicant may be issued a provisional license in order to qualify for licensure by endorsement pursuant to [18VAC30-21-80](#), reactivation of an inactive license pursuant to subsection C of [18VAC30-21-110](#), or reinstatement of a lapsed license pursuant to subsection B of [18VAC30-21-120](#).

C. All provisional licenses shall expire 18 months from the date of issuance and may be renewed for an additional six months by submission of a renewal form and payment of a renewal fee. Renewal of a provisional license beyond 24 months shall be for good cause shown **as determined by a committee of the board.**

D. The holder of a provisional license in audiology shall only practice under the supervision of a licensed audiologist, and the holder of a provisional license in speech-language pathology shall



only practice under the supervision of a licensed speech-language pathologist. The provisional licensee shall be responsible and accountable for the safe performance of those direct client care tasks to which he has been assigned.

E. Licensed audiologists or speech-language pathologists providing supervision shall:

1. Notify the board electronically or in writing of the intent to provide supervision for a provisional licensee;

2. Have an active, current license and at least three years of active practice as an audiologist or speech-language pathologist prior to providing supervision;

3. Document the frequency and nature of the supervision of provisional licensees;

4. Be responsible and accountable for the assignment of clients and tasks based on their assessment and evaluation of the provisional licensee's knowledge and skills; and

5. Monitor clinical performance and intervene if necessary for the safety and protection of the clients.

F. The identity of a provisional licensee shall be disclosed to the client prior to treatment and shall be made a part of the client's file.

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

A. 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 shall submit~~ documentation of:

1. Ten continuing education hours for each year in which the applicant has been licensed in the other jurisdiction, not to exceed 30 hours and passage of the qualifying examination from the accrediting body recognized by the board; or

~~2. or a~~ 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. 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; or~~

2. Current certification issued by the American Board of Audiology and passage Passage of the qualifying examination from an accrediting body recognized by the board; and

~~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 the applicant's supervisor. An applicant who graduated from an accredited program in audiology or speech-language pathology within ~~12~~ 24 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.

B. The board may refuse to issue a license to any applicant who has been determined to have committed an act in violation of 18VAC30-21-160.

### Part III

#### Renewal and Continuing Education

18VAC30-21-90. Renewal requirements.

A. A person who desires to renew his license shall, not later than ~~December 31 of 2018, submit the renewal notice and applicable renewal fee. Beginning with calendar year 2020, the renewal of licensure deadline shall be~~ June 30 of each year, submit the renewal notice and applicable renewal fee. A licensee who fails to renew his license by the expiration date shall have a lapsed license, and practice with a lapsed license may constitute grounds for disciplinary action by the board.

B. A person who fails to renew his license by the expiration date may renew at any time within one year of expiration by submission of a renewal notice, the renewal fee and late fee, and statement an attestation of compliance with continuing education requirements.

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 Joint Commission 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~~ may 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.

#### Part IV

#### Reactivation and Reinstatement

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

A. An audiologist, 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:

1. ~~current ASHA certification~~ 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 ~~of having completed~~

2. Completion of 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:

1. ~~meet~~ Meet the requirements of subsection B of this section; and ~~shall either:~~

2. Provide a current report from the U. S. Department of Health and Human Services National Practitioner Data Bank (NPDB);

3. Provide verification of the status of any license or certification from each United States jurisdiction in which licensure or certification is or ever has been held; and shall either:

~~1. Meet the requirements for initial licensure as prescribed by [18VAC30-21-60](#); or~~

~~2. a.~~ 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

~~b. practice~~ 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, speech-language pathologists, or school speech-language pathologists.

A. A person who fails to renew his license by the expiration date may renew at any time within one year of expiration by submission of a renewal notice, the renewal fee and late fee, and an attestation of compliance with continuing education requirements.

B. 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 the following:

1. A reinstatement application; and payment of the reinstatement fee, and

~~submission of documentation~~ 2. Documentation of:

a. a 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

b. at 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. C.~~ A licensee who does not reinstate within five years shall ~~meet:~~

1. Meet the requirements of subsection A B of this section; ~~and shall either:~~

2. Provide a current report from the U. S. Department of Health and Human Services National Practitioner Data Bank (NPDB);

3. Provide verification of the status of any license or certification from each United States jurisdiction in which licensure or certification is or ever has been held; and shall either:

~~1. Reinstate by meeting~~ the requirements for initial licensure as prescribed by [18VAC30-21-60](#); or

~~2. a.~~ 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

~~b. practice~~ 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.~~

~~D.~~ 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. (Repealed.)

18VAC30-21-131. Performance of flexible endoscopic evaluation of swallowing.

A. For the purposes of this section, an endoscopic procedure shall mean a flexible endoscopic evaluation of swallowing limited to the use of flexible endoscopes to observe, collect data, and measure the parameters of swallowing for the purposes of functional assessment and therapy planning.

B. A speech-language pathologist who performs an endoscopic procedure shall meet the following qualifications:

1. Completion of a course or courses or an educational program offered by a provider approved in [18VAC30-20-100](#) that includes at least 12 hours on endoscopic procedures;

2. Successful performance of at least 25 flexible endoscopic procedures under the immediate and direct supervision of a board-certified otolaryngologist or another speech-language pathologist who has successfully performed at least 50 flexible endoscopic procedures beyond the 25 required for initial qualification and has been approved in writing by a board-certified otolaryngologist to provide that supervision; and

3. Current certification in basic life support.

C. The speech-language pathologist who qualifies to perform an endoscopic procedure pursuant to subsection B of this section shall maintain documentation of course completion and written

verification from the supervising otolaryngologist or speech-language pathologist of successful completion of flexible endoscopic procedures.

D. An endoscopic procedure shall only be performed by a speech-language pathologist on referral from an otolaryngologist or other qualified physician.

E. A speech-language pathologist shall only perform an endoscopic procedure in a facility that has protocols in place for emergency medical backup. A flexible endoscopic evaluation of swallowing shall only be performed by a speech-language pathologist in either:

1. A licensed hospital or nursing home under the general supervision of a physician who is readily available in the event of an emergency, including physical presence in the facility or available by telephone; or
2. A physician's office at which the physician is on premises and available to provide onsite supervision.

F. The speech-language pathologist shall promptly report any observed abnormality or adverse reaction to the referring physician, an appropriate medical specialist, or both. The speech-language pathologist shall provide a report of an endoscopic procedure to the referring physician in a timely manner and, if requested, shall ensure access to a visual recording for viewing.

G. A speech-language pathologist is not authorized to possess or administer prescription drugs except as provided in § [54.1-3408](#) B of the Code of Virginia.

H. A speech-language pathologist who has been performing flexible endoscopic evaluations of swallowing prior to October 7, 2015, may continue to perform such evaluations provided he has written verification from a board-certified otolaryngologist that he has the appropriate training, knowledge, and skills to safely perform such evaluations.

## Part V

### Standards of Practice

18VAC30-21-140. Supervisory responsibilities; supervision of unlicensed assistants.

A. Responsibility of a licensee.

1. A licensed audiologist who supervises unlicensed assistants shall document such supervision, shall be held fully responsible for their performance and activities, and shall ensure that they perform only those activities that do not constitute the practice of audiology and that are commensurate with their level of training.

2. A licensed speech-language pathologist who supervises unlicensed assistants shall document such supervision, shall be held fully responsible for their performance and activities, and shall ensure that they perform only those activities that do not constitute the practice of speech-language pathology and that are commensurate with their level of training.

a. A speech-language pathologist shall not 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.

b. The frequency in which the speech-language pathologist personally delivers treatment or services to a client who is receiving some services from an assistant shall be up to the professional judgment of the speech-language pathologist and shall 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 shall occur at least every 30 days.

3. The identity of the unlicensed assistant shall be disclosed to the client prior to treatment and shall be made a part of the client's file.

#### B. Qualifications of a speech-language pathologist assistant.

1. A person acting as a speech-language pathologist assistant shall have:

a. A bachelor's degree or associate's degree and documented training by a licensed speech-language pathologist in topics related to the client population to be served; or

b. Employment as a speech-language pathologist assistant in a United States jurisdiction within the last five years preceding July 27, 2016.

2. A speech-language pathologist supervising an assistant shall be responsible for determining that the knowledge, skills, and clinical experience of the assistant are sufficient to ensure competency to perform all tasks to which the assistant is assigned. The speech-language pathologist shall document competency after training and direct observation of the assistant's performance of such tasks, and a record of skills and competencies shall be maintained.

C. Scope of practice of a speech-language pathologist assistant. After demonstration and documentation of competency for the duties to be assigned, an assistant shall only engage in those duties 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 appointments and activities;
    - c. Preparing charts, records, or graphs and performing 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.
- D. A speech-language pathologist assistant shall not engage in the practice of speech-language pathology, including the following:
1. Represent himself as a speech-language pathologist.
  2. Perform standardized or nonstandardized diagnostic tests or 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 in or provide services as specified in subsection C of this section unless directed by the supervising speech-language pathologist.
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.

E. Supervision of an assistant in speech-language pathology.

1. The practice of an assistant shall only be supervised by a speech-language pathologist who retains full legal and ethical responsibility for the client. A speech-language pathologist shall only supervise the equivalent of two full-time assistants.
2. The speech-language pathologist shall provide the level of supervision to the speech-language pathologist assistant necessary to ensure quality of care to include onsite 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. The speech-language pathologist shall document such onsite observation and evaluation in the client record for each session.

18VAC30-21-145. Limited cerumen management.

A. In order for an audiologist to perform limited cerumen management, he shall:

1. Be a graduate of a doctoral program in audiology that is accredited by the Council on Academic Accreditation of the American Speech-Language-Hearing Association or other accrediting body recognized by the board and that included didactic education and supervised clinical experience in cerumen management as specified in subsection B of this section; or

2. Complete a course or workshop in cerumen management that provides training as specified in subsection B of this section and that is approved by the American Speech-Language Hearing Association or the American Academy of Audiology.

B. An audiologist shall maintain documentation evidencing satisfactory completion of training in cerumen management to include the following:

1. Recognizing the presence of preexisting contraindications that necessitate referral to a physician;
2. Recognizing patient distress and appropriate action to take if complications are encountered;
3. Use of infection control precautions;
4. Procedures for removal of cerumen, including cerumen loop, gentle water irrigation, suction, and the use of material for softening;
5. Observation of each type of cerumen management procedure performed by a qualified audiologist or physician; and
6. Successful performance, under direct supervision by an audiologist qualified to perform cerumen management or a physician, of each type of cerumen management procedure.

C. An audiologist shall not perform cerumen management on a patient who has any of the following preexisting contraindications:

1. A perforated tympanic membrane;
2. Inflammation, tenderness, drainage, or open wounds or traces of blood in the external ear canal;
3. History of ear surgery that results in distortion of the external ear canal;
4. HIV infection or bleeding disorders;
5. Actual or suspected foreign body in the ear, excluding hearing aid components that are located in the lateral one-third portion of the ear canal;
6. Stenosis or bony exostosis of the ear canal; or
7. Cerumen impaction that totally occludes the visualization of the tympanic membrane.

D. An audiologist performing cerumen management shall:

1. Obtain informed consent of the patient or legally responsible adult and document such consent and the procedure performed in the patient record.
2. Refer patients to a physician if they exhibit contraindications or experience any complication, such as dizziness, during the procedure.

18VAC30-21-141. Record-keeping.

A licensee shall:

1. Comply with provisions of § 32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of client records or related to provision of client records to another practitioner or to the client or his personal representative.
2. Properly manage and keep timely, accurate, legible, and complete client records, to include the following:
  - a. For licensees who are employed by a health care institution, school system, or other entity, in which the individual practitioner does not own or maintain his own records, failure to maintain client records in accordance with the policies and procedures of the employing entity; or
  - b. For licensees who are self-employed or employed by an entity in which the individual practitioner does own and is responsible for client records, failure to maintain a client record for a minimum of six years following the last client encounter with the following exceptions:
    - (1) For records of a minor child, the minimum time is six years from the last client encounter or until the child reaches the age of 18 or becomes emancipated, whichever is longer; or
    - (2) Records that have previously been transferred to another practitioner or health care provider or provided to the client or his personal representative as documented in a record or database maintained for a minimum of six years.
3. Comply with requirements of § 54.1-2405 for notification and transfer of patient records in conjunction with closure, sale, or relocation of one's practice.

18VAC30-21-150. Prohibited conduct.

A. No person, unless otherwise licensed to do so, shall prepare, order, dispense, alter, or repair hearing aids or parts of or attachments to hearing aids for consideration. However, audiologists licensed under this chapter may make earmold impressions and prepare and alter earmolds for clinical use and research.

B. No person licensed as a school speech-language pathologist shall conduct the practice of speech-language pathology outside of the public school setting.

18VAC30-21-160. Unprofessional conduct.

The board may refuse to issue a license to any applicant, suspend a license for a stated period of time or indefinitely, reprimand a licensee or place his license on probation with such terms and conditions and for such time as it may designate, impose a monetary penalty, or revoke a license for any of the following:

1. Guarantee of the results of any speech, voice, language, or hearing consultative or therapeutic procedure or exploitation of clients by accepting them for treatment when benefit cannot reasonably be expected to occur or by continuing treatment unnecessarily;
2. Diagnosis or treatment of speech, voice, language, and hearing disorders solely by written correspondence, provided this shall not preclude:
  - a. Follow-up by written correspondence or electronic communication concerning individuals previously seen; or
  - b. Providing clients with general information of an educational nature;
- ~~3. Failure to comply with provisions of § 32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of client records or related to provision of client records to another practitioner or to the client or his personal representative;~~
- ~~4. Failure to properly manage and keep timely, accurate, legible, and complete client records, to include the following:
  - a. For licensees who are employed by a health care institution, school system, or other entity, in which the individual practitioner does not own or maintain his own records, failure to maintain client records in accordance with the policies and procedures of the employing entity; or
  - b. For licensees who are self-employed or employed by an entity in which the individual practitioner does own and is responsible for client records, failure to maintain a client record for a minimum of six years following the last client encounter with the following exceptions:
    - (1) For records of a minor child, the minimum time is six years from the last client encounter or until the child reaches the age of 18 or becomes emancipated, whichever is longer; or~~

~~(2) Records that have previously been transferred to another practitioner or health care provider or provided to the client or his personal representative as documented in a record or database maintained for a minimum of six years;~~

~~5.~~ 3. Engaging or attempting to engage in a relationship with a client that constitutes a professional boundary violation in which the practitioner uses his professional position to take advantage of the vulnerability of a client or a client's family, including but not limited to sexual misconduct with a client or a member of the client's family or other conduct that results or could result in personal gain at the expense of the client;

~~6.~~ 4. Incompetence or negligence in the practice of the profession;

~~7.~~ 5. Failure to comply with applicable state and federal statutes or regulations specifying the consultations and examinations required prior to the fitting of a new or replacement prosthetic aid for any communicatively impaired person;

~~8.~~ 6. Failure to refer a client to an appropriate health care practitioner when there is evidence of an impairment for which assessment, evaluation, care, or treatment might be necessary;

~~9.~~ 7. Failure to supervise persons who assist in the practice of audiology or speech-language pathology as well as failure to disclose the use and identity of unlicensed assistants;

~~10.~~ 8. Conviction of a felony or a misdemeanor involving moral turpitude;

~~11.~~ 9. Violating or cooperating with others in violating any of the provisions of Chapters 1 (§ [54.1-100](#) et seq.), 24 (§ [54.1-2400](#) et seq.), or 26 (§ [54.1-2600](#) et seq.) of Title 54 of the Code of Virginia or the regulations of the board;

~~12.~~ 10. Publishing or causing to be published in any manner an advertisement relating to his professional practice that is false, deceptive, or misleading;

~~13.~~ 11. Inability to practice with skill and safety;

~~14.~~ 12. Fraud, deceit, or misrepresentation in provision of documentation or information to the board or in the practice of audiology or speech-language pathology;

~~15.~~ 13. Aiding and abetting unlicensed activity; or

~~16.~~ 14. Revocation, suspension, restriction, or any other discipline of a license or certificate to practice or surrender of license or certificate while an investigation or administrative proceedings are pending in another regulatory agency in Virginia or another jurisdiction.

18VAC30-21-170. Criteria for delegation to an agency subordinate.

A. Decision to delegate. In accordance with subdivision 10 of § [54.1-2400](#) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that a practitioner may be subject to a disciplinary action.

B. Criteria for delegation. Cases that may not be delegated to an agency subordinate are those that involve:

1. Intentional or negligent conduct that causes or is likely to cause injury to a patient;
2. Mandatory suspension resulting from action by another jurisdiction or a felony conviction;
3. Impairment with an inability to practice with skill and safety;
4. Sexual misconduct;
5. Unauthorized practice.

C. Criteria for an agency subordinate.

1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.
2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.
3. The board may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

# Virginia Board of Audiology and Speech-Language Pathology

## Meetings Held with Electronic Participation

### **Purpose:**

To establish a written policy for holding meetings of the Board of Audiology and Speech-Language Pathology with electronic participation by some of its members and the public.

### **Policy:**

This policy for conducting a meeting with electronic participation shall be in accordance with § 2.2-3708.2 of the Code of Virginia.

### **Authority:**

§ [2.2-3708.2](#). *Meetings held through electronic communication means.*

*A. The following provisions apply to all public bodies:*

*1. Subject to the requirements of subsection C, all public bodies may conduct any meeting wherein the public business is discussed or transacted through electronic communication means if, on or before the day of a meeting, a member of the public body holding the meeting notifies the chair of the public body that:*

*a. Such member is unable to attend the meeting due to (i) a temporary or permanent disability or other medical condition that prevents the member's physical attendance or (ii) a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance; or*

*b. Such member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter. Participation by a member pursuant to this subdivision b is limited each calendar year to two meetings or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater.*

*2. If participation by a member through electronic communication means is approved pursuant to subdivision 1, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public. If participation is approved pursuant to subdivision 1 a, the public body shall also include in its minutes the fact that the member participated through electronic communication means due to (i) a temporary or permanent disability or other medical condition that prevented the member's physical attendance or (ii) a family member's medical condition that required the member to provide care for such family member, thereby preventing the member's physical attendance. If participation is approved pursuant to subdivision 1 b, the public body shall also include in its minutes the specific nature of the personal matter cited by the member.*

*If a member's participation from a remote location pursuant to subdivision 1 b is disapproved because such participation would violate the policy adopted pursuant to subsection C, such disapproval shall be recorded in the minutes with specificity.*



3. Any public body, or any joint meetings thereof, may meet by electronic communication means without a quorum of the public body physically assembled at one location when the Governor has declared a state of emergency in accordance with § [44-146.17](#) or the locality in which the public body is located has declared a local state of emergency pursuant to § [44-146.21](#), provided that (i) the catastrophic nature of the declared emergency makes it impracticable or unsafe to assemble a quorum in a single location and (ii) the purpose of the meeting is to provide for the continuity of operations of the public body or the discharge of its lawful purposes, duties, and responsibilities. The public body convening a meeting in accordance with this subdivision shall:

- a. Give public notice using the best available method given the nature of the emergency, which notice shall be given contemporaneously with the notice provided to members of the public body conducting the meeting;
- b. Make arrangements for public access to such meeting through electronic communication means, including videoconferencing if already used by the public body;
- c. Provide the public with the opportunity to comment at those meetings of the public body when public comment is customarily received; and
- d. Otherwise comply with the provisions of this chapter.

The nature of the emergency, the fact that the meeting was held by electronic communication means, and the type of electronic communication means by which the meeting was held shall be stated in the minutes.

The provisions of this subdivision 3 shall be applicable only for the duration of the emergency declared pursuant to § [44-146.17](#) or [44-146.21](#).

B. The following provisions apply to regional public bodies:

1. Subject to the requirements in subsection C, regional public bodies may also conduct any meeting wherein the public business is discussed or transacted through electronic communication means if, on the day of a meeting, a member of a regional public body notifies the chair of the public body that such member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting.
2. If participation by a member through electronic communication means is approved pursuant to this subsection, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public.

If a member's participation from a remote location is disapproved because such participation would violate the policy adopted pursuant to subsection C, such disapproval shall be recorded in the minutes with specificity.

C. Participation by a member of a public body in a meeting through electronic communication means pursuant to subdivisions A 1 and 2 and subsection B shall be authorized only if the following conditions are met:

1. The public body has adopted a written policy allowing for and governing participation of its members by electronic communication means, including an approval process for such participation, subject to the express limitations imposed by this section. Once adopted, the policy shall be applied strictly and uniformly, without exception, to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting;
2. A quorum of the public body is physically assembled at one primary or central meeting location; and

3. The public body makes arrangements for the voice of the remote participant to be heard by all persons at the primary or central meeting location.

D. The following provisions apply to state public bodies:

1. Except as provided in subsection D of § [2.2-3707.01](#), state public bodies may also conduct any meeting wherein the public business is discussed or transacted through electronic communication means, provided that (i) a quorum of the public body is physically assembled at one primary or central meeting location, (ii) notice of the meeting has been given in accordance with subdivision 2, and (iii) members of the public are provided a substantially equivalent electronic communication means through which to witness the meeting. For the purposes of this subsection, "witness" means observe or listen.

If a state public body holds a meeting through electronic communication means pursuant to this subsection, it shall also hold at least one meeting annually where members in attendance at the meeting are physically assembled at one location and where no members participate by electronic communication means.

2. Notice of any regular meeting held pursuant to this subsection shall be provided at least three working days in advance of the date scheduled for the meeting. Notice, reasonable under the circumstance, of special, emergency, or continued meetings held pursuant to this section shall be given contemporaneously with the notice provided to members of the public body conducting the meeting. For the purposes of this subsection, "continued meeting" means a meeting that is continued to address an emergency or to conclude the agenda of a meeting for which proper notice was given.

The notice shall include the date, time, place, and purpose for the meeting; shall identify the primary or central meeting location and any remote locations that are open to the public pursuant to subdivision 4; shall include notice as to the electronic communication means by which members of the public may witness the meeting; and shall include a telephone number that may be used to notify the primary or central meeting location of any interruption in the telephonic or video broadcast of the meeting. Any interruption in the telephonic or video broadcast of the meeting shall result in the suspension of action at the meeting until repairs are made and public access is restored.

3. A copy of the proposed agenda and agenda packets and, unless exempt, all materials that will be distributed to members of a public body for a meeting shall be made available for public inspection at the same time such documents are furnished to the members of the public body conducting the meeting.

4. Public access to the remote locations from which additional members of the public body participate through electronic communication means shall be encouraged but not required. However, if three or more members are gathered at the same remote location, then such remote location shall be open to the public.

5. If access to remote locations is afforded, (i) all persons attending the meeting at any of the remote locations shall be afforded the same opportunity to address the public body as persons attending at the primary or central location and (ii) a copy of the proposed agenda and agenda packets and, unless exempt, all materials that will be distributed to members of the public body for the meeting shall be made available for inspection by members of the public attending the meeting at any of the remote locations at the time of the meeting.

6. The public body shall make available to the public at any meeting conducted in accordance with this subsection a public comment form prepared by the Virginia Freedom of Information Advisory Council in accordance with § [30-179](#).

7. Minutes of all meetings held by electronic communication means shall be recorded as required by § [2.2-3707](#). Votes taken during any meeting conducted through electronic communication means shall be recorded by name in roll-call fashion and included in the minutes. For emergency meetings held by electronic communication means, the nature of the emergency shall be stated in the minutes.

