



**July 11, 2017  
Training Room 1  
10:00 a.m.**

**Call to Order – A. Tucker Gleason, Ph.D., Chair**

- Welcome
- Emergency Egress Procedures

**Ordering of Agenda – Dr. Gleason**

**Introduction of New Board Member – Dr. Gleason**

**Use of Agency Laptop Computers – Leslie Knachel/Carol Stamey**

**Public Comment – Dr. Gleason**

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.

**Approval of Minutes – Dr. Gleason**

**Pages 1-15**

- August 17, 2016, Speech-Language Pathology Assistants (SLPA) Committee
- August 17, 2016, Public Hearing on Review of SLPAs
- September 8, 2016, Full Board Meeting
- December 19, 2016, Formal Hearings Case Nos. 172781 and 174657

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

**Legislative/Regulatory Report – Leslie Knachel**

**Pages 15**

**Regulatory Update**

- Amendments to Reinstatement/Reactivation – effective 3/23/2017
- CE Credit for Volunteer Hours – effective 3/9/2017
- Incorporation of Cerumen Management and Assistant SLPs – effective 9/21/2016

**Discussion Items**

**Pages 16-94**

- Healthcare Workforce Data Center Survey Report – **Elizabeth Carter, PhD**
- Expert Admissibility Standards – **Charis Mitchell**
- SLPA Survey Results – **Leslie Knachel**
- Continuing Education Audit - **Leslie Knachel**
- Guidance Document 30-9 Continuing Education (CE) Audits acceptance of clinical supervision as CE – **Leslie Knachel**

**President’s Report – Dr. Gleason**

**Board of Health Professions’ Report – Laura P. Verdun, M.A., CCC-SLP**

**Staff Reports**

**Pages 95-961**

- Executive Director’s Report – **Leslie Knachel**
- Discipline Report – **Leslie Knachel**

**New Business – Dr. Gleason**

**Election of Officers**

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**Next Meeting** – November 7, 2017

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**Meeting Adjournment – Dr. Gleason**

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

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

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

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

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

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

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

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

**NEW BUSINESS:**

No new business was discussed.

**ADJOURNMENT:**

The meeting adjourned at 2:48 p.m.

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Laura P. Verdun, MA, CCC-SLP  
Chair

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

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Date

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Date

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Laura P. Verdun, MA, CCC-SLP  
Chair

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY  
MEETING MINUTES  
SEPTEMBER 8, 2016**

- TIME AND PLACE:** The Board of Audiology and Speech-Language Pathology (Board) meeting was called to order at 10:00 a.m. on Thursday, September 8, 2016, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Training Room 1, Henrico, Virginia.
- PRESIDING OFFICER:** A. Tucker Gleason, Ph.D., CCC-A
- MEMBERS PRESENT:** Lillian B. Beahm, Au.D, CCC-A  
Corliss V. Booker, Ph.D., APRN, FNP-BC  
George T. Hashisaki, M.D.  
Angela W. Moss, MA, CCC-SLP  
Laura Purcell Verdun, MA, CCC-SLP
- MEMBERS NOT PRESENT:** Ronald Spencer, R.N.
- QUORUM:** With six members of the Board present, a quorum was established.
- STAFF PRESENT:** Leslie L. Knachel, Executive Director  
Charis Mitchell, Assistant Attorney General, Board Counsel  
Lisa R. Hahn, MPA, Chief Deputy Director  
Elaine Yeatts, Senior Policy Analyst  
Corie Tillman Wolf, Executive Director, Boards of Funeral Directors and Embalmers, Long Term Care and Physical Therapy  
Carol Stamey, Operations Manager
- OTHERS PRESENT:** Marie Ireland, Virginia Department of Education (VDOE)  
Darlene Robke, Speech Hearing Association of Virginia (SHAV)
- ORDERING OF AGENDA:** Dr. Booker moved to approve the agenda with the following additions:
- “Guidance Document 30-8” to “Update of Guidance Documents” under “Discussion Items”;
  - “Elimination of CE Providers” under “Discussion Items”; and
  - “Update on Licensure Instructions” under the “Executive Director’s Report.”
- The motion was seconded and carried.
- PUBLIC COMMENT:** No public comment was presented.
- APPROVAL OF MINUTES:** Ms. Moss moved to approve as a block meeting minutes from the June 9, 2016, Telephone Conference Call, and the February 18, 2016, Full Board meeting as presented. The motion was seconded and carried.
- DIRECTOR’S REPORT:** Ms. Hahn provided an update on the agency’s upcoming internal training for board members event scheduled for October 24, 2016.

## **WORKFORCE REPORTS:**

Dr. Carter presented the results of the Board's 2015 Healthcare Workforce Survey.

## **LEGISLATIVE/REGULATORY UPDATE:**

### **Review of Regulatory Actions**

Ms. Yeatts updated the Board on the status of the following regulatory actions:

- Chapter 20 of the Regulations was repealed and replaced by Chapter 21 which became effective on August 10, 2016;
- The final replacement cerumen management regulations became effective on July 27, 2016; and
- The final regulations related to the practice by assistant speech-language pathologists became effective on July 27, 2016

Ms. Yeatts indicated that the cerumen management and the assistant speech-language pathologist regulations originally amended Chapter 20 of the regulations. These two regulatory actions were not included in Chapter 21 because that regulatory action was initiated in 2011 prior to the cerumen management and assistant speech-language pathologists' regulations. Therefore, a regulatory action was needed to incorporate the cerumen management and the assistant speech-language pathologist regulations into Chapter 21.

In addition, Ms. Yeatts reported that the following items in Chapter 21 required amendments due to legislation that passed during the promulgation period:

- 18VAC30-21-110 – add school speech-language pathologists (SLPs);
- 18VAC30-21-120 – add school SLPs and acceptance of the American Board of Audiology and any other accrediting bodies accepted by the board; and
- 18VAC30-21-130 – delete as the first change incorporates school SLPs into 18VAC30-21-120.

She advised that the changes could be made as a fast track item.

Ms. Verdun moved to adopt the presented amendments as a fast track item. The motion was seconded and carried.

### **Public Participation Guidelines**

Ms. Yeatts reported that the Board's PPG regulations required an amendment to conform to changes made to the Administrative Process Act (APA).

Ms. Verdun moved to amend the Board's PPG regulations to be consistent with the changes to the APA. The motion was seconded and carried.

### **Volunteer Hours for Continuing Education (HB319)**

Ms. Yeatts reported that HB319 became effective on July 1, 2016. The legislation requires the boards housed in DHP to allow

volunteer practice to count as continuing education (CE) hours. She commented that the legislation required the Board to amend its regulations. Draft language was provided for the Board's consideration.

Ms. Verdun moved to adopt the regulations as proposed to allow up to one hour of CE for volunteer service per year where one hour may be credited for three hours of documented volunteer service. The motion was seconded and carried.

#### **Report on License/Certification of Assistant SLPs**

Ms. Yeatts provided an overview of the activities and report of the Assistant SLP Ad Hoc Committee. The Board reviewed and discussed the report of the Ad Hoc Committee. Ms. Knachel stated the public hearing date on page 6 of the report needed to be changed to August 17 and Ms. Yeatts added that the bracketed information on page 6 would indicate that "no additional comments were received."

Ms. Verdun moved to accept the report as corrected. The motion was seconded and carried.

#### **Review of Survey Questions for Usage of SLPAs**

The Board discussed the Assistant SLP Ad Hoc Committee's recommendation for the Board to deploy an online survey to help gather data on the usage of assistant SLPs in the practice setting. The Board requested an introductory paragraph be added that the responses to Question #4 be modified to remove "4 or more FTE."

Ms. Verdun moved to deploy the survey with the inclusion of an introductory paragraph and revisions. The motion was seconded and carried.

The Board requested that Ms. Knachel send the final draft of the survey to board and committee members for review prior to deployment.

#### **DISCUSSION ITEMS:**

##### **Guidance Documents**

- **Guidance Document 30-6: Policy on Active Practice and Self-Employment**

Ms. Knachel presented a draft of Guidance Document 30-6 for the Board's consideration.

Ms. Verdun moved to accept Guidance 30-6 as presented. The motion was seconded and carried.

- **Guidance Document 30-8 – Requirements to Hold Licensure in Virginia Practice Speech-Language Pathology**

Ms. Knachel presented a draft of Guidance Document 30-8 for the Board's consideration.

Ms. Verdun moved to accept Guidance Document 30-8 as



presented with a typo correction made to the answer portion of the second question. The motion was seconded and carried.

- **Guidance Document 30-9 – CE Audits and Sanctioning for Failure to Complete CE**

Ms. Knachel presented a draft of Guidance Document 30-9. She indicated that the applicable sections remaining in Guidance Document 30-5 following changes to the regulations was combined with Guidance Document 30-9 for the Board's consideration.

Ms. Knachel stated that she received comment from Ms. Ireland to consider moving the last paragraph under CE Audit Procedures to the bulleted section above. In addition, Ms. Verdun requested that a notation be added to indicate per the Code of Virginia that monetary penalties are sent to the Literary Fund.

Ms. Moss moved to repeal Guidance Document 30-5. The motion was seconded and carried.

Dr. Booker moved to accept Guidance Document 30-9 as amended. The motion was seconded and carried.

- **Guidance Document 30-11 – Guidelines for Processing Applications for Licensure**

Ms. Knachel provided a draft of Guidance Document 30-11 regarding the processing of applications for licensure that are non-routine for the Board's consideration.

During the discussion, the Board requested to delete "Convictions in a juvenile court" because the wording was problematic and did not occur frequently enough to be needed in the guidance document; and delete ",certification, or registration" and insert "for which the Board may refuse..."

Ms. Verdun moved to accept Guidance Document 30-11 as amended. The motion was seconded and carried.

### **Continuing Education (CE) Audit Update**

Ms. Stamey provided an update on the current results of the CE audit conducted in July.

### **CE Providers**

Ms. Knachel reported that the new Chapter 21 eliminated the approval of CE providers. The Board directed staff to send out a courtesy letter to currently approved CE providers this regulatory change.

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

Dr. Gleason, Ms. Hahn and Ms. Knachel presented a board plaque to Dr. Hashisaki in honor of his eight years of service to the

Commonwealth as a board member.

**EXECUTIVE DIRECTOR'S REPORT:**

**Statistics**

Ms. Knachel provided an overview of the licensure and disciplinary statistics.

**Budget**

Ms. Knachel reported that the budget update was provided in the board's agenda package.

**Outreach**

Ms. Knachel reported that she had engaged in the following outreach activities:

- A mass email was sent to all licensees regarding regulatory changes;
- A licensure presentation was provided to students at SHAV's annual meeting; and
- A licensure presentation was provided to students at Longwood University.

**Annual Meeting of National Council of State Boards of Examiners (NCSB)**

Ms. Knachel reported that the next NCSB meeting is scheduled in September in Santa Fe. She noted that Dr. Beahm may be attending the meeting.

**Brief Update on License Instructions**

Ms. Knachel reported that the American Speech-Language-Hearing Association (ASHA) verifies passage of the PRAXIS examination prior to issuing a Certificate of Clinical Competence (CCC). Therefore, if an applicant has documentation of a current CCC then they are not required to provide documentation of the exam scores. Ms. Stamey commented PRAXIS only keeps exam scores for 10 years. Staff was requested to verify if the American Board of Audiology also verifies passage of the PRAXIS examination prior to issuing their certification.

**NEW BUSINESS:**

**Officer Elections**

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

**2017 Board Calendar**

It was the consensus of the board that the 2017 calendar be accepted.

**ADJOURNMENT:**

The meeting was adjourned at 12:50 p.m.

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A. Tucker Gleason, Ph.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

Draft

**UNAPPROVED DRAFT**  
**VIRGINIA BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY**  
**FORMAL HEARING MINUTES**  
**DEPARTMENT OF HEALTH PROFESSIONS**  
**TRAINING ROOM 2**  
**HENRICO, VA**  
**DECEMBER 19, 2016**

**CALL TO ORDER:** The meeting of the Virginia Board of Audiology and Speech-Language Pathology (Board) was called to order at 9:02 a.m., on December 19, 2016, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Training Room 2, Henrico, Virginia.

**PRESIDING OFFICER:** A. Tucker Gleason, Ph.D., CCC-A, Chairperson

**MEMBERS PRESENT:** Bradley W. Kesser, M.D.  
Ronald Spencer, R.N.  
Laura Purcell Verdun, MA, CCC-SLP

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

**MEMBERS EXCUSED:** Lillian B. Beahm, Au.D., CCC-A  
Angela W. Moss, MA, CCC-SLP

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

**STAFF PRESENT:** Leslie L. Knachel, Executive Director  
Amanda E. M. Blount, Deputy Executive Director  
Terri H. Behr, Discipline/Compliance Specialist

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

**COURT REPORTER:** Andrea Pegram, Court Reporting Services, LLC

**PARTIES ON BEHALF OF THE COMMONWEALTH:** Mykl D. Egan, Adjudication Specialist

**COMMONWEALTH WITNESSES:** None

**RESPONDENT WITNESSES:** None

**MATTER SCHEDULED:**

**Nina Yvette Austin, SLP**  
**License No.: 2202-006135**  
**Case No.: 172781**

The Chair noted that Ms. Austin was noticed to appear before the Board at 9:00 a.m., and that the time was now 9:02 a.m. Mr. Egan presented an affidavit attesting that the Notice dated November 22, 2016, had been sent to Ms. Austin's address of record via overnight and first class mail. The Chair ruled that proper notice of the proceeding was provided to Ms. Austin and the formal hearing proceeded in her absence.

The Board received evidence from the Commonwealth.

**CLOSED SESSION:**

Ms. Verdun moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia ("Code") for the purpose of deliberation to reach a decision in the matter of **Nina Y. Austin, SLP**. Additionally, she moved that Ms. Knanchel and Ms. Mitchell attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and carried unanimously.

**RECONVENE:**

Ms. Verdun moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

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

**DECISION:**

Ms. Verdun moved to accept the Findings of Fact and Conclusions of Law and decision as presented by the Commonwealth, amended by the Board, and read by Ms. Mitchell. Ms. Verdun also moved to accept the decision, as read by Ms. Mitchell, which was to indefinitely suspend Ms. Austin's right to renew her license to practice as a speech-language pathologist in the Commonwealth of Virginia. Following a second, a

roll call vote was taken. The motion passed unanimously.

**ADJOURNMENT:**

The Formal Hearing adjourned at 9:30 a.m.

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A. Tucker Gleason, Ph.D., CCC-A, Chairperson

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

DRAFT

**UNAPPROVED DRAFT**  
**VIRGINIA BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY**  
**FORMAL HEARING MINUTES**  
**DEPARTMENT OF HEALTH PROFESSIONS**  
**TRAINING ROOM 2**  
**HENRICO, VA**  
**DECEMBER 19, 2016**

**CALL TO ORDER:** The meeting of the Virginia Board of Audiology and Speech-Language Pathology (Board) was called to order at 9:34 a.m., on December 19, 2016, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Training Room 2, Henrico, Virginia.

**PRESIDING OFFICER:** A. Tucker Gleason, Ph.D., CCC-A, Chairperson

**MEMBERS PRESENT:** Bradley W. Kesser, M.D.  
Ronald Spencer, R.N.  
Laura Purcell Verdun, MA, CCC-SLP

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

**MEMBERS EXCUSED:** Lillian B. Beahm, Au.D., CCC-A  
Angela W. Moss, MA, CCC-SLP

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

**STAFF PRESENT:** Leslie L. Knachel, Executive Director  
Amanda E. M. Blount, Deputy Executive Director  
Terri H. Behr, Discipline/Compliance Specialist

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

**COURT REPORTER:** Andrea Pegram, Court Reporting Services, LLC

**PARTIES ON BEHALF OF THE COMMONWEALTH:** Mykl D. Egan, Adjudication Specialist

**COMMONWEALTH WITNESSES:** None

**RESPONDENT WITNESSES:** None

**MATTER SCHEDULED:**

**Richard Chileshe Kalunga, SLP**  
**Case No.: 174657**

The Chair noted that Mr. Kalunga was noticed to appear before the Board at 9:30 a.m., and that the time was now 9:02 a.m. Mr. Egan presented an affidavit attesting that the Notice dated November 22, 2016, had been sent to Mr. Kalunga's address of record via overnight and first class mail. The Chair ruled that proper notice of the proceeding was provided to Mr. Kalunga and the formal hearing proceeded in his absence.

The Board received evidence from the Commonwealth.

**CLOSED SESSION:**

Ms. Verdun moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia ("Code") for the purpose of deliberation to reach a decision in the matter of **Richard Chileshe Kalunga, SLP**. Additionally, she moved that Ms. Knanchel and Ms. Mitchell attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and carried unanimously.

**RECONVENE:**

Ms. Verdun moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

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

**DECISION:**

Ms. Verdun moved to accept the Findings of Fact and Conclusions of Law and decision as presented by the Commonwealth, amended by the Board, and read by Ms. Mitchell. Ms. Verdun also moved to accept the decision, as read by Ms. Mitchell, which was to indefinitely suspend Mr. Kalunga's right to renew his license to practice as a speech-language pathologist in



the Commonwealth of Virginia for a period of not less than six months from date of entry of this Order. Following a second, a roll call vote was taken. The motion passed unanimously.

**ADJOURNMENT:**

The Formal Hearing adjourned at 9:58 a.m.

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A. Tucker Gleason, Ph.D., CCC-A, Chairperson

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

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Past Actions		
Action Title	Latest Stage	Status
Amendments to reinstatement/reactivation requirements	Fast-Track	Stage complete. This regulation became effective on 3/23/2017.
CE credit for volunteer hours	Fast-Track	Stage complete. This regulation became effective on 3/9/2017.
Incorporation of cerumen management and assistant SLP regulations	Final	Stage complete. This regulation became effective on 9/21/2016.

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# *Virginia's Audiologist Workforce: 2016*

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Healthcare Workforce Data Center

January 2017

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

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

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

*Thank You!*

***Virginia Department of Health Professions***

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

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

*Healthcare Workforce Data Center Staff:*

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

**Yetty Shobo, Ph.D.**  
*Deputy Director*

**Laura Jackson**  
*Operations Manager*

**Christopher Coyle**  
*Research Assistant*

## The Board of Audiology & Speech-Language Pathology

### *Chair*

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

### *Vice-Chair*

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

### *Members*

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

Bradley W. Kesser, M.D.  
*Charlottesville*

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

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

Ronald Spencer, RN  
*Midlothian*

### *Executive Director*

Leslie L. Knachel

## Contents

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Results in Brief.....	2
Summary of Trends .....	3
Survey Response Rates .....	4
The Workforce.....	5
Demographics.....	6
Background .....	7
Education .....	9
Specializations & Credentials.....	10
Current Employment Situation .....	11
Employment Quality.....	12
2016 Labor Market .....	13
Work Site Distribution .....	14
Establishment Type .....	15
Time Allocation .....	17
Patient Workload .....	18
Retirement & Future Plans .....	19
Full-Time Equivalency Units.....	21
Maps .....	22
Council on Virginia’s Future Regions .....	22
Area Health Education Center Regions .....	23
Workforce Investment Areas .....	24
Health Services Areas .....	25
Planning Districts .....	26
Appendix .....	27
Weights .....	27

## The Audiologist Workforce: At a Glance:

### The Workforce

Licensees:	526
Virginia's Workforce:	406
FTEs:	356

### Background

Rural Childhood:	27%
HS Degree in VA:	39%
Prof. Degree in VA:	31%

### Current Employment

Employed in Prof.:	95%
Hold 1 Full-time Job:	73%
Satisfied?:	98%

### Survey Response Rate

All Licensees:	79%
Renewing Practitioners:	90%

### Education

Au.D.:	66%
Masters:	25%

### Job Turnover

Switched Jobs in 2016:	5%
Employed over 2 yrs:	65%

### Demographics

Female:	88%
Diversity Index:	19%
Median Age:	46

### Finances

Median Income: \$70k-\$80k	
Health Benefits:	60%
Under 40 w/ Ed debt:	63%

### Primary Roles

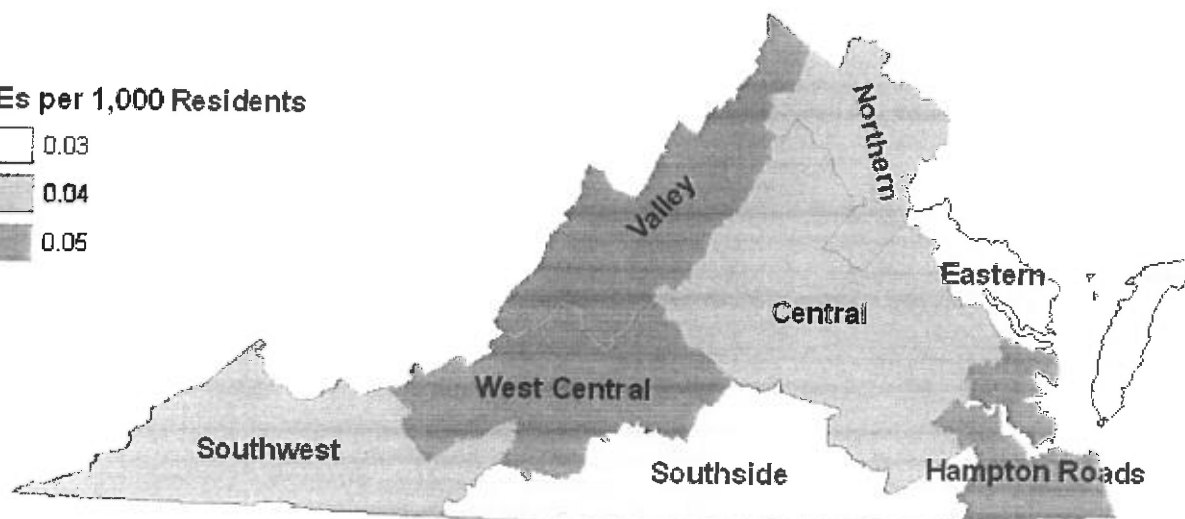
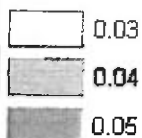
Patient Care:	82%
Administration:	2%
Non-Clinical Edu.:	1%

Source: Va Healthcare Workforce Data Center

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

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2014

Source: U.S. Census Bureau, Population Division



417 audiologists voluntarily took part in the 2016 Audiologist Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every December for audiologists. These survey respondents represent 79% of the 526 audiologists who are licensed in the state and 90% of renewing practitioners.