8. Any authorized state public body that meets by electronic communication means pursuant to this subsection shall make a written report of the following to the Virginia Freedom of Information Advisory Council by December 15 of each year:

a. The total number of meetings held that year in which there was participation through electronic communication means;

b. The dates and purposes of each such meeting;

c. A copy of the agenda for each such meeting;

d. The primary or central meeting location of each such meeting;

e. The types of electronic communication means by which each meeting was held;

f. If possible, the number of members of the public who witnessed each meeting through electronic communication means;

g. The identity of the members of the public body recorded as present at each meeting, and whether each member was present at the primary or central meeting location or participated through electronic communication means;

h. The identity of any members of the public body who were recorded as absent at each meeting and any members who were recorded as absent at a meeting but who monitored the meeting through electronic communication means;

i. If members of the public were granted access to a remote location from which a member participated in a meeting through electronic communication means, the number of members of the public at each such remote location;

j. A summary of any public comment received about the process of conducting a meeting through electronic communication means; and

k. A written summary of the public body's experience conducting meetings through electronic communication means, including its logistical and technical experience.

E. Nothing in this section shall be construed to prohibit the use of interactive audio or video means to expand public participation.

#### **Procedures:**

1. In order to conduct a meeting with electronic participation, a quorum of the board or a committee of the board must be physically present at a central location.
2. If a quorum is attained, one or more members of the board or committee may participate electronically if, on or before the day of a meeting, the member notifies the chair and the executive director that he/she is unable to attend the meeting due to: 1) a temporary or permanent disability or other medical condition that prevents the member's physical attendance; 2) a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance; or 3) a personal matter, identifying with specificity the nature of the personal matter. Attendance by a member electronically for personal reasons is limited to two meetings per calendar year or no more than 25% of meetings held.

3. Participation by a member through electronic communication means must be approved by the board chair or president.
4. The board or committee holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location does not need to be open to the public.
5. The board or committee shall also include in its minutes the fact that the member participated through electronic communication means due to a temporary or permanent disability or other medical condition that prevented the member's physical attendance or if the member participated electronically due to a personal matter, the minutes shall state the specific nature of the personal matter cited by the member. If a member's participation from a remote location is disapproved because it would violate this policy, it must be recorded in the minutes with specificity.
6. If a board or committee holds a meeting through electronic communication, it must also hold at least one meeting annually where members are in attendance at the central location and no members participate electronically.
7. Notice of a meeting to be conducted electronically, along with the agenda, should be provided to the public contemporaneously with such information being sent to board members at least three working days in advance of such meeting. Notice of special, emergency, or continued meetings must be given contemporaneously with the notice provided to members.
8. Meeting notices and agendas shall be posted on the Virginia Regulatory Townhall (which sends notice to Commonwealth Calendar and the Board's website). They should also be provided electronically to interested parties on the Board's public participation guidelines list.
9. The notice shall include the date, time, place, and purpose for the meeting; shall identify the primary meeting location; shall include notice as to the electronic communication means by which members of the public may participate in the meeting; and shall include a telephone number that may be used to notify the primary or central meeting location of any interruption in the telephonic or video broadcast of the meeting. Any interruption in the telephonic or video broadcast of the meeting shall result in the suspension of action at the meeting until repairs are made and public access is restored.
10. The board or committee must make arrangement for the voice of the remote participant(s) to be heard by all persons at the primary or central meeting location.
11. The agenda shall include a link to a public comment form prepared by the Virginia Freedom of Information Advisory Council in accordance with § 30-179 to allow members of the public to assess their experience with participation in the electronic meeting.

**Form:**

Link to Public comment form from the Freedom of Information Council  
<http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm>

**Adopted on (date):**

DRAFT

**DRAFT**

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# *Virginia's Audiologist Workforce: 2021*

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Healthcare Workforce Data Center

July 2021

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233  
804-597-4213, 804-527-4466 (fax)  
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Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

*More than 470 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 their ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

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***Executive Director***

Leslie L. Knachel



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## The Audiologist Workforce: At a Glance:

### The Workforce

Licensees:	599
Virginia's Workforce:	446
FTEs:	394

### Background

Rural Childhood:	22%
HS Degree in VA:	39%
Prof. Degree in VA:	30%

### Current Employment

Employed in Prof.:	94%
Hold 1 Full-time Job:	78%
Satisfied?:	96%

### Survey Response Rate

All Licensees:	79%
Renewing Practitioners:	89%

### Education

AuD:	74%
Masters:	17%

### Job Turnover

Switched Jobs in 2021:	4%
Employed Over 2 Yrs:	69%

### Demographics

Female:	86%
Diversity Index:	19%
Median Age:	45

### Finances

Median Income:	\$80k-\$90k
Health Benefits:	57%
Under 40 w/ Ed Debt:	65%

### Primary Roles

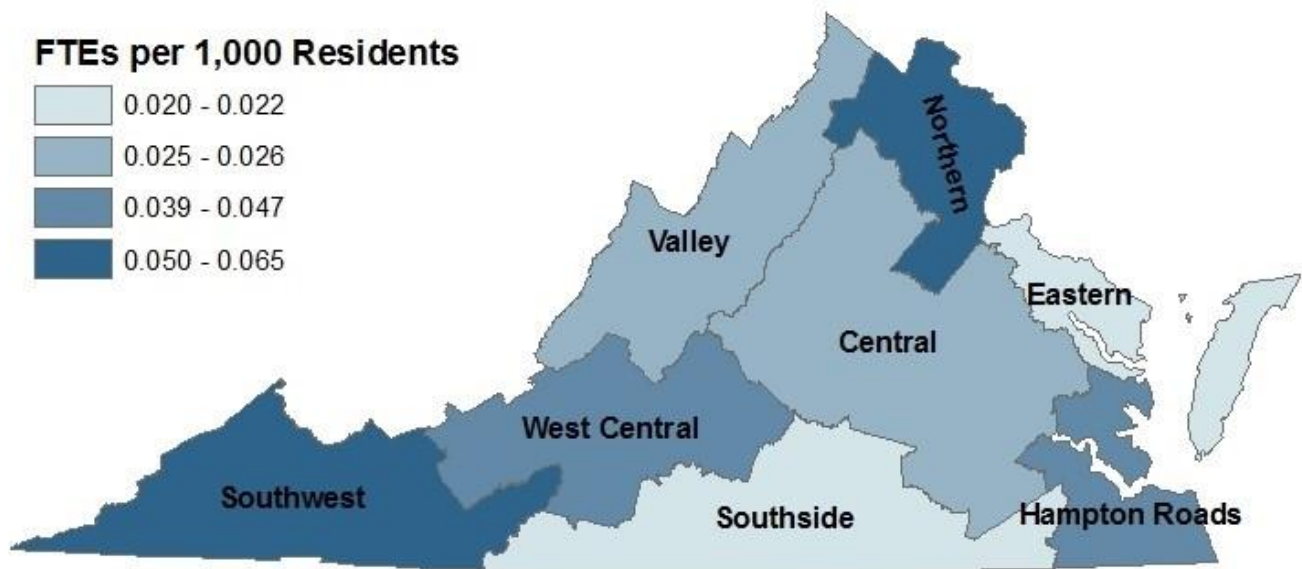
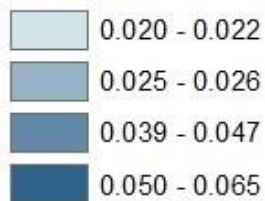
Patient Care:	79%
Administration:	5%
Non-Clinical Edu.:	0%

Source: Va. Healthcare Workforce Data Center

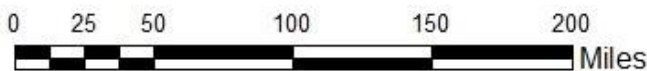
## Full Time Equivalency Units Provided by Audiologists per 1,000 Residents by Virginia Performs Regions

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2019  
Source: U.S. Census Bureau, Population Division



More than 470 audiologists voluntarily took part in the 2021 Audiologist Workforce Survey. These survey respondents represent 79% of the 599 audiologists who are licensed in the state and 89% of renewing practitioners. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process. Previously, this license renewal process took place every December but, starting in 2020, it occurs every June for audiologists.

The HWDC estimates that 446 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. In 2021, Virginia's audiologist workforce provided 394 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours a year.

Over 85% of Virginia's audiology workforce is female, including 89% of audiologists who are under the age of 40. In total, nearly 40% of all audiologists are under the age of 40. Meanwhile, the diversity index of Virginia's audiologist workforce is only 19%, which is well below the 57% diversity index for Virginia's population as a whole. Nearly one-quarter of all audiologists grew up in a rural area, and 11% of audiologist who grew up in rural areas currently work in non-metro areas of Virginia. In total, 6% of Virginia's audiologists currently work in non-metro areas of the state.

More than 90% of all audiologists are currently employed in the profession. In addition, more than three out of every four audiologists hold one full-time job, and 60% work between 40 and 49 hours per week. The typical audiologist earns between \$80,000 and \$90,000 per year. In addition, 82% of audiologists receive at least one employer-sponsored benefit, including 57% who have access to health insurance. Nearly 70% of all audiologists work in the for-profit sector, and a quarter are employed at group private practices, the most of any establishment type in the state. The typical audiologist in the Virginia workforce treats between 30 and 39 patients per week at their primary work location.

## Summary of Trends

---

The coronavirus pandemic is likely responsible for some startling and disconcerting trends for audiologists in 2021. In past surveys, between 1% and 2% of audiologists reported involuntary unemployment in the one-year period before the survey. However, in 2021, 10% of audiologists reported they were involuntary unemployed in the one-year period before the survey, beating the 2020 record of 7%. Another shocking result in 2021 is that the percent of the audiologist workforce who have been employed at their primary workplace for over 2 years declined from 77% in 2020 to 69% in 2021. Job satisfaction also declined from 98% to 96%, with those reporting they were very satisfied with their current employment declining from 74% in 2020 to 67% in 2021.

Additionally, Virginia's audiologists are more likely to have earned an AuD as their highest professional degree in 2021 compared to 2013 (74% vs. 59%), but they are also more likely to carry education debt (35% vs. 29%). The increase for audiologists under age 40 years was even more drastic, with 65% reporting carrying educational debt in 2021 compared to 55% in 2013 and 2020. The median debt among these professionals has increased considerably since 2013 (\$70,000-\$80,000 vs. \$40,000-\$50,000). The median income has also increased; the median income is now \$80,000-\$90,000 compared to \$60,000-\$70,000 in 2013.

More subtle changes were recorded for some other measures. For instance, the total number of Virginia's licensed audiologists has increased by 20% since 2013, from 501 to 599. Virginia's audiologist workforce also increased from 406 to 446 and the number of FTEs provided by this workforce has increased by 5% to 394. The diversity index of the workforce also increased between 2018 and 2021 but, at 19%, it is the same as the index in 2013 but lower than the index of 22% in 2014. The median age of the audiologist workforce declined to 45 in 2021 after remaining at 46 years the previous five years. Further, the percent of the audiologist workforce under age 40 increased from 35% to 39% and the percent above age 55 remained at 29% in this period. By contrast, the percent of Virginia's audiologists who are female declined to a six-year low of 86% in 2021.

**A Closer Look:**

Licensee Counts		
License Status	#	%
Renewing Practitioners	503	84%
New Licensees	33	6%
Non-Renewals	63	11%
<b>All Licensees</b>	<b>599</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. Nearly 90% of renewing audiologists submitted a survey. These represent 79% of audiologists who held a license at some point in 2021.*

**Definitions**

- 1. The Survey Period:** The survey was conducted in June 2021.
- 2. Target Population:** All audiologists who held a Virginia license at some point between July 2020 and June 2021.
- 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 2021.

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
<b>By Age</b>			
Under 30	27	34	56%
30 to 34	27	54	67%
35 to 39	16	63	80%
40 to 44	9	70	89%
45 to 49	11	60	85%
50 to 54	11	42	79%
55 to 59	2	55	97%
60 and Over	21	97	82%
<b>Total</b>	<b>124</b>	<b>475</b>	<b>79%</b>
<b>New Licenses</b>			
Issued in 2021	33	0	0%
<b>Metro Status</b>			
Non-Metro	27	34	56%
Metro	27	54	67%
Not in Virginia	16	63	80%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	475
Response Rate, All Licensees	79%
Response Rate, Renewals	89%

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

Licensed Audiologists  
 Number: 599  
 New: 6%  
 Not Renewed: 11%

Survey Response Rates  
 All Licensees: 79%  
 Renewing Practitioners: 89%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

2021 Audiologist Workforce: 446  
 FTEs: 394

### Utilization Ratios

Licensees in VA Workforce: 74%  
 Licensees per FTE: 1.52  
 Workers per FTE: 1.13

Source: Va. Healthcare Workforce Data Center

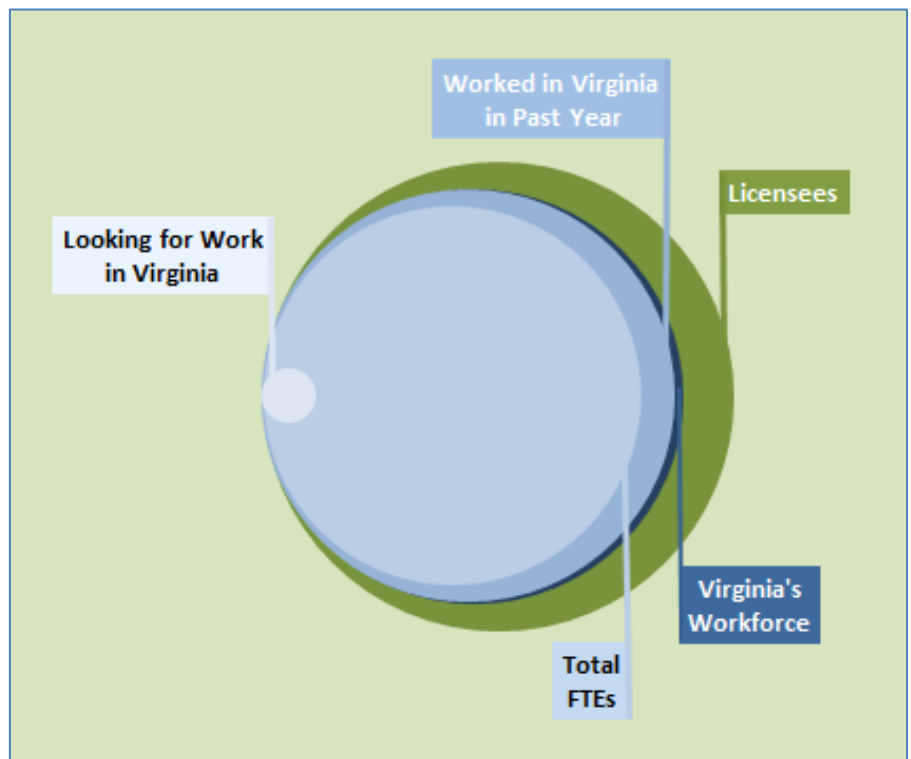
Virginia's Audiologist Workforce		
Status	#	%
Worked in Virginia in Past Year	436	98%
Looking for Work in Virginia	10	2%
Virginia's Workforce	446	100%
Total FTEs	394	
Licensees	599	

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. Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees 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.

*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	7	13%	47	87%	54	15%
30 to 34	6	10%	49	90%	54	15%
35 to 39	4	13%	28	87%	32	9%
40 to 44	3	9%	37	92%	40	11%
45 to 49	7	18%	33	82%	40	11%
50 to 54	4	11%	31	89%	35	10%
55 to 59	8	21%	29	79%	36	10%
60 +	13	18%	58	82%	71	20%
<b>Total</b>	<b>52</b>	<b>14%</b>	<b>311</b>	<b>86%</b>	<b>363</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	Audiologists		Audiologists Under 40	
	%	#	%	#	%
White	61%	322	90%	124	88%
Black	19%	12	3%	3	2%
Asian	7%	10	3%	6	4%
Other Race	0%	2	1%	2	1%
Two or More Races	3%	4	1%	2	1%
Hispanic	10%	8	2%	4	3%
<b>Total</b>	<b>100%</b>	<b>358</b>	<b>100%</b>	<b>141</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, 2019.

Source: Va. Healthcare Workforce Data Center

Nearly 40% of all audiologists are under the age of 40, and 89% of these professionals are female. In addition, audiologists who are under the age of 40 have a diversity index of 22%.

At a Glance:

**Gender**

% Female: 86%  
% Under 40 Female: 89%

**Age**

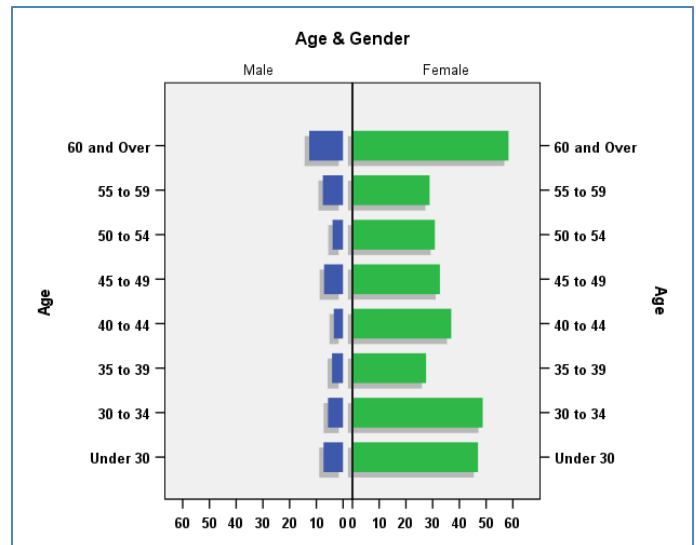
Median Age: 45  
% Under 40: 39%  
% 55+: 29%

**Diversity**

Diversity Index: 19%  
Under 40 Div. Index: 22%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two audiologists, there is a 19% 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 57%.



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 5%  
Rural Childhood: 22%

### Virginia Background

HS in Virginia: 39%  
Prof. Education in VA: 30%  
HS/Prof. Edu. in VA: 46%

### Location Choice

% Rural to Non-Metro: 11%  
% Urban/Suburban to Non-Metro: 4%

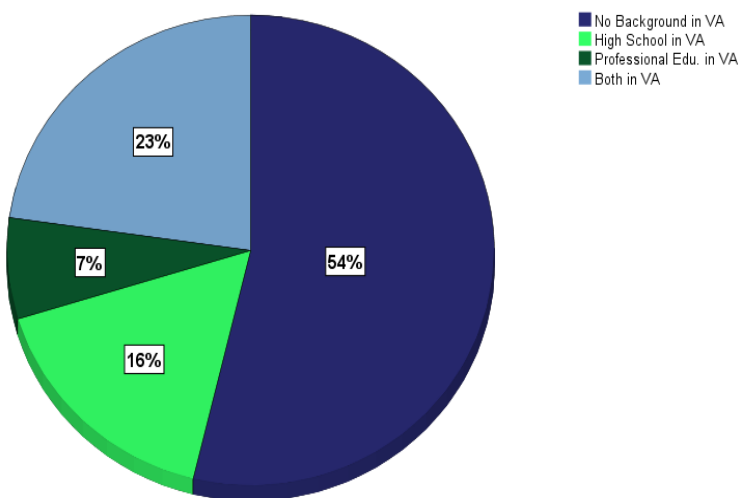
Source: Va. Healthcare Workforce Data Center

## 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+	18%	78%	4%
2	Metro, 250,000 to 1 Million	16%	76%	8%
3	Metro, 250,000 or Less	41%	57%	2%
<b>Non-Metro Counties</b>				
4	Urban Pop 20,000+, Metro Adjacent	50%	25%	25%
6	Urban Pop, 2,500-19,999, Metro Adjacent	50%	0%	50%
7	Urban Pop, 2,500-19,999, Non-Adjacent	40%	60%	0%
8	Rural, Metro Adjacent	0%	0%	100%
9	Rural, Non-Adjacent	50%	50%	0%
<b>Overall</b>		<b>22%</b>	<b>73%</b>	<b>5%</b>

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly one out of every four audiologists grew up in self-described rural areas, and 11% of these professionals currently work in non-metro counties. Overall, 6% of all audiologists currently work in non-metro counties.

## Top Ten States for Audiologist Recruitment

Rank	All Professionals			
	High School	#	Professional School	#
1	Virginia	141	Virginia	104
2	New York	23	Tennessee	32
3	Maryland	23	Washington, D.C.	24
4	New Jersey	18	Maryland	21
5	Ohio	14	New York	21
6	Pennsylvania	14	West Virginia	17
7	Michigan	10	Pennsylvania	16
8	Outside U.S./Canada	10	North Carolina	15
9	West Virginia	10	Ohio	12
10	Illinois	9	Illinois	8

*More than one-third of all audiologists received their high school degree in Virginia, and 30% received their initial professional degree in the state.*

Source: Va. Healthcare Workforce Data Center

*Among audiologists who received their license in the past five years, 32% received their high school degree in Virginia, while 16% received their initial professional degree in the state.*

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	46	Virginia	23
2	New Jersey	14	Tennessee	17
3	Maryland	10	Maryland	12
4	New York	9	Pennsylvania	11
5	Pennsylvania	6	New York	10
6	Illinois	6	Indiana	7
7	Ohio	5	Ohio	6
8	North Carolina	5	North Carolina	6
9	Indiana	4	New Jersey	6
10	Tennessee	3	Washington, D.C.	6

Source: Va. Healthcare Workforce Data Center

*About a quarter of licensed audiologists did not participate in Virginia's workforce in 2021. Over 90% of these audiologists worked at some point in the past year, and 84% are currently employed as audiologists.*

### At a Glance:

#### Not in VA Workforce

Total:	153
% of Licensees:	26%
Federal/Military:	16%
Va Border State/DC:	29%

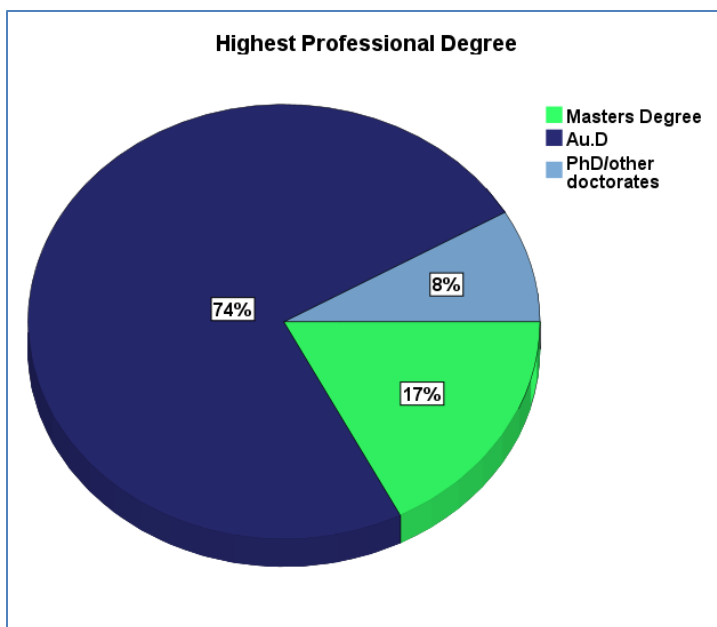
Source: Va. Healthcare Workforce Data Center



**A Closer Look:**

Highest Professional Degree		
Degree	#	%
Master's Degree	61	17%
AuD	261	74%
PhD	26	7%
Other Doctorate Degree	4	1%
<b>Total</b>	<b>352</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*More than a third of audiologists currently have education debt, including 65% of those who are under the age of 40. For those with education debt, the median outstanding balance on their loans is between \$70,000 and \$80,000.*

## At a Glance:

**Education**  
 Doctor of Audiology: 74%  
 Master's Degree: 17%

**Educational Debt**  
 Carry Debt: 36%  
 Under Age 40 w/ Debt: 65%  
 Median Debt: \$70k-\$80k

Source: Va. Healthcare Workforce Data Center

*Nearly three-quarters of all audiologists hold a Doctorate of Audiology (AuD) as their highest professional degree.*

Educational Debt				
Amount Carried	All Audiologists		Audiologists Under 40	
	#	%	#	%
None	208	65%	43	35%
Less Than \$10,000	10	3%	2	2%
\$10,000-\$19,999	11	3%	8	7%
\$20,000-\$29,999	3	1%	1	1%
\$30,000-\$39,999	6	2%	3	2%
\$40,000-\$49,999	5	2%	3	2%
\$50,000-\$59,999	4	1%	3	2%
\$60,000-\$69,999	12	4%	9	7%
\$70,000-\$79,999	7	2%	5	4%
\$80,000-\$89,999	9	3%	8	7%
\$90,000-\$99,999	3	1%	3	2%
\$100,000 or More	45	13%	34	28%
<b>Total</b>	<b>323</b>	<b>100%</b>	<b>122</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Top Specialties

Hearing Aids/Devices:	54%
Geriatrics:	26%
Pediatrics:	24%

### Top Credentials

CCC-A Audiology:	66%
Hearing Aid Disp. License:	52%
F-AAA Fellow:	27%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Self-Designated Specialties		
Specialty	#	% of Workforce
<b>Hearing Aids/Devices</b>	241	54%
<b>Geriatrics</b>	118	26%
<b>Pediatrics</b>	109	24%
<b>Vestibular</b>	70	16%
<b>Cochlear Implants</b>	52	12%
<b>Educational</b>	43	10%
<b>Occupational Hearing Conservation</b>	36	8%
<b>Intraoperative Monitoring</b>	7	2%
<b>Other</b>	31	7%
<b>At Least One Specialty</b>	<b>300</b>	<b>67%</b>

Source: Va. Healthcare Workforce Data Center

Credentials		
Credential	#	% of Workforce
<b>CCC-A: Audiology</b>	295	66%
<b>Hearing Aid Dispenser License</b>	230	52%
<b>F-AAA Fellow</b>	119	27%
<b>ABA Certification</b>	21	5%
<b>CCC-SLP: Speech-Language Pathology</b>	7	2%
<b>PASC: Pediatric Audiology</b>	5	1%
<b>Other</b>	6	1%
<b>At Least One Credential</b>	<b>353</b>	<b>79%</b>

Source: Va. Healthcare Workforce Data Center

*Two-thirds of all audiologists have at least one self-designated specialty, while 79% have at least one credential.*

## At a Glance:

### Employment

Employed in Profession: 94%  
Involuntarily Unemployed: 1%

### Positions Held

1 Full-time: 78%  
2 or More Positions: 7%

### Weekly Hours:

40 to 49: 60%  
60 or More: 3%  
Less Than 30: 10%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	4	1%
Employed in an Audiologist-Related Capacity	337	94%
Employed, NOT in an Audiologist-Related Capacity	6	2%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	3	1%
Voluntarily Unemployed	8	2%
Retired	1	0%
<b>Total</b>	<b>359</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	12	3%
One Part-Time Position	41	11%
Two Part-Time Positions	8	2%
One Full-Time Position	278	78%
One Full-Time Position & One Part-Time Position	17	5%
Two Full-Time Positions	0	0%
More Than Two Positions	1	0%
<b>Total</b>	<b>357</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*More than nine out of every ten audiologists are currently employed in the profession. More than three-quarters have one full-time job, and 60% work between 40 and 49 hours per week.*

Current Weekly Hours		
Hours	#	%
0 Hours	12	3%
1 to 9 Hours	4	1%
10 to 19 Hours	11	3%
20 to 29 Hours	18	5%
30 to 39 Hours	63	18%
40 to 49 Hours	208	60%
50 to 59 Hours	22	6%
60 to 69 Hours	6	2%
70 to 79 Hours	1	0%
80 or More Hours	2	1%
<b>Total</b>	<b>347</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Income		
Annual Income	#	%
<b>Volunteer Work Only</b>	3	1%
<b>Less Than \$20,000</b>	10	4%
<b>\$20,000-\$29,999</b>	4	2%
<b>\$30,000-\$39,999</b>	7	3%
<b>\$40,000-\$49,999</b>	3	1%
<b>\$50,000-\$59,999</b>	21	7%
<b>\$60,000-\$69,999</b>	36	12%
<b>\$70,000-\$79,999</b>	58	20%
<b>\$80,000-\$89,999</b>	55	19%
<b>\$90,000-\$99,999</b>	31	11%
<b>\$100,000-\$109,999</b>	25	9%
<b>\$110,000-\$119,999</b>	7	2%
<b>\$120,000 or More</b>	29	10%
<b>Total</b>	<b>289</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
<b>Very Satisfied</b>	232	67%
<b>Somewhat Satisfied</b>	100	29%
<b>Somewhat Dissatisfied</b>	12	3%
<b>Very Dissatisfied</b>	3	1%
<b>Total</b>	<b>347</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Annual Earnings**  
Median Income: \$80k-90k

**Benefits**  
Health Insurance: 57%  
Retirement: 67%

**Satisfaction**  
Satisfied: 96%  
Very Satisfied: 67%

Source: Va. Healthcare Workforce Data Center

*The typical audiologist earns between \$80,000 and \$90,000 per year. In addition, 82% receive at least one employer-sponsored benefit, including 57% who have access to health insurance.*

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
<b>Paid Vacation</b>	245	73%	81%
<b>Retirement</b>	226	67%	73%
<b>Paid Sick Leave</b>	208	62%	69%
<b>Health Insurance</b>	192	57%	62%
<b>Dental Insurance</b>	154	46%	53%
<b>Group Life Insurance</b>	105	31%	38%
<b>Signing/Retention Bonus</b>	20	6%	7%
<b>At Least One Benefit</b>	<b>275</b>	<b>82%</b>	<b>87%</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?	44	10%
Experience Voluntary Unemployment?	25	6%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	13	3%
Work Two or More Positions at the Same Time?	29	7%
Switch Employers or Practices?	20	4%
<b>Experienced At Least One</b>	<b>96</b>	<b>22%</b>

Source: Va. Healthcare Workforce Data Center

*Involuntary unemployment among Virginia’s audiologists was 10% over the past year. For comparison, Virginia’s average monthly unemployment rate was 5.6%.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	3	1%	3	4%
Less Than 6 Months	9	3%	3	4%
6 Months to 1 Year	40	12%	10	14%
1 to 2 Years	51	15%	8	11%
3 to 5 Years	62	18%	18	25%
6 to 10 Years	59	17%	13	18%
More Than 10 Years	114	34%	17	24%
<b>Subtotal</b>	<b>339</b>	<b>100%</b>	<b>71</b>	<b>100%</b>
Did Not Have Location	13		369	
Item Missing	94		6	
<b>Total</b>	<b>446</b>		<b>446</b>	

Source: Va. Healthcare Workforce Data Center

*Two-thirds of audiologists receive a salary or commission at their primary work location.*

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 10%  
Underemployed: 3%

**Turnover & Tenure**

Switched: 4%  
New Location: 18%  
Over 2 Years: 69%  
Over 2 Yrs, 2<sup>nd</sup> Location: 68%

**Employment Type**

Salary/Commission: 67%  
Hourly Wage: 18%

Source: Va. Healthcare Workforce Data Center

*More than two-thirds of audiologists have worked at their primary work location for more than two years.*

Employment Type		
Primary Work Site	#	%
Salary/Commission	178	67%
Hourly Wage	48	18%
Business/Practice Income	8	3%
By Contract/Per Diem	32	12%
Unpaid	0	0%
<b>Subtotal</b>	<b>266</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the US Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 3.9% and a high of 8.1%. At the time of publication, the unemployment rate for June 2021 was still preliminary.

## At a Glance:

### Concentration

Top Region:	36%
Top 3 Regions:	76%
Lowest Region:	1%

### Locations

2 or More (2020):	22%
2 or More (Now*):	19%

Source: Va. Healthcare Workforce Data Center

More than one-third of audiologists work in Northern Virginia, the most of any region in the state. Along with Central Virginia and Hampton Roads, these three regions account for 76% of all audiologists in the state.

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	61	18%	14	20%
Eastern	3	1%	0	0%
Hampton Roads	72	21%	18	26%
Northern	120	36%	23	33%
Southside	10	3%	2	3%
Southwest	14	4%	5	7%
Valley	24	7%	3	4%
West Central	24	7%	1	1%
Virginia Border State/D.C.	3	1%	4	6%
Other US State	4	1%	0	0%
Outside of the US	0	0%	0	0%
<b>Total</b>	<b>335</b>	<b>100%</b>	<b>70</b>	<b>100%</b>
Item Missing	98		7	

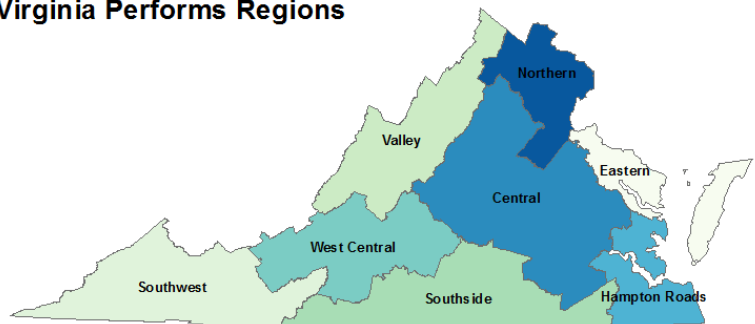
Source: Va. Healthcare Workforce Data Center

Locations	Number of Work Locations			
	Work Locations in 2021		Work Locations Now*	
	#	%	#	%
0	10	3%	12	4%
1	261	75%	268	77%
2	59	17%	50	14%
3	10	3%	11	3%
4	2	1%	1	0%
5	4	1%	4	1%
6 or More	1	0%	1	0%
<b>Total</b>	<b>348</b>	<b>100%</b>	<b>347</b>	<b>100%</b>

\*At the time of survey completion, June 2021.

Source: Va. Healthcare Workforce Data Center

## Virginia Performs Regions



Nearly one out of every five audiologists currently have multiple work locations, while 22% have had multiple work location over the past year.

**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	219	69%	48	74%
<b>Non-Profit</b>	45	14%	9	14%
<b>State/Local Government</b>	28	9%	2	3%
<b>Veterans Administration</b>	15	5%	6	9%
<b>U.S. Military</b>	10	3%	0	0%
<b>Other Federal Gov't</b>	1	0%	0	0%
<b>Total</b>	<b>318</b>	<b>100%</b>	<b>65</b>	<b>100%</b>
<b>Did Not Have Location</b>	13		369	
<b>Item Missing</b>	113		12	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

For Profit:	69%
Federal:	8%

**Top Establishments**

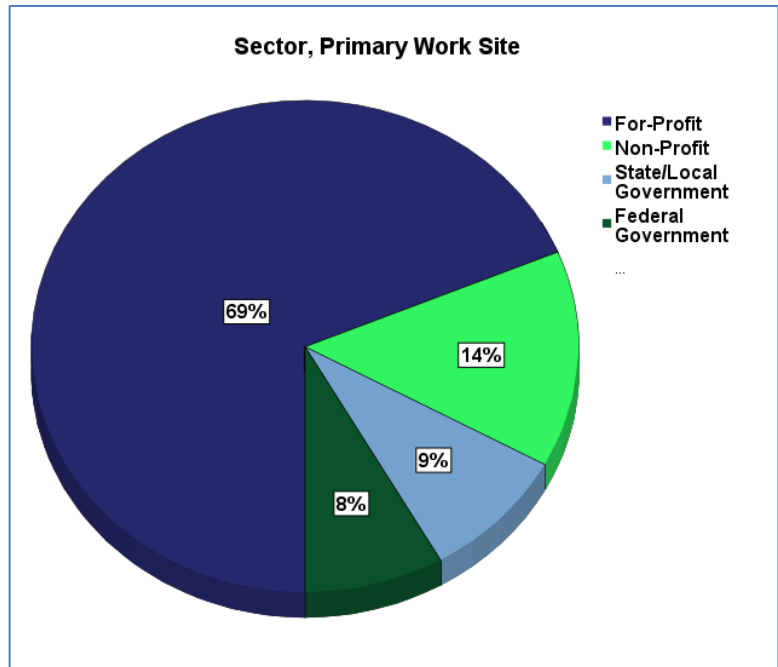
Private Practice (Group):	26%
Physician Office:	19%
Hospital (Outpatient):	16%

**Payment Method**

Cash/Self-Pay:	57%
Private Insurance:	55%

Source: Va. Healthcare Workforce Data Center

More than 80% of audiologists work in the private sector, including 69% who work at for-profit establishments. Another 8% of Virginia's audiologists work for the federal government.



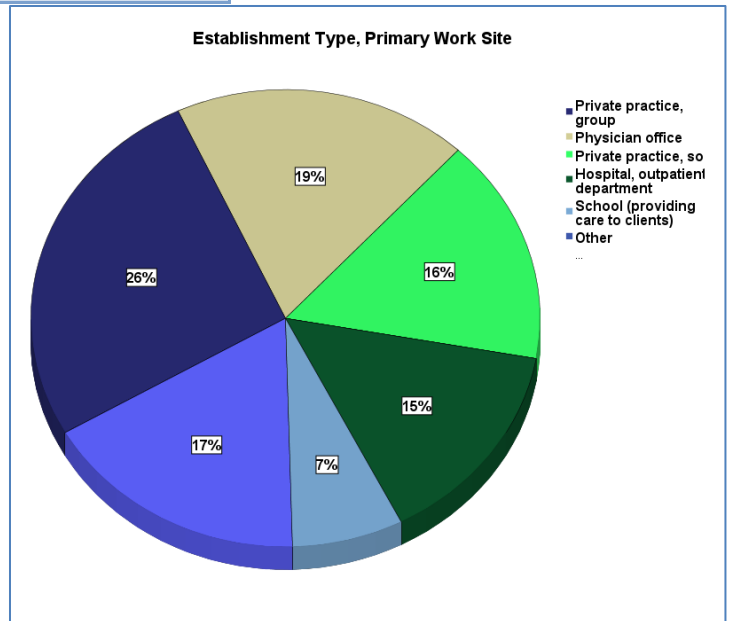
Source: Va. Healthcare Workforce Data Center

Top 10 Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Group	83	26%	23	35%
Physician Office	59	19%	10	15%
Private Practice, Solo	50	16%	13	20%
Hospital, Outpatient Department	46	15%	7	11%
School (Providing Care to Clients)	22	7%	0	0%
Community-Based Clinic or Health Center	13	4%	3	5%
Academic Institution (Teaching Health Professions Students or Research)	10	3%	3	5%
Hospital, Inpatient Department	6	2%	0	0%
Residential facility/group home	1	0%	1	2%
Administrative/Business Organization	1	0%	0	0%
Rehabilitation Facility	1	0%	0	0%
Outpatient surgical center	1	0%	0	0%
Other	18	6%	8	9%
<b>Total</b>	<b>318</b>	<b>100%</b>	<b>89</b>	<b>100%</b>
<b>Did Not Have Location</b>	<b>11</b>		<b>337</b>	

About one-quarter of all audiologists work at group private practices, the most of any establishment type in the state. Another 19% work at physicians' offices.

Source: Va. Healthcare Workforce Data Center

Among those audiologists who also have a secondary work location, 35% work at group private practices and 20% work at solo private practices. Cash or self-pay is the most commonly accepted form of payment among Virginia's audiologists.



Source: Va. Healthcare Workforce Data Center

Client Payment Type		
Payment Type	#	%
Cash or Self-Pay	253	57%
Private Insurance	244	55%
Medicare	224	50%
Medicaid	163	37%
<b>At least one</b>	<b>270</b>	<b>61%</b>

Source: Va. Healthcare Workforce Data Center



## At a Glance: (Primary Locations)

### Typical Time Allocation

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

### Roles

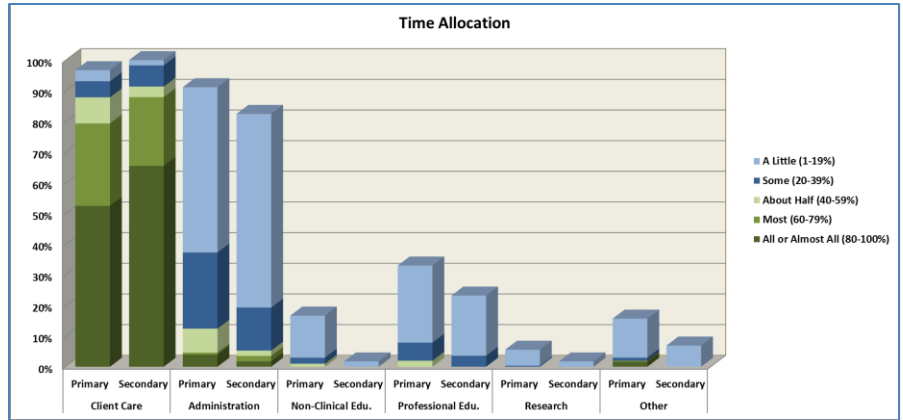
Patient Care: 79%  
Administration: 5%

### 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 the time in client care activities. In fact, 79% 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	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	52%	66%	4%	2%	0%	0%	0%	0%	0%	0%	2%	0%
<b>Most (60-79%)</b>	27%	22%	1%	2%	0%	0%	0%	0%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	8%	3%	8%	2%	1%	0%	2%	0%	0%	0%	0%	0%
<b>Some (20-39%)</b>	5%	7%	25%	14%	2%	0%	6%	3%	0%	0%	1%	0%
<b>A Little (1-19%)</b>	4%	2%	54%	62%	14%	2%	25%	19%	5%	2%	13%	7%
<b>None (0%)</b>	3%	0%	9%	17%	83%	98%	67%	74%	94%	98%	84%	93%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Weekly Patient Totals

(Median)

Primary Location: 30-39

Secondary Location: 1-9

Total: 30-39

### % with Group Sessions

Primary Location: 6%

Secondary Location: 2%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Weekly Client Totals						
Number of Clients	Primary Work Location		Secondary Work Location		Total <sup>2</sup>	
	#	%	#	%	#	%
<b>None</b>	15	5%	4	6%	14	4%
<b>1-9</b>	33	10%	23	35%	26	8%
<b>10-19</b>	39	12%	21	32%	39	12%
<b>20-29</b>	66	20%	8	12%	48	15%
<b>30-39</b>	67	21%	4	6%	73	22%
<b>40-49</b>	1	0%	0	0%	53	16%
<b>50-59</b>	51	16%	0	0%	36	11%
<b>60-69</b>	35	11%	3	5%	19	6%
<b>70-79</b>	5	2%	0	0%	8	2%
<b>80 or More</b>	11	3%	3	5%	13	4%
<b>Total</b>	<b>323</b>	<b>100%</b>	<b>66</b>	<b>100%</b>	<b>329</b>	<b>0%</b>

Source: Va. Healthcare Workforce Data Center

*The typical audiologist treats between 30 and 39 clients per week at the primary work location. In addition, audiologists who also have a secondary work location treat an additional 1 to 9 patients per week.*

Weekly Client Sessions								
Number of Sessions	Primary Work Location				Secondary Work Location			
	Individual Sessions		Group Sessions		Individual Sessions		Group Sessions	
	#	%	#	%	#	%	#	%
<b>None</b>	14	4%	300	94%	4	6%	64	98%
<b>1-9</b>	36	11%	15	5%	23	35%	0	0%
<b>10-19</b>	41	13%	2	1%	21	32%	0	0%
<b>20-29</b>	65	20%	0	0%	8	12%	0	0%
<b>30-39</b>	71	22%	0	0%	4	6%	0	0%
<b>40-49</b>	48	15%	0	0%	0	0%	0	0%
<b>50-59</b>	21	7%	1	0%	1	2%	1	2%
<b>60-69</b>	16	5%	0	0%	3	5%	0	0%
<b>70-79</b>	4	1%	0	0%	0	0%	0	0%
<b>80 or More</b>	5	2%	1	0%	2	3%	0	0%
<b>Total</b>	<b>322</b>	<b>100%</b>	<b>319</b>	<b>100%</b>	<b>65</b>	<b>100%</b>	<b>65</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

<sup>2</sup> This column estimates the total number of clients treated per week across both primary and secondary work locations.

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All		Over 50	
	#	%	#	%
<b>Under Age 50</b>	4	1%	-	-
<b>50 to 54</b>	6	2%	0	0%
<b>55 to 59</b>	31	10%	4	3%
<b>60 to 64</b>	80	26%	23	19%
<b>65 to 69</b>	117	38%	52	43%
<b>70 to 74</b>	36	12%	20	17%
<b>75 to 79</b>	13	4%	7	6%
<b>80 or Over</b>	4	1%	0	0%
<b>I Do Not Intend to Retire</b>	21	7%	14	12%
<b>Total</b>	<b>311</b>	<b>100%</b>	<b>120</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All Audiologists**

Under 65: 39%

Under 60: 13%

**Audiologists 50 and Over**

Under 65: 23%

Under 60: 3%

**Time until Retirement**

Within 2 Years: 5%

Within 10 Years: 21%

Half the Workforce: By 2046

Source: Va. Healthcare Workforce Data Center

Nearly 40% of all audiologists expect to retire by the age of 65. Among those audiologists who are age 50 or over, 23% expect to retire by the age of 65.

Within the next two years, 10% of audiologists expect to increase their client care hours. In addition, 5% of audiologists also expect to pursue additional educational opportunities.