The HWDC estimates that 406 audiologists participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an audiologist at some point in the future. During 2016, Virginia's audiologist workforce provided 356 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

88% of all audiologists are female, including 97% of all audiologists under the age of 40. In a random encounter between two audiologists, there is only a 19% chance that they would be of different races or ethnicities, a measure known as the diversity index. Virginia's audiologist workforce is significantly less diverse than the state's overall population, where there is a 55% chance that two randomly chosen people would be of different races or ethnicities.

27% of all audiologists grew up in a rural area, but only 15% of these professionals currently work in non-Metro areas of the state. Overall, 7% of Virginia's audiologists work in non-Metro areas of the state. Meanwhile, 39% of Virginia's audiologists graduated from high school in Virginia, and 31% earned their initial professional degree in the state. In total, 47% of Virginia's audiologists have some educational background in the state.

66% of all audiologists hold a Doctor of Audiology (Au.D.) as their highest professional degree, while another 25% hold a Master's degree. One-third of audiologists currently carry educational debt, including 63% of those under the age of 40. The median debt burden for those audiologists with educational debt is between \$50,000 and \$60,000.

95% of audiologists are currently employed in the profession. 73% of Virginia's audiologist workforce holds one full-time position, while 9% hold two or more positions simultaneously. In addition, 53% of audiologists work between 40 and 49 hours per week, while just 3% work at least 60 hours per week. 65% of Virginia's audiologist workforce have been at their primary work location for more than two years, while just 5% have switched jobs at some point in the past year.

The typical audiologist earned between \$70,000 and \$80,000 last year. In addition, 83% of audiologists who are compensated with either an hourly wage or salary at their primary work location also receive at least one employer-sponsored benefit, including 60% who receive health insurance. 98% of all audiologists are satisfied with their current employment situation, including 75% who indicate they are "very satisfied".

Nearly three-quarters of all audiologists are employed in one of three regions of the state: Northern Virginia, Hampton Roads, and Central Virginia. Meanwhile, 81% of audiologists work in the private sector, including 66% who work at a for-profit establishment. 22% of all audiologists in the state are employed in group private practices, while 21% work at physician offices.

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

40% of audiologists expect to retire by the age of 65. Just 4% of the current workforce expects to retire in the next two years, while half of the current workforce expects to retire by 2041. Over the next two years, 9% of Virginia's audiologists are planning to pursue additional educational opportunities, while 8% plan on increasing patient care activities.



## Summary of Trends

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In general, there was little change in Virginia's audiologist workforce in 2016, but there were a few interesting differences with respect to some important variables. Compared to 2013, the number of licensed audiologists in Virginia increased by 42 from 484 to 526. At the same time, the number of audiologists who participate in Virginia's workforce increased from 385 to 406. However, these audiologists produced fewer FTEs; they provided 356 FTEs in 2016 compared to 361 FTEs in 2013, a decrease of 5 FTEs over time. Audiologist produced the most FTEs, 363, in 2014 and the lowest, 338 FTEs, in 2015.

There has been little change in the median age of Virginia's audiology workforce over the past four years. Median age declined from 46 to 45 between 2015 and 2014 but has returned and stayed at 46 since 2015. However, there is some evidence that the audiology workforce is aging. The percent above age 55 has consistently increased over the past four years, creeping from 25% in 2013 to 31% in 2016. Along the same line, the percent under 40 years of age declined from 37% in 2013 to 33% in 2016.

Virginia's audiology workforce also became slightly more diverse this year. Although the diversity index among Virginia's audiologists increased from 18% to 19% between 2015 and 2016, it still has not gone back to the 22% reported in 2013 and 2014. Similarly, although the diversity index among those audiologists who are under the age of 40 experienced an increase from 20% to 22% in the past year, it has not gone back to the 24% diversity index of 2013. Further, despite this recent improvement, however, audiologists in Virginia remain far less diverse than the state's overall population.

With respect to education, audiologists were more likely to pursue a doctoral degree. Although 58% of audiologists had a Doctor of Audiology as their highest professional degree in 2013, 66% now report the same in 2016. Those with a doctorate in other field, however, declined slightly from 11% to 9%. Overall, the percent with any type of doctorate or doctor degree increased from 69% to 75%. Meanwhile, the percentage of audiologists holding a Master's degree as their highest professional degree declined from 31% to 25% in the same period.

In addition, audiologists were more likely to hold educational debt, especially among those who are under the age of 40. Although the total share of audiologists in the state who hold educational debt increased from 31% to 33% between 2013 and 2016, the percentage among those under age 40 increased from 59% to 63%. At the same time, the median education debt level has increased substantially over time. Since 2013, the median education debt level among those who carried such debt was between \$30,000 and \$40,000, but this median interval increased to between \$50,000 and \$60,000 this year.

The median annual income for Virginia's audiology workforce held steady at \$70,000 to \$80,000 between 2015 and 2016, maintaining the \$10,000 increase from 2015. Median income was previously \$60,000 to \$70,000 in 2013 and 2014. The share of wage and salaried audiologists who receive at least one employer-sponsored benefit actually fell for the first time in four years from its 4-year high of 85% in 2015 to 83% in 2016. Nonetheless, the state's audiologists remain very satisfied with their jobs: The share of audiologists who were satisfied with their jobs increased slightly from 97% in 2013 to 98% in 2016, but the percentage who said they were very satisfied increased significantly from 68% to 75%.

There was also a significant shift in the relative number of audiologists who work in the non-profit sectors. In 2013, 65% of all audiologists in the state worked in the for-profit sector, while 9% worked in the non-profit sector. However, in 2016, these percentages changed to 66% and 15%, respectively. Fewer audiologists also work in rural areas; 7% worked in rural areas in 2016 compared to 8% in 2013.

In 2013, 38% of all audiologists expected to retire by the age of 65, but this percentage had increased to 40% in 2016. For those who are age 50 or over, the same 29% planned on retiring by the age of 65 in 2013 and 2016. In addition, while 18% of all audiologists expected to retire in the next 10 years in 2013, 21% reported the same expectation in 2016.

**A Closer Look:**

License Status	#	%
<b>Renewing Practitioners</b>	453	86%
<b>New Licensees</b>	33	6%
<b>Non-Renewals</b>	40	8%
<b>All Licensees</b>	<b>526</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. 90% of renewing audiologists submitted a survey. These represent 79% of audiologists who held a license at some point in 2016.*

**At a Glance:**

**Licensed Audiologists**

Number:	526
New:	6%
Not Renewed:	8%

**Survey Response Rates**

All Licensees:	79%
Renewing Practitioners:	90%

Source: Va. Healthcare Workforce Data Center

Statistic	Non Respondents	Respondent	Response Rate
<b>By Age</b>			
<b>Under 30</b>	16	15	48%
<b>30 to 34</b>	26	55	68%
<b>35 to 39</b>	11	45	80%
<b>40 to 44</b>	10	62	86%
<b>45 to 49</b>	6	53	90%
<b>50 to 54</b>	9	49	85%
<b>55 to 59</b>	12	60	83%
<b>60 and Over</b>	19	78	80%
<b>Total</b>	<b>109</b>	<b>417</b>	<b>79%</b>
<b>New Licenses</b>			
<b>Issued in 2016</b>	17	16	48%
<b>Metro Status</b>			
<b>Non-Metro</b>	8	24	75%
<b>Metro</b>	73	301	81%
<b>Not in Virginia</b>	28	92	77%

Source: Va. Healthcare Workforce Data Center

<b>Completed Surveys</b>	<b>417</b>
<b>Response Rate, all licensees</b>	<b>79%</b>
<b>Response Rate, Renewals</b>	<b>90%</b>

Source: Va. Healthcare Workforce Data Center

**Definitions**

- The Survey Period:** The survey was conducted in December 2016.
- Target Population:** All audiologists who held a Virginia license at some point in 2016.
- 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 2016.

### At a Glance:

#### Workforce

2016 Audiologist Workforce: 406  
 FTEs: 356

#### Utilization Ratios

Licenses in VA Workforce: 77%  
 Licenses per FTE: 1.48  
 Workers per FTE: 1.14

Source: Va. Healthcare Workforce Data Center

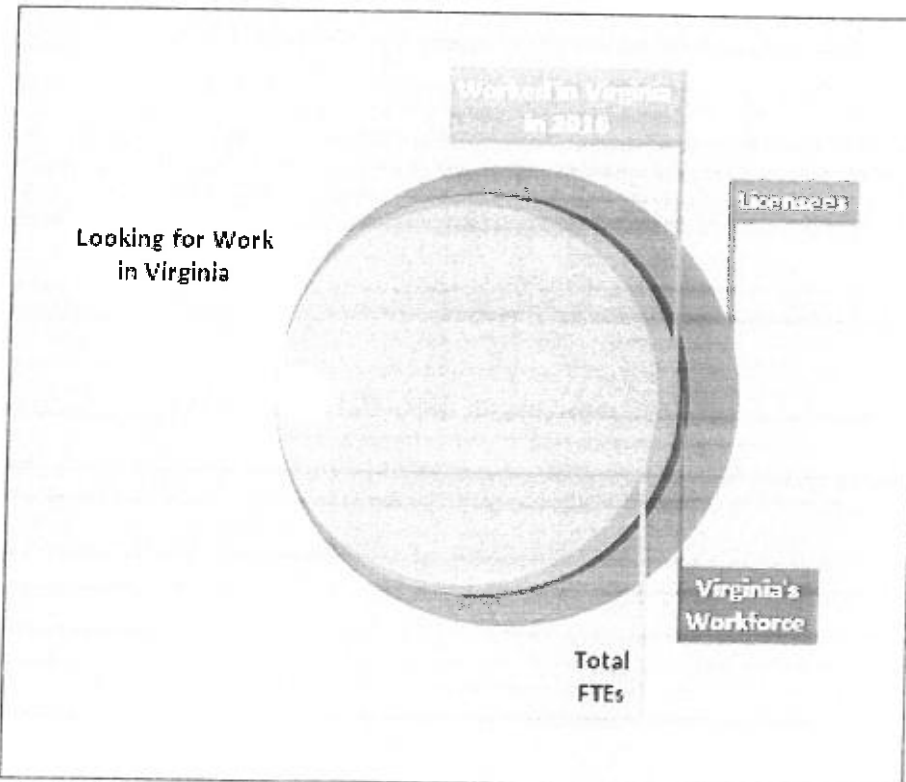
### Definitions

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

STATUS	#	%
Worked in Virginia in Past Year	398	98%
Looking for Work in Virginia	8	2%
Virginia's Workforce	406	100%
Total FTEs	356	
Licenses	526	

Source: Va. Healthcare Workforce Data Center

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



Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	0	0%	27	100%	27	8%
30 to 34	3	5%	54	95%	57	16%
35 to 39	1	4%	30	96%	31	9%
40 to 44	5	10%	43	90%	48	14%
45 to 49	1	3%	36	97%	37	11%
50 to 54	12	29%	30	72%	41	12%
55 to 59	8	18%	38	82%	46	13%
60 +	12	20%	49	80%	61	17%
<b>Total</b>	<b>42</b>	<b>12%</b>	<b>307</b>	<b>88%</b>	<b>349</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

**Gender**  
 % Female: 88%  
 % Under 40 Female: 97%

**Age**  
 Median Age: 46  
 % Under 40: 33%  
 % 55+: 31%

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

Source: Va. Healthcare Workforce Data Center

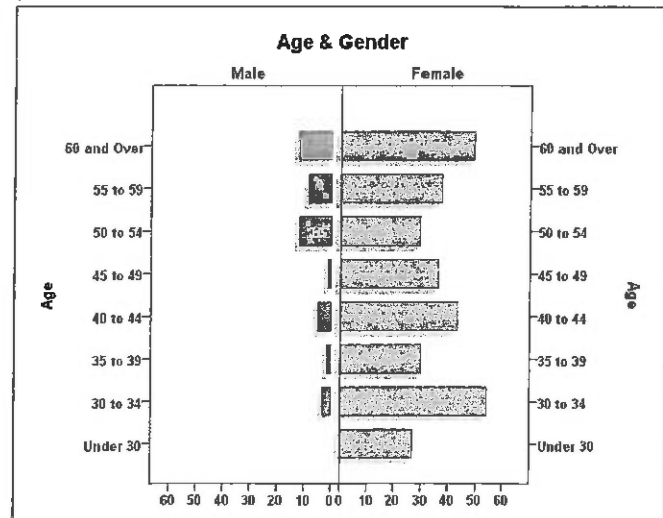
Race & Ethnicity					
Race/ Ethnicity	Virginia*	Audiologists		Audiologists Under 40	
	%	#	%	#	%
White	63%	312	90%	102	88%
Black	19%	9	3%	1	1%
Asian	6%	8	2%	4	3%
Other Race	0%	3	1%	3	3%
Two or more races	2%	7	2%	3	3%
Hispanic	9%	9	3%	3	3%
<b>Total</b>	<b>100%</b>	<b>348</b>	<b>100%</b>	<b>116</b>	<b>100%</b>

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

Source: Va. Healthcare Workforce Data Center

*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 55%.*

*33% of audiologists are under the age of 40, and 97% of these professionals are female. In addition, audiologists who are under the age of 40 have a diversity index of 22%.*



Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Childhood

Urban Childhood: 8%  
 Rural Childhood: 27%

#### Virginia Background

HS in Virginia: 39%  
 Prof. Education in VA: 31%  
 HS/Prof. Educ. in VA: 47%

#### Location Choice

% Rural to Non Metro: 15%  
 % Urban/Suburban to Non-Metro: 4%

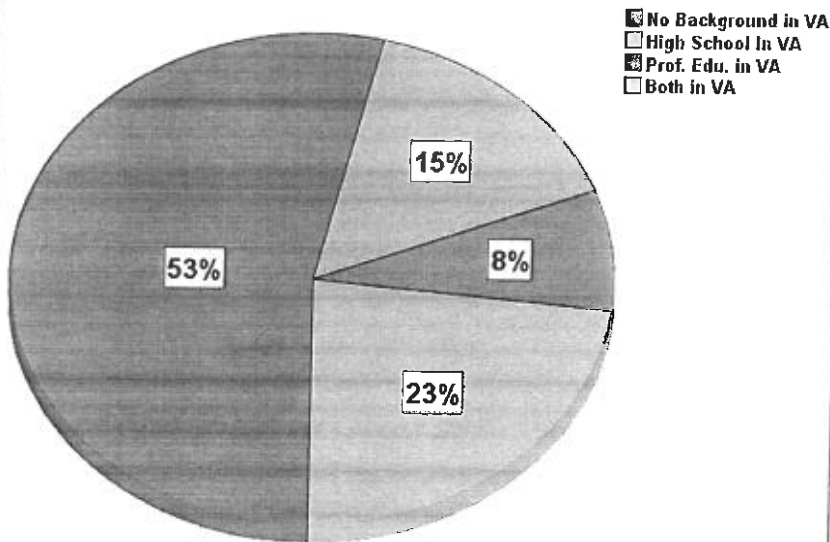
Source: Va. Healthcare Workforce Data Center

### A Closer Look:

Primary Location		Rural Status of Childhood		
USDA Rural Urban Contiguity		Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 million+	20%	73%	8%
2	Metro, 250,000 to 1 million	37%	56%	7%
3	Metro, 250,000 or less	41%	50%	9%
<b>Non-Metro Counties</b>				
4	Urban pop 20,000+, Metro adj	67%	0%	33%
6	Urban pop, 2,500-19,999, Metro adj	67%	0%	33%
7	Urban pop, 2,500-19,999, nonadj	63%	38%	0%
8	Rural, Metro adj	0%	0%	0%
9	Rural, nonadj	50%	50%	0%
<b>Overall</b>		<b>27%</b>	<b>65%</b>	<b>8%</b>

Source: Va. Healthcare Workforce Data Center

### Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

27% of audiologists grew up in self-described rural areas, and 15% of these professionals currently work in non-Metro counties. Overall, just 7% of all audiologists currently work in non-Metro counties.

## Top Ten States for Audiologist Recruitment

Rank	All Professionals			
	High School	#	Professional School	#
1	Virginia	131	Virginia	105
2	Pennsylvania	27	Tennessee	29
3	New York	21	Washington, D.C.	27
4	Maryland	21	Pennsylvania	20
5	Ohio	15	Maryland	15
6	North Carolina	12	West Virginia	15
7	West Virginia	12	North Carolina	14
8	Michigan	11	New York	13
9	Outside U.S./Canada	10	Ohio	12
10	Mississippi	7	Michigan	10

Source: Va. Healthcare Workforce Data Center

39% of licensed audiologists received their high school degree in Virginia, and 31% received their initial professional degree in the state.

Among audiologists who received their license in the past five years, 23% received their high school degree in Virginia, while 14% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	19	Pennsylvania	12
2	Pennsylvania	13	Virginia	12
3	Ohio	7	Tennessee	10
4	Maryland	7	Washington, D.C.	7
5	New York	6	West Virginia	6
6	Mississippi	5	Maryland	5
7	North Carolina	4	Ohio	5
8	Georgia	4	Texas	4
9	Texas	3	Florida	4
10	Illinois	2	Mississippi	3

Source: Va. Healthcare Workforce Data Center

23% of licensed audiologists did not participate in Virginia's workforce in 2016. 89% of these audiologists worked at some point in the past year, and 86% are currently employed as audiologists.

### At a Glance:

#### Not in VA Workforce

Total:	121
% of Licensees:	23%
Federal/Military:	14%
Va Border State/DC:	20%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Degree	#	%
Master's Degree	85	25%
Au.D	227	66%
Ph.D	27	8%
Other Doctorate Degree	3	1%
<b>Total</b>	<b>342</b>	<b>100%</b>

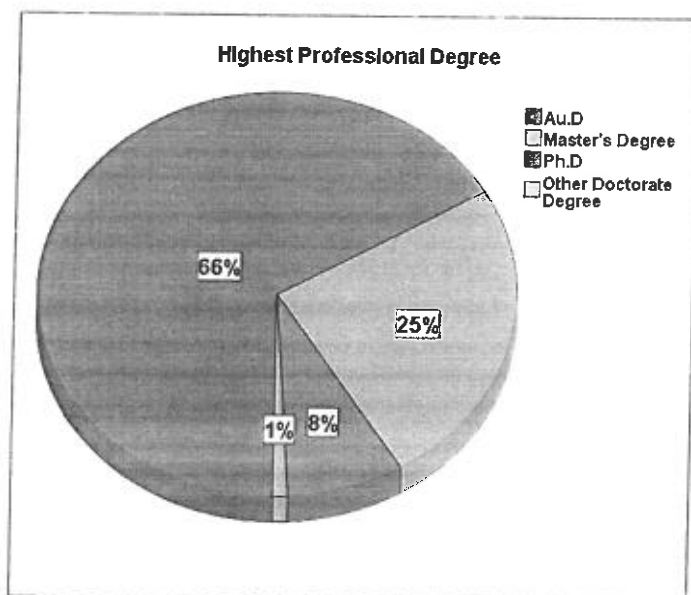
Source: Va. Healthcare Workforce Data Center

### At a Glance:

**Education**  
 Doctor of Audiology: 66%  
 Master's Degree: 25%

**Educational Debt**  
 Carry debt: 33%  
 Under age 40 w/ debt: 63%  
 Median debt: \$50k-\$60k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

66% of all audiologists hold a Doctorate of Audiology (Au.D.) as their highest professional degree.

33% of audiologists currently have educational debt, including 63% of those under the age of 40. For those with educational debt, the median outstanding balance on their loans is between \$50,000 and \$60,000.