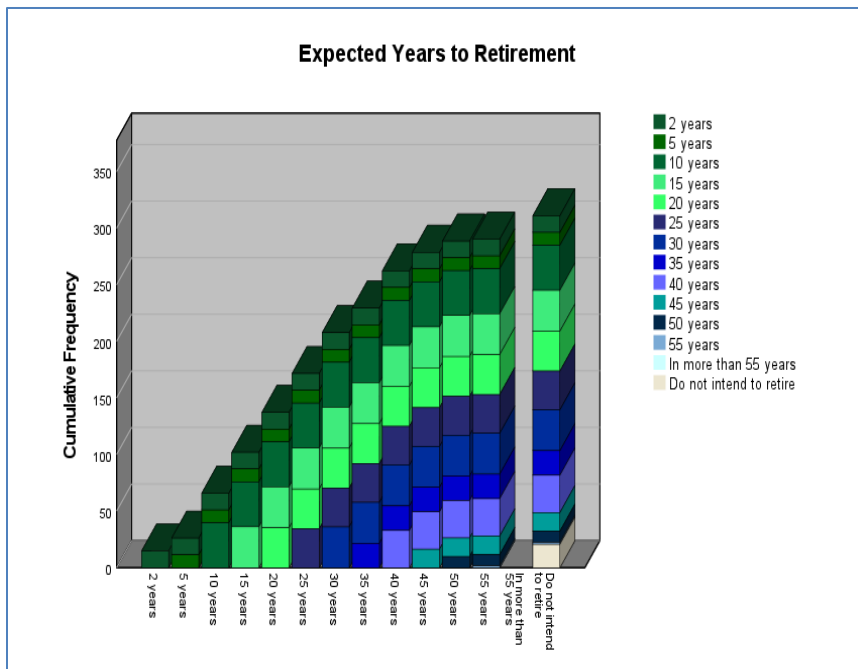
Future Plans		
<b>2 Year Plans:</b>	<b>#</b>	<b>%</b>
<b>Decrease Participation</b>		
<b>Leave Profession</b>	6	1%
<b>Leave Virginia</b>	21	5%
<b>Decrease Client Care Hours</b>	21	5%
<b>Decrease Teaching Hours</b>	1	0%
<b>Increase Participation</b>		
<b>Increase Client Care Hours</b>	43	10%
<b>Increase Teaching Hours</b>	21	5%
<b>Pursue Additional Education</b>	24	5%
<b>Return to Virginia's Workforce</b>	4	1%

Source: Va. Healthcare Workforce Data Center

*By comparing retirement expectation to age, we can estimate the maximum years to retirement for audiologists. Only 5% of audiologists expect to retire in the next two years, while 21% plan to retire in the next ten years. Half of the current audiology workforce expect to retire by 2046.*

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
<b>2 Years</b>	15	5%	5%
<b>5 Years</b>	11	4%	8%
<b>10 Years</b>	40	13%	21%
<b>15 Years</b>	36	12%	33%
<b>20 Years</b>	35	11%	44%
<b>25 Years</b>	34	11%	55%
<b>30 Years</b>	36	12%	67%
<b>35 Years</b>	22	7%	74%
<b>40 Years</b>	33	11%	84%
<b>45 Years</b>	16	5%	89%
<b>50 Years</b>	10	3%	93%
<b>55 Years</b>	2	1%	93%
<b>In More Than 55 Years</b>	0	0%	93%
<b>Do Not Intend to Retire</b>	21	7%	100%
<b>Total</b>	<b>311</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*Using these estimates, retirement will begin to reach 10% of the current workforce every five years starting in 2031. Retirement will peak at 13% of the current workforce around the same time before declining to under 10% of the current workforce again around 2056.*

## At a Glance:

### FTEs

Total: 394  
 FTEs/1,000 Residents<sup>3</sup>: 0.0462  
 Average: 0.91

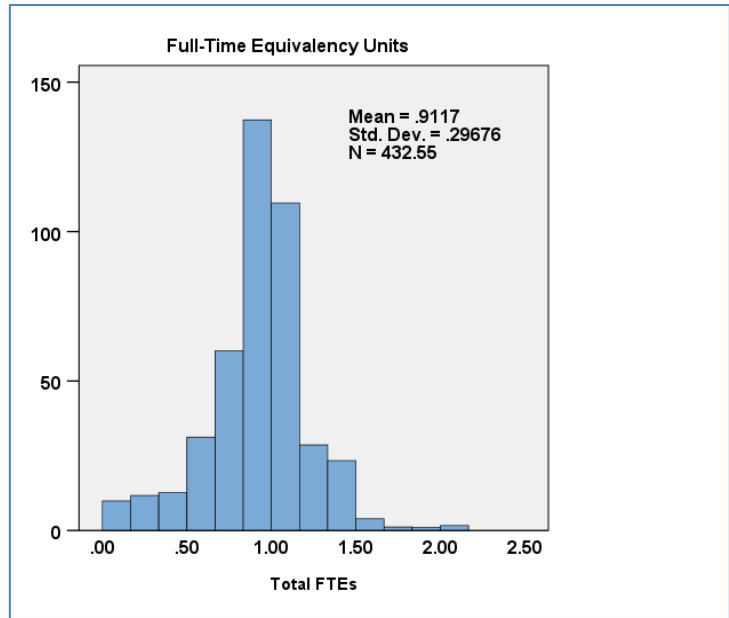
### Age & Gender Effect

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:

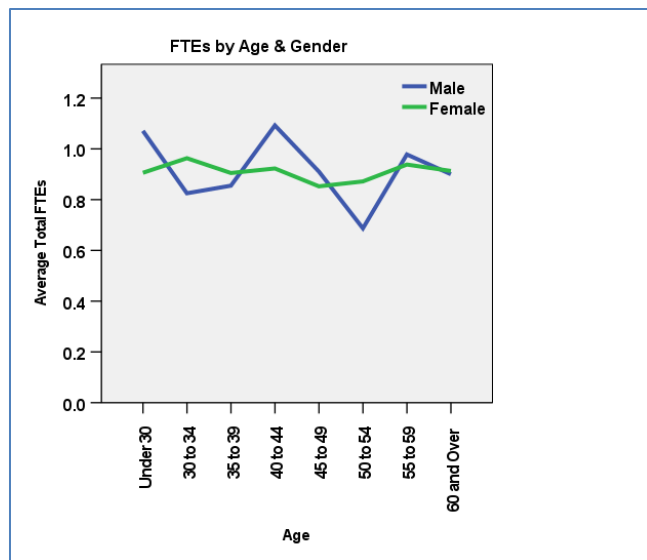


Source: Va. Healthcare Workforce Data Center

*The typical audiologist provided 0.92 FTEs in 2021, or about 37 hours per week for 50 weeks. Statistical tests did not indicate that FTEs vary by age or gender<sup>4</sup>.*

Full-Time Equivalency Units		
	Average	Median
<b>Age</b>		
Under 30	0.93	0.92
30 to 34	0.94	0.93
35 to 39	0.89	0.85
40 to 44	0.93	0.92
45 to 49	0.96	1.05
50 to 54	0.85	0.83
55 to 59	0.88	0.90
60 and Over	0.90	0.85
<b>Gender</b>		
Male	0.92	1.05
Female	0.91	0.95

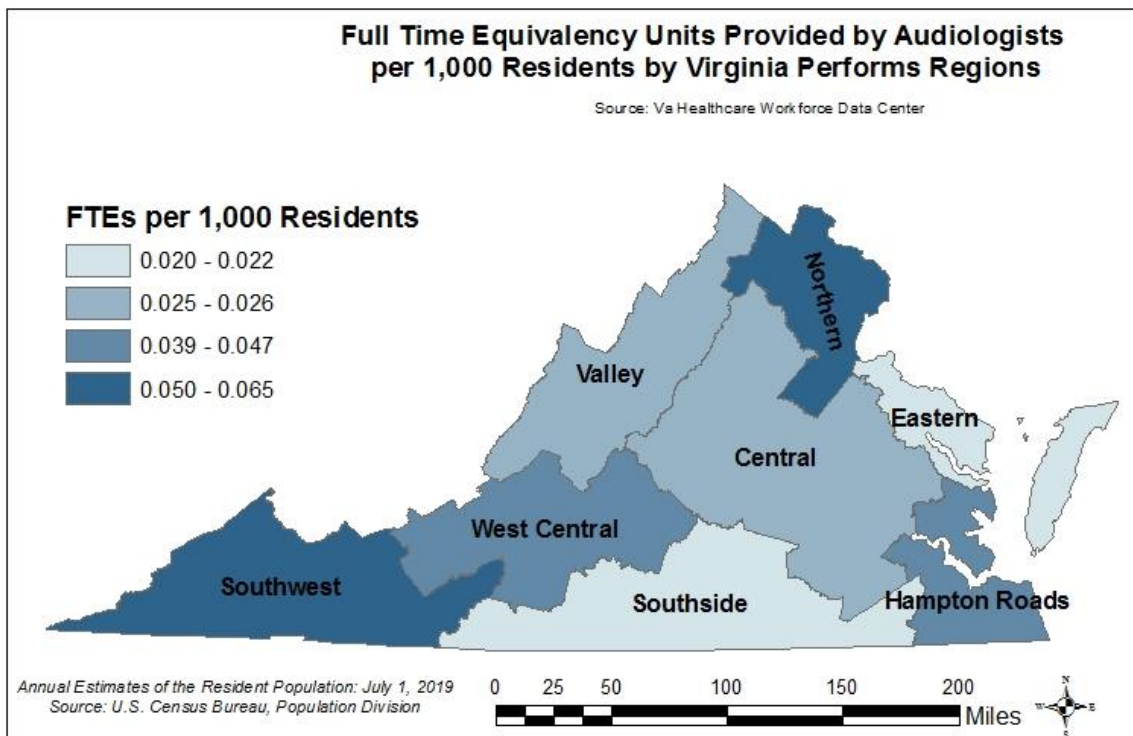
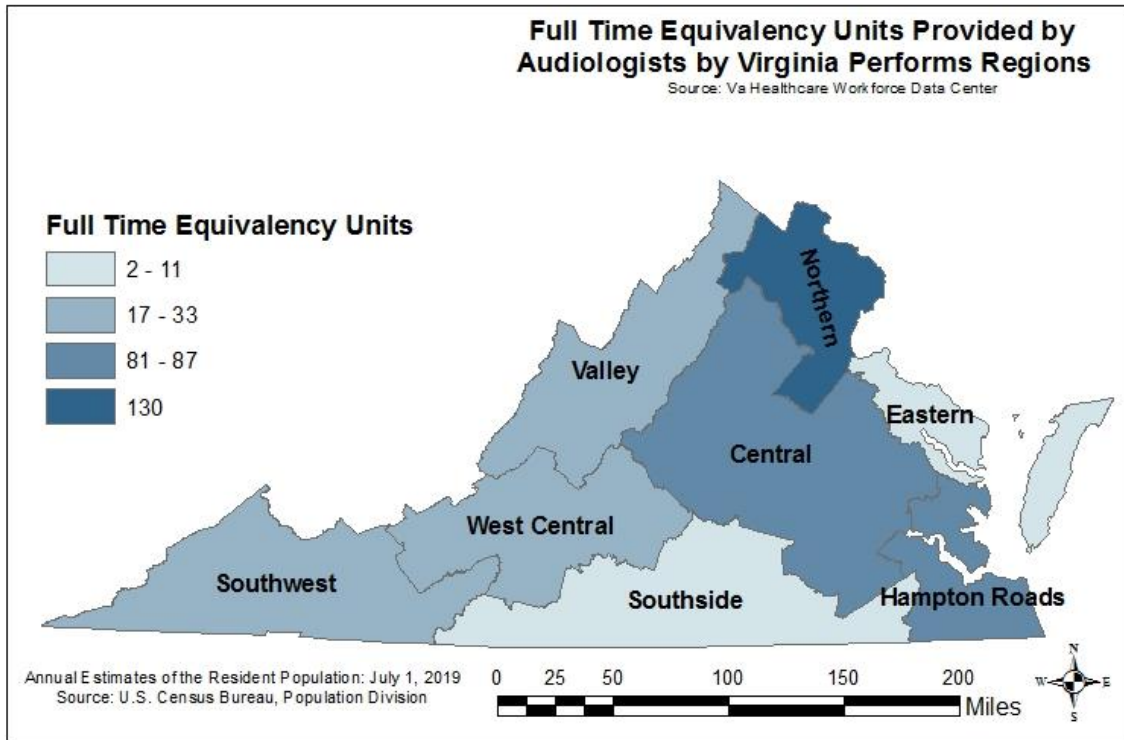
Source: Va. Healthcare Workforce Data Center

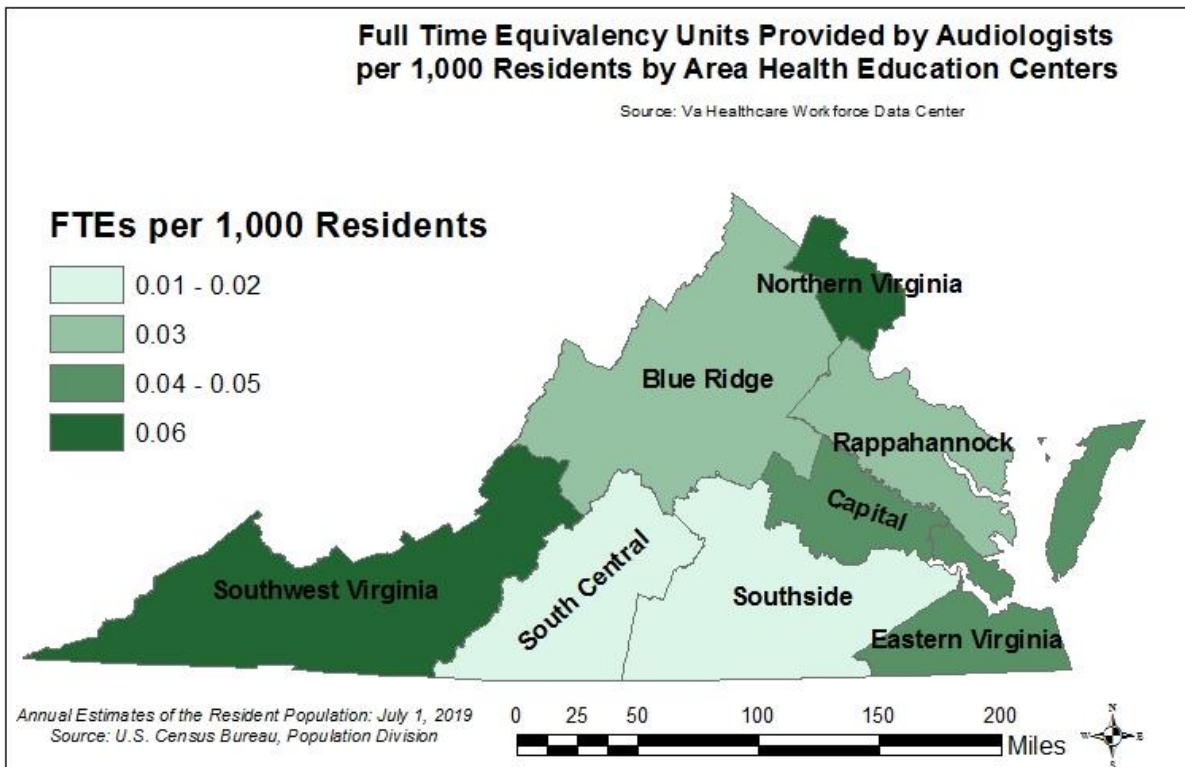
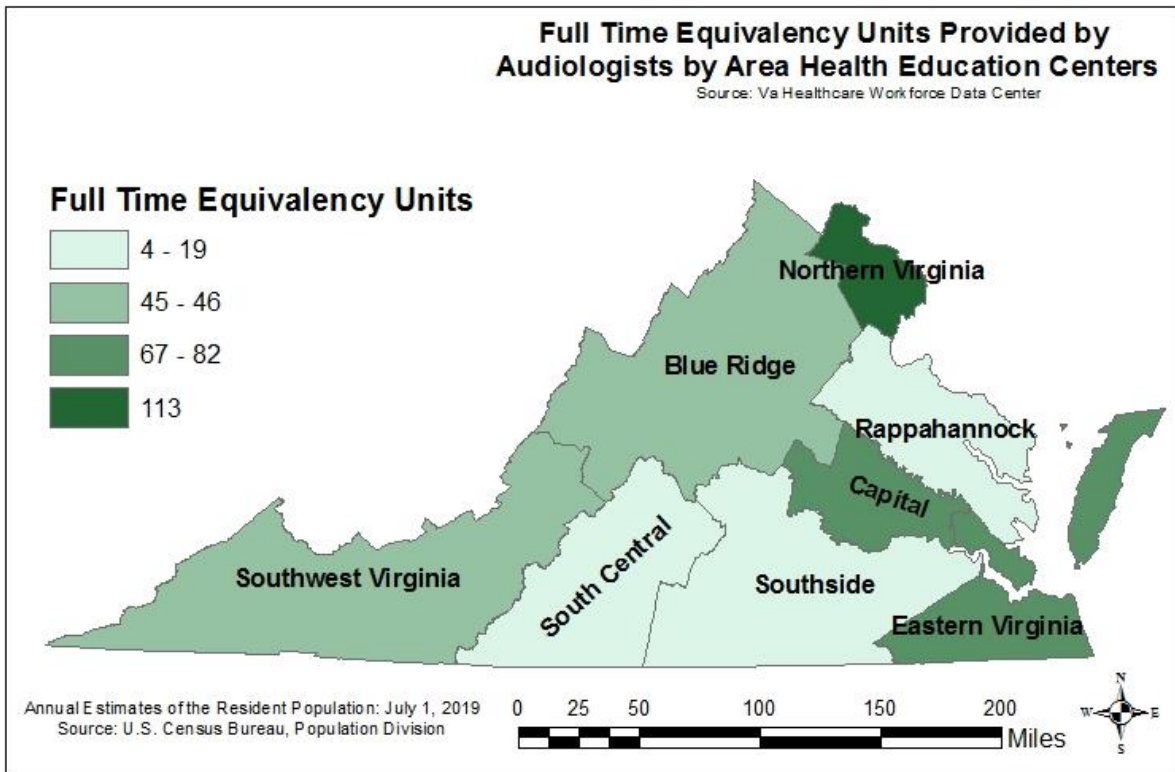


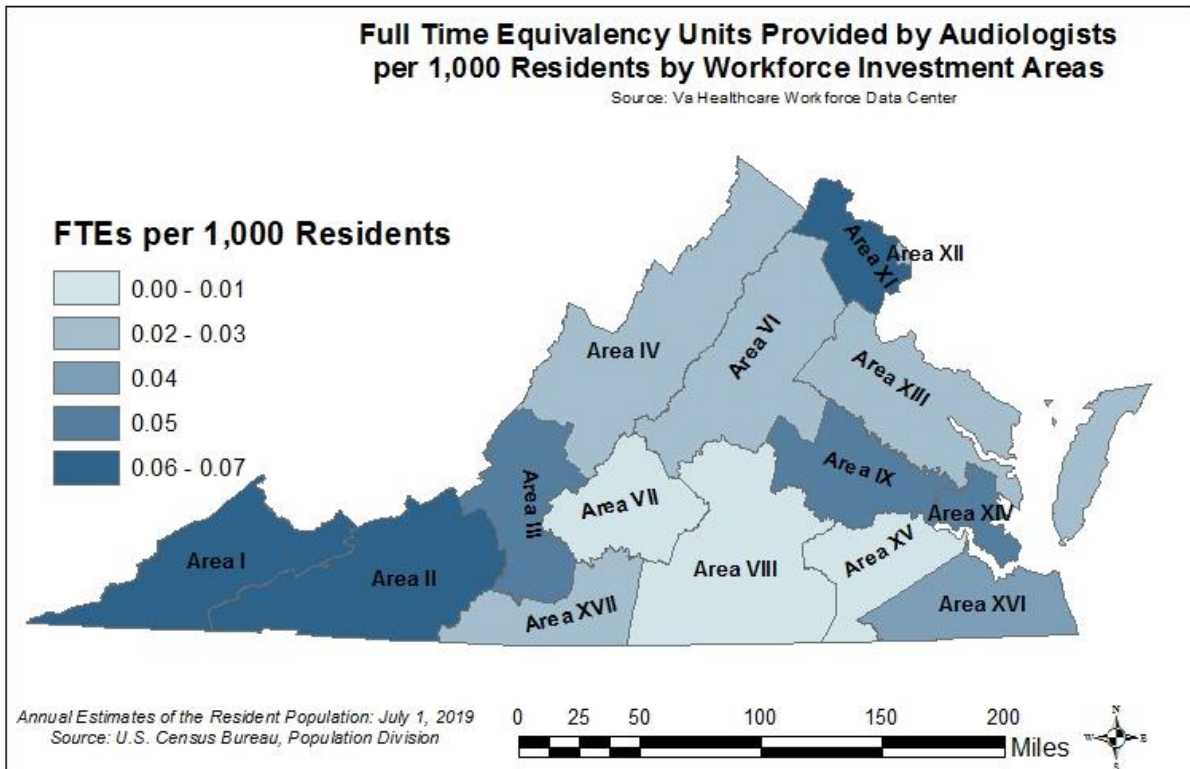
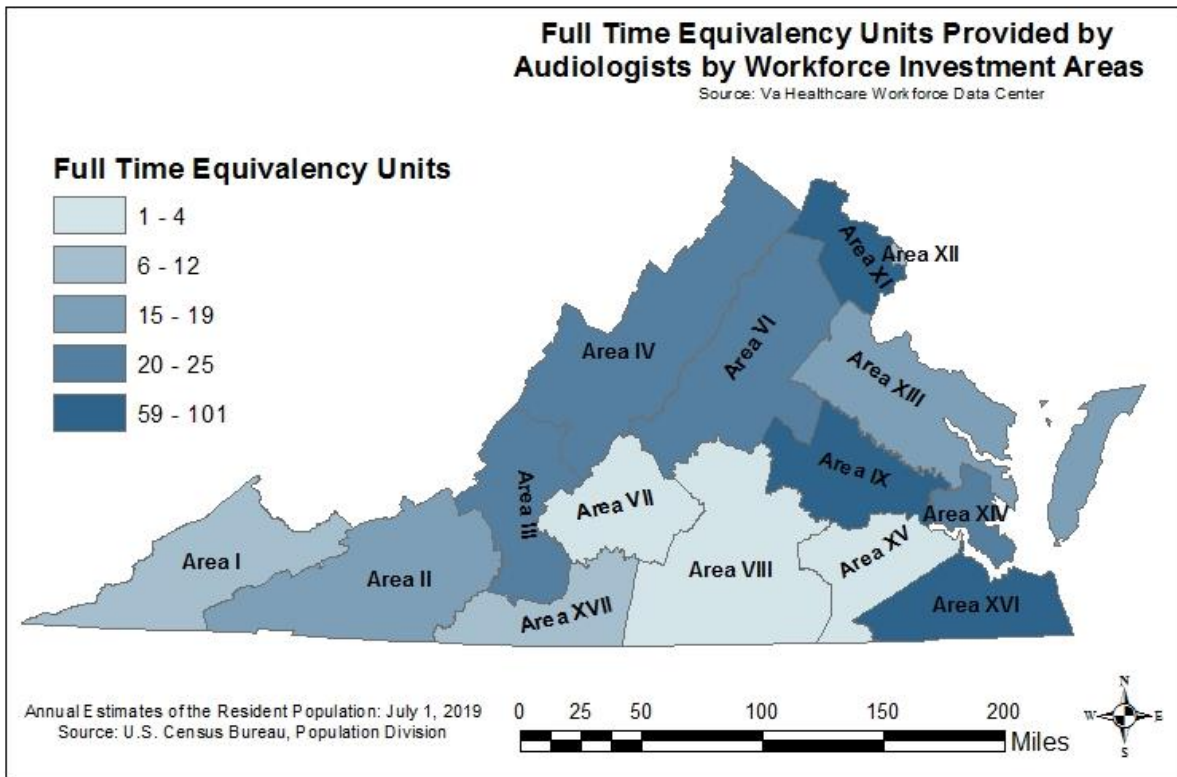
Source: Va. Healthcare Workforce Data Center

<sup>3</sup> Number of residents in 2019 was used as the denominator.

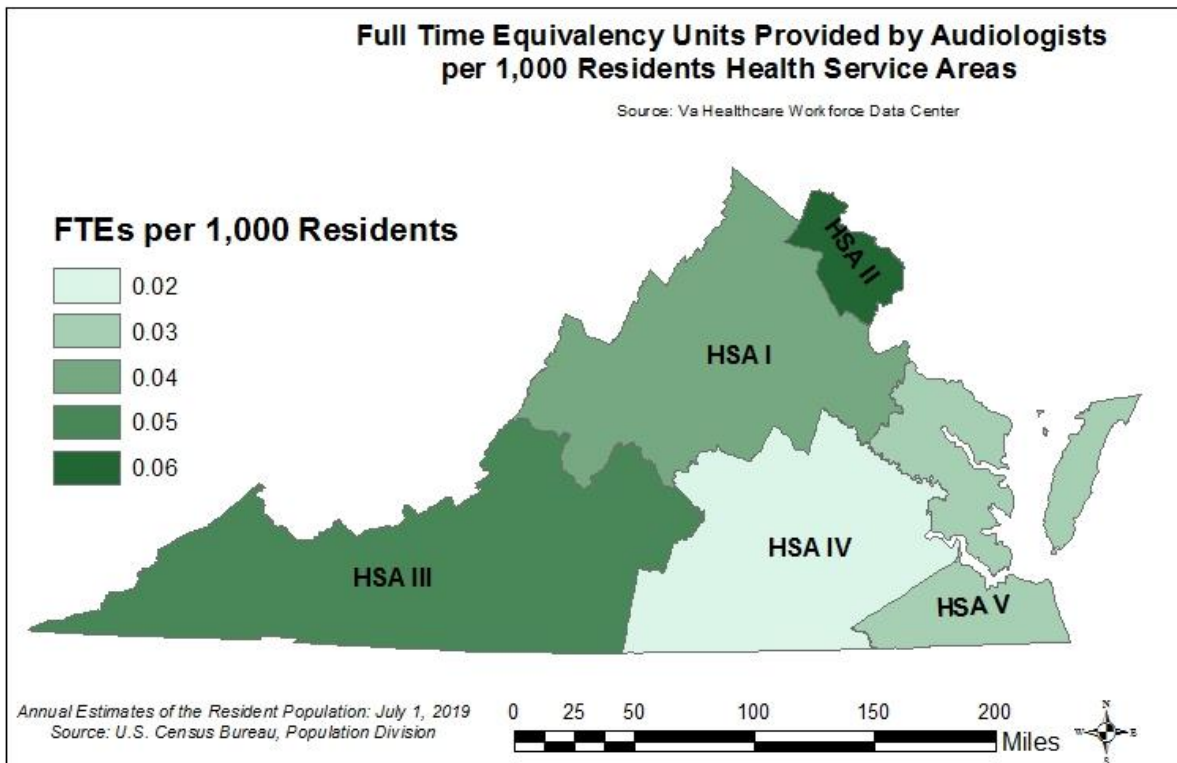
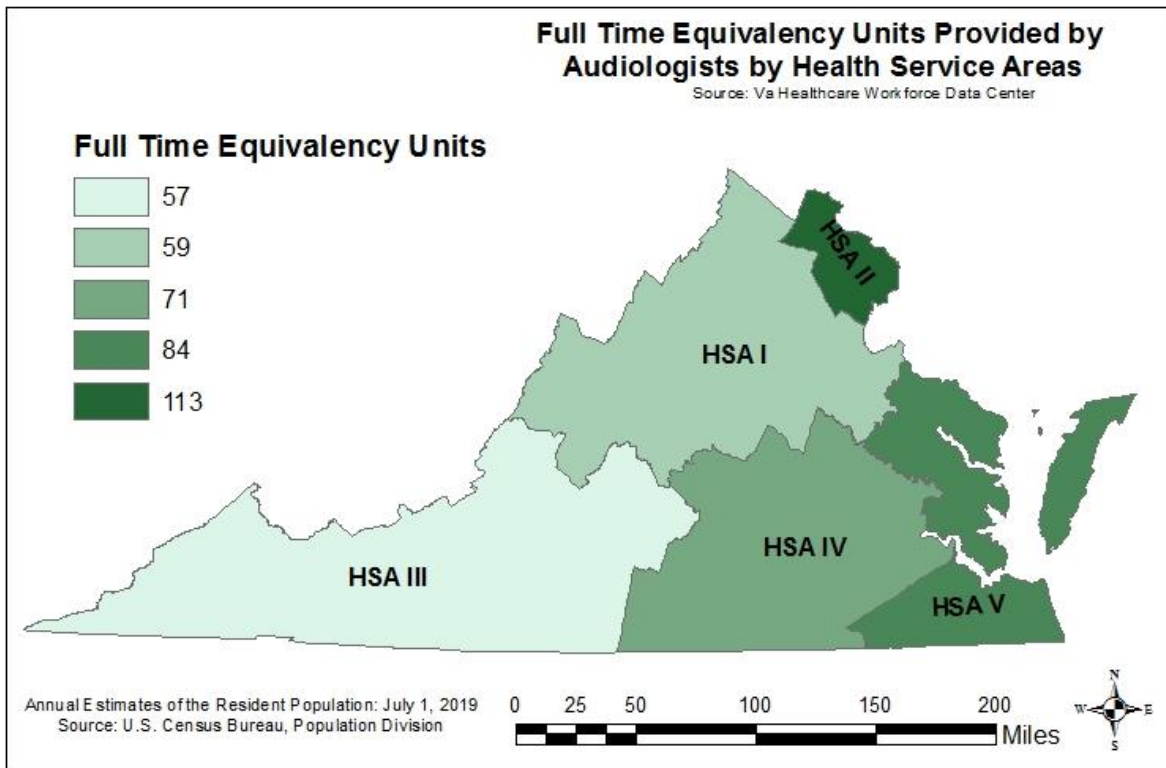
<sup>4</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

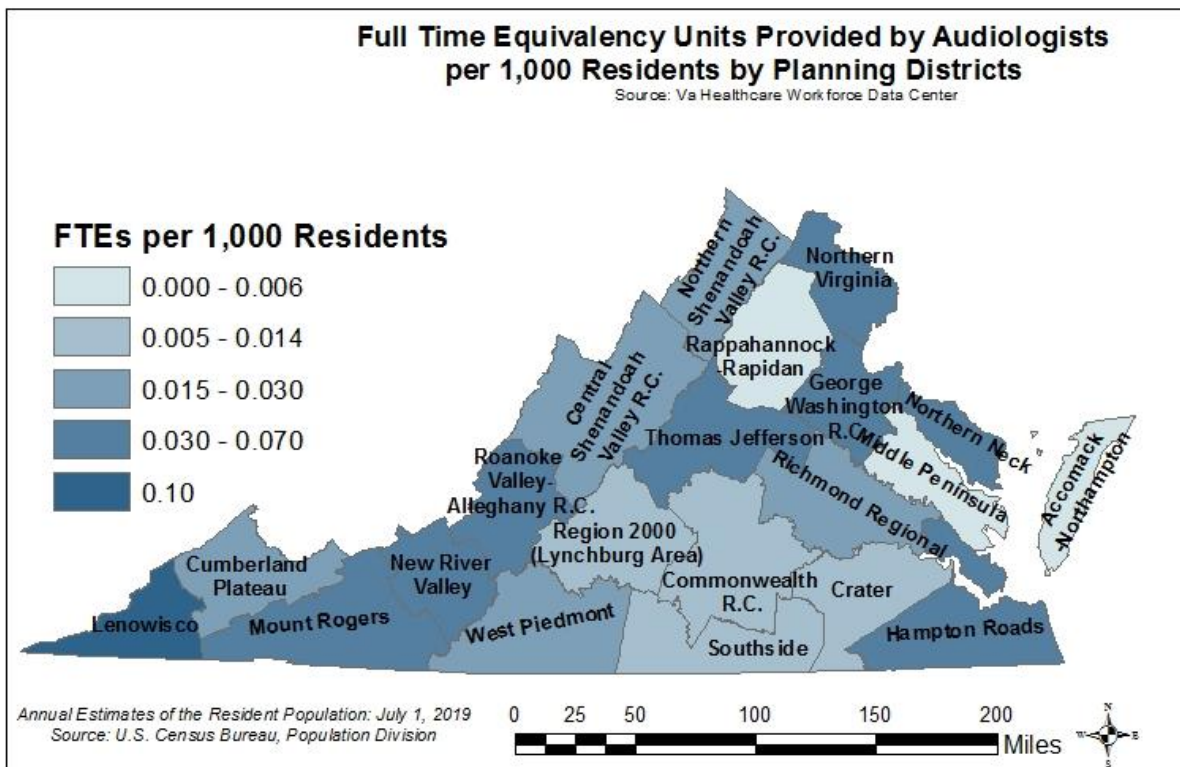
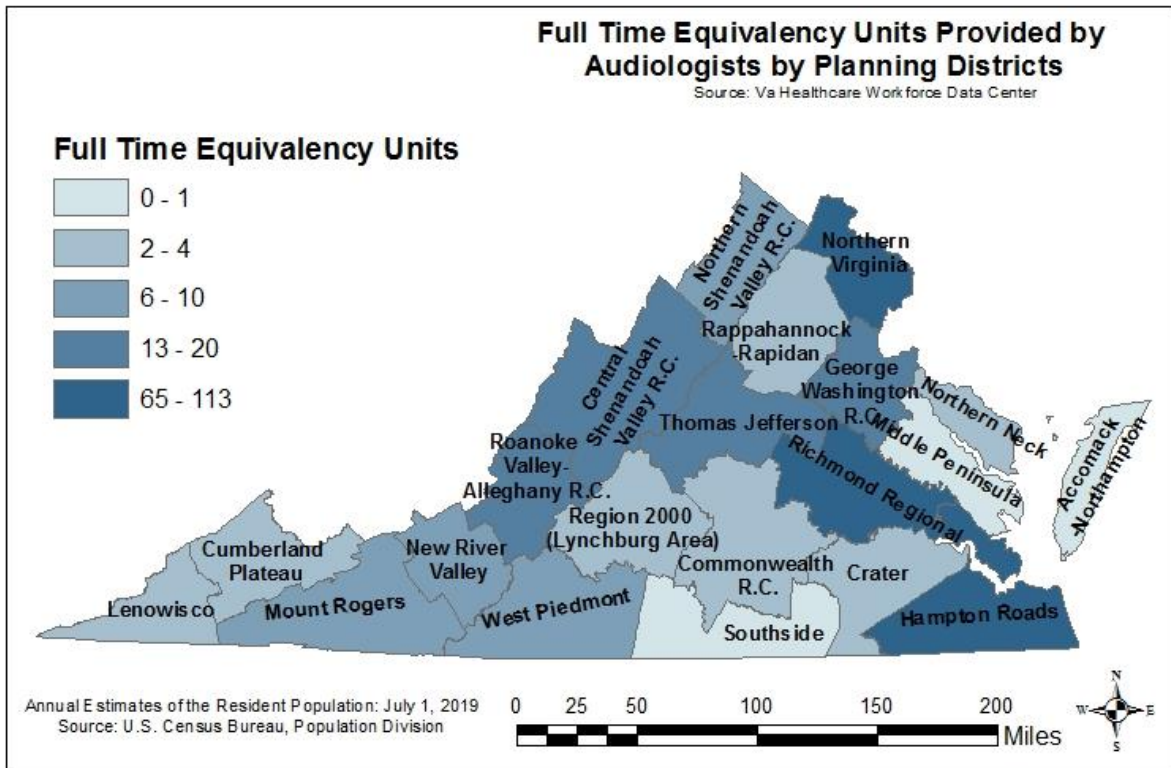












## Appendix

### Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 Million+	280	85.71%	1.1667	0.9588	1.6598
Metro, 250,000 to 1 Million	32	78.13%	1.2800	1.0519	1.8211
Metro, 250,000 or Less	59	88.14%	1.1346	0.9325	1.6142
Urban Pop 20,000+, Metro Adj	9	44.44%	2.2500	1.8491	2.2374
Urban Pop 20,000+, Non-Adj	0	NA	NA	NA	NA
Urban Pop, 2,500-19,999, Metro Adj	10	100.00%	1.0000	0.8218	1.4227
Urban Pop, 2,500-19,999, Non-Adj	7	100.00%	1.0000	0.8218	0.9647
Rural, Metro Adj	5	60.00%	1.6667	1.4916	1.5639
Rural, Non-Adj	4	75.00%	1.3333	1.2512	1.8970
Virginia Border State/DC	119	67.23%	1.4875	1.2225	2.1163
Other US State	74	68.92%	1.4510	1.1925	2.0643

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	61	55.74%	1.794118	1.422714	2.116288
30 to 34	81	66.67%	1.500000	1.349605	1.769355
35 to 39	79	79.75%	1.253968	0.994382	2.23736
40 to 44	79	88.61%	1.128571	0.894944	2.013624
45 to 49	71	84.51%	1.183333	0.93837	1.563949
50 to 54	53	79.25%	1.261905	1.135382	1.488505
55 to 59	57	96.49%	1.036364	0.821824	1.849105
60 and Over	118	82.20%	1.216495	0.964666	1.434941

Source: Va. Healthcare Workforce Data Center

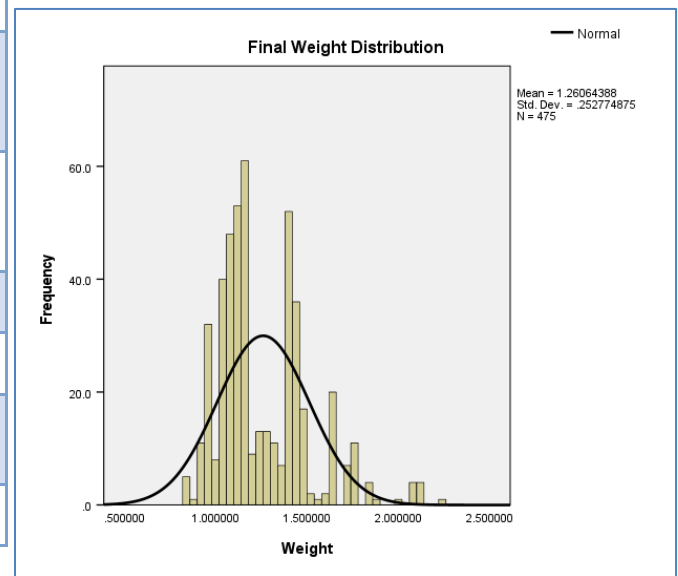
See the Methods section on the HWDC website for details on HWDC Methods:

[http://www.dhp.virginia.gov/media/dhpweb/docs/hwdc/Methodology\\_Glossary.pdf](http://www.dhp.virginia.gov/media/dhpweb/docs/hwdc/Methodology_Glossary.pdf)

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: 0.7930**



Source: Va. Healthcare Workforce Data Center

**DRAFT**

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# *Virginia's Speech-Language Pathology Workforce: 2021*

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Healthcare Workforce Data Center

August 2021

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
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Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

*Nearly 4,000 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!***

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# The Speech-Language Pathology Workforce At a Glance:

## The Workforce

Licensees:	4,820
Virginia's Workforce:	4,054
FTEs:	2,967

## Background

Rural Childhood:	28%
HS Degree in VA:	44%
Prof. Degree in VA:	47%

## Current Employment

Employed in Prof.:	93%
Hold 1 Full-Time Job:	59%
Satisfied?:	93%

## Survey Response Rate

All Licensees:	82%
Renewing Practitioners:	99%

## Education

Masters:	98%
Doctorate:	2%

## Job Turnover

Switched Jobs:	7%
Employed Over 2 Yrs.:	66%

## Demographics

Female:	97%
Diversity Index:	28%
Median Age:	41

## Finances

Median Income:	\$60k-\$70k
Health Insurance:	57%
Under 40 w/ Ed. Debt:	52%

## Time Allocation

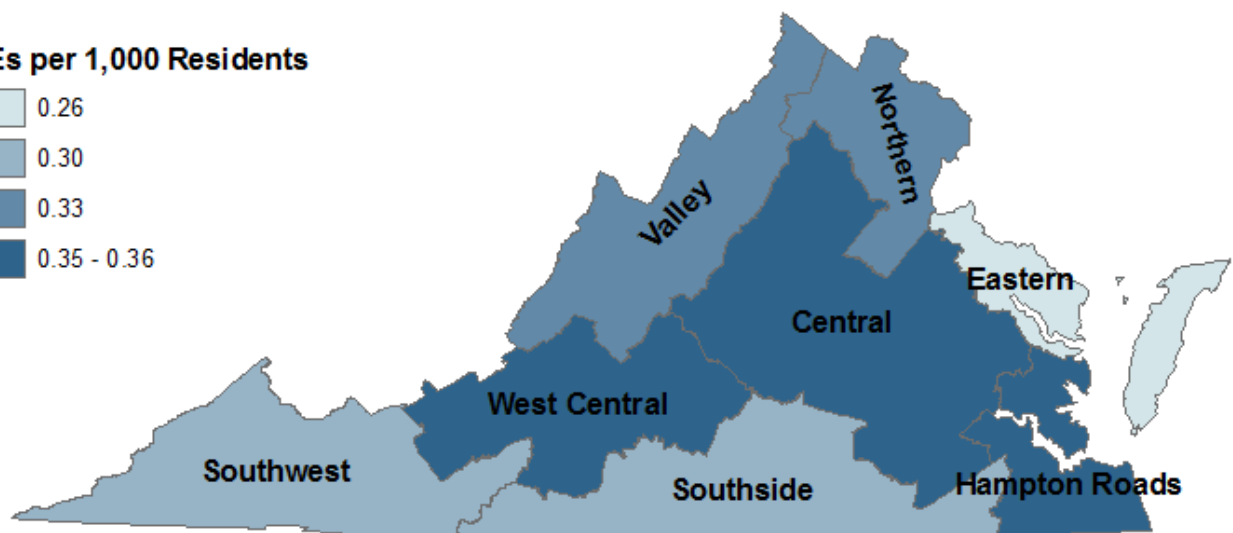
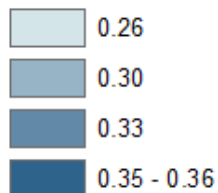
Client Care:	70%-79%
Administration:	10%-19%
Client Care Role:	74%

Source: Va. Healthcare Workforce Data Center

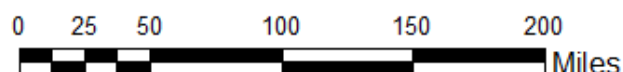
## Full-Time Equivalency Units Provided by Speech-Language Pathologists per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2019  
Source: U.S. Census Bureau, Population Division





This report contains the results of the 2021 Speech-Language Pathology (SLP) Workforce Survey. Nearly 4,000 SLPs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for SLPs. These survey respondents represent 82% of the 4,820 SLPs who are licensed in the state and 99% of renewing practitioners.

The HWDC estimates that 4,054 SLPs participated in Virginia's workforce during the survey period, which is defined as those SLPs 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 a SLP at some point in the future. Over the past year, Virginia's SLP workforce provided 2,967 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Nearly all SLPs are female, and the median age of the SLP workforce is 41. In a random encounter between two SLPs, there is a 28% chance that they would be of different races or ethnicities, a measure known as the diversity index. For SLPs who are under the age of 40, the diversity index increases slightly to 29%. Both of these values are below the comparable diversity index of 57% for Virginia's population as a whole. More than one-quarter of all SLPs grew up in rural areas, and 22% of SLP who grew up in rural areas currently work in non-metro areas of Virginia. In total, 9% of all SLPs work in non-metro areas of the state.

Among all SLPs, 93% are currently employed in the profession, 59% hold one full-time job, and 44% work between 40 and 49 hours per week. Meanwhile, 5% of SLPs have experienced involuntary unemployment at some point in the past year, and 3% of SLPs have experienced underemployment during the same time period. More than 40% of all SLPs work at schools that provide care to clients, while another 10% work at group private practices. The median annual income of Virginia's SLP workforce is between \$60,000 and \$70,000. In addition, 75% of SLPs receive at least one employer-sponsored benefit, including 57% who have access to health insurance. More than 90% of all SLPs are satisfied with their current work situation, including 54% who indicated that they are "very satisfied."

## Summary of Trends

---

In this section, all statistics are compared to the 2016 SLP workforce. The coronavirus pandemic probably drove some of the most noteworthy trends observed. Notably, the percentage of SLPs who experienced involuntary unemployment at some point in the past year has increased (5% vs. 1%), and the rate of underemployment has also increased (3% vs. 2%). In addition, Virginia's SLPs are slightly less likely to be employed in the profession (93% vs. 94%).

There are other changes that are unconnected to the pandemic. The number of licensed SLPs in Virginia has increased by 21% (4,820 vs. 3,997). The size of Virginia's SLP workforce also has increased by 18% (4,054 vs. 3,449), and the number of FTEs provided by this workforce has increased by 13% (2,967 vs. 2,634). Virginia's renewing SLPs are more likely to respond to this survey (99% vs. 87%). The SLP workforce has become more diverse (28% vs. 25%), and this is also the case among those SLPs who are under the age of 40 (29% vs. 24%). Virginia's SLPs are less likely to have grown up in rural areas (28% vs. 30%). However, SLPs who grew up in rural areas are more likely to work in non-metro areas of the state (22% vs. 20%).

There has been no change in the percentage of SLPs who are female (97%), and in the median age (41). There has also been no change in the median debt amount among those SLPs with education debt (\$40k-\$50k) and there has been no change in the median annual income of Virginia's SLP workforce (\$60k-\$70k). However, SLPs are less likely to carry education debt (37% vs. 43%), and this is also true among those SLPs who are under the age of 40 (52% vs. 64%). They are also slightly less likely to receive at least one employer-sponsored benefit (75% vs. 76%), including those SLPs who have access to health insurance (57% vs. 58%).

Meanwhile, SLPs are more likely to have been employed at their primary work location for more than two years (66% vs. 64%). SLPs are more likely to work in the private sector (60% vs. 59%) rather than in state or local governments (38% vs. 40%). SLPs are less likely to indicate that they are satisfied with their current work situation (93% vs. 95%).

**A Closer Look:**

Licensee Counts		
License Status	#	%
<b>Renewing Practitioners</b>	3,853	80%
<b>New Licensees</b>	422	9%
<b>Non-Renewals</b>	545	11%
<b>All Licensees</b>	<b>4,820</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

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

**Definitions**

- The Survey Period:** The survey was conducted in June 2021.
- Target Population:** All SLPs who held a Virginia license at some point between July 2020 and June 2021.
- 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 the past year.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
<b>By Age</b>			
<b>Under 30</b>	167	438	72%
<b>30 to 34</b>	143	697	83%
<b>35 to 39</b>	118	594	83%
<b>40 to 44</b>	84	542	87%
<b>45 to 49</b>	78	489	86%
<b>50 to 54</b>	69	428	86%
<b>55 to 59</b>	39	282	88%
<b>60 and Over</b>	151	501	77%
<b>Total</b>	<b>849</b>	<b>3,971</b>	<b>82%</b>
<b>New Licenses</b>			
<b>Issued in Past Year</b>	257	165	39%
<b>Metro Status</b>			
<b>Non-Metro</b>	42	290	87%
<b>Metro</b>	456	2,959	87%
<b>Not in Virginia</b>	351	722	67%

Source: Va. Healthcare Workforce Data Center

Response Rates	
<b>Completed Surveys</b>	<b>3,971</b>
<b>Response Rate, All Licensees</b>	<b>82%</b>
<b>Response Rate, Renewals</b>	<b>99%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Licensed SLPs**

Number: 4,820  
 New: 9%  
 Not Renewed: 11%

**Survey Response Rates**

All Licensees: 82%  
 Renewing Practitioners: 99%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

SLP Workforce: 4,054  
 FTEs: 2,967

### Utilization Ratios

Licensees in VA Workforce: 84%  
 Licensees per FTE: 1.62  
 Workers per FTE: 1.37

Source: Va. Healthcare Workforce Data Center

## Definitions

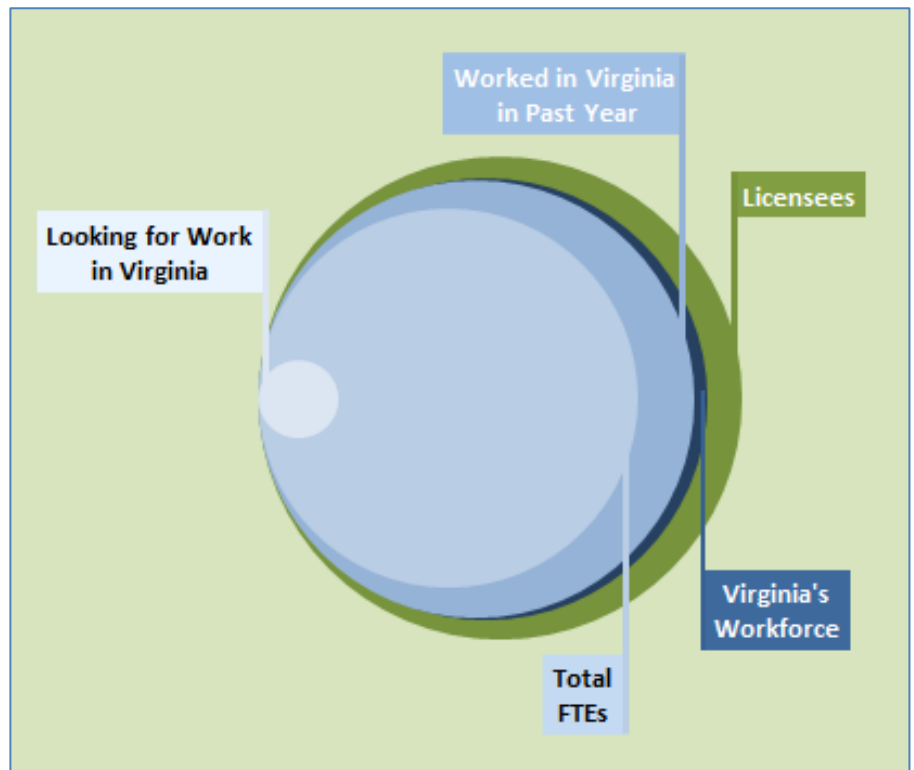
- 1. Virginia’s Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia’s workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia’s workforce.
- 4. Licensees per FTE:** An indication of the number of licensees 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	3,928	97%
Looking for Work in Virginia	127	3%
Virginia's Workforce	4,054	100%
Total FTEs	2,967	
Licensees	4,820	

Source: Va. Healthcare Workforce Data Center

*Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC’s methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>*



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	7	1%	519	99%	526	15%
30 to 34	24	4%	625	96%	649	19%
35 to 39	15	3%	497	97%	512	15%
40 to 44	9	2%	421	98%	431	12%
45 to 49	13	3%	378	97%	392	11%
50 to 54	6	2%	346	98%	352	10%
55 to 59	6	3%	214	97%	220	6%
60 and Over	22	5%	390	95%	412	12%
<b>Total</b>	<b>103</b>	<b>3%</b>	<b>3,390</b>	<b>97%</b>	<b>3,493</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	SLPs		SLPs Under 40	
	%	#	%	#	%
White	61%	2,971	85%	1,423	84%
Black	19%	236	7%	105	6%
Hispanic	10%	138	4%	82	5%
Asian	7%	85	2%	41	2%
Two or More Races	3%	59	2%	33	2%
Other Race	0%	25	1%	8	0%
<b>Total</b>	<b>100%</b>	<b>3,514</b>	<b>100%</b>	<b>1,692</b>	<b>100%</b>

\*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2019.