Amount Carried	All Audiologists		Audiologists Under 40	
	#	%	#	%
None	191	67%	36	36%
Less than \$10,000	11	4%	4	4%
\$10,000-\$19,999	9	3%	1	1%
\$20,000-\$29,999	10	4%	6	6%
\$30,000-\$39,999	6	2%	3	3%
\$40,000-\$49,999	7	2%	5	5%
\$50,000-\$59,999	3	1%	3	3%
\$60,000-\$69,999	9	3%	6	6%
\$70,000-\$79,999	11	4%	10	10%
\$80,000-\$89,999	4	1%	4	4%
\$90,000-\$99,999	8	3%	8	8%
\$100,000 or more	16	6%	12	12%
<b>Total</b>	<b>285</b>	<b>100%</b>	<b>99</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Top Specialties

Hearing Aids/Devices:	56%
Pediatrics:	25%
Geriatrics:	23%

#### Top Credentials

CCC-A Audiology:	69%
Hearing Aid Disp. License:	54%
F-AAA Fellow:	42%

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

#### Self-Designated Specialties

Specialty	#	% of Workforce
<b>Hearing Aids/Devices</b>	<b>227</b>	<b>56%</b>
<b>Pediatrics</b>	<b>103</b>	<b>25%</b>
<b>Geriatrics</b>	<b>94</b>	<b>23%</b>
<b>Vestibular</b>	<b>80</b>	<b>20%</b>
<b>Educational</b>	<b>57</b>	<b>14%</b>
<b>Cochlear Implants</b>	<b>39</b>	<b>10%</b>
<b>Occupational Hearing Conservation</b>	<b>36</b>	<b>9%</b>
<b>Intraoperative Monitoring</b>	<b>4</b>	<b>1%</b>
<b>Other</b>	<b>30</b>	<b>7%</b>
<b>At Least One Specialty</b>	<b>284</b>	<b>70%</b>

Source: Va. Healthcare Workforce Data Center

#### Credentials

Credential	#	% of Workforce
<b>CCC-A: Audiology</b>	<b>281</b>	<b>69%</b>
<b>Hearing Aid Dispenser License</b>	<b>218</b>	<b>54%</b>
<b>F-AAA Fellow</b>	<b>169</b>	<b>42%</b>
<b>ABA Certification</b>	<b>15</b>	<b>4%</b>
<b>CCC_SLP: Speech-Language Pathology</b>	<b>10</b>	<b>2%</b>
<b>PASC: Pediatric Audiology</b>	<b>4</b>	<b>1%</b>
<b>CI: Cochlear Implants</b>	<b>1</b>	<b>0%</b>
<b>BCS-IOM: Intraoperative Monitoring</b>	<b>0</b>	<b>0%</b>
<b>Other</b>	<b>7</b>	<b>2%</b>
<b>At Least One Credential</b>	<b>340</b>	<b>84%</b>

Source: Va. Healthcare Workforce Data Center

*70% of all audiologists have at least one self-designated specialty, while 84% have at least one credential as well.*



### At a Glance:

#### Employment

Employed in Profession: 95%  
 Involuntarily Unemployed: 0%

#### Positions Held

1 Full Time: 73%  
 2 or More Positions: 9%

#### Weekly Hours:

40 to 49: 53%  
 60 or more: 3%  
 Less than 30: 11%

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	0	0%
Employed in an audiologist-related capacity	325	95%
Employed, NOT in an audiologist-related capacity	5	1%
Not working, reason unknown	0	0%
Involuntarily unemployed	0	0%
Voluntarily unemployed	7	2%
Retired	6	2%
<b>Total</b>	<b>343</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*95% of Virginia's audiologists are currently employed in the profession. 73% have one full-time job, and 53% work between 40 and 49 hours per week.*

Current Positions		
Positions	#	%
No Positions	13	4%
One Part-Time Position	50	15%
Two Part-Time Positions	8	2%
One Full-Time Position	246	73%
One Full-Time Position & One Part-Time Position	17	5%
Two Full-Time Positions	1	0%
More than Two Positions	4	1%
<b>Total</b>	<b>339</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	13	4%
1 to 9 hours	2	1%
10 to 19 hours	9	3%
20 to 29 hours	27	8%
30 to 39 hours	68	20%
40 to 49 hours	179	53%
50 to 59 hours	28	8%
60 to 69 hours	5	1%
70 to 79 hours	2	1%
80 or more hours	3	1%
<b>Total</b>	<b>336</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	0	0%
Less than \$20,000	11	5%
\$20,000-\$29,999	6	2%
\$30,000-\$39,999	7	3%
\$40,000-\$49,999	12	5%
\$50,000-\$59,999	16	7%
\$60,000-\$69,999	50	20%
\$70,000-\$79,999	40	16%
\$80,000-\$89,999	42	17%
\$90,000-\$99,999	20	8%
\$100,000-\$109,999	14	6%
\$110,000-\$119,999	3	1%
\$120,000 or more	25	10%
<b>Total</b>	<b>247</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	246	75%
Somewhat Satisfied	74	23%
Somewhat Dissatisfied	5	1%
Very Dissatisfied	4	1%
<b>Total</b>	<b>328</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

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

**Benefits**  
Health Insurance: 60%  
Retirement: 70%

**Satisfaction**  
Satisfied: 98%  
Very Satisfied: 75%

Source: Va. Healthcare Workforce Data Center

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

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	213	66%	75%
Retirement	202	62%	70%
Paid Sick Leave	190	58%	66%
Health Insurance	174	54%	60%
Dental Insurance	137	42%	50%
Group Life Insurance	96	30%	38%
Signing/Retention Bonus	14	4%	5%
<b>At Least One Benefit</b>	<b>240</b>	<b>74%</b>	<b>83%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Underemployment in Past Year		
In the past year did you ...?	#	%
Experience Involuntary Unemployment?	5	1%
Experience Voluntary Unemployment?	16	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	2	0%
Work two or more positions at the same time?	34	8%
Switch employers or practices?	22	5%
<b>Experienced at least one</b>	<b>69</b>	<b>17%</b>

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's audiologists were involuntary unemployed at some point in 2016. For comparison, Virginia's average monthly unemployment rate was 4.0%.<sup>1</sup>

Tenure	Primary		Secondary	
	#	%	#	%
<b>Not Currently Working at this Location</b>	<b>8</b>	<b>2%</b>	<b>3</b>	<b>5%</b>
Less than 6 Months	16	5%	6	9%
6 Months to 1 Year	17	5%	3	5%
1 to 2 Years	72	22%	14	22%
3 to 5 Years	44	14%	16	25%
6 to 10 Years	64	20%	9	14%
More than 10 Years	101	31%	14	22%
<b>Subtotal</b>	<b>322</b>	<b>100%</b>	<b>65</b>	<b>100%</b>
Did not have location	10		340	
Item Missing	74		0	
<b>Total</b>	<b>406</b>		<b>406</b>	

Source: Va. Healthcare Workforce Data Center

65% of audiologists receive a salary or commission at their primary work location, while 19% each receive an hourly wage.

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 1%  
Underemployed: 0%

**Turnover & Tenure**

Switched: 5%  
New Location: 13%  
Over 2 years: 65%  
Over 2 yrs, 2<sup>nd</sup> location: 60%

**Employment Type**

Salary/Commission: 65%  
Hourly Wage: 19%

Source: Va. Healthcare Workforce Data Center

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

Employment Type		
Primary Work Site	#	%
Salary/Commission	162	65%
Hourly Wage	48	19%
Business/Practice Income	29	12%
By Contract/Per Diem	7	3%
Unpaid	2	1%
<b>Subtotal</b>	<b>249</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate ranged from 4.4% in January to 4.0% in November. At the time of publication, results from November were still preliminary and results from December had not yet been reported.

### At a Glance:

#### Concentration

Top Region:	38%
Top 3 Regions:	74%
Lowest Region:	1%

#### Locations

2 or more (2016):	19%
2 or more (Now*):	19%

Source: Va. Healthcare Workforce Data Center

38% of audiologists work in Northern Virginia, the most of any region in the state. In addition, another 19% of audiologists work in Hampton Roads, while 17% work in Central Virginia.

### A Closer Look:

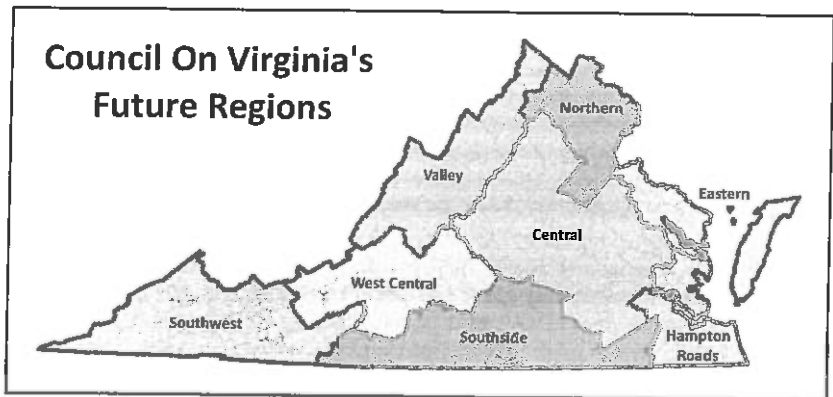
GOVF Region	Primary Location		Secondary Location	
	#	%	#	%
Central	55	17%	7	11%
Eastern	4	1%	0	0%
Hampton Roads	60	19%	12	19%
Northern	123	38%	26	41%
Southside	9	3%	4	6%
Southwest	17	5%	0	0%
Valley	20	6%	5	8%
West Central	28	9%	2	3%
Virginia Border State/DC	4	1%	3	5%
Other US State	0	0%	5	8%
Outside of the US	0	0%	0	0%
<b>Total</b>	<b>320</b>	<b>100%</b>	<b>64</b>	<b>100%</b>
Item Missing	76		0	

Source: Va. Healthcare Workforce Data Center

Locations	Work Locations in 2016		Work Locations Now*	
	#	%	#	%
0	8	2%	14	4%
1	256	78%	252	77%
2	39	12%	38	12%
3	20	6%	20	6%
4	2	1%	2	1%
5	1	0%	1	0%
6 or More	0	0%	0	0%
<b>Total</b>	<b>327</b>	<b>100%</b>	<b>327</b>	<b>100%</b>

\*At the time of survey completion, December 2016.

Source: Va. Healthcare Workforce Data Center



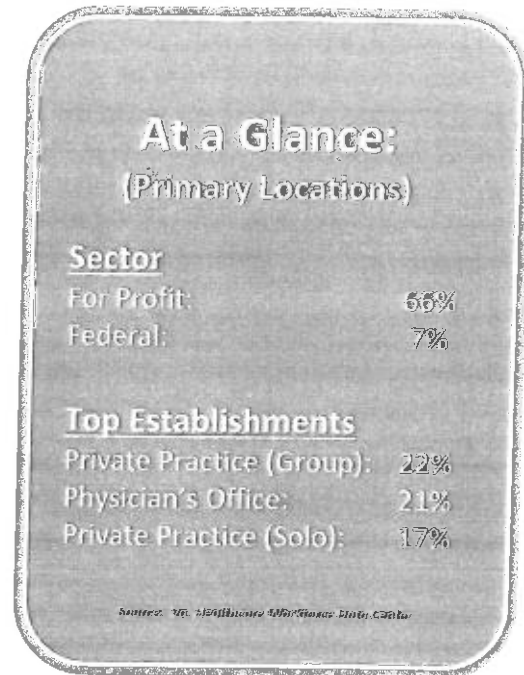
19% of audiologists currently have multiple work locations, while 19% have also had multiple work locations in 2016.

## Establishment Type

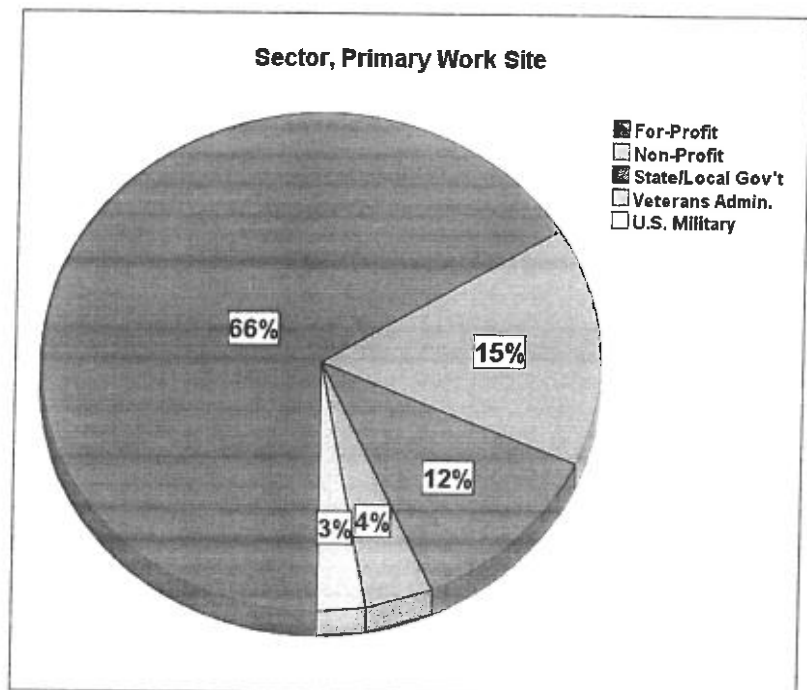
### A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	196	66%	51	84%
<b>Non-Profit</b>	46	15%	5	8%
<b>State/Local Government</b>	35	12%	1	2%
<b>Veterans Administration</b>	12	4%	3	5%
<b>U.S. Military</b>	8	3%	1	2%
<b>Other Federal Gov't</b>	0	0%	0	0%
<b>Total</b>	<b>297</b>	<b>100%</b>	<b>61</b>	<b>100%</b>
<b>Did not have location</b>	10		340	
<b>Item Missing</b>	99		5	

Source: Va. Healthcare Workforce Data Center



81% of audiologists work in the private sector, including 66% who work at for-profit establishments. Another 12% of Virginia's audiologist workforce works with either a state or local government.

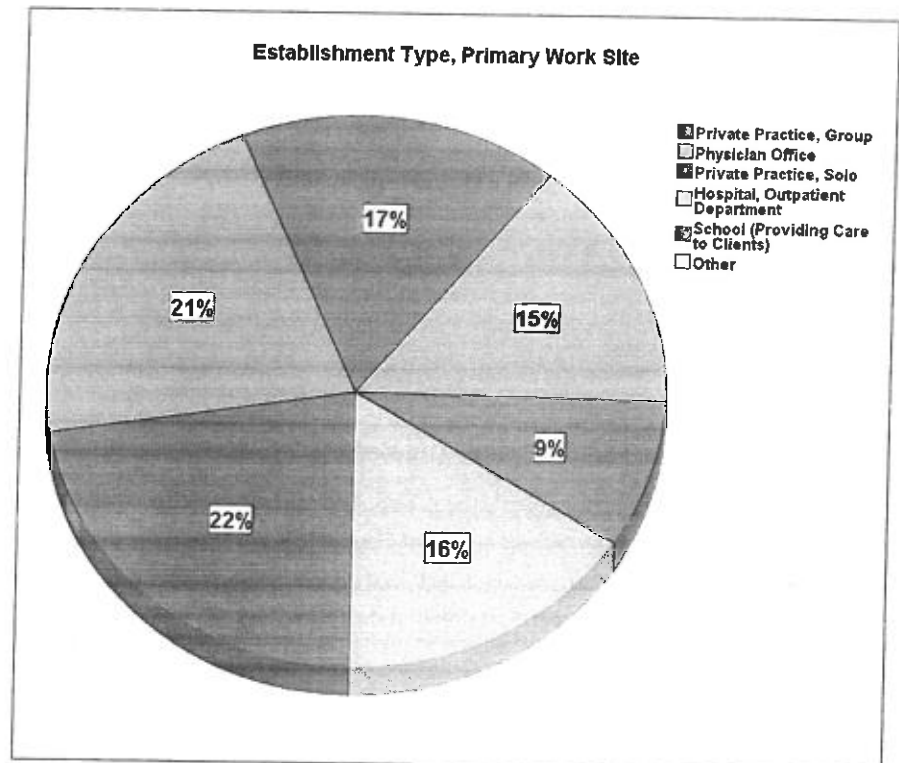


Top 10 Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Group	65	22%	20	33%
Physician Office	62	21%	14	23%
Private Practice, Solo	49	17%	9	15%
Hospital, Outpatient Department	43	15%	11	18%
School (Providing Care to Clients)	25	9%	1	2%
Community-Based Clinic or Health Center	11	4%	1	2%
Academic Institution (Teaching Health Professions Students or Research)	8	3%	2	3%
Administrative/Business Organization	7	2%	1	2%
Hospital, Inpatient Department	3	1%	0	0%
Rehabilitation Facility	2	1%	0	0%
Child Day Care	1	0%	0	0%
Other	15	5%	1	2%
<b>Total</b>	<b>291</b>	<b>100%</b>	<b>60</b>	<b>100%</b>
<b>Did Not Have a Location</b>	<b>10</b>		<b>340</b>	

*22% of all audiologists in the state work in group private practices. Another 21% work in physician offices.*

Source: Va. Healthcare Workforce Data Center

*Among those audiologists who also have a secondary work location, 33% work in group private practices, while 23% work in physician offices.*



Source: Va. Healthcare Workforce Data Center

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

**Typical Time Allocation**

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

**Roles**

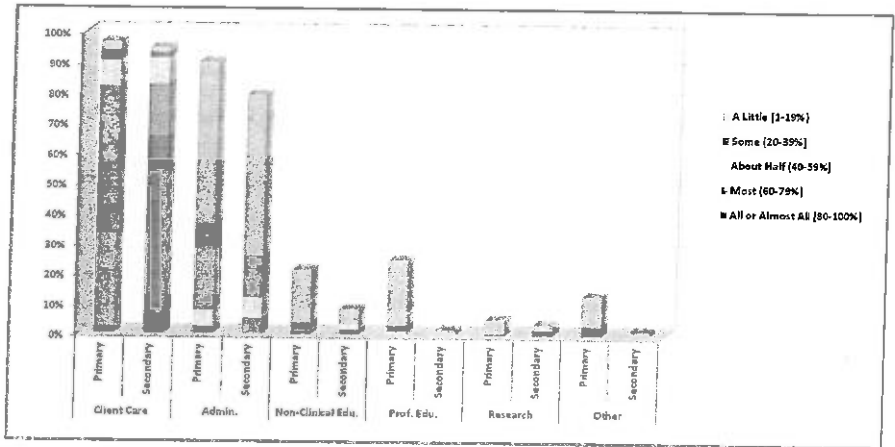
Patient Care: 82%  
Administration: 2%  
Non-Clinical Edu.: 1%

**Patient Care Audiologists**

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

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**



Source: Va. Healthcare Workforce Data Center

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

**Time Allocation**

Time Spent	Client Care		Admin.		Non-Clinical Education		Professional Education		Research		Other	
	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site
<b>All or Almost All (80-100%)</b>	56%	63%	2%	0%	1%	2%	0%	0%	0%	0%	1%	0%
<b>Most (60-79%)</b>	25%	17%	0%	5%	0%	0%	0%	0%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	9%	8%	5%	7%	0%	2%	1%	0%	0%	0%	0%	0%
<b>Some (20-39%)</b>	3%	2%	28%	13%	2%	0%	2%	0%	0%	2%	2%	0%
<b>A Little (1-20%)</b>	3%	2%	53%	52%	17%	5%	22%	2%	5%	2%	10%	2%
<b>None (0%)</b>	3%	5%	10%	20%	78%	90%	75%	97%	95%	95%	87%	97%

Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Weekly Session Totals

(Median)

Primary Location: 30-39

Secondary Location: 10-19

Total: 30-39

#### % with Group Sessions

Primary Location: 8%

Secondary Location: 3%

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

Client Sessions / Week	Primary Work Location		Secondary Work Location		Total <sup>2</sup>	
	#	%	#	%	#	%
None	17	6%	13	21%	17	6%
1-9	29	10%	21	33%	26	9%
10-19	44	15%	21	33%	36	12%
20-29	45	15%	5	8%	42	14%
30-39	74	25%	1	2%	70	23%
40-49	37	12%	1	2%	45	15%
50-59	31	10%	1	2%	33	11%
60-69	11	4%	0	0%	11	4%
70-79	2	1%	0	0%	8	3%
80 or more	12	4%	0	0%	15	5%
<b>Total</b>	<b>302</b>	<b>100%</b>	<b>63</b>	<b>100%</b>	<b>303</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

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

# of Weekly Sessions	Primary Work Location				Secondary Work Location			
	Individual Sessions		Group Sessions		Individual Sessions		Group Sessions	
	#	%	#	%	#	%	#	%
None	17	6%	275	92%	13	21%	60	97%
1-9	33	11%	22	7%	21	33%	1	2%
10-19	49	16%	2	1%	21	33%	1	2%
20-29	49	16%	0	0%	6	10%	0	0%
30-39	74	24%	0	0%	1	2%	0	0%
40-49	37	12%	0	0%	1	2%	0	0%
50-59	26	9%	0	0%	0	0%	0	0%
60-69	11	4%	0	0%	0	0%	0	0%
70-79	0	0%	0	0%	0	0%	0	0%
80 or more	7	2%	0	0%	0	0%	0	0%
<b>Total</b>	<b>304</b>	<b>100%</b>	<b>299</b>	<b>100%</b>	<b>63</b>	<b>100%</b>	<b>62</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

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



**A Closer Look:**

Retirement Expectations				
Expected Retirement	All		Over 50	
	#	%	#	%
<b>Under age 50</b>	<b>6</b>	<b>2%</b>	-	-
<b>50 to 54</b>	<b>9</b>	<b>3%</b>	<b>0</b>	<b>0%</b>
<b>55 to 59</b>	<b>21</b>	<b>8%</b>	<b>6</b>	<b>6%</b>
<b>60 to 64</b>	<b>72</b>	<b>27%</b>	<b>25</b>	<b>23%</b>
<b>65 to 69</b>	<b>102</b>	<b>38%</b>	<b>40</b>	<b>37%</b>
<b>70 to 74</b>	<b>29</b>	<b>11%</b>	<b>17</b>	<b>16%</b>
<b>75 to 79</b>	<b>3</b>	<b>1%</b>	<b>3</b>	<b>3%</b>
<b>80 or over</b>	<b>4</b>	<b>1%</b>	<b>1</b>	<b>1%</b>
<b>I do not intend to retire</b>	<b>22</b>	<b>8%</b>	<b>15</b>	<b>14%</b>
<b>Total</b>	<b>267</b>	<b>100%</b>	<b>107</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All Audiologists**

Under 65: 40%

Under 60: 13%

**Audiologists 50 and over**

Under 65: 29%

Under 60: 6%

**Time until Retirement**

Within 2 years: 4%

Within 10 years: 21%

Half the workforce: by 2041

Source: Va. Healthcare Workforce Data Center

40% of all audiologists expect to retire by the age of 65, including 29% of those who have already reached age 50 or over. Another 22% of all audiologists do not expect to retire until at least age 70.

Within the next two years, 9% of audiologists expect to pursue additional educational opportunities. In addition, 8% of audiologists also plan to increase client care hours.