Source: Va. Healthcare Workforce Data Center

At a Glance:

**Gender**

% Female: 97%  
% Under 40 Female: 97%

**Age**

Median Age: 41  
% Under 40: 48%  
% 55 and Over: 18%

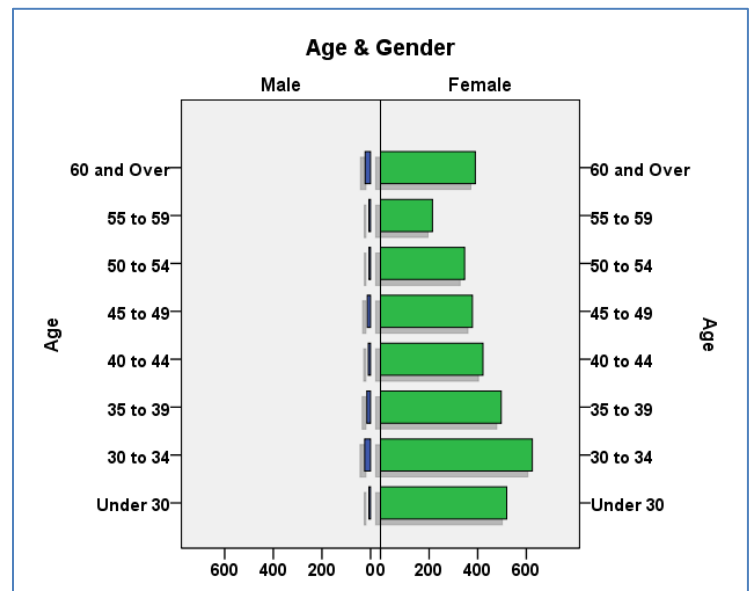
**Diversity**

Diversity Index: 28%  
Under 40 Div. Index: 29%

Source: Va. Healthcare Workforce Data Center

*In a chance encounter between two SLPs, there is a 28% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable diversity index is 57%.*

*Nearly one-half of SLPs are under the age of 40, and 97% of SLPs who are under the age of 40 are female. In addition, the diversity index among SLPs who are under the age of 40 is 29%.*



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 8%  
 Rural Childhood: 28%

### Virginia Background

HS in Virginia: 44%  
 Prof. Education in VA: 47%  
 HS/Prof. Edu. in VA: 55%

### Location Choice

% Rural to Non-Metro: 22%  
 % Urban/Suburban to Non-Metro: 4%

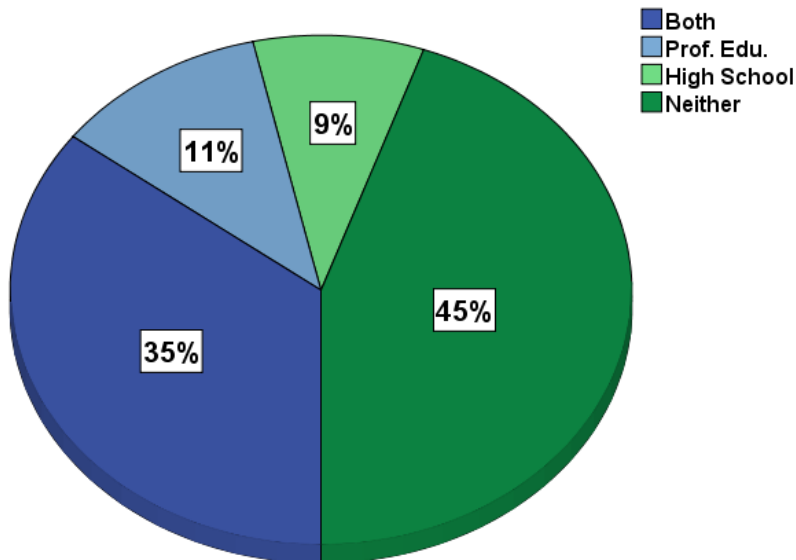
Source: Va. Healthcare Workforce Data Center

## 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+	20%	71%	9%
2	Metro, 250,000 to 1 Million	46%	48%	6%
3	Metro, 250,000 or Less	36%	57%	8%
<b>Non-Metro Counties</b>				
4	Urban, Pop. 20,000+, Metro Adjacent	62%	35%	4%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	61%	35%	4%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	93%	5%	3%
8	Rural, Metro Adjacent	63%	37%	0%
9	Rural, Non-Adjacent	47%	53%	0%
<b>Overall</b>		<b>28%</b>	<b>64%</b>	<b>8%</b>

Source: Va. Healthcare Workforce Data Center

## Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly 30% of SLPs grew up in self-described rural areas, and 22% of SLP who grew up in rural areas currently work in non-metro counties. Overall, 9% of Virginia's SLP workforce currently work in non-metro counties.

## Top Ten States for Speech-Language Pathologist Recruitment

Rank	All Speech-Language Pathologists			
	High School	#	Professional School	#
1	Virginia	1,547	Virginia	1,613
2	Pennsylvania	254	Washington, D.C.	202
3	New York	246	New York	193
4	Maryland	156	Pennsylvania	164
5	New Jersey	136	North Carolina	152
6	North Carolina	119	Tennessee	127
7	Florida	96	Maryland	117
8	West Virginia	82	Florida	106
9	Ohio	69	Ohio	72
10	California	66	West Virginia	61

Source: Va. Healthcare Workforce Data Center

*More than 40% of Virginia's SLPs received their high school degree in Virginia, and 47% received their initial professional degree in the state.*

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	345	Virginia	363
2	Pennsylvania	104	Pennsylvania	65
3	New York	71	New York	62
4	New Jersey	52	Washington, D.C.	57
5	Maryland	52	North Carolina	51
6	North Carolina	42	Florida	43
7	Florida	38	Maryland	43
8	Tennessee	25	Tennessee	35
9	Illinois	22	Massachusetts	21
10	California	21	Ohio	20

Source: Va. Healthcare Workforce Data Center

*Among SLPs licensed in the past five years, 35% received their high school degree in Virginia, and 37% received their initial professional degree in the state.*

*Among all licensed SLPs, 16% did not participate in Virginia's workforce in the past year. More than 80% of these professionals worked at some point in the past year, including 79% who currently work as SLPs.*

### At a Glance:

#### Not in VA Workforce

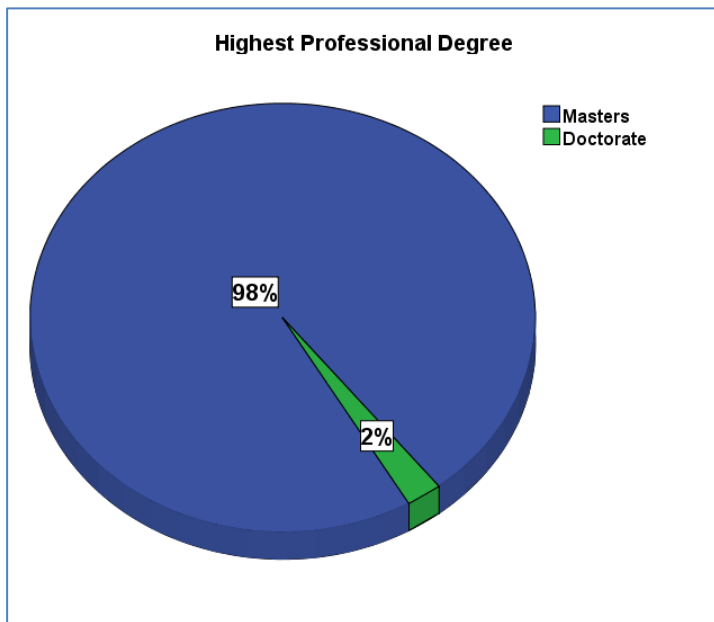
Total:	766
% of Licensees:	16%
Federal/Military:	5%
VA Border State/D.C.:	30%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Master's Degree	3,367	98%
Doctorate - SLP	54	2%
Other Doctorate	25	1%
<b>Total</b>	<b>3,446</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than one-third of all SLPs carry education debt, including 52% of those SLPs who are under the age of 40. For those SLPs with education debt, the median debt amount is between \$40,000 and \$50,000.

## At a Glance:

**Education**  
 Masters: 98%  
 Doctorate: 2%

**Education Debt**  
 Carry Debt: 37%  
 Under Age 40 w/ Debt: 52%  
 Median Debt: \$40k-\$50k

Source: Va. Healthcare Workforce Data Center

Nearly all SLPs hold a Master's degree as their highest professional degree.

Education Debt				
Amount Carried	All SLPs		SLPs Under 40	
	#	%	#	%
None	1,918	63%	713	48%
Less than \$10,000	148	5%	80	5%
\$10,000-\$19,999	123	4%	68	5%
\$20,000-\$29,999	134	4%	81	5%
\$30,000-\$39,999	98	3%	68	5%
\$40,000-\$49,999	77	3%	51	3%
\$50,000-\$59,999	74	2%	50	3%
\$60,000-\$69,999	71	2%	63	4%
\$70,000-\$79,999	74	2%	59	4%
\$80,000-\$89,999	67	2%	51	3%
\$90,000-\$99,999	53	2%	34	2%
\$100,000 or More	215	7%	158	11%
<b>Total</b>	<b>3,051</b>	<b>100%</b>	<b>1,475</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Top Specialties

Child Language:	26%
School/Pediatrics:	26%
Swallowing Disorders:	24%

### Top Credentials

CCC-SLP:	78%
VitalStim Certified:	10%
CBIS:	1%

Source: Va. Healthcare Workforce Data Center

*More than three out of every five SLPs hold at least one self-designated specialty, including 26% who have a specialization in child language.*

## A Closer Look:

### Self-Designated Specialties

Specialty	#	% of Workforce
Child Language	1,058	26%
School/Pediatrics	1,053	26%
Swallowing & Swallowing Disorders	965	24%
Autism	863	21%
Child/Infant	616	15%
Geriatrics	531	13%
Medical	513	13%
Brain Injury	379	9%
Fluency Disorders	290	7%
Voice	258	6%
Deaf and Hard of Hearing	149	4%
Other	334	8%
<b>Total</b>	<b>2,460</b>	<b>61%</b>

Source: Va. Healthcare Workforce Data Center

### Credentials

Credential	#	% of Workforce
CCC-SLP: Speech-Language Pathology	3,145	78%
VitalStim Certified	391	10%
CBIS: Certified Brain Injury Specialist	42	1%
DOE Endorsement	39	1%
CCC-A: Audiology	9	0%
CF-SLP: Fellowship	7	0%
BRS-S: Swallowing	7	0%
BRS-CL: Child Language	3	0%
BRS-FD: Fluency Disorders	2	0%
Other	157	4%
<b>Total</b>	<b>3,189</b>	<b>79%</b>

Source: Va. Healthcare Workforce Data Center

*Nearly 80% of SLPs hold at least one credential, including 78% who hold a CCC-SLP credential.*



## At a Glance:

### Employment

Employed in Profession: 93%  
 Involuntarily Unemployed: < 1%

### Positions Held

1 Full-Time: 59%  
 2 or More Positions: 18%

### Weekly Hours

40 to 49: 44%  
 60 or More: 2%  
 Less than 30: 18%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	2	< 1%
Employed in a SLP-Related Capacity	3,243	93%
Employed, NOT in a SLP-Related Capacity	58	2%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	9	< 1%
Voluntarily Unemployed	126	4%
Retired	42	1%
<b>Total</b>	<b>3,480</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*More than 90% of SLPs are currently employed in the profession, 59% have one full-time job, and 44% work between 40 and 49 hours per week.*

Current Positions		
Positions	#	%
No Positions	177	5%
One Part-Time Position	609	18%
Two Part-Time Positions	146	4%
One Full-Time Position	2,034	59%
One Full-Time Position & One Part-Time Position	396	12%
Two Full-Time Positions	6	0%
More than Two Positions	60	2%
<b>Total</b>	<b>3,428</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	177	5%
1 to 9 Hours	126	4%
10 to 19 Hours	177	5%
20 to 29 Hours	297	9%
30 to 39 Hours	798	24%
40 to 49 Hours	1,480	44%
50 to 59 Hours	242	7%
60 to 69 Hours	57	2%
70 to 79 Hours	17	1%
80 or More Hours	6	0%
<b>Total</b>	<b>3,377</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	21	1%
Less than \$20,000	154	6%
\$20,000-\$29,999	83	3%
\$30,000-\$39,999	121	4%
\$40,000-\$49,999	246	9%
\$50,000-\$59,999	509	18%
\$60,000-\$69,999	540	19%
\$70,000-\$79,999	436	16%
\$80,000-\$89,999	301	11%
\$90,000-\$99,999	183	7%
\$100,000-\$109,999	101	4%
\$110,000-\$119,999	43	2%
\$120,000 or More	40	1%
<b>Total</b>	<b>2,780</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	1,816	54%
Somewhat Satisfied	1,315	39%
Somewhat Dissatisfied	175	5%
Very Dissatisfied	46	1%
<b>Total</b>	<b>3,353</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

At a Glance:

Annual Earnings

Median Income: \$60k-\$70k

Benefits

Health Insurance: 57%

Retirement: 62%

Satisfaction

Satisfied: 93%

Very Satisfied: 54%

Source: Va. Healthcare Workforce Data Center

The typical SLP earns between \$60,000 and \$70,000 per year. In addition, 75% of SLPs receive at least one employer-sponsored benefit, including 57% who have access to a health insurance plan.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Retirement	1,999	62%	66%
Paid Sick Leave	1,860	57%	63%
Health Insurance	1,859	57%	62%
Paid Vacation	1,777	55%	61%
Dental Insurance	1,776	55%	59%
Group Life Insurance	1,127	35%	38%
Signing/Retention Bonus	158	5%	6%
<b>At Least One Benefit</b>	<b>2,433</b>	<b>75%</b>	<b>81%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Employment Instability in the Past Year		
In The Past Year, Did You . . . ?	#	%
Work Two or More Positions at the Same Time?	689	17%
Switch Employers or Practices?	283	7%
Experienced Voluntary Unemployment?	213	5%
Experience Involuntary Unemployment?	193	5%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	128	3%
<b>Experienced at Least One</b>	<b>1,200</b>	<b>30%</b>

Source: Va. Healthcare Workforce Data Center

*Among all SLPs in Virginia, 5% experienced involuntary unemployment at some point in the past year. For comparison, Virginia's average monthly unemployment rate was 5.6%.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working At This Location	58	2%	33	5%
Less than 6 Months	155	5%	100	14%
6 Months to 1 Year	323	10%	88	13%
1 to 2 Years	552	17%	148	21%
3 to 5 Years	812	25%	166	24%
6 to 10 Years	531	16%	77	11%
More than 10 Years	799	25%	86	12%
<b>Subtotal</b>	<b>3,228</b>	<b>100%</b>	<b>698</b>	<b>100%</b>
Did Not Have Location	144		3,331	
Item Missing	682		26	
<b>Total</b>	<b>4,054</b>		<b>4,054</b>	

Source: Va. Healthcare Workforce Data Center

*More than half of all SLPs receive a salary or commission at their primary work location, while one-third of SLPs receive an hourly wage.*

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 5%  
Underemployed: 3%

**Turnover & Tenure**

Switched: 7%  
New Location: 21%  
Over 2 Years: 66%  
Over 2 Yrs., 2<sup>nd</sup> Location: 47%

**Employment Type**

Salary/Commission: 56%  
Hourly Wage: 33%

Source: Va. Healthcare Workforce Data Center

*Two-thirds of all SLPs have worked at their primary work location for more than two years.*

Employment Type		
Primary Work Site	#	%
Salary/Commission	1,385	56%
Hourly Wage	813	33%
By Contract/Per Diem	206	8%
Business/Practice Income	65	3%
Unpaid	4	0%
<b>Subtotal</b>	<b>2,472</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 3.9% and a high of 8.1%. At the time of publication, the unemployment rate for June 2021 was still preliminary.

## At a Glance:

### Concentration

Top Region:	34%
Top 3 Regions:	75%
Lowest Region:	1%

### Locations

2 or More (Past Year):	22%
2 or More (Now*):	20%

Source: Va. Healthcare Workforce Data Center

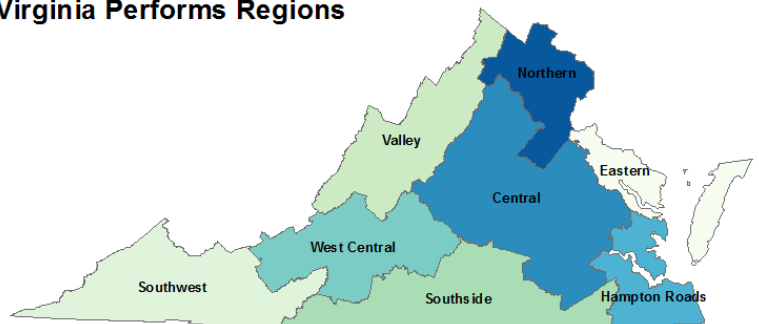
*Three-fourths of all SLPs work in Northern Virginia, Central Virginia, and Hampton Roads.*

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
<b>Northern</b>	1,088	34%	237	34%
<b>Central</b>	701	22%	134	19%
<b>Hampton Roads</b>	616	19%	96	14%
<b>West Central</b>	282	9%	45	6%
<b>Valley</b>	177	5%	38	5%
<b>Southwest</b>	139	4%	32	5%
<b>Southside</b>	120	4%	27	4%
<b>Eastern</b>	42	1%	8	1%
<b>Virginia Border State/D.C.</b>	28	1%	30	4%
<b>Other U.S. State</b>	27	1%	48	7%
<b>Outside of the U.S.</b>	0	0%	4	1%
<b>Total</b>	<b>3,220</b>	<b>100%</b>	<b>699</b>	<b>100%</b>
<b>Item Missing</b>	690		24	

Source: Va. Healthcare Workforce Data Center

### Virginia Performs Regions



*One out of every five SLPs currently have multiple work locations, while 22% of SLPs have had multiple work locations over the past year.*

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
<b>0</b>	127	4%	176	5%
<b>1</b>	2,503	75%	2,506	75%
<b>2</b>	476	14%	461	14%
<b>3</b>	176	5%	164	5%
<b>4</b>	24	1%	14	0%
<b>5</b>	13	0%	14	0%
<b>6 or More</b>	33	1%	18	1%
<b>Total</b>	<b>3,352</b>	<b>100%</b>	<b>3,353</b>	<b>100%</b>

\*At the time of survey completion, June 2021.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	1,180	39%	493	73%
<b>Non-Profit</b>	661	22%	105	16%
<b>State/Local Government</b>	1,169	38%	71	11%
<b>Veterans Administration</b>	15	0%	0	0%
<b>U.S. Military</b>	9	0%	0	0%
<b>Other Federal Gov't</b>	13	0%	2	0%
<b>Total</b>	<b>3,047</b>	<b>100%</b>	<b>671</b>	<b>100%</b>
<b>Did Not Have Location</b>	144		3,331	
<b>Item Missing</b>	862		51	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

For-Profit:	39%
Federal:	1%

**Top Establishments**

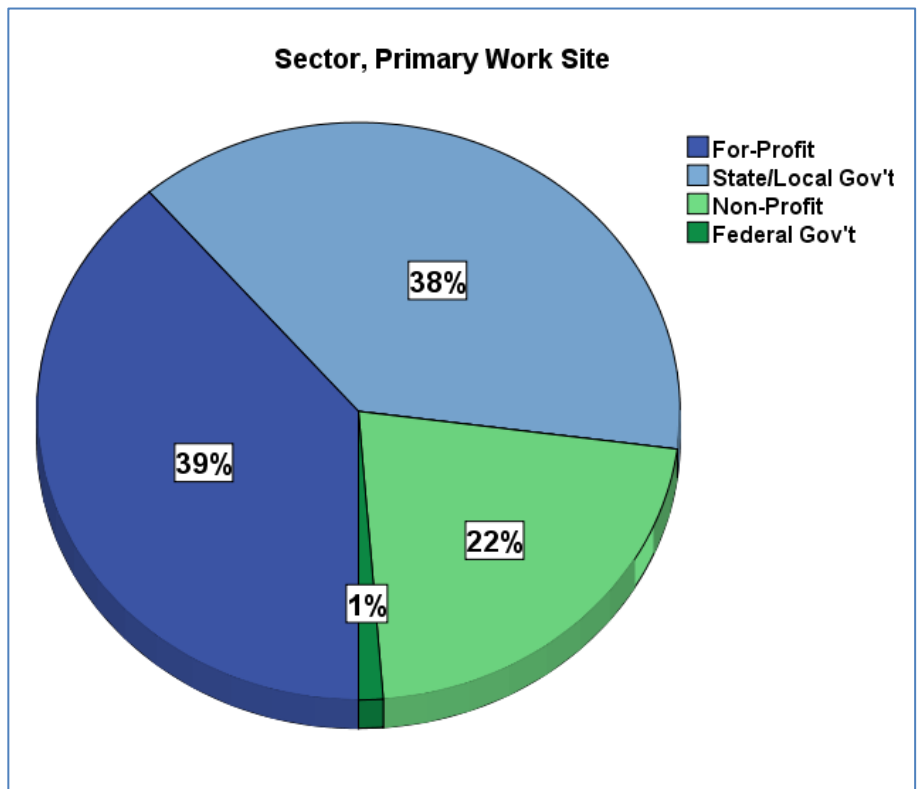
School (Providing Care To Clients):	41%
Private Practice (Group):	10%
Hospital (Inpatient):	9%

**Payment Method**

Cash/Self-Pay:	28%
Medicaid:	27%

Source: Va. Healthcare Workforce Data Center

Three out of every five SLPs work in the private sector, including 39% who work in the for-profit sector.



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
School (Providing Care to Clients)	1,218	41%	57	9%
Private Practice, Group	306	10%	108	16%
Hospital, Inpatient Department	263	9%	109	16%
Skilled Nursing Facility	223	8%	87	13%
Hospital, Outpatient Department	190	6%	16	2%
Home Health Care	174	6%	73	11%
Private Practice, Solo	158	5%	84	13%
Rehabilitation Facility	111	4%	31	5%
Academic Institution (Teaching Health Professions Students or Research)	80	3%	17	3%
Community-Based Clinic or Health Center	57	2%	18	3%
Residential Facility/Group Home	29	1%	12	2%
Administrative/Business Organization	9	0%	4	1%
Physician Office	1	0%	3	0%
Child Day Care	1	0%	1	0%
Outpatient Surgical Center	1	0%	0	0%
Other	143	5%	48	7%
<b>Total</b>	<b>2,964</b>	<b>100%</b>	<b>668</b>	<b>100%</b>
Did Not Have a Location	144		3,331	

Source: Va. Healthcare Workforce Data Center

*Schools that provide care to clients employ 41% of all SLPs in Virginia. Another 10% of SLPs work at group private practices.*

*Nearly 30% of SLPs work at establishments that accept cash/self-pay as a form of payment for services rendered. This makes cash/self-pay the most commonly accepted form of payment among Virginia's SLP workforce.*

Accepted Forms of Payment		
Payment	#	% of Workforce
Cash/Self-Pay	1,135	28%
Medicaid	1,080	27%
Private Insurance	1,053	26%
Medicare	750	19%

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Typical Time Allocation

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

### Roles

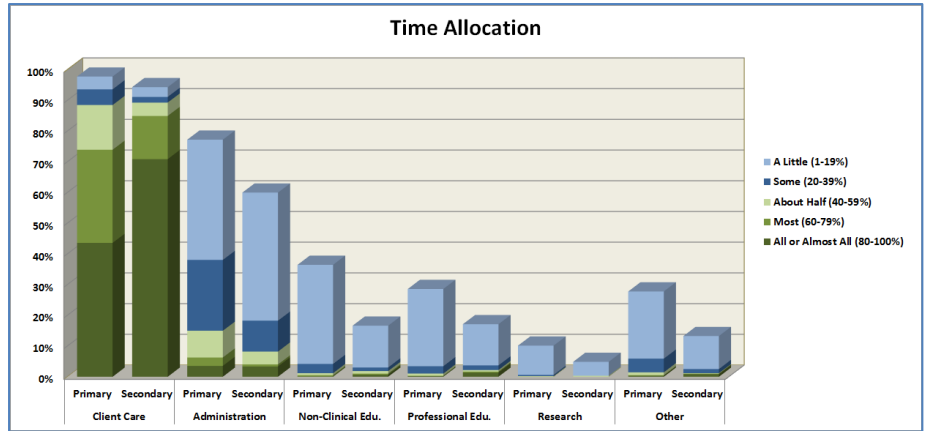
Client Care: 74%  
Administration: 6%  
Non-Clinical Edu.: 1%

### Patient Care SLPs

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

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

*In general, SLPs spend approximately three-quarters of their time treating patients. In fact, 74% of SLPs fill a client care role, defined as spending 60% or more of their time in that activity.*

## Time Allocation

Time Spent	Client Care		Admin.		Non-Clinical Education		Professional Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	44%	71%	4%	3%	0%	1%	0%	1%	0%	0%	0%	1%
<b>Most (60-79%)</b>	30%	14%	3%	1%	0%	0%	0%	0%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	15%	4%	9%	4%	1%	1%	1%	1%	0%	0%	1%	0%
<b>Some (20-39%)</b>	5%	2%	23%	10%	3%	1%	2%	2%	0%	0%	4%	1%
<b>A Little (1-19%)</b>	4%	3%	39%	42%	32%	14%	25%	13%	10%	5%	22%	11%
<b>None (0%)</b>	2%	6%	23%	40%	64%	83%	71%	83%	90%	95%	72%	87%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

**At a Glance:**

**Weekly Patient Totals**

(Median)

Primary Location: 30-39

Secondary Location: 1-9

Total: 30-39

**% with Group Sessions**

Primary Location: 47%

Secondary Location: 13%

Source: Va. Healthcare Workforce Data Center

Weekly Client Totals						
Number of Clients	Primary Work Location		Secondary Work Location		Total <sup>2</sup>	
	#	%	#	%	#	%
<b>None</b>	137	4%	50	7%	118	4%
<b>1-9</b>	392	13%	402	59%	308	10%
<b>10-19</b>	404	13%	103	15%	379	12%
<b>20-29</b>	403	13%	58	8%	412	13%
<b>30-39</b>	353	11%	27	4%	381	12%
<b>40-49</b>	256	8%	17	2%	255	8%
<b>50-59</b>	294	10%	13	2%	325	11%
<b>60-69</b>	179	6%	6	1%	189	6%
<b>70-79</b>	102	3%	0	0%	107	3%
<b>80 or More</b>	555	18%	11	2%	606	20%
<b>Total</b>	<b>3,075</b>	<b>100%</b>	<b>687</b>	<b>100%</b>	<b>3,080</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*A typical SLP treats approximately 30 to 39 clients per week across both their primary and secondary work locations.*

Weekly Client Sessions								
Number of Sessions	Primary Work Location				Secondary Work Location			
	Individual Sessions		Group Sessions		Individual Sessions		Group Sessions	
	#	%	#	%	#	%	#	%
<b>None</b>	136	4%	1,622	53%	49	7%	593	87%
<b>1-9</b>	865	28%	581	19%	448	66%	74	11%
<b>10-19</b>	785	26%	385	13%	122	18%	9	1%
<b>20-29</b>	550	18%	267	9%	33	5%	2	0%
<b>30-39</b>	352	12%	118	4%	10	1%	1	0%
<b>40-49</b>	186	6%	37	1%	10	1%	1	0%
<b>50-59</b>	102	3%	28	1%	4	1%	1	0%
<b>60-69</b>	46	2%	1	0%	1	0%	0	0%
<b>70-79</b>	17	1%	3	0%	0	0%	0	0%
<b>80 or More</b>	17	1%	2	0%	6	1%	0	0%
<b>Total</b>	<b>3,055</b>	<b>100%</b>	<b>3,045</b>	<b>100%</b>	<b>683</b>	<b>100%</b>	<b>682</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

<sup>2</sup> This column estimates the total number of clients treated per week across both primary and secondary work locations.



**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All		50 and Over	
	#	%	#	%
<b>Under Age 50</b>	60	2%	-	-
<b>50 to 54</b>	149	5%	11	1%
<b>55 to 59</b>	366	13%	62	8%
<b>60 to 64</b>	899	31%	227	28%
<b>65 to 69</b>	1,021	35%	331	41%
<b>70 to 74</b>	244	8%	101	13%
<b>75 to 79</b>	72	2%	40	5%
<b>80 or Over</b>	10	0%	3	0%
<b>I Do Not Intend to Retire</b>	93	3%	32	4%
<b>Total</b>	<b>2,914</b>	<b>100%</b>	<b>807</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All SLPs**

Under 65: 51%  
Under 60: 20%

**SLPs 50 and Over**

Under 65: 37%  
Under 60: 9%

**Time Until Retirement**

Within 2 Years: 5%  
Within 10 Years: 17%  
Half the Workforce: By 2046

Source: Va. Healthcare Workforce Data Center

*More than half of all SLPs expect to retire before the age of 65. Among SLPs who are age 50 and over, more than one-third expect to retire by the age of 65.*

*Within the next two years, 11% of SLPs expect to pursue additional educational opportunities, and 9% also expect to increase their client care hours.*

**Future Plans**

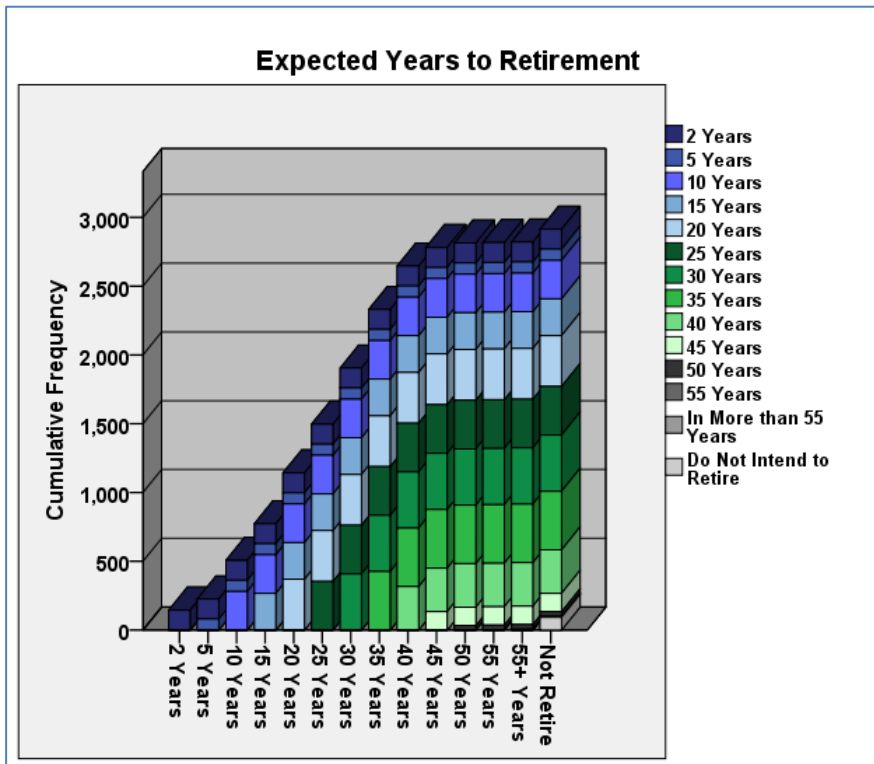
Two-Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Decrease Client Care Hours</b>	254	6%
<b>Leave Virginia</b>	140	3%
<b>Leave Profession</b>	69	2%
<b>Decrease Teaching Hours</b>	16	0%
<b>Increase Participation</b>		
<b>Pursue Additional Education</b>	435	11%
<b>Increase Client Care Hours</b>	359	9%
<b>Increase Teaching Hours</b>	135	3%
<b>Return to Virginia's Workforce</b>	65	2%

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 expect to retire in the next two years, while 17% expect to retire in the next ten years. Half of the current workforce expect to retire by 2046.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	145	5%	5%
5 Years	81	3%	8%
10 Years	281	10%	17%
15 Years	267	9%	27%
20 Years	369	13%	39%
25 Years	354	12%	51%
30 Years	408	14%	65%
35 Years	426	15%	80%
40 Years	316	11%	91%
45 Years	135	5%	95%
50 Years	32	1%	97%
55 Years	4	0%	97%
In More than 55 Years	4	0%	97%
Do Not Intend to Retire	93	3%	100%
<b>Total</b>	<b>2,914</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2031. Retirement will peak at 15% of the current workforce around 2056 before declining to under 10% of the current workforce again around 2066.

## At a Glance:

### FTEs

Total: 2,967  
 FTEs/1,000 Residents<sup>3</sup>: 0.348  
 Average: 0.76

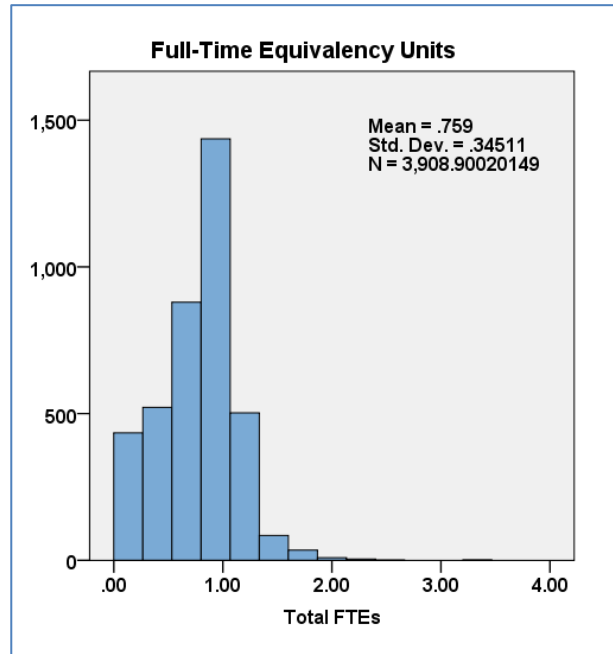
### Age & Gender Effect

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:

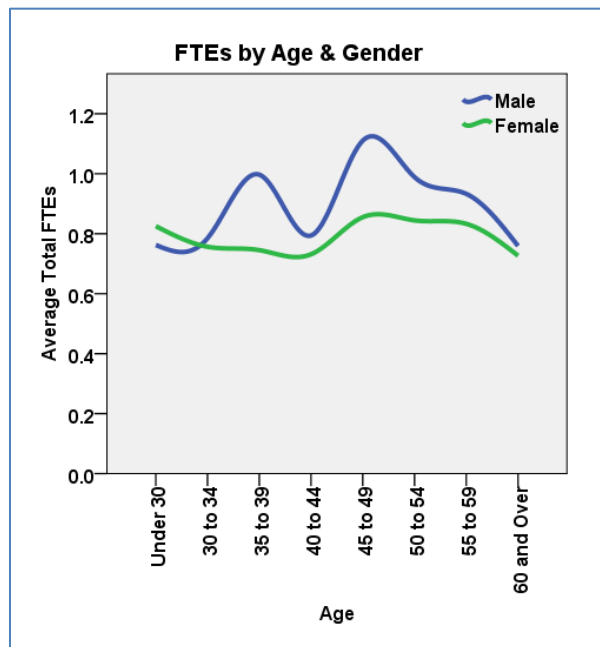


Source: Va. Healthcare Workforce Data Center

The typical SLP provided 0.81 FTEs in 2021, or approximately 32 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>4</sup>

Full-Time Equivalency Units		
	Average	Median
<b>Age</b>		
Under 30	0.82	0.84
30 to 34	0.74	0.76
35 to 39	0.76	0.82
40 to 44	0.68	0.69
45 to 49	0.86	0.81
50 to 54	0.84	0.82
55 to 59	0.77	0.82
60 and Over	0.62	0.58
<b>Gender</b>		
Male	0.87	0.96
Female	0.78	0.82

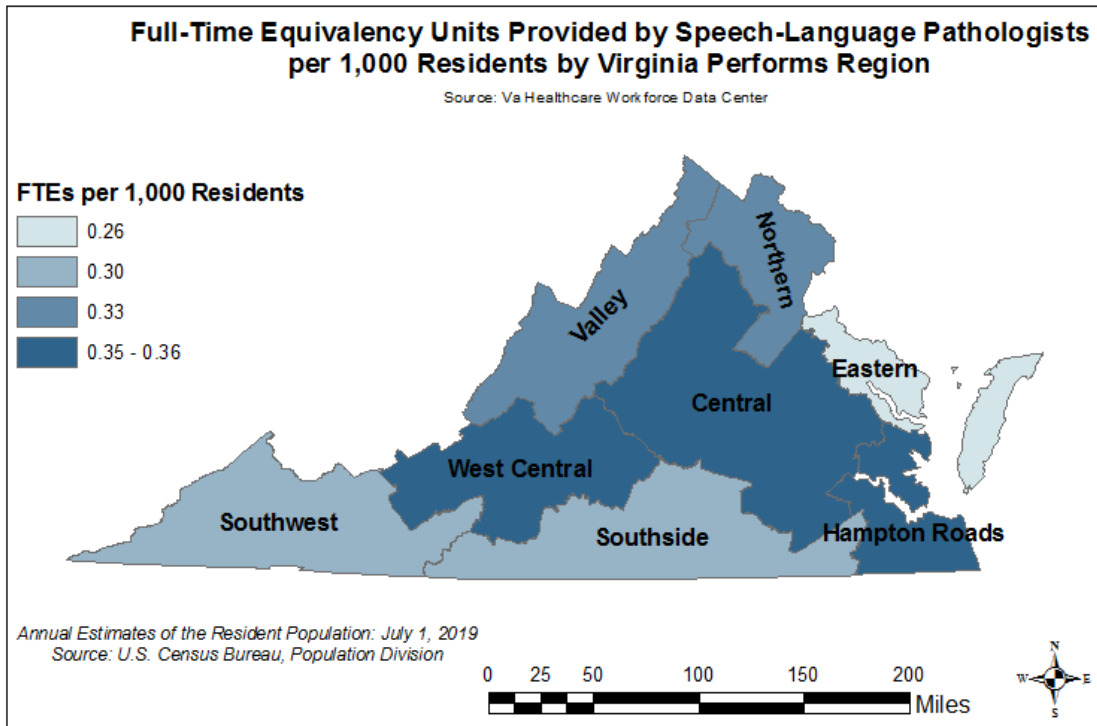
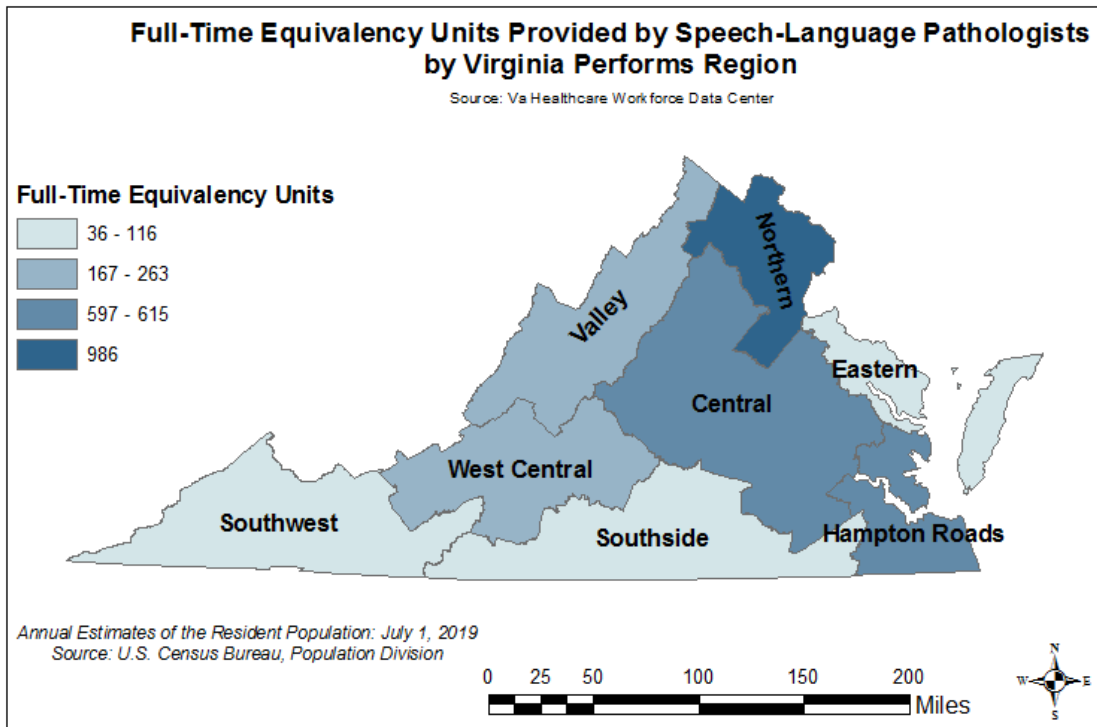
Source: Va. Healthcare Workforce Data Center

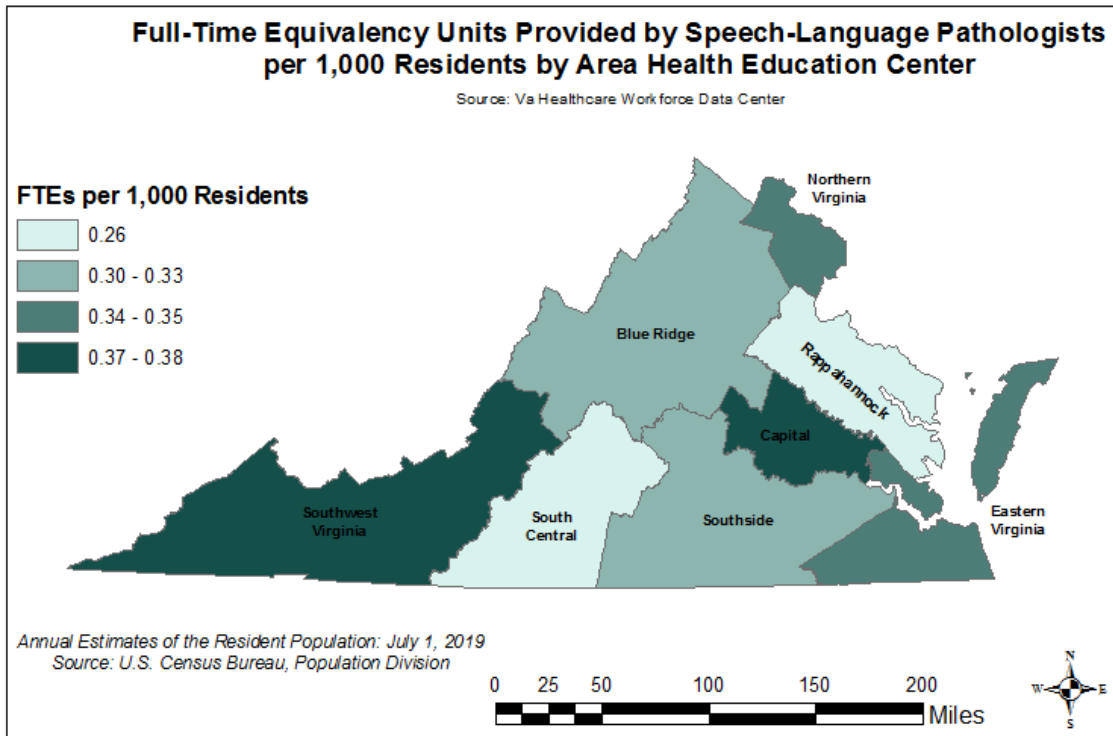
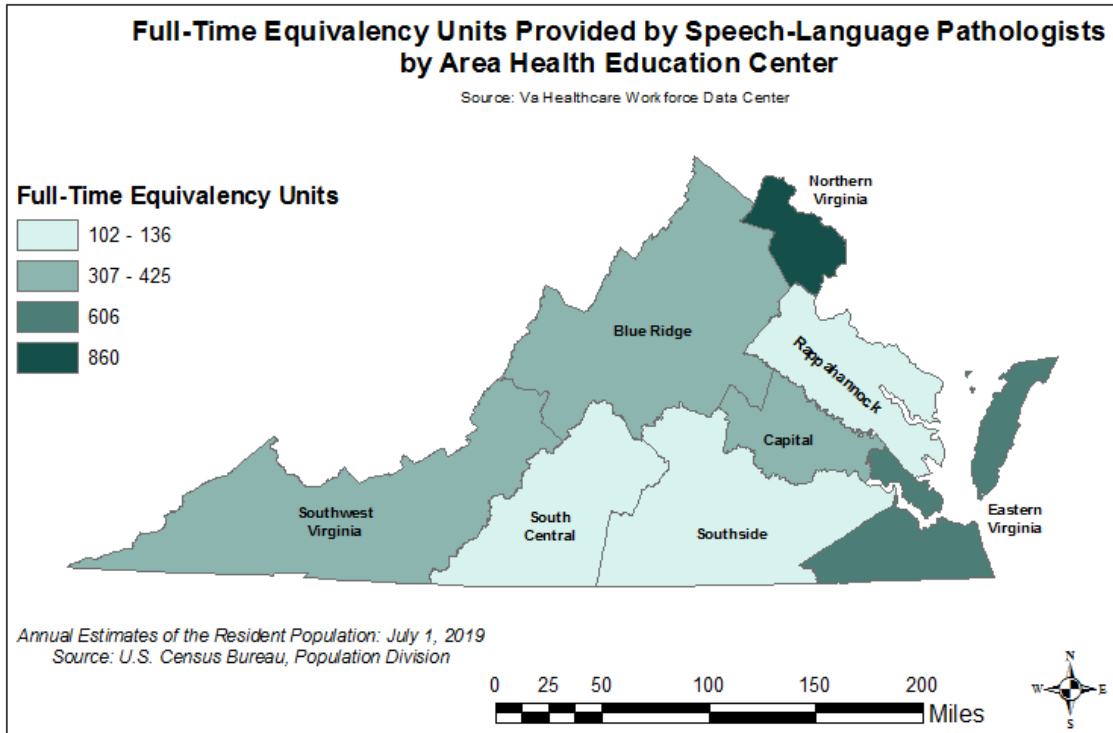