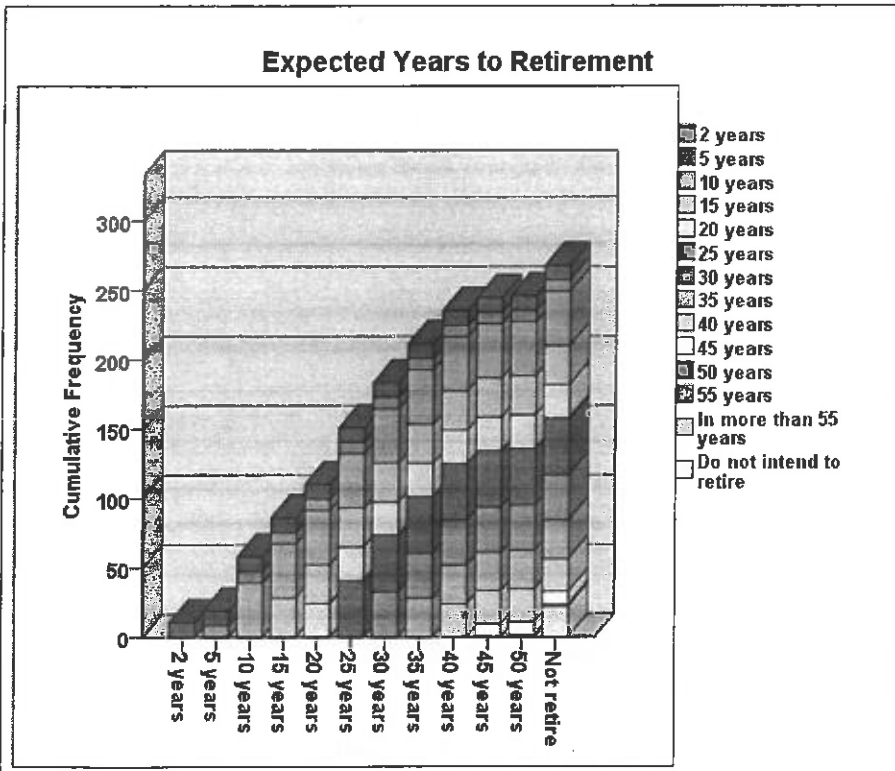
Future Plans		
2 Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	<b>7</b>	<b>2%</b>
<b>Leave Virginia</b>	<b>11</b>	<b>3%</b>
<b>Decrease Client Care Hours</b>	<b>16</b>	<b>4%</b>
<b>Decrease Teaching Hours</b>	<b>1</b>	<b>0%</b>
<b>Increase Participation</b>		
<b>Increase Client Care Hours</b>	<b>32</b>	<b>8%</b>
<b>Increase Teaching Hours</b>	<b>15</b>	<b>4%</b>
<b>Pursue Additional Education</b>	<b>35</b>	<b>9%</b>
<b>Return to Virginia's Workforce</b>	<b>1</b>	<b>0%</b>

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for audiologists. Only 4% of audiologists plan on retiring in the next two years, while 21% plan on retiring in the next ten years. Half of the current audiologist workforce expects to be retired by 2041.

Time to Retirement			
Expect to retire within . . .	#	%	Cumulative %
2 years	10	4%	4%
5 years	8	3%	7%
10 years	39	15%	21%
15 years	28	10%	32%
20 years	24	9%	41%
25 years	41	15%	56%
30 years	32	12%	68%
35 years	28	10%	79%
40 years	24	9%	88%
45 years	9	3%	91%
50 years	1	0%	91%
55 years	0	0%	91%
In more than 55 years	0	0%	91%
Do not intend to retire	22	8%	100%
<b>Total</b>	<b>267</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach 10% of the current workforce every five years starting in 2026. Retirements will peak at 15% of the current workforce around 2041 before declining to under 10% of the current workforce again around 2056.

## Full-Time Equivalency Units

### At a Glance:

#### FTEs

Total: 356  
 FTEs/1,000 Residents: 0.043  
 Average: 0.90

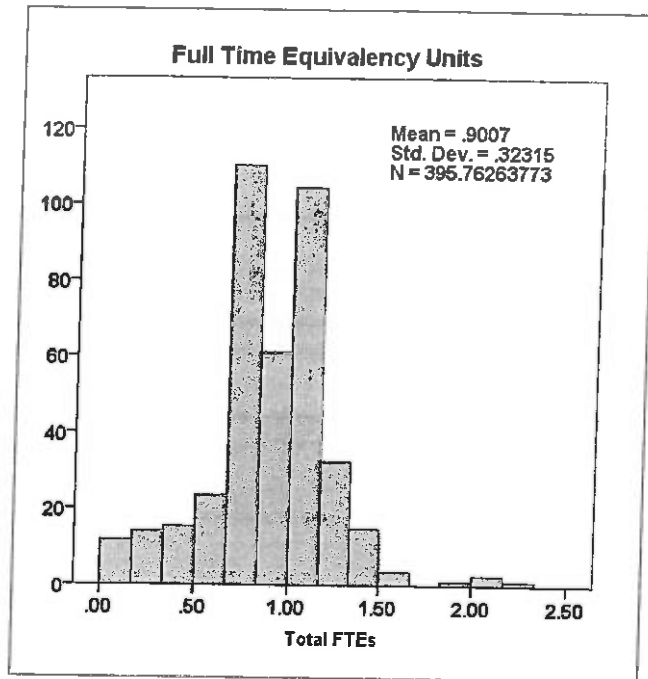
#### Age & Gender Effect

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

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

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

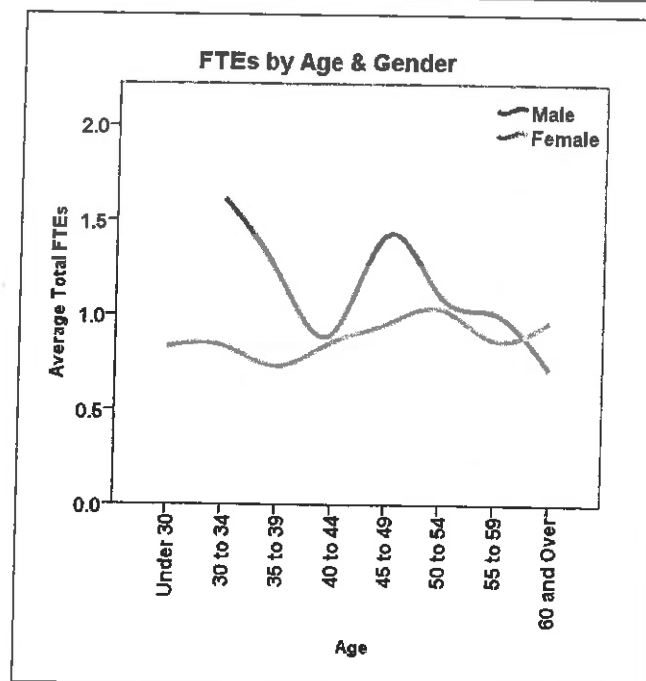


Source: Va. Healthcare Workforce Data Center

The typical audiologist provided 0.92 FTEs in 2016, or about 37 hours per week for 50 weeks. Although FTEs appear to vary by both age and gender, statistical tests did not verify that a difference exists.<sup>3</sup>

Full-Time Equivalency Units		
	Average	Median
<b>Age</b>		
Under 30	0.83	0.96
30 to 34	0.88	0.96
35 to 39	0.77	0.83
40 to 44	0.86	0.83
45 to 49	0.94	0.83
50 to 54	1.07	1.09
55 to 59	0.89	0.83
60 and Over	0.92	0.89
<b>Gender</b>		
Male	1.01	1.09
Female	0.89	0.96

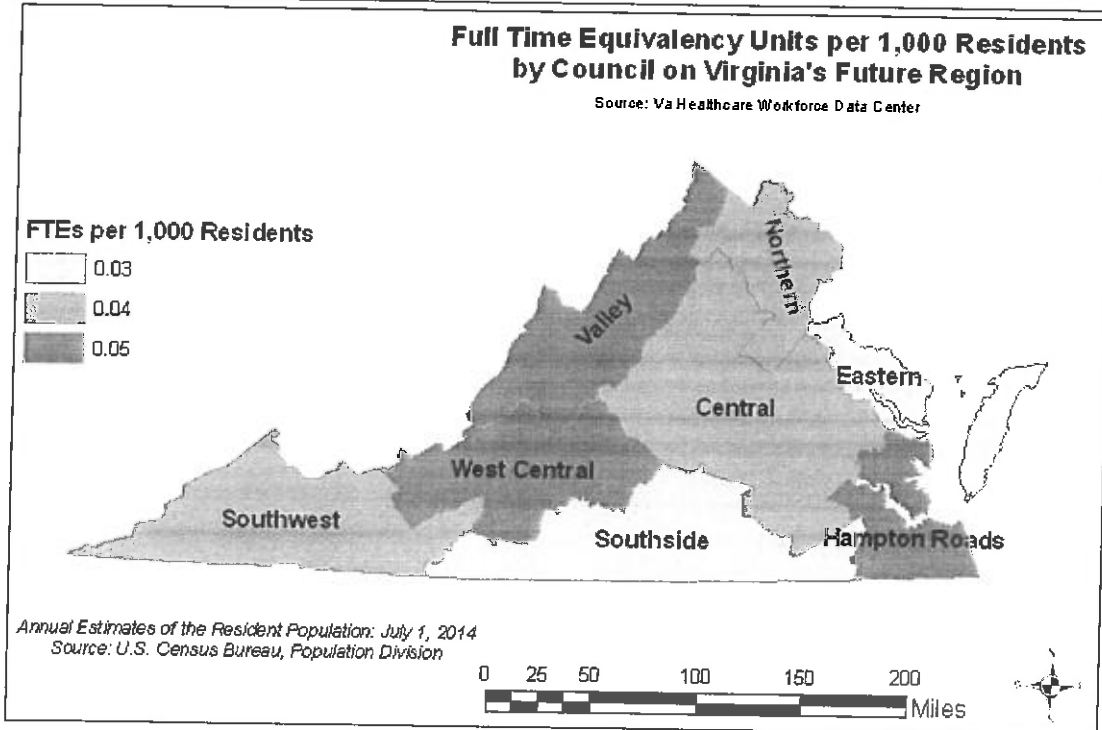
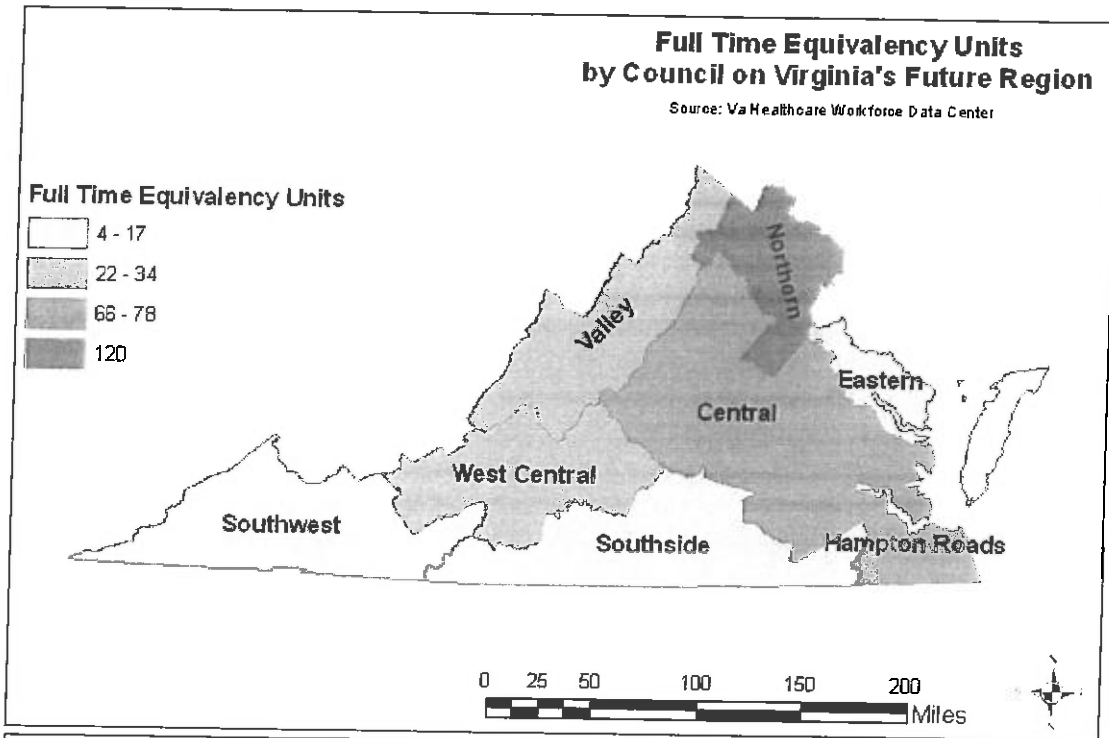
Source: Va. Healthcare Workforce Data Center



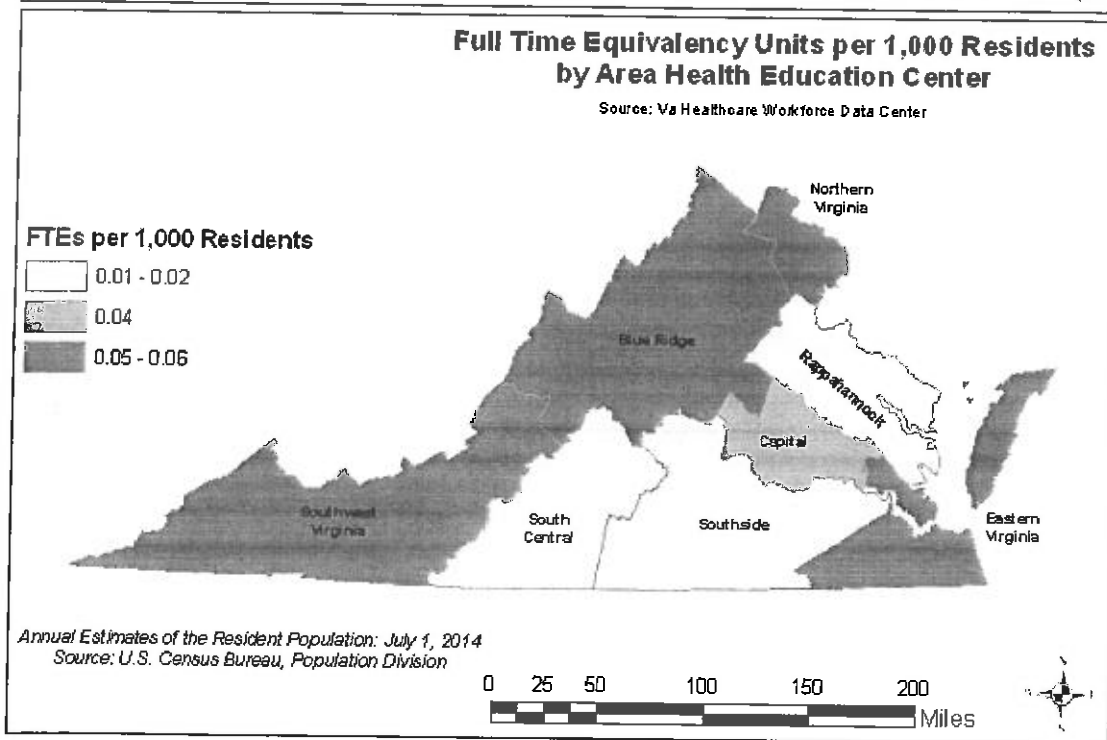
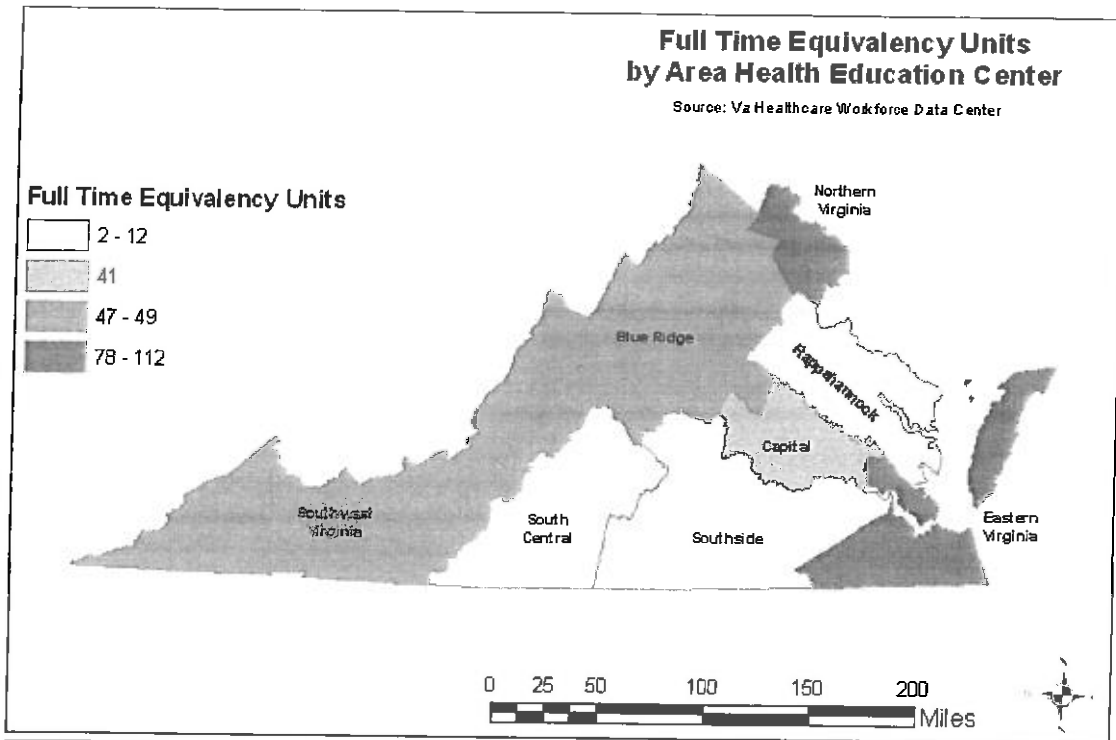
Source: Va. Healthcare Workforce Data Center

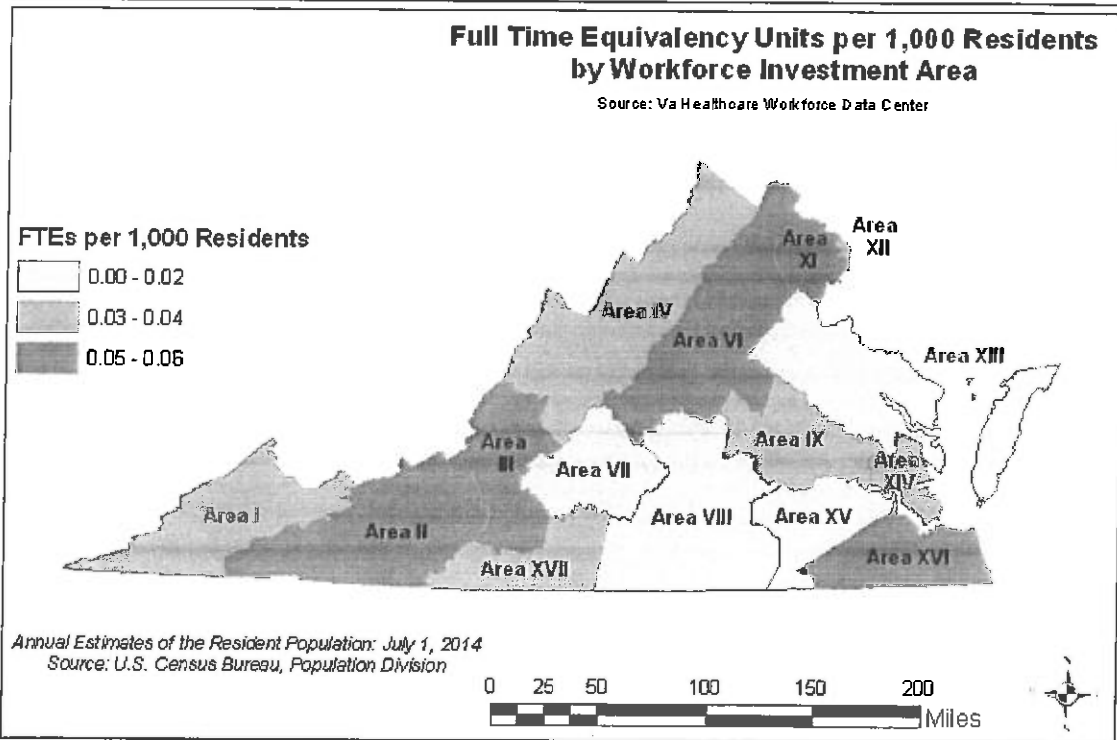
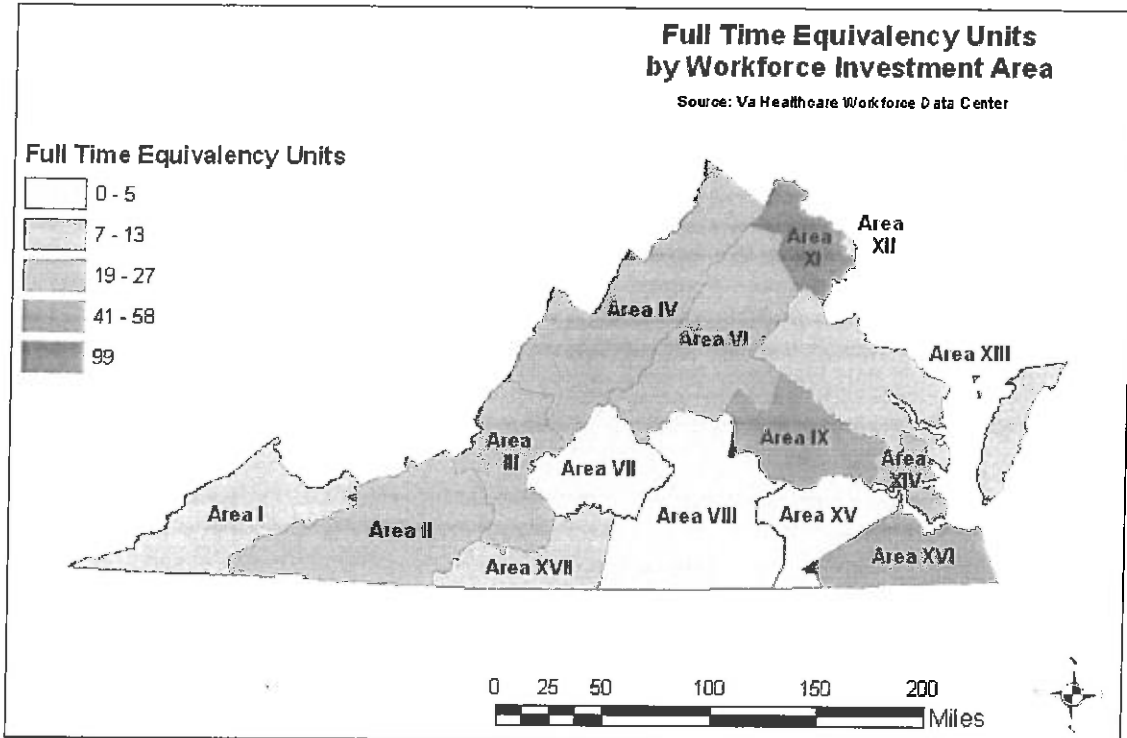
<sup>3</sup> Due to assumption violations in Mixed between-within ANOVA (Interaction effect is significant).

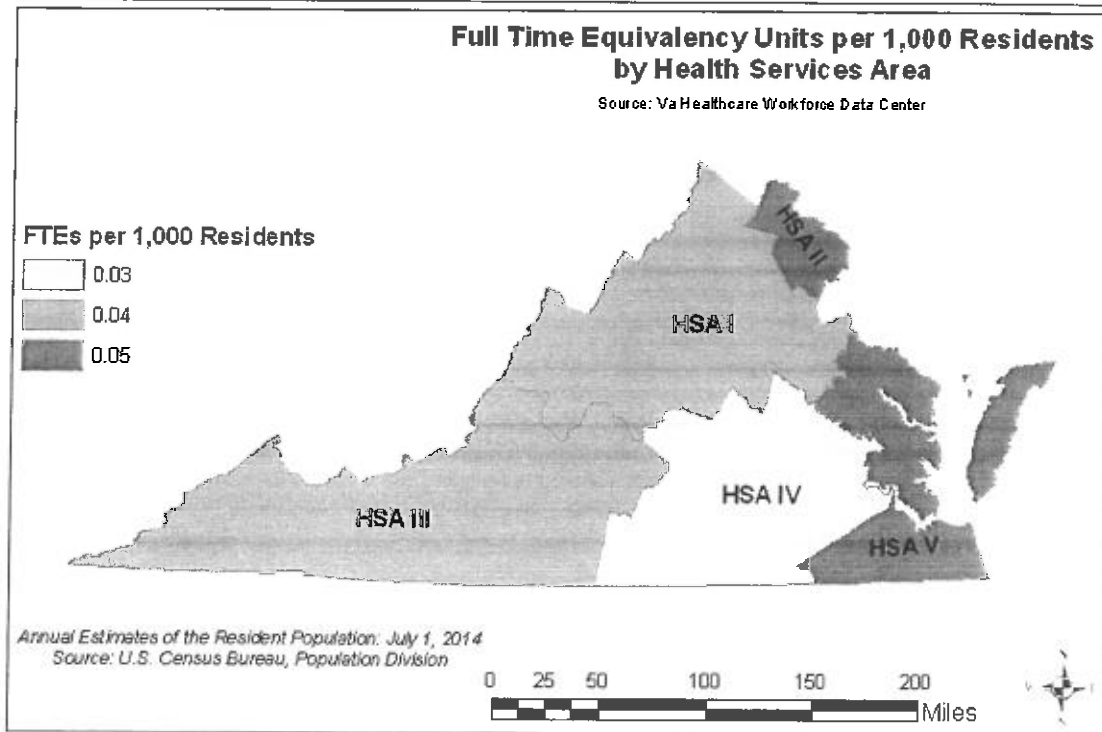
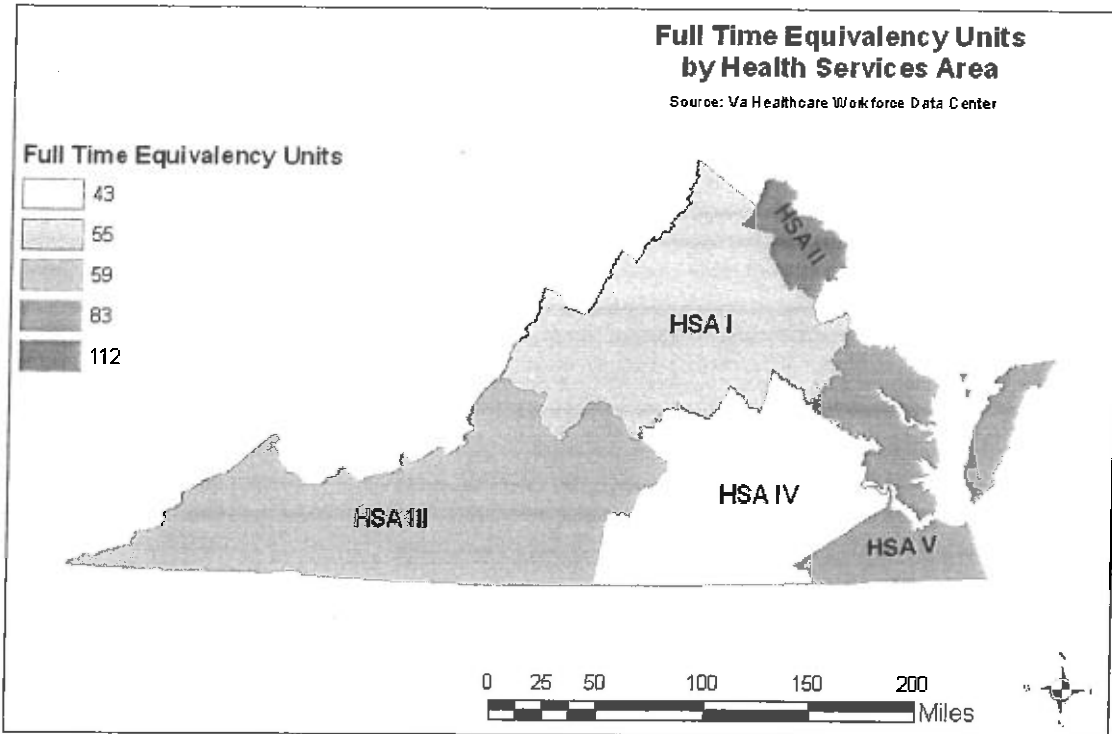
Council on Virginia's Future Regions



# Area Health Education Center Regions











Appendix

Weights

Rural Status	#	Location Weight		Total Weight	
		Rate	Weight	Min	Max
Metro, 1 million+	281	79.00%	1.265766	1.11707	2.07383
Metro, 250,000 to 1 million	37	75.68%	1.321429	1.21656	2.16503
Metro, 250,000 or less	56	91.07%	1.098039	0.96905	1.79903
Urban pop 20,000+, Metro adj	7	42.86%	2.333333	2.18957	2.30199
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	12	91.67%	1.090909	0.96275	1.07551
Urban pop, 2,500-19,999, nonadj	10	70.00%	1.428571	1.34055	1.40938
Rural, Metro adj	1	100.00%	1	0.98589	0.98589
Rural, nonadj	2	100.00%	1	0.92064	0.98589
Virginia border state/DC	86	77.91%	1.283582	1.13279	2.10303
Other US State	34	73.53%	1.36	1.20023	1.58786

Age	#	Age Weight		Total Weight	
		Rate	Weight	Min	Max
Under 30	31	48.39%	2.066667	1.79903	2.16503
30 to 34	81	67.90%	1.472727	1.28201	1.58786
35 to 39	56	80.36%	1.244444	1.08329	2.30199
40 to 44	72	86.11%	1.16129	0.92064	1.25207
45 to 49	59	89.83%	1.113208	0.96275	1.20023
50 to 54	58	84.48%	1.183673	1.0237	2.18957
55 to 59	72	83.33%	1.2	1.03782	1.35904
60 and Over	97	80.41%	1.24359	0.98589	1.40841

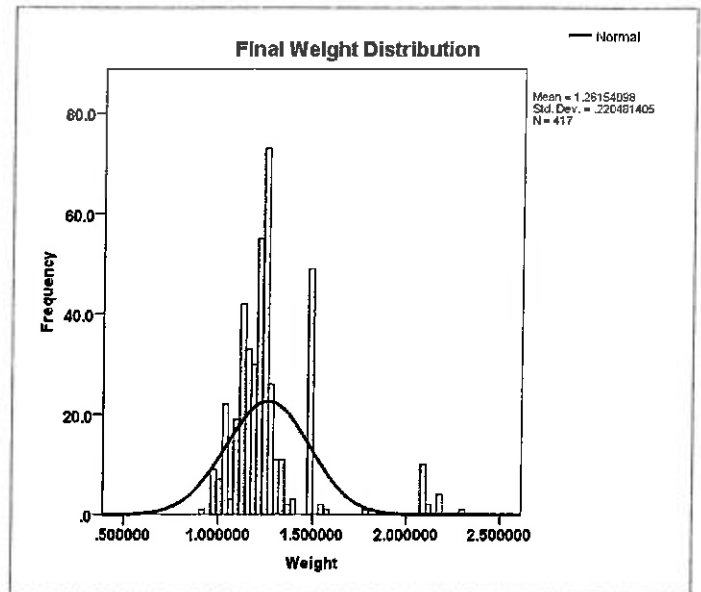
See the Methods section on the HWDC website for details on HWDC Methods:

[www.hwdc.com/online-journal/](http://www.hwdc.com/online-journal/)

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: 0.792776**



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# *Virginia's Speech-Language Pathology Workforce: 2016*

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Healthcare Workforce Data Center

March 2017

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

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

*3,201 Speech-Language Pathologists voluntarily participated in this survey. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Audiology & Speech-Language Pathology express our sincerest appreciation for your ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

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Leslie L. Knachel

## Contents

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<b>Results in Brief</b> .....	<b>2</b>
<b>Summary of Trends</b> .....	<b>3</b>
<b>Survey Response Rates</b> .....	<b>5</b>
<b>The Workforce</b> .....	<b>6</b>
<b>Demographics</b> .....	<b>7</b>
<b>Background</b> .....	<b>8</b>
<b>Education</b> .....	<b>10</b>
<b>Specializations &amp; Credentials</b> .....	<b>11</b>
<b>Current Employment Situation</b> .....	<b>12</b>
<b>Employment Quality</b> .....	<b>13</b>
<b>2016 Labor Market</b> .....	<b>14</b>
<b>Work Site Distribution</b> .....	<b>15</b>
<b>Establishment Type</b> .....	<b>16</b>
<b>Time Allocation</b> .....	<b>18</b>
<b>Patient Workload</b> .....	<b>19</b>
<b>Retirement &amp; Future Plans</b> .....	<b>20</b>
<b>Full-Time Equivalency Units</b> .....	<b>22</b>
<b>Maps</b> .....	<b>23</b>
<b>Council on Virginia’s Future Regions</b> .....	<b>23</b>
<b>Area Health Education Center Regions</b> .....	<b>24</b>
<b>Workforce Investment Areas</b> .....	<b>25</b>
<b>Health Services Areas</b> .....	<b>26</b>
<b>Planning Districts</b> .....	<b>27</b>
<b>Appendix</b> .....	<b>28</b>
<b>Weights</b> .....	<b>28</b>

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

### The Workforce

Licensees:	3,997
Virginia's Workforce:	3,449
FTEs:	2,634

### Background

Rural Childhood:	30%
HS Degree in VA:	44%
Prof. Degree in VA:	46%

### Current Employment

Employed in Prof.:	94%
Hold 1 Full-time Job:	59%
Satisfied?:	95%

### Survey Response Rate

All Licensees:	80%
Renewing Practitioners:	87%

### Education

Masters:	98%
Doctorate:	2%

### Job Turnover

Switched Jobs in 2016:	7%
Employed over 2 yrs:	64%

### Demographics

Female:	97%
Diversity Index:	25%
Median Age:	41

### Finances

Median Inc.:	\$60k-\$70k
Health Benefits:	63%
Under 40 w/ Ed debt:	64%

### Primary Roles

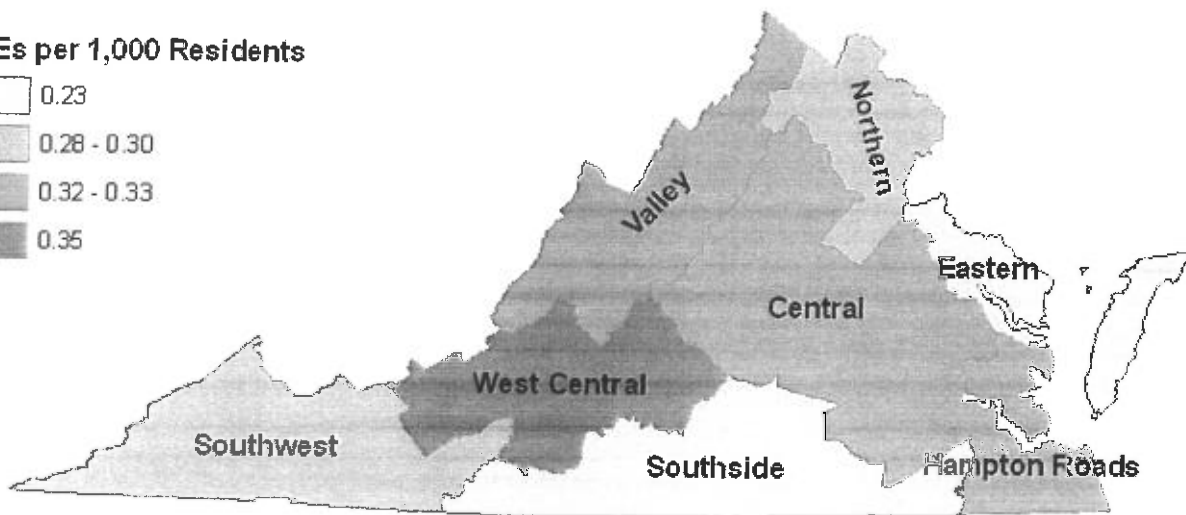
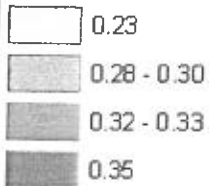
Client Care:	77%
Administration:	6%
Non-Clinical Educ.:	1%

Source: Va. Healthcare Workforce Data Center

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

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



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



3,201 speech-language pathologists (SLPs) voluntarily took part in the 2016 Speech-Language Pathologist Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every December for SLPs. These survey respondents represent 80% of the 3,997 SLPs who are licensed in the state and 87% of renewing practitioners.

The HWDC estimates that 3,449 SLPs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as a SLP at some point in the future. In 2016, Virginia's SLP workforce provided 2,634 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

97% of all SLPs are female, including 98% of those SLPs who are under the age of 40. Overall, the median age for Virginia's SLPs is 41. In a random encounter between two SLPs, there is a 25% chance that they would be of different races or ethnicities, a measure known as the diversity index. This percentage actually falls to 24% for those SLPs who are under the age of 40. Overall, Virginia's SLP workforce is considerably less diverse than the state's general population, which has a diversity index of 55%.

30% of SLPs grew up in a rural area, and 20% of these professionals currently work in non-metro areas of the state. Overall, 9% of Virginia's SLPs currently work in a non-metro area. 44% of Virginia's SLPs graduated from high school in Virginia, while 46% earned their initial professional degree in the state. In total, 55% of SLPs have some form of educational background in the state.

98% of all SLPs have a Master's degree as their highest professional degree. 43% of SLPs currently carry education debt, including 64% of those under the age of 40. The median debt burden for those SLPs with educational debt is between \$40,000 and \$50,000.

94% of all SLPs are currently employed in the profession. 59% of all SLPs hold one full-time position, while 19% hold two or more positions simultaneously. Over the past year, 1% of SLPs have been involuntarily unemployed, while another 2% of SLPs have been underemployed. In addition, 7% of Virginia's SLP workforce has switched jobs, while 64% have stayed at their primary work location for at least two years.

The typical SLP earned between \$60,000 and \$70,000 last year. 56% of all SLPs receive a salary at their primary work location, while another 33% earn an hourly wage. Among those SLPs who earn either a salary or an hourly wage at their primary work location, 82% receive at least one employer-sponsored benefit, including 63% who receive health insurance. 95% of all SLPs are satisfied with their current employment situation, including 60% who indicate they are "very satisfied".

75% of Virginia's SLPs work in Northern Virginia, Central Virginia, or Hampton Roads. 40% of SLPs work for either a state or local government, while another 38% works in the for-profit sector. Schools that provide care to clients employ 40% of all SLPs in the state, which makes it the most common working establishment type for Virginia's SLP workforce.

A typical SLP spends approximately three-quarters of her time taking care of patients. In addition, 77% of SLPs serve a patient care role, meaning that at least 60% of their time is spent in patient care activities. The typical SLP will treat between 30 and 39 patients per week at her primary work location.

48% of all SLPs expect to retire by the age of 65. In addition, 4% of the current workforce expects to retire in the next two years, while half of the current workforce expects to retire by 2046. Over the next two years, 10% of SLPs plan on increasing patient care activities, and 14% expect to pursue additional educational opportunities.

Although the number of licensed SLPs in Virginia actually fell slightly from 3,999 in 2015 to 3,997 in 2016, the number has increased by 585 since 2013. Virginia's SLP workforce also increased from 3,015 in 2013 to 3,449 in 2016, although the increased number of workers produced fewer FTEs in the past year. The increase from 3,441 to 3,449 SLP workforce in Virginia between 2015 and 2016 did not result in the anticipated increase in FTEs. Rather, the FTE provided by Virginia's SLP workforce declined from 2,647 in 2015 to 2,634 in 2016. However, both numbers are still higher than the 2,280 FTEs provided in 2013.

The median age of Virginia's SLP workforce has not changed significantly in the past four years. Since a one year drop in median age from 41 to 40 between 2013 and 2014, it has held steady at 41 years subsequently. However, there has been a change in the age distribution of the professionals indicating a younger SLP workforce. In 2013, 47% of all SLPs were under the age of 40, but this percentage increased to 48% in 2016. In addition, the percentage of SLPs who are age 55 or over decreased from 21% to 17% in the same period. The overall SLP workforce also became slightly more diverse as its diversity index increased from 24% to 25%. However, this trend reversed itself among SLPs who are under the age of 40. In 2013, the diversity index among SLPs who were under the age of 40 was 25% in 2013, but this percentage fell to 24% in 2016.

Among all SLPs in Virginia, there was no change in the percentage who received a professional degree from a state institution. However, the percent receiving high school education from the state dropped from 45% in 2013 to 44% in 2014 and has remained at this percentage since then. The percent of SLPs working in rural area also dropped for the first time since 2013 from 10% to 9% in 2016.

The financial situation of the typical SLP in the state improved during the year. Since 2013, the median annual income for a SLP has been between \$50,000 and \$60,000, but this increased to between \$60,000 and \$70,000 in 2016. However, SLPs were slightly less likely to receive an employer-sponsored work benefit in addition to their income. In 2013, 81% of SLPs received an employer-sponsored benefit, but this percentage decreased to 76% in 2016. However, with respect to employer-sponsored retirement plans, 55% had access to one in 2013, but 60% of SLPs had access to one in 2016.

Education debts also cast a cloud on the improving financial landscape of the SLP workforce. Although the percent under age 40 carrying debt remains the same 64% it was in 2013, the percent overall carrying debt increased from 38% to 43% between 2013 and 2016. The debt distribution is also less favorable as the percent carrying \$100,000 or more education debt increased from 3% to 5% in the overall population and from 5% to 9% in the population under age 40 between 2013 and 2016.

There were some changes in the sectors in which SLPs worked in 2016. The percent working for state government and non-profit organizations increased from 36% and 19%, respectively, in 2013 to 40% and 21% in 2016. By contrast, those working for for-profit organization declined from 43% to 38%.

The SLP labor market exhibited more stability during the year. For instance, the percentage of SLPs who were underemployed fell from 4% in 2013 to 2% in 2016. In addition, while 9% of SLPs switched jobs and 26% worked at a new location in 2013, these percentages fell to 7% and 21%, respectively, in 2016. At the same time, however, Virginia's SLPs were more likely to remain at their jobs for the long term. For example, the percentage of SLPs who have remained at their primary work location for at least two years increased from 62% to 64%.

In 2013, 47% of all SLPs expected to retire by the age of 65. In 2016, however, this percentage increased to 48%. At the same time, the percentage of SLPs who expect to retire by the age of 60 stayed at 18%. On the other hand, whereas 5% of all SLPs expected to retire within the next two years in 2013, only 4% expected to do the same in 2016. Meanwhile, the percentage of SLPs who expect to retire within the next ten years fell from 18% to 15% in the same period.





**A Closer Look:**

Licensee Counts		
License Status	#	%
Renewing Practitioners	3,500	88%
New Licensees	285	7%
Non-Renewals	212	5%
All Licensees	3,997	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 80% of renewing SLPs submitted a survey. These represent 87% of SLPs who held a license at some point in 2016.

### At a Glance:

**Licensed SLPs**

Number: 3,997

New: 7%

Not Renewed: 5%

**Survey Response Rates**

All Licensees: 80%

Renewing Practitioners: 87%

Source: Va. Healthcare Workforce Data Center

Response Rates			
Statistic	Non Respondents	Respondent	Response Rate
<b>By Age</b>			
Under 30	261	295	53%
30 to 34	121	551	82%
35 to 39	87	528	86%
40 to 44	68	492	88%
45 to 49	47	438	90%
50 to 54	46	299	87%
55 to 59	51	265	84%
60 and Over	115	333	74%
<b>Total</b>	<b>796</b>	<b>3,201</b>	<b>80%</b>
<b>New Licenses</b>			
Issued in 2016	224	61	21%
<b>Metro Status</b>			
Non-Metro	48	228	83%
Metro	544	2,559	83%
Not in Virginia	204	414	67%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	3,201
Response Rate, all licensees	80%
Response Rate, Renewals	87%

Source: Va. Healthcare Workforce Data Center

### Definitions

- The Survey Period:** The survey was conducted in December 2016.
- Target Population:** All SLPs who held a Virginia license at some point in 2016.
- 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 2016.

### At a Glance:

#### Workforce

2016 SLP Workforce: 3,449  
 FTEs: 2,634

#### Utilization Ratios

Licenses in VA Workforce: 86%  
 Licensees per FTE: 1.52  
 Workers per FTE: 1.31

Source: Va. Healthcare Workforce Data Center

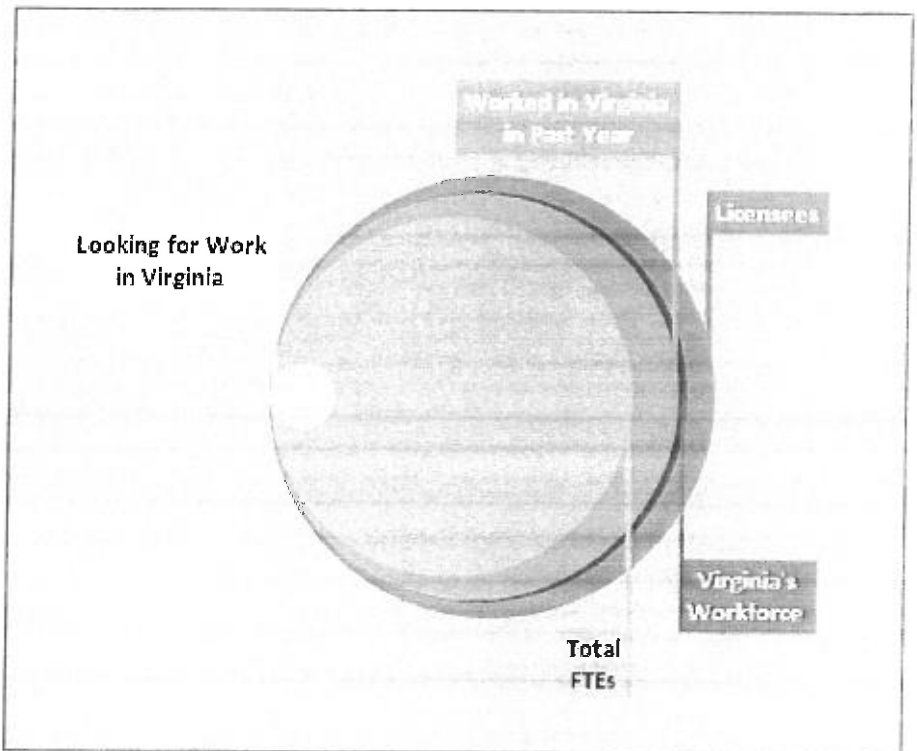
### Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licenses in VA Workforce:** The proportion of licenses in Virginia's Workforce.
- 4. 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	3,364	98%
Looking for Work in Virginia	85	2%
Virginia's Workforce	3,449	100%
Total FTEs	2,634	
Licenses	3,997	

Source: Va. Healthcare Workforce Data Center

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



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	9	2%	467	98%	476	15%
30 to 34	6	1%	518	99%	524	17%
35 to 39	10	2%	480	98%	490	16%
40 to 44	15	4%	412	96%	427	14%
45 to 49	5	1%	376	99%	381	12%
50 to 54	12	5%	243	96%	255	8%
55 to 59	13	6%	212	94%	225	7%
60 +	11	4%	302	97%	313	10%
<b>Total</b>	<b>81</b>	<b>3%</b>	<b>3,010</b>	<b>97%</b>	<b>3,091</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	SLPs		SLPs Under 40	
	%	#	%	#	%
White	63%	2,669	87%	1,301	87%
Black	19%	202	7%	94	6%
Asian	6%	63	2%	33	2%
Other Race	0%	22	1%	11	1%
Two or more races	2%	38	1%	17	1%
Hispanic	9%	90	3%	37	2%
<b>Total</b>	<b>100%</b>	<b>3,084</b>	<b>100%</b>	<b>1,493</b>	<b>100%</b>

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

Source: Va. Healthcare Workforce Data Center

48% of SLPs are under the age of 40, and 98% of these professionals are female. In addition, the diversity index among SLPs who are under the age of 40 is 24%.

At a Glance:

**Gender**

% Female: 97%  
% Under 40 Female: 98%

**Age**

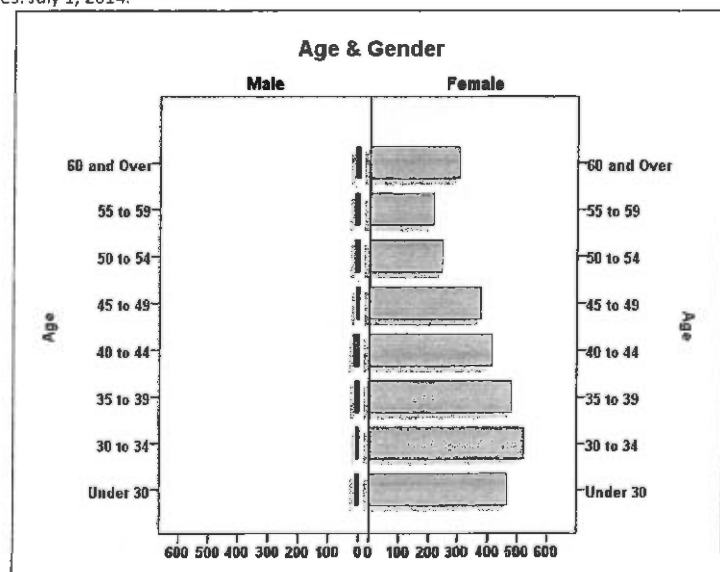
Median Age: 41  
% Under 40: 48%  
% 55+: 17%

**Diversity**

Diversity Index: 25%  
Under 40 Div. Index: 24%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two SLPs, there is a 25% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the diversity index is at 55%.



Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Childhood

Urban Childhood: 8%  
 Rural Childhood: 30%

#### Virginia Background

HS in Virginia: 44%  
 Prof. Education in VA: 46%  
 HS/Prof. Educ. in VA: 55%

#### Location Choice

% Rural to Non-Metro: 20%  
 % Urban/Suburban to Non-Metro: 5%

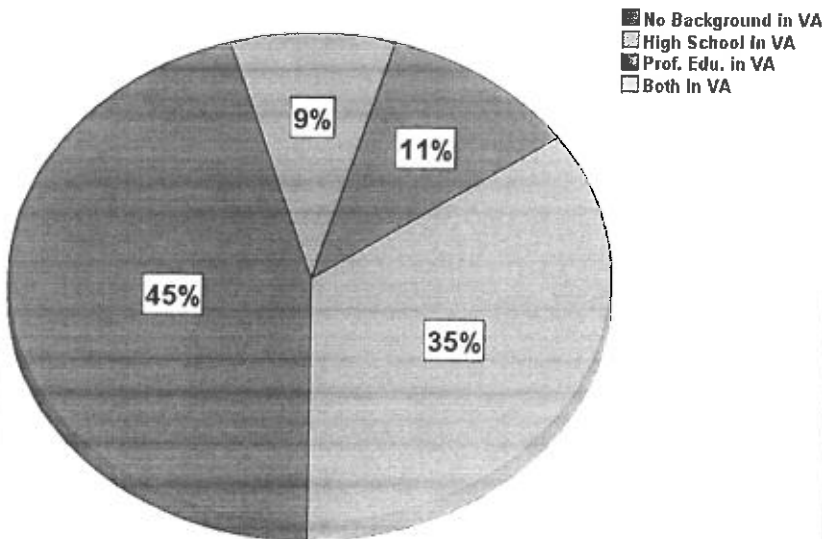
Source: VA Healthcare Workforce Data Center

### A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 million+	23%	69%	9%
2	Metro, 250,000 to 1 million	51%	43%	6%
3	Metro, 250,000 or less	36%	57%	8%
<b>Non-Metro Counties</b>				
4	Urban pop 20,000+, Metro adj	53%	40%	7%
6	Urban pop, 2,500-19,999, Metro adj	63%	31%	5%
7	Urban pop, 2,500-19,999, nonadj	82%	19%	0%
8	Rural, Metro adj	59%	36%	5%
9	Rural, nonadj	65%	35%	0%
<b>Overall</b>		<b>30%</b>	<b>62%</b>	<b>8%</b>

Source: Va. Healthcare Workforce Data Center

### Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

*30% of SLPs grew up in self-described rural areas, and 20% of these professionals currently work in non-metro counties. Overall, 9% of Virginia's SLP workforce currently works in non-metro counties.*

## Top Ten States for SLP Recruitment

Rank	All Professionals			
	High School	#	Professional School	#
1	Virginia	1,347	Virginia	1,399
2	New York	223	Washington, D.C.	182
3	Pennsylvania	209	New York	169
4	Maryland	122	Pennsylvania	143
5	New Jersey	111	North Carolina	139
6	North Carolina	99	Tennessee	111
7	West Virginia	97	Maryland	106
8	Florida	90	Florida	86
9	Ohio	67	West Virginia	70
10	Outside U.S./Canada	62	Ohio	69

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

Source: Va. Healthcare Workforce Data Center

*Among SLPs who have been licensed in the past five years, 37% received their high school degree in Virginia, and 40% received their initial professional degree in the state.*

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	423	Virginia	451
2	Pennsylvania	94	New York	84
3	New York	86	Washington, D.C.	68
4	Maryland	53	Pennsylvania	62
5	North Carolina	47	North Carolina	60
6	New Jersey	47	Maryland	60
7	Florida	36	Florida	37
8	West Virginia	33	Tennessee	32
9	Illinois	28	Massachusetts	25
10	Ohio	27	West Virginia	25

Source: Va. Healthcare Workforce Data Center

*14% of licensed SLPs did not participate in Virginia's workforce in 2016. 88% of these professionals worked at some point in the past year, including 84% who currently work as SLPs.*

### At a Glance:

#### Not in VA Workforce

Total:	550
% of Licensees:	14%
Federal/Military:	5%
Va Border State/DC:	29%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Masters Degree	2,989	98%
Doctorate - SLP	41	1%
Other Doctorate	18	1%
<b>Total</b>	<b>3,048</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

**Education**

Masters: 98%

Doctorate: 2%

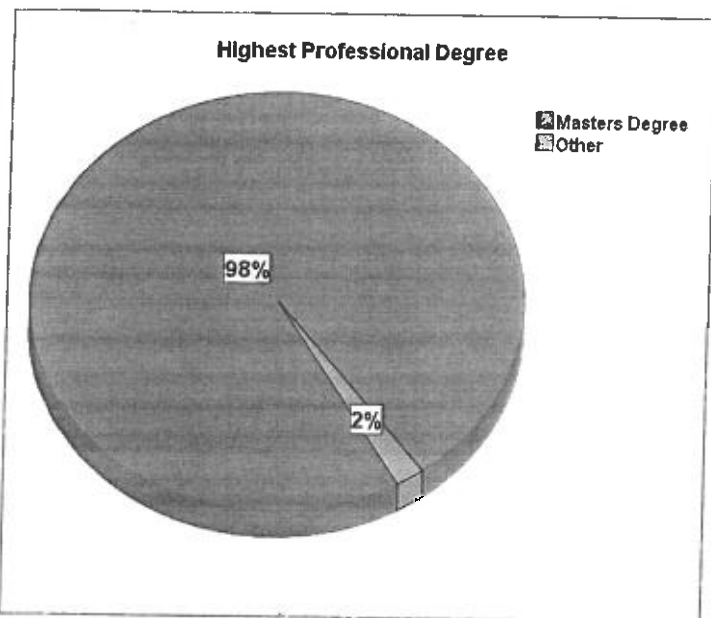
**Educational Debt**

Carry debt: 43%

Under age 40 w/ debt: 64%

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

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

98% of all SLPs hold a Masters as their highest professional degree.

43% of SLPs currently have educational debt, including 64% of those under the age of 40. For those with educational debt, the median debt amount is between \$40,000 and \$50,000.

Amount Carried	All SLPs		SLPs Under 40	
	#	%	#	%
None	1,573	57%	483	36%
Less than \$10,000	145	5%	95	7%
\$10,000-\$19,999	153	6%	100	7%
\$20,000-\$29,999	150	5%	105	8%
\$30,000-\$39,999	136	5%	102	8%
\$40,000-\$49,999	120	4%	81	6%
\$50,000-\$59,999	99	4%	73	5%
\$60,000-\$69,999	69	2%	56	4%
\$70,000-\$79,999	71	3%	57	4%
\$80,000-\$89,999	57	2%	50	4%
\$90,000-\$99,999	43	2%	35	3%
\$100,000 or More	149	5%	117	9%
<b>Total</b>	<b>2,766</b>	<b>100%</b>	<b>1,356</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Top Specialties

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

#### Top Credentials

CCC-SLP:	81%
VitalStim Certified:	14%
DOE Endorsement:	2%

Source: VA Healthcare Workforce Data Center

81% of all SLPs hold a CCC-SLP credential, while 14% are VitalStim certified.

### A Closer Look:

Credentials		
Credential	#	% of Workforce
<b>CCC-SLP: Speech-Language Pathology</b>	2,790	81%
<b>VitalStim Certified</b>	492	14%
<b>DOE Endorsement</b>	77	2%
<b>CBIS - Certified Brain Injury Specialist</b>	21	1%
<b>CF-SLP: Fellowship</b>	15	< 1%
<b>BRS-S: Swallowing</b>	6	< 1%
<b>CCC-A: Audiology</b>	4	< 1%
<b>BRS-CL: Child Language</b>	2	< 1%
<b>BRS-FD: Fluency Disorders</b>	2	< 1%
<b>Other</b>	139	4%
<b>At Least One Credential</b>	<b>2,877</b>	<b>83%</b>

Source: Va. Healthcare Workforce Data Center

### Self-Designated Specialties

Specialty	#	% of Workforce
<b>Swallowing &amp; Swallowing Disorders</b>	948	27%
<b>School/Pediatrics</b>	923	27%
<b>Child Language</b>	922	27%
<b>Autism</b>	778	23%
<b>Child/Infant</b>	557	16%
<b>Geriatrics</b>	539	16%
<b>Medical</b>	421	12%
<b>Brain Injury</b>	363	11%
<b>Voice</b>	238	7%
<b>Fluency Disorders</b>	235	7%
<b>Deaf and Hard of Hearing</b>	156	5%
<b>Other</b>	275	8%
<b>At Least One Specialty</b>	<b>2,241</b>	<b>65%</b>

Source: Va. Healthcare Workforce Data Center

27% of all SLPs have a self-designated specialty in Swallowing & Swallowing Disorders. The same percentage also has specialties in School/Pediatrics and Child Language.



### At a Glance:

#### Employment

Employed in Profession: 94%  
 Involuntarily Unemployed: < 1%

#### Positions Held

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

#### Weekly Hours:

40 to 49: 44%  
 60 or more: 3%  
 Less than 30: 18%

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	1	< 1%
Employed in a SLP-related capacity	2,887	94%
Employed, NOT in a SLP-related capacity	54	2%
Not working, reason unknown	0	0%
Involuntarily unemployed	5	< 1%
Voluntarily unemployed	100	3%
Retired	22	1%
<b>Total</b>	<b>3,070</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

94% of licensed SLPs are currently employed in the profession.  
 59% of SLPs have one full-time job, and 44% of SLPs work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	127	4%
One Part-Time Position	526	17%
Two Part-Time Positions	145	5%
One Full-Time Position	1,801	59%
One Full-Time Position & One Part-Time Position	354	12%
Two Full-Time Positions	0	0%
More than Two Positions	74	2%
<b>Total</b>	<b>3,027</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	127	4%
1 to 9 hours	116	4%
10 to 19 hours	170	6%
20 to 29 hours	244	8%
30 to 39 hours	736	25%
40 to 49 hours	1,319	44%
50 to 59 hours	211	7%
60 to 69 hours	65	2%
70 to 79 hours	10	0%
80 or more hours	6	< 1%
<b>Total</b>	<b>3,004</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	23	1%
Less than \$20,000	138	6%
\$20,000-\$29,999	97	4%
\$30,000-\$39,999	157	6%
\$40,000-\$49,999	324	13%
\$50,000-\$59,999	493	20%
\$60,000-\$69,999	473	19%
\$70,000-\$79,999	337	13%
\$80,000-\$89,999	251	10%
\$90,000-\$99,999	138	6%
\$100,000-\$109,999	58	2%
\$110,000-\$119,999	17	1%
\$120,000 or More	14	1%
<b>Total</b>	<b>2,521</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	1,766	60%
Somewhat Satisfied	1,045	35%
Somewhat Dissatisfied	107	4%
Very Dissatisfied	34	1%
<b>Total</b>	<b>2,951</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

**Hourly Earnings**  
Median Income: \$60k-\$70k

**Benefits**  
Employer Health Ins.: 63%  
Employer Retirement: 65%

**Satisfaction**  
Satisfied: 95%  
Very Satisfied: 66%

Source: Va. Healthcare Workforce Data Center

The typical SLP earned between \$60,000 and \$70,000 in 2016. In addition, 82% of wage and salaried SLPs also received at least one employer-sponsored benefit, including 63% who had access to a health insurance plan.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Sick Leave	1,749	61%	66%
Retirement	1,738	60%	65%
Health Insurance	1,680	58%	63%
Dental Insurance	1,591	55%	60%
Paid Vacation	1,590	55%	61%
Group Life Insurance	1,030	36%	39%
Signing/Retention Bonus	175	6%	7%
<b>Receive At Least One Benefit</b>	<b>2,191</b>	<b>76%</b>	<b>82%</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?	23	1%
Experience Voluntary Unemployment?	209	6%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	78	2%
Work two or more positions at the same time?	678	20%
Switch employers or practices?	256	7%
<b>Experienced at least one</b>	<b>1,026</b>	<b>30%</b>

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's SLPs were involuntarily unemployed at some point in 2016. For comparison, Virginia's average monthly unemployment rate was 4.0%.<sup>1</sup>

Tenure	Location Tenure			
	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	54	2%	41	6%
Less than 6 Months	227	8%	107	14%
6 Months to 1 Year	178	6%	91	12%
1 to 2 Years	573	20%	184	25%
3 to 5 Years	722	25%	162	22%
6 to 10 Years	494	17%	85	12%
More than 10 Years	655	23%	68	9%
<b>Subtotal</b>	<b>2,903</b>	<b>100%</b>	<b>739</b>	<b>100%</b>
Did not have location	99		2,682	
Item Missing	447		28	
<b>Total</b>	<b>3,449</b>		<b>3,449</b>	

Source: Va. Healthcare Workforce Data Center

56% of SLPs receive a salary or commission at their primary work location, while 33% receive an hourly wage.

**At a Glance:**

**Unemployment**

**Experience**

Involuntarily Unemployed: 1%  
Underemployed: 2%

**Stability**

Switched: 7%  
New Location: 21%  
Over 2 years: 64%  
Over 2 yrs, 2<sup>nd</sup> location: 43%

**Employment Type**

Salary/Commission: 56%  
Hourly Wage: 33%

Source: Va. Healthcare Workforce Data Center

64% of SLPs have worked at their primary location for more than 2 years—the job tenure normally required to get a conventional mortgage loan.

Employment Type		
Primary Work Site	#	%
Salary/Commission	1,333	56%
Hourly Wage	792	33%
By Contract/Per Diem	207	9%
Business/Practice Income	54	2%
Unpaid	6	< 1%
<b>Subtotal</b>	<b>2,392</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate ranged from 4.2% in January 2016 to 3.8% in December 2016.

### At a Glance:

#### Concentration

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

#### Locations

2 or more (2016):	26%
2 or more (Now*):	24%

Source: Va. Healthcare Workforce Data Center

75% of all SLPs work in Northern Virginia, Central Virginia, and Hampton Roads.

### A Closer Look:

COVF Region	Regional Distribution of Work Locations			
	Primary Location		Secondary Location	
	#	%	#	%
Central	603	21%	131	17%
Eastern	35	1%	9	1%
Hampton Roads	586	20%	131	17%
Northern	985	34%	254	34%
Southside	92	3%	24	3%
Southwest	130	4%	34	5%
Valley	167	6%	40	5%
West Central	258	9%	60	8%
Virginia Border State/DC	25	1%	26	3%
Other US State	17	1%	41	5%
Outside of the US	1	0%	0	0%
<b>Total</b>	<b>2,899</b>	<b>100%</b>	<b>750</b>	<b>100%</b>
Item Missing	451		16	

Source: Va. Healthcare Workforce Data Center

### Council On Virginia's Future Regions



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

Locations	Number of Work Locations			
	Work Locations in 2016		Work Locations Now*	
	#	%	#	%
0	85	3%	127	4%
1	2,139	72%	2,158	72%
2	411	14%	398	13%
3	246	8%	251	8%
4	59	2%	25	1%
5	13	0%	7	0%
6 or More	35	1%	22	1%
<b>Total</b>	<b>2,988</b>	<b>100%</b>	<b>2,988</b>	<b>100%</b>

\*At the time of survey completion, December 2016.

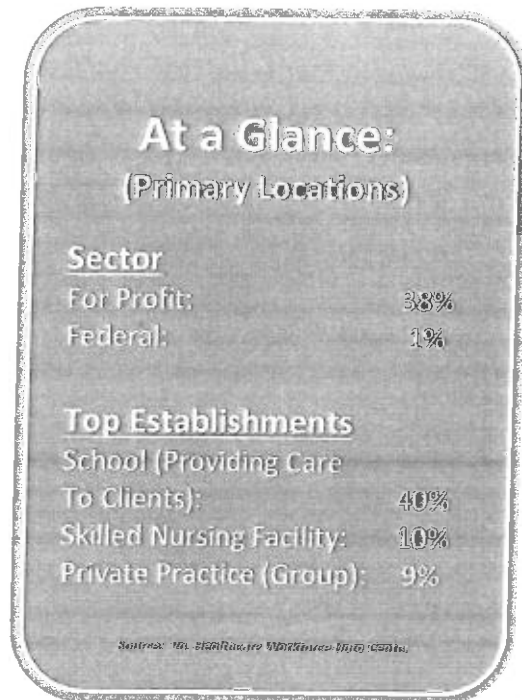
Source: Va. Healthcare Workforce Data Center

## Establishment Type

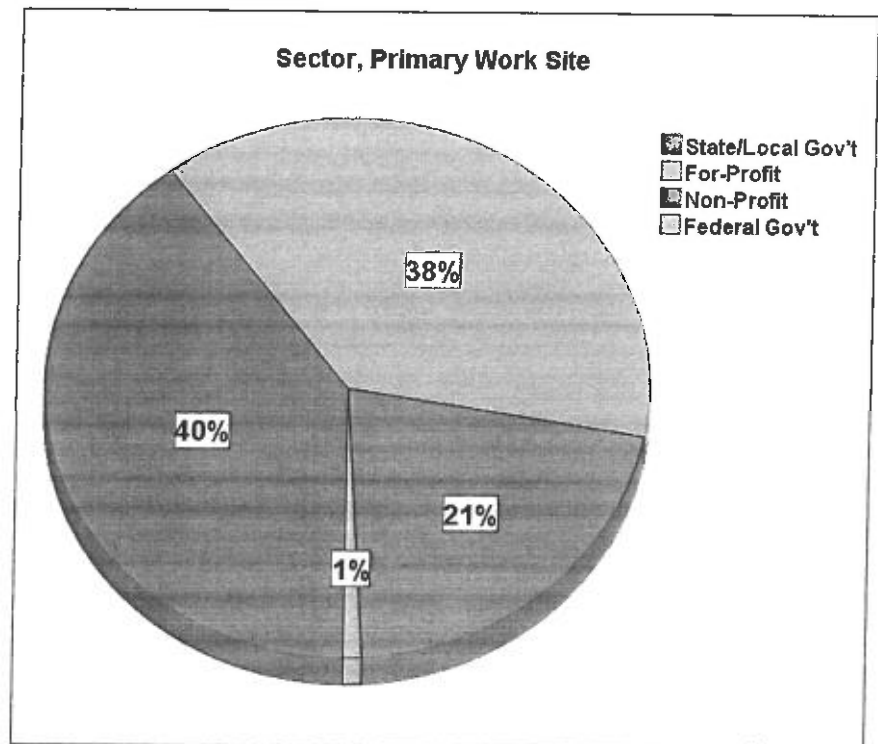
### A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	1,046	38%	498	69%
<b>Non-Profit</b>	587	21%	123	17%
<b>State/Local Government</b>	1,097	40%	101	14%
<b>Veterans Administration</b>	13	0%	0	0%
<b>U.S. Military</b>	5	0%	0	0%
<b>Other Federal Gov't</b>	9	0%	2	0%
<b>Total</b>	<b>2,757</b>	<b>100%</b>	<b>724</b>	<b>100%</b>
<b>Did not have location</b>	99		2682	
<b>Item Missing</b>	593		42	

Source: Va. Healthcare Workforce Data Center



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



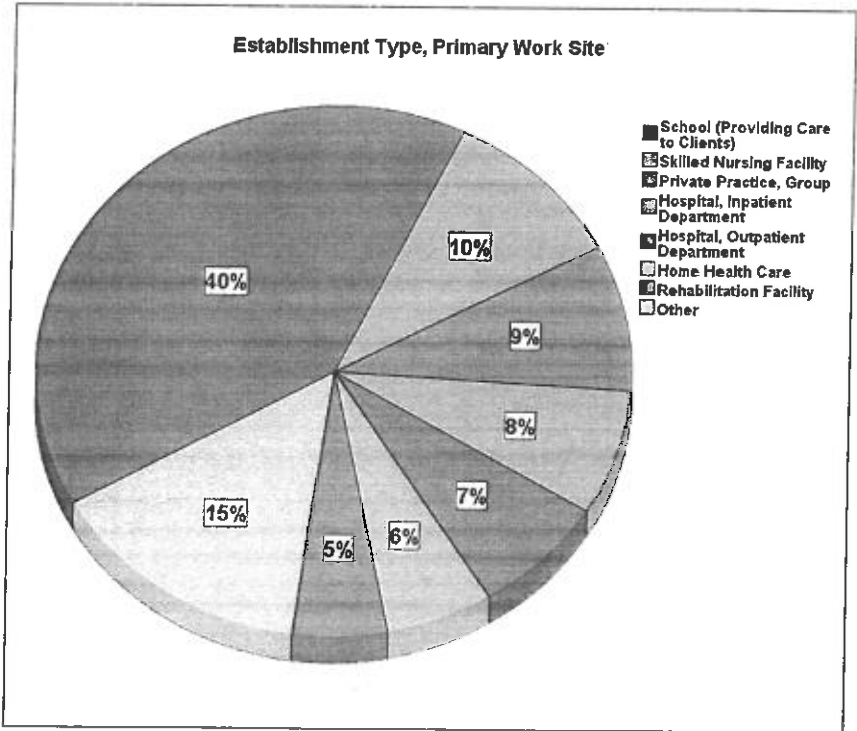
Source: Va. Healthcare Workforce Data Center

Top 10 Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
School (Providing Care to Clients)	1,077	40%	74	11%
Skilled Nursing Facility	270	10%	119	17%
Private Practice, Group	238	9%	84	12%
Hospital, Inpatient Department	204	8%	80	11%
Hospital, Outpatient Department	196	7%	18	3%
Home Health Care	157	6%	102	14%
Rehabilitation Facility	139	5%	43	6%
Private Practice, Solo	102	4%	70	10%
Academic Institution (Teaching Health Professions Students or Research)	69	3%	18	3%
Community-Based Clinic or Health Center	42	2%	6	1%
Residential Facility/Group Home	34	1%	17	2%
Administrative/Business Organization	13	< 1%	4	1%
Child Day Care	2	< 1%	5	1%
Physician Office	0	0%	2	< 1%
Other	128	5%	62	9%
<b>Total</b>	<b>2,671</b>	<b>100%</b>	<b>704</b>	<b>100%</b>
<b>Did Not Have a Location</b>	<b>99</b>		<b>2682</b>	

*Schools that provide care to clients are the most common establishment type among SLPs with a primary work location, employing 40% of Virginia's SLP workforce.*

Source: Va. Healthcare Workforce Data Center

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



Source: Va. Healthcare Workforce Data Center

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

**Typical Time Allocation**

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

**Roles**

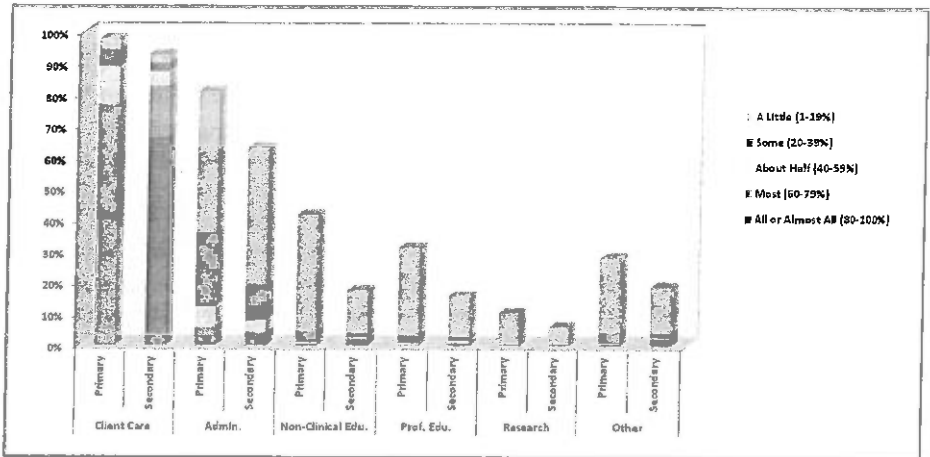
Client Care: 77%  
Administration: 6%  
Non-Clinical Edu.: 1%

**Patient Care SLPs**

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

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**



Source: Va. Healthcare Workforce Data Center

*The typical SLP spends around three-quarters of her time treating patients. In fact, 77% of SLPs fill a client care role, defined as spending 60% or more of their time in that activity.*

Time Spent	Time Allocation											
	Client Care		Admin.		Non-Clinical Education		Professional Education		Research		Other	
	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site
<b>All or Almost All (80-100%)</b>	43%	66%	3%	4%	0%	2%	0%	1%	0%	0%	0%	2%
<b>Most (60-79%)</b>	34%	16%	3%	1%	0%	1%	0%	0%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	12%	5%	7%	4%	0%	0%	0%	1%	0%	0%	1%	0%
<b>Some (20-39%)</b>	5%	3%	24%	11%	3%	1%	2%	1%	0%	0%	3%	2%
<b>A Little (1-19%)</b>	3%	3%	45%	44%	37%	14%	28%	13%	10%	6%	24%	15%
<b>None (0%)</b>	2%	7%	19%	37%	58%	82%	69%	84%	90%	94%	72%	81%

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

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

**% with Group Sessions**  
Primary Location: 49%  
Secondary Location: 19%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Client Sessions / Week	Primary Work Location		Secondary Work Location		Total <sup>2</sup>	
	#	%	#	%	#	%
None	121	4%	52	7%	106	4%
1-9	452	16%	440	60%	334	12%
10-19	336	12%	76	10%	341	12%
20-29	366	13%	64	9%	380	14%
30-39	264	9%	29	4%	275	10%
40-49	151	5%	15	2%	173	6%
50-59	255	9%	14	2%	250	9%
60-69	118	4%	6	1%	129	5%
70-79	42	1%	3	< 1%	63	2%
80-89	208	7%	18	2%	211	8%
90-99	83	3%	3	< 1%	86	3%
100 or More	405	14%	10	1%	452	16%
<b>Total</b>	<b>2,801</b>	<b>100%</b>	<b>730</b>	<b>100%</b>	<b>2,800</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*A typical SLP has approximately 30 to 39 client sessions per week across both their primary and secondary work locations*

# of Weekly Sessions	Primary Work Location				Secondary Work Location			
	Individual Sessions		Group Sessions		Individual Sessions		Group Sessions	
	#	%	#	%	#	%	#	%
None	142	5%	1,415	51%	61	8%	588	81%
1-9	1,153	41%	414	15%	523	72%	97	13%
10-19	632	23%	335	12%	94	13%	19	3%
20-29	385	14%	315	11%	26	4%	20	3%
30-39	264	9%	175	6%	7	1%	2	< 1%
40-49	113	4%	81	3%	8	1%	0	0%
50-59	71	3%	28	1%	3	< 1%	1	< 1%
60-69	19	1%	5	< 1%	6	1%	0	0%
70-79	5	< 1%	1	< 1%	0	0%	0	0%
80 or more	10	< 1%	5	< 1%	4	1%	1	< 1%
<b>Total</b>	<b>2,795</b>	<b>100%</b>	<b>2,775</b>	<b>100%</b>	<b>730</b>	<b>100%</b>	<b>728</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

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



**A Closer Look:**

Retirement Expectations				
Expected Retirement	All		Over 50	
	#	%	#	%
<b>Under age 50</b>	45	2%	-	-
<b>50 to 54</b>	87	3%	5	1%
<b>55 to 59</b>	352	13%	48	7%
<b>60 to 64</b>	766	29%	166	25%
<b>65 to 69</b>	979	37%	306	47%
<b>70 to 74</b>	231	9%	71	11%
<b>75 to 79</b>	50	2%	19	3%
<b>80 or over</b>	15	1%	4	1%
<b>I do not intend to retire</b>	97	4%	33	5%
<b>Total</b>	<b>2,621</b>	<b>100%</b>	<b>652</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

<b>All SLPs</b>	
Under 65:	48%
Under 60:	18%
<b>SLPs 50 and over</b>	
Under 65:	34%
Under 60:	8%

**Time until Retirement**

Within 2 years:	4%
Within 10 years:	15%
Half the workforce:	By 2046

Source: Va. Healthcare Workforce Data Center

48% of SLPs expect to retire before the age of 65, including 18% who plan on retiring no later than the age of 60. Among SLPs who are age 50 and over, 34% plan on retiring by age 65.

Within the next two years, 14% of SLPs plan on pursuing additional education, and 10% also plan to increase their client care hours.

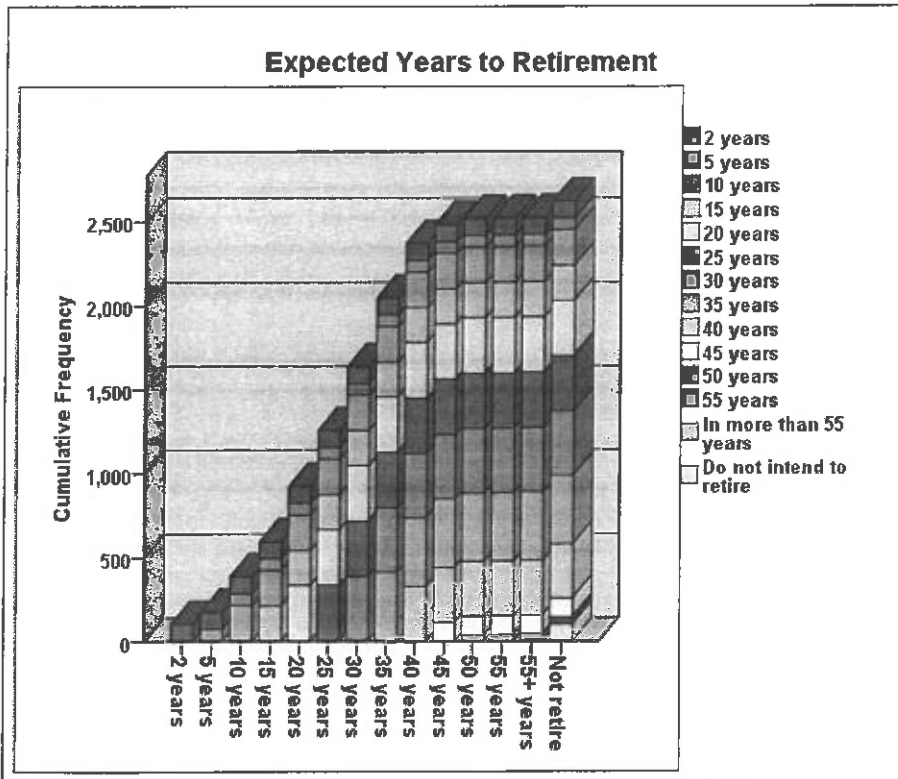
Future Plans		
2 Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	53	2%
<b>Leave Virginia</b>	140	4%
<b>Decrease Client Care Hours</b>	165	5%
<b>Decrease Teaching Hours</b>	15	< 1%
<b>Increase Participation</b>		
<b>Increase Client Care Hours</b>	340	10%
<b>Increase Teaching Hours</b>	101	3%
<b>Pursue Additional Education</b>	468	14%
<b>Return to Virginia's Workforce</b>	43	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for SLPs. Only 4% of SLPs plan on retiring in the next two years, while 15% plan on retiring in the next ten years. Half of the current SLP workforce expects to be retired by 2046.

Time to Retirement			
Expect to retire within...	#	%	Cumulative %
2 years	101	4%	4%
5 years	70	3%	7%
10 years	211	8%	15%
15 years	209	8%	23%
20 years	330	13%	35%
25 years	332	13%	48%
30 years	383	15%	62%
35 years	408	16%	78%
40 years	324	12%	90%
45 years	112	4%	95%
50 years	36	1%	96%
55 years	2	0%	96%
In more than 55 years	5	0%	96%
Do not intend to retire	97	4%	100%
<b>Total</b>	<b>2,621</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach 10% of the current workforce starting in 2036. Retirements will peak at 16% of the current workforce around 2051 before declining to under 10% of the current workforce again around 2061.

**At a Glance:**

**FTEs**

Total: 2,634  
 FTEs/1,000 Residents: 0.316  
 Average: 0.79

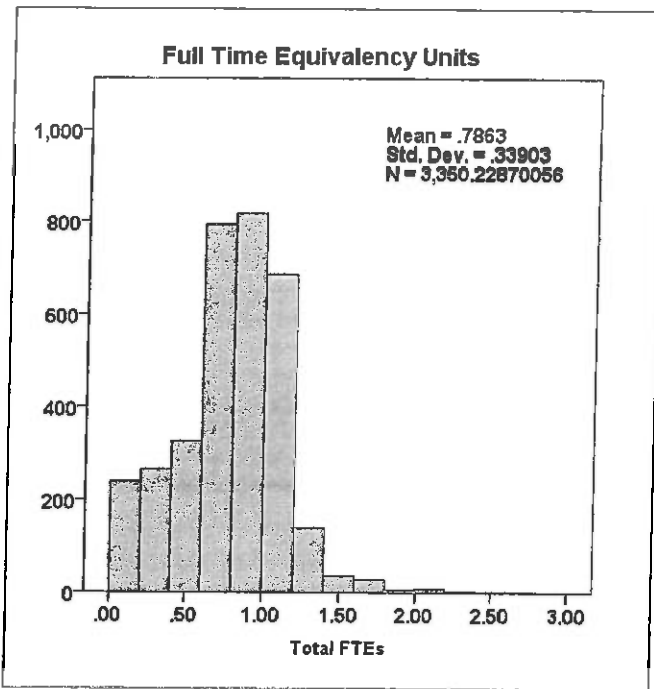
**Age & Gender Effect**

Age, Partial Eta<sup>2</sup>: Negligible  
 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:**

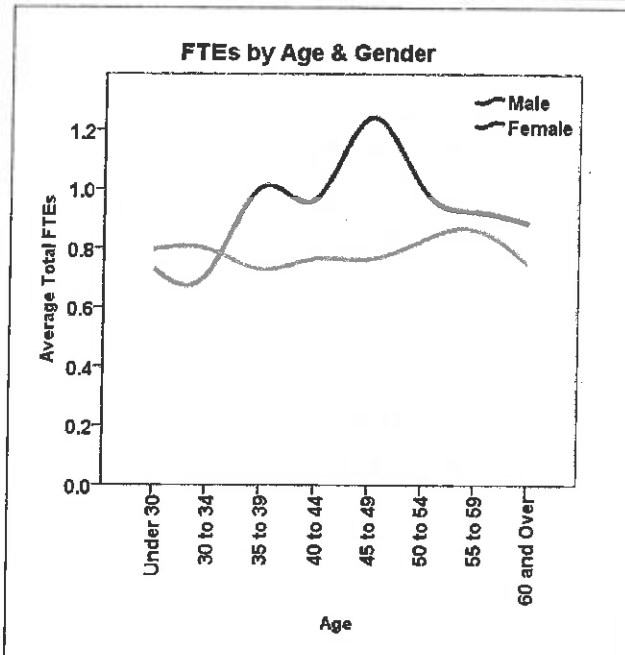


Source: Va. Healthcare Workforce Data Center

The typical SLP provided 0.81 FTEs in 2016, or approximately 32 hours per week for 50 weeks. Although FTEs appear to vary by gender, statistical tests did not verify that a difference exists.<sup>3</sup>

Full-Time Equivalency Units		
	Average	Median
<b>Age</b>		
<b>Under 30</b>	0.79	0.83
<b>30 to 34</b>	0.80	0.84
<b>35 to 39</b>	0.74	0.80
<b>40 to 44</b>	0.77	0.76
<b>45 to 49</b>	0.75	0.76
<b>50 to 54</b>	0.86	0.93
<b>55 to 59</b>	0.88	0.96
<b>60 and Over</b>	0.75	0.74
<b>Gender</b>		
<b>Male</b>	0.93	1.05
<b>Female</b>	0.78	0.83

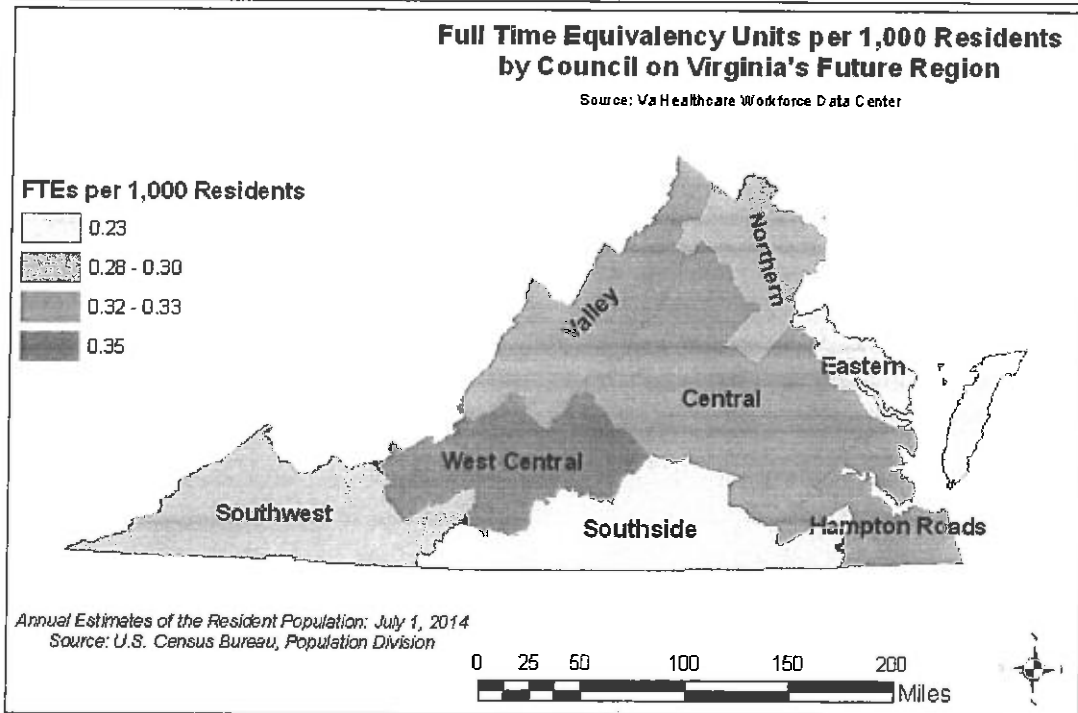
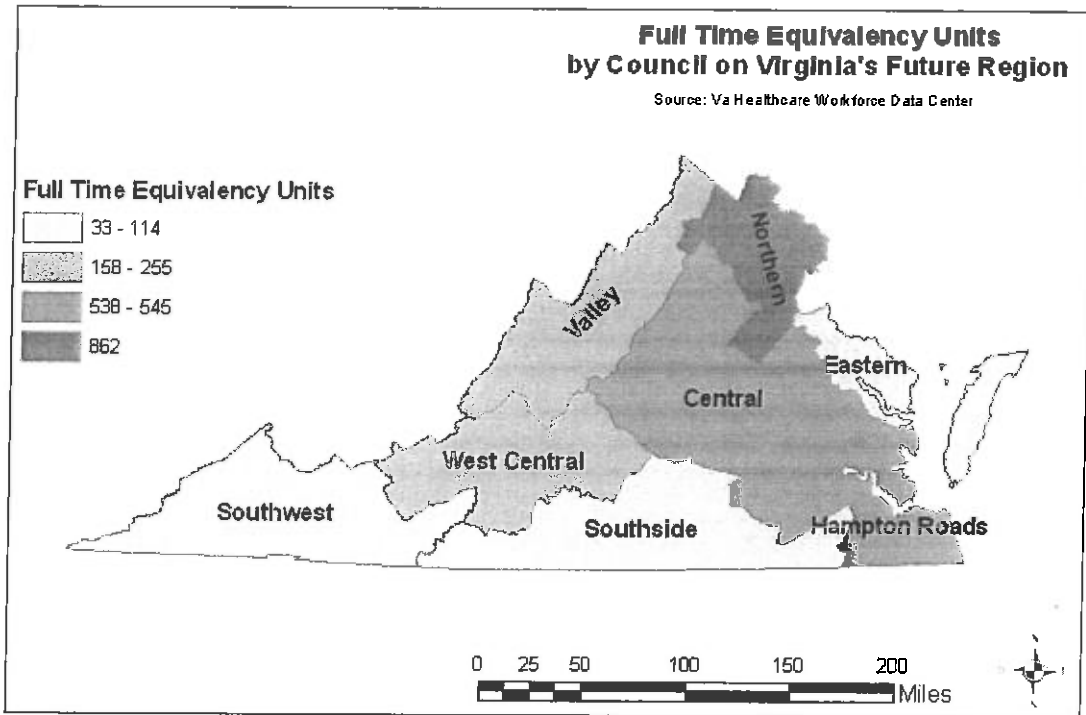
Source: Va. Healthcare Workforce Data Center



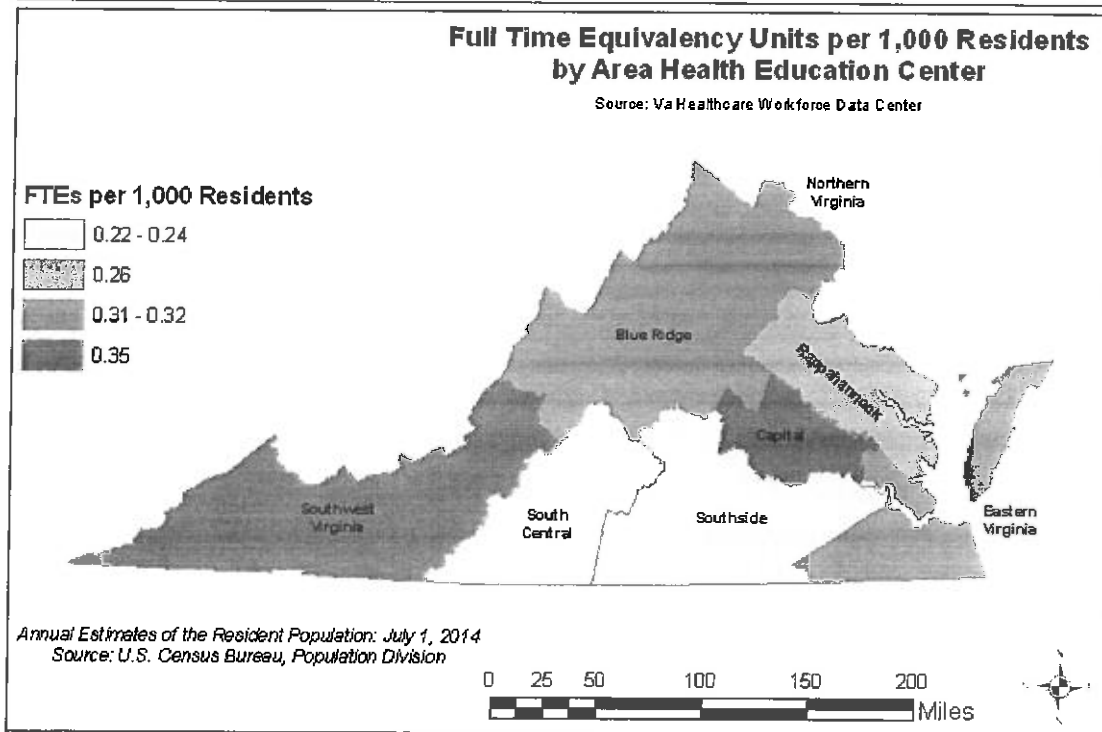
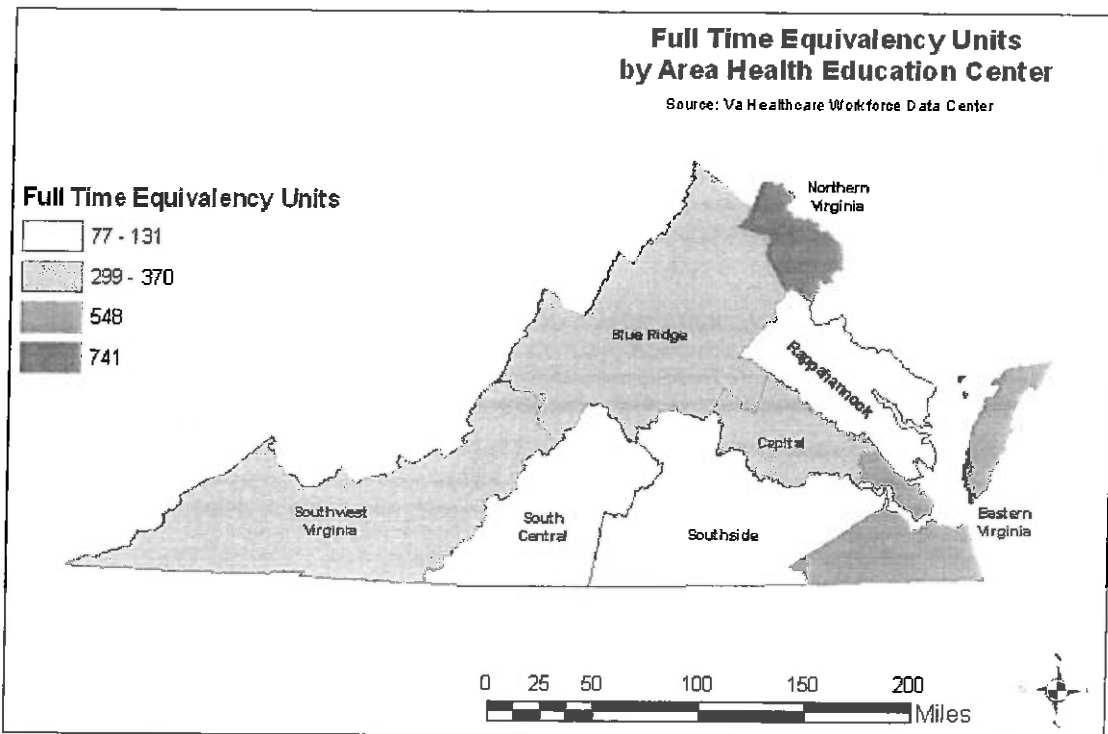
Source: Va. Healthcare Workforce Data Center

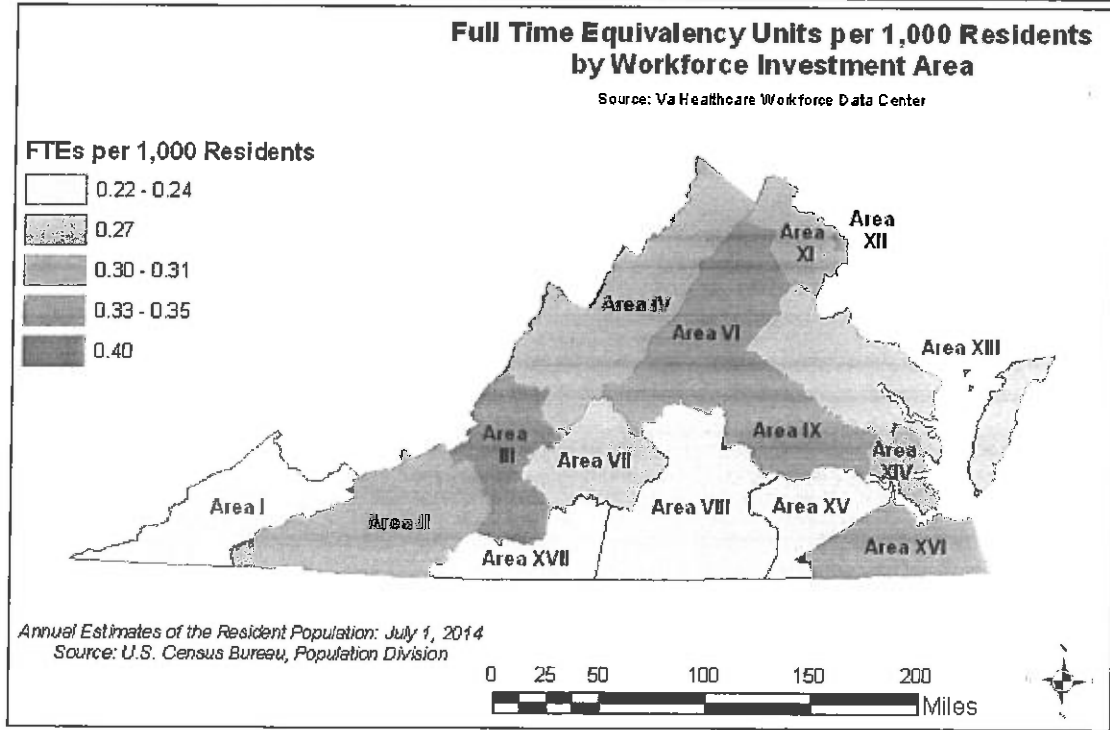
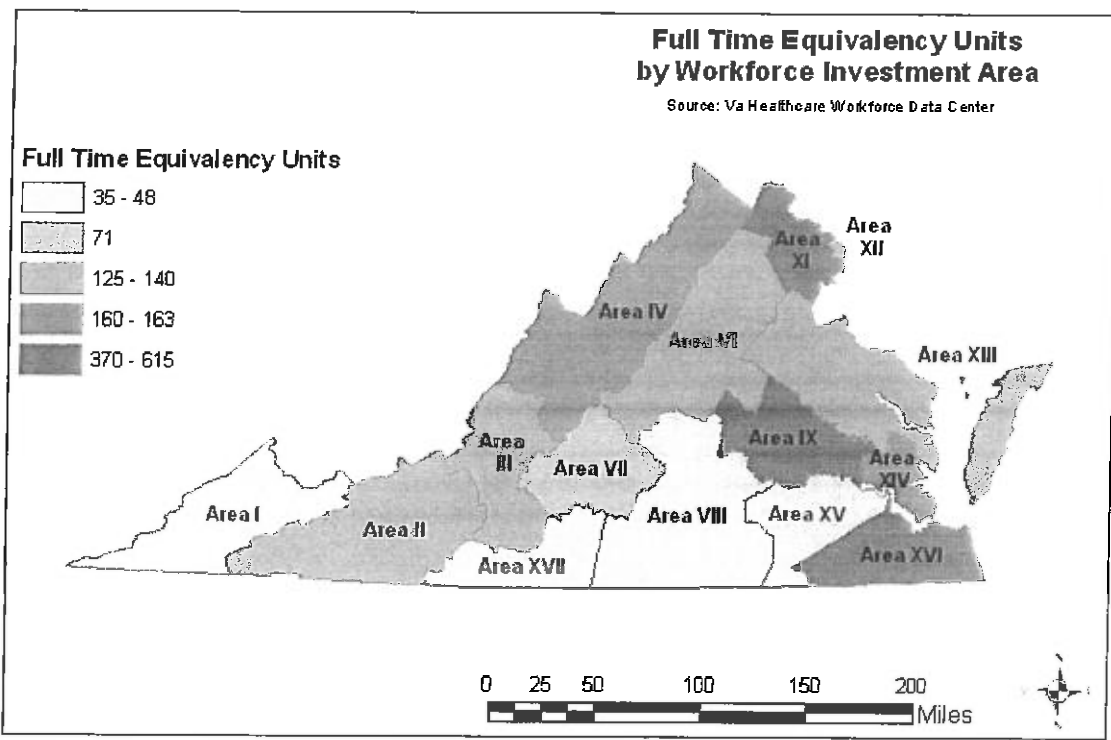
<sup>3</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

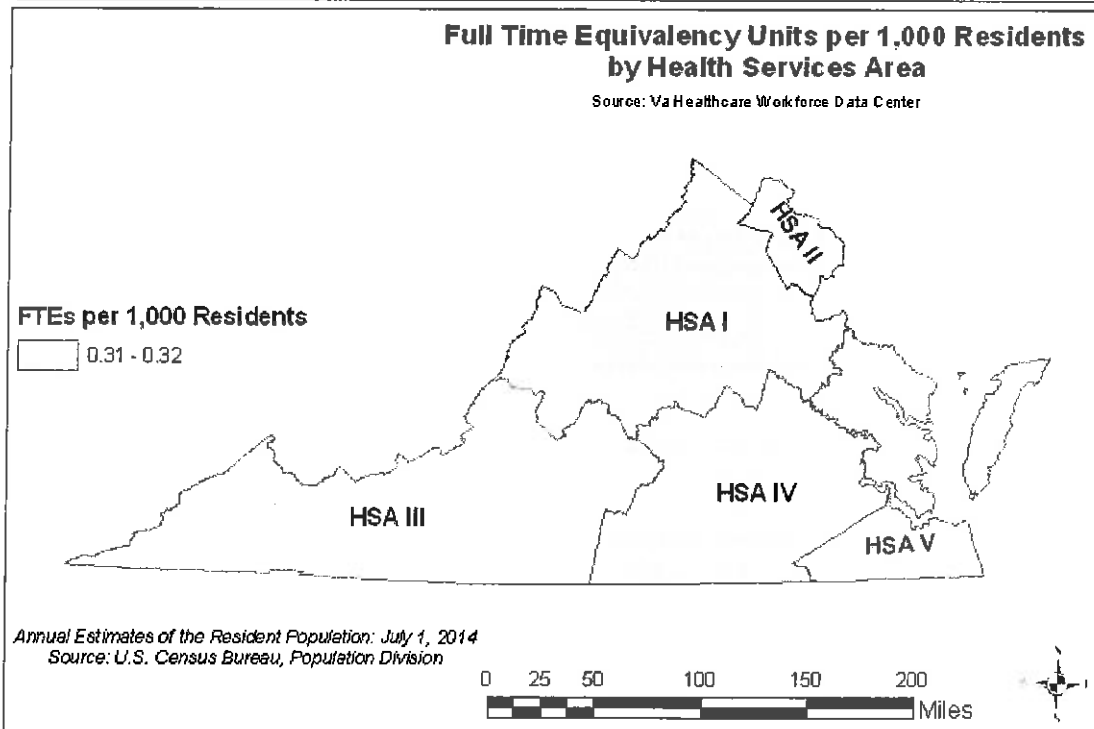
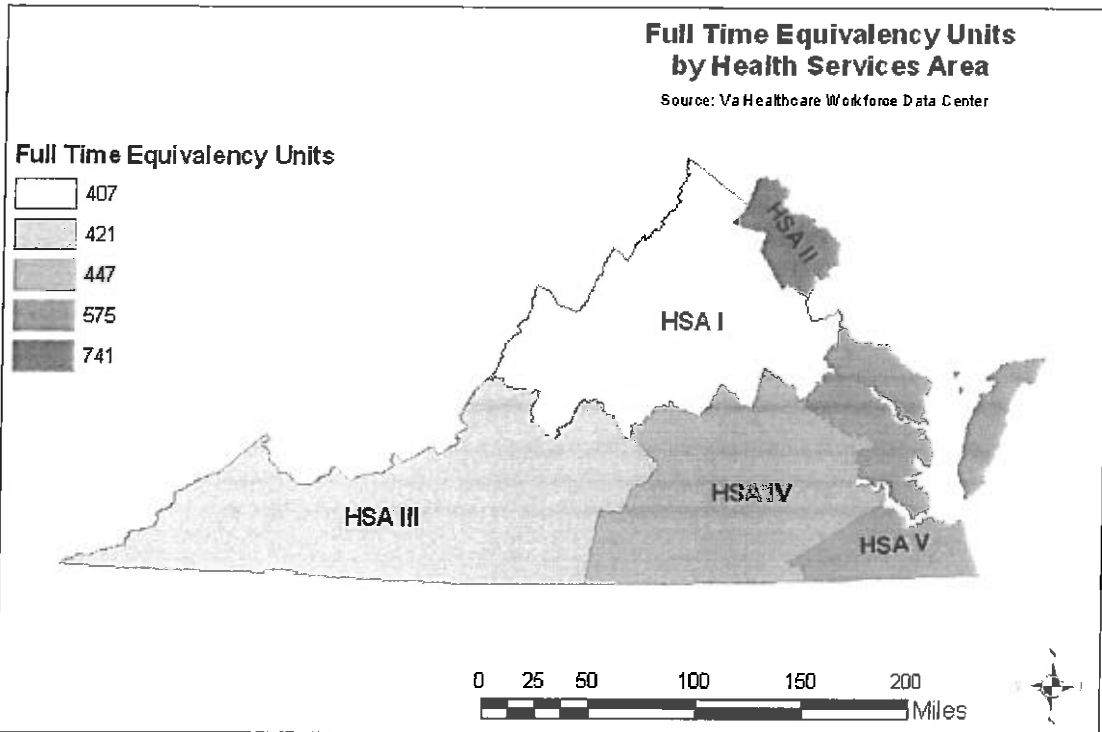
Council on Virginia's Future Regions

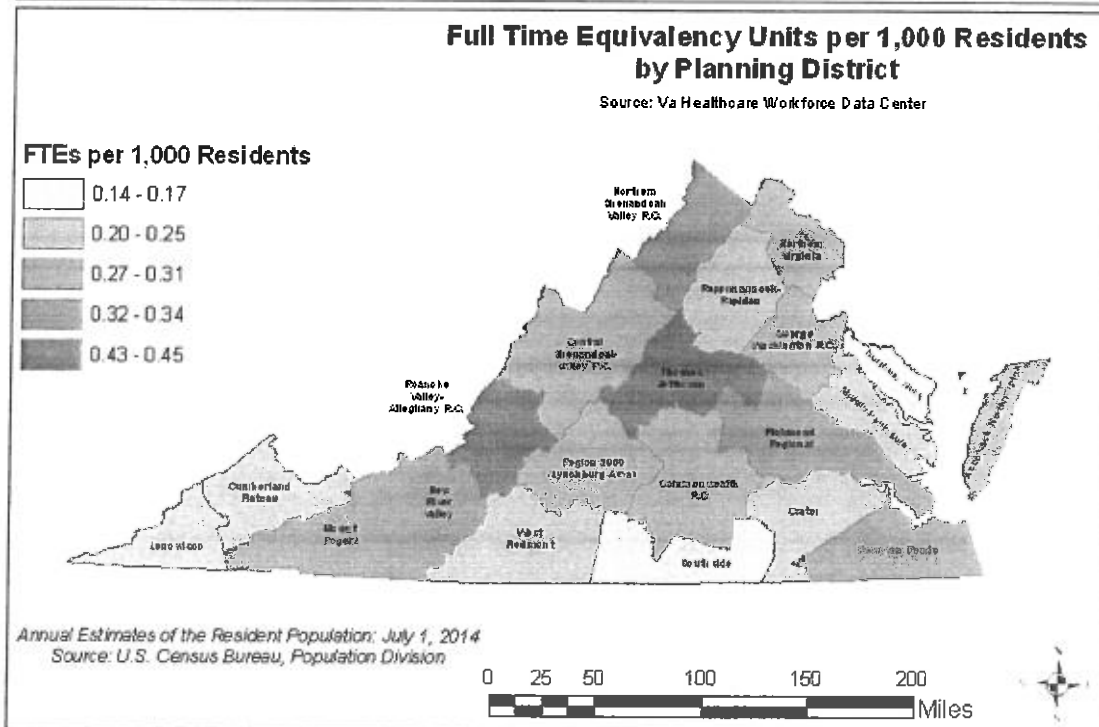