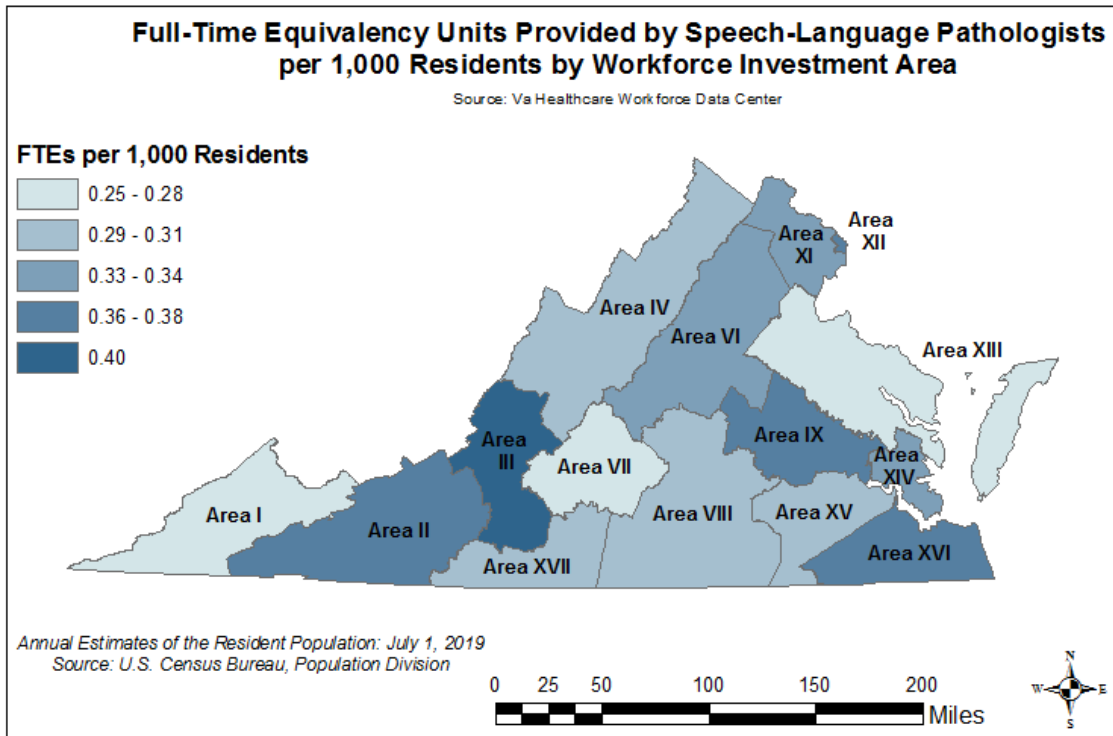
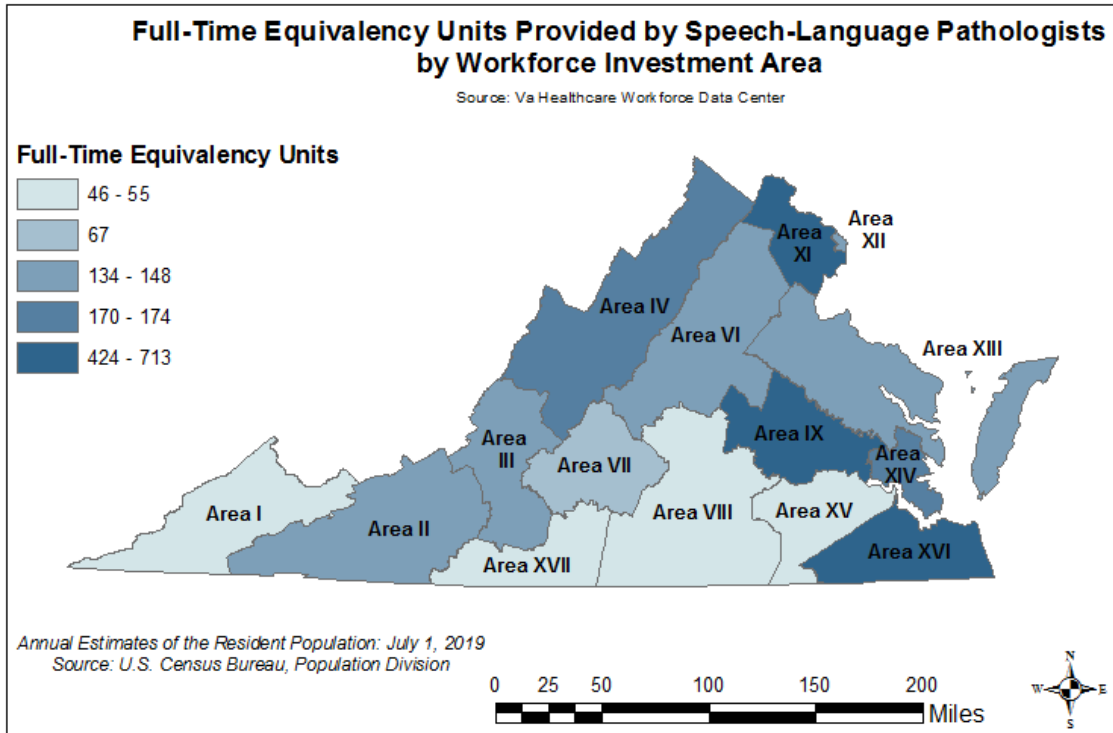
Source: Va. Healthcare Workforce Data Center

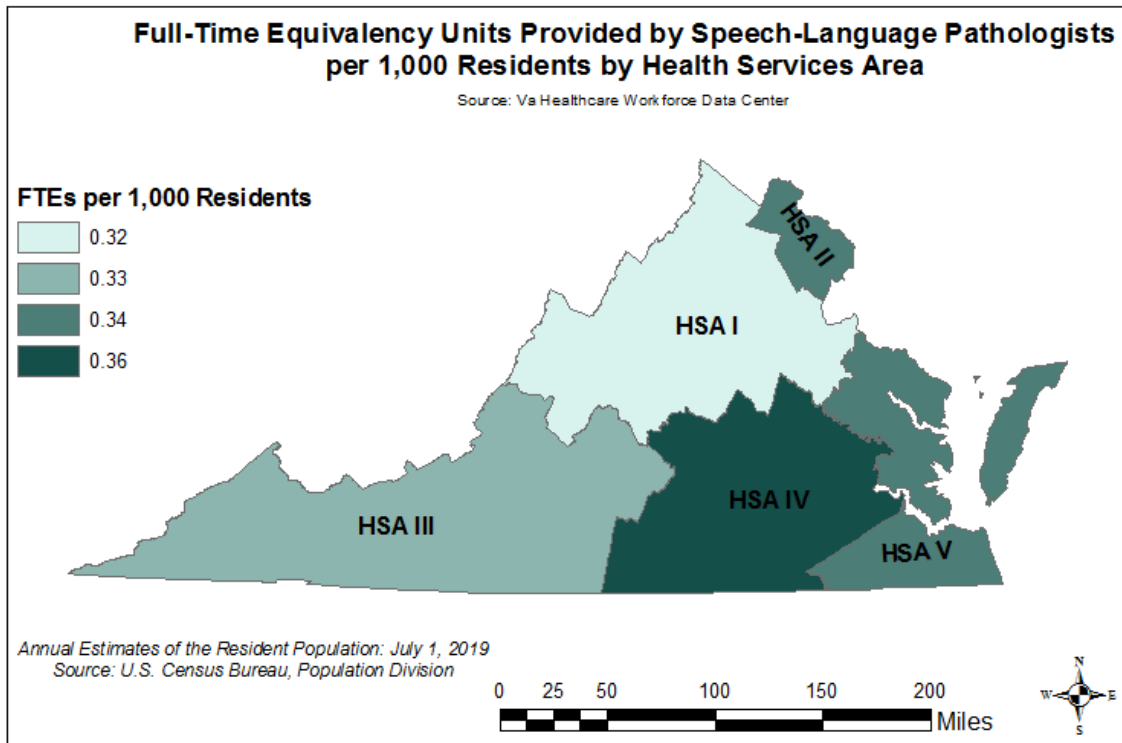
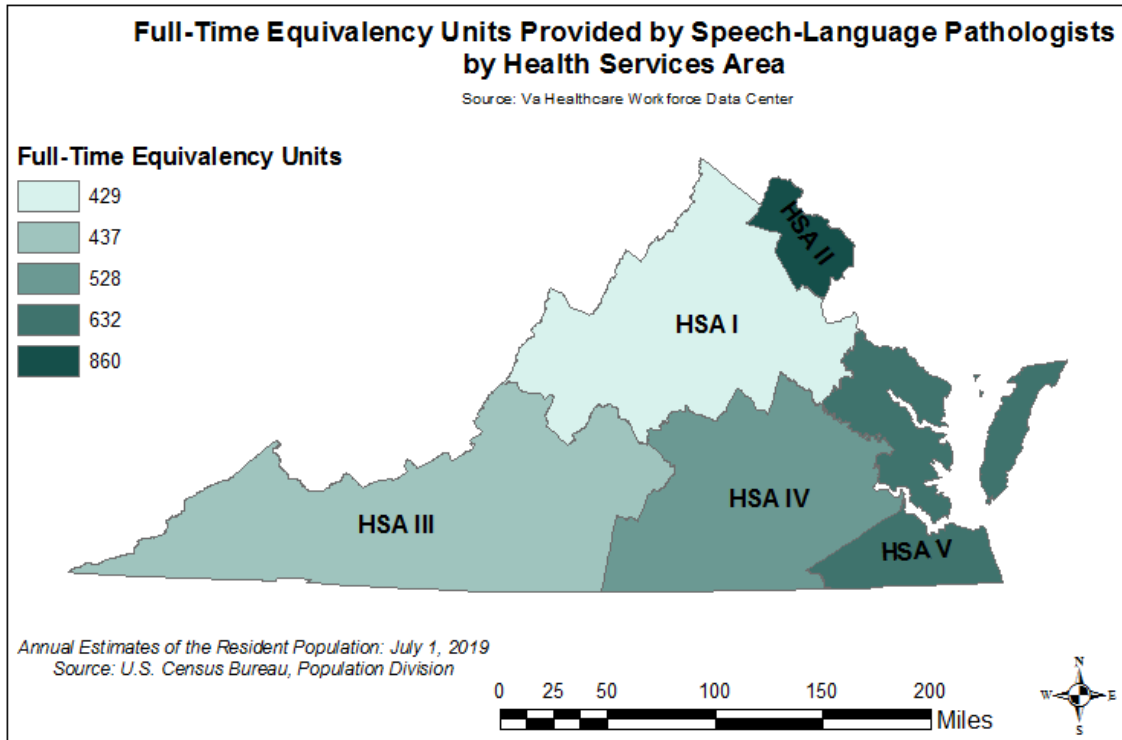
<sup>3</sup> Number of residents in 2019 was used as the denominator.

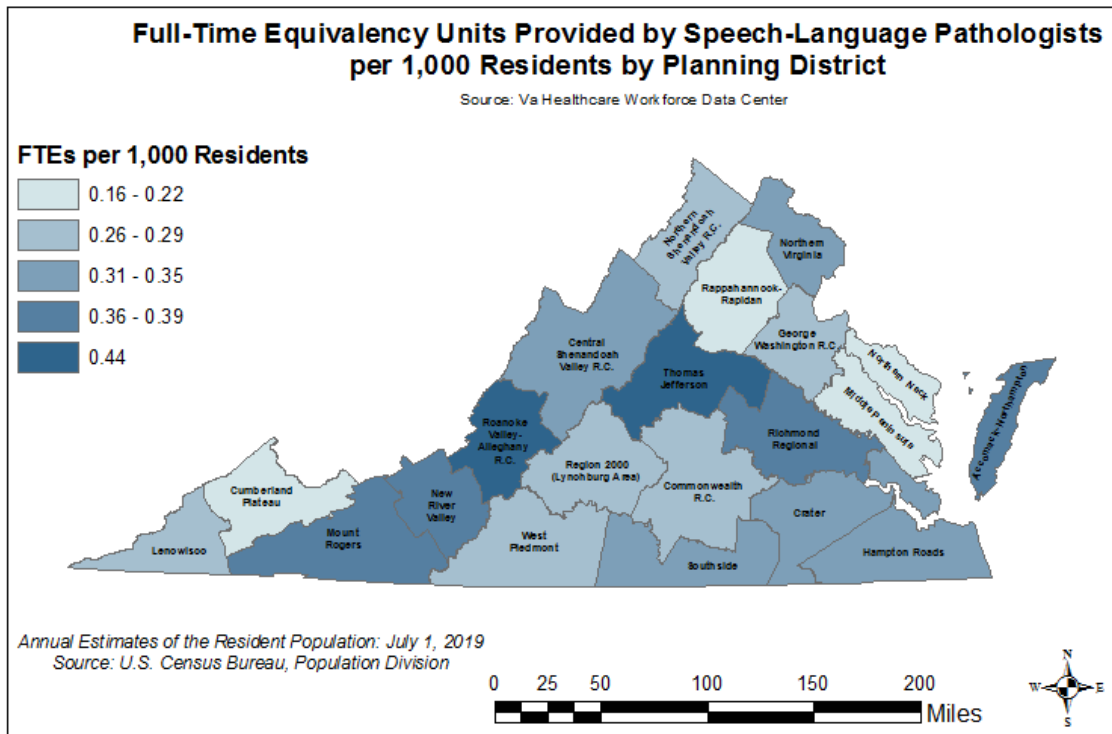
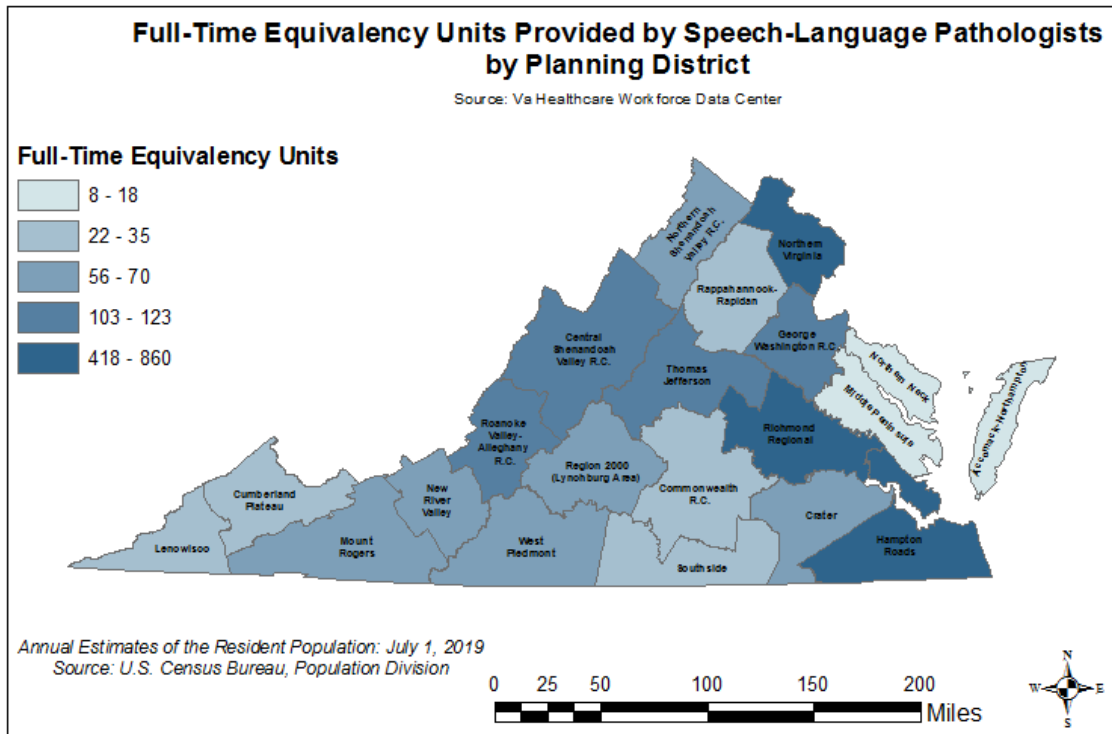
<sup>4</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).













## Appendix

### Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	2,701	86.26%	1.159	1.087	1.319
<b>Metro, 250,000 to 1 Million</b>	292	89.04%	1.123	1.053	1.278
<b>Metro, 250,000 or Less</b>	422	87.44%	1.144	1.072	1.301
<b>Urban, Pop. 20,000+, Metro Adj.</b>	45	86.67%	1.154	1.082	1.313
<b>Urban, Pop. 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban, Pop. 2,500-19,999, Metro Adj.</b>	135	89.63%	1.116	1.046	1.270
<b>Urban, Pop. 2,500-19,999, Non-Adj.</b>	73	86.30%	1.159	1.087	1.319
<b>Rural, Metro Adj.</b>	58	86.21%	1.160	1.088	1.320
<b>Rural, Non-Adj.</b>	21	80.95%	1.235	1.158	1.406
<b>Virginia Border State/D.C.</b>	533	62.48%	1.601	1.501	1.821
<b>Other U.S. State</b>	540	72.04%	1.388	1.302	1.580

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	605	72.40%	1.381	1.270	1.821
<b>30 to 34</b>	840	82.98%	1.205	1.108	1.589
<b>35 to 39</b>	712	83.43%	1.199	1.102	1.581
<b>40 to 44</b>	626	86.58%	1.155	1.062	1.523
<b>45 to 49</b>	567	86.24%	1.160	1.066	1.529
<b>50 to 54</b>	497	86.12%	1.161	1.067	1.531
<b>55 to 59</b>	321	87.85%	1.138	1.046	1.501
<b>60 and Over</b>	652	76.84%	1.301	1.196	1.716

Source: Va. Healthcare Workforce Data Center

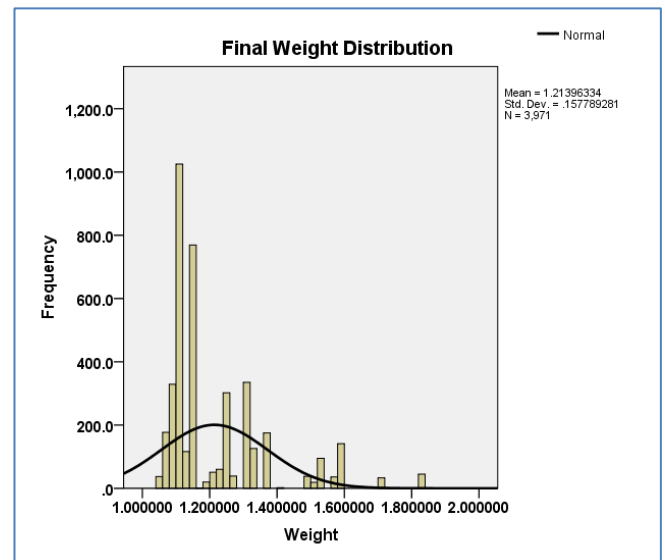
See the Methods section on the HWDC website for details on HWDC methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

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: 0.823859**



Source: Va. Healthcare Workforce Data Center

Virginia Department of Health Professions  
Cash Balance  
As of June 30, 2021

	<b>115- Audiology and Speech Lang</b>
<b>Board Cash Balance as June 30, 2020</b>	\$ 682,499
<b>YTD FY21 Revenue</b>	444,325
<b>Less: YTD FY21 Direct and Allocated Expenditures</b>	<u>366,250</u>
<b>Board Cash Balance as June 30, 2021</b>	<u><u>\$ 760,574</u></u>

### Speech Pathology/Audiology Monthly Snapshot for July 2021

Speech Pathology/Audiology closed more cases in July than received. Speech Pathology/Audiology closed 3 patient care cases and 0 non-patient care cases for a total of 3 cases.

Cases Closed	
Patient Care	3
Non-Patient Care	0
<b>Total</b>	<b>3</b>

The board received 0 patient care cases and 2 non-patient care cases for a total of 2 cases.

Cases Received	
Patient Care	0
Non-Patient Care	2
<b>Total</b>	<b>2</b>

As of July 30 2021, there were 3 patient care cases open and 6 non-patient care cases open for a total of 9 cases.

Cases Open	
Patient Care	3
Non-Patient Care	6
<b>Total</b>	<b>9</b>

There were 5,139 Speech Pathology/Audiology licensees as of August 1, 2021. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Audiologist	534
School Speech-Language Pathologist	320
Speech-Language Pathologist	4,366
<b>Total for Speech Pathology/Audiology</b>	<b>5,139</b>

There were 78 licenses issued for Speech Pathology/Audiology for the month of July. The number of licenses issued are broken down by profession in the following chart.

Licenses Issued	
Audiologist	4
Provisional Speech-Language Pathologist	26
School Speech-Language Pathologist	1
Speech-Language Pathologist	47
<b>Total for Speech Pathology/Audiology</b>	<b>78</b>

From: Virginia Board of Audiology and Speech-Language Pathology  
Date: March 5, 2021  
Subject: Scam Alert



**Virginia Board of Audiology and Speech-Language Pathology  
Scam Alert 3/5/2021**

Please be advised that the Department of Health Professions (DHP) has been made aware that some licensees have received fraudulent communications from individuals claiming to be from one of our licensing boards or another agency, such as the DEA. They fabricate official looking letterhead and call or text and make it appear as though the number is that of the Virginia Board of Audiology and Speech-Language Pathology. Please know that the Board will never contact you to ask for money or personal information. If you are the recipient of any communication of which you are skeptical, contact the Board of Audiology and Speech-Language Pathology for confirmation that it was sent by the Board or that it came from a scammer.

The communications, often by phone, may threaten arrest or license suspension, demand personal information, or require payment of fines. Please note:

- Phone calls may “spoof” DHP or a Board and appear to be from our number;
- If you need to verify the identity of a DHP investigator or inspector, call the Enforcement Division at (804) 367-4691 or email [enfcomplaints@dhp.virginia.gov](mailto:enfcomplaints@dhp.virginia.gov);
- DHP will never demand that you provide personally identifying information, such as social security number, date of birth, bank or credit card account numbers over the phone;
- These types of licensing scams are a problem nationwide.

If you believe you are the recipient of a fraudulent communication claiming to be from DHP:

- Notify DHP’s Enforcement Division at 804-367-4691, or email [enfcomplaints@dhp.virginia.gov](mailto:enfcomplaints@dhp.virginia.gov);
- Report the communication to local law enforcement or the Virginia State Police;
- The Federal Trade Commission also accepts reports about “Imposter Scams” through the [FTC Complaint Assistant](#), or at 1-877-382-4357. These reports are used to aid ongoing investigations.

The Drug Enforcement Administration also has warned of imposters posing as DEA agents. Information and reporting of these scams can be found at [this DEA website](#). You may also contact the Board directly at 804-597-4132 or [audbd@dhp.virginia.gov](mailto:audbd@dhp.virginia.gov) with any concerns.

**Board of Audiology & Speech-Language Pathology**  
 2022 *DRAFT* Meeting Calendar

<b>Date</b>	<b>Location &amp; Time</b>	<b>Meeting/Informal Conference(s)</b>
Tuesday, March 8, 2022	Board Room 4 10:00 a.m.	<b>Board Meeting</b>
	HR 4 & 6	<i>Informal Conference(s)</i>
Tuesday, July 12, 2022	Board Room 4 10:00 a.m.	<b>Board Meeting</b>
	HR 4 & 6	<i>Informal Conference(s)</i>
Tuesday, October 18, 2022	Board Room 3 10:00 a.m.	<b>Board Meeting</b>
	HR 4 & 6	<i>Informal Conference(s)</i>

**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 January 1st. The term of office shall be one year.

For purposes of these Bylaws, the Board schedules three full board meetings in each year 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 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.

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Chair  
Board of Audiology and Speech-Language Pathology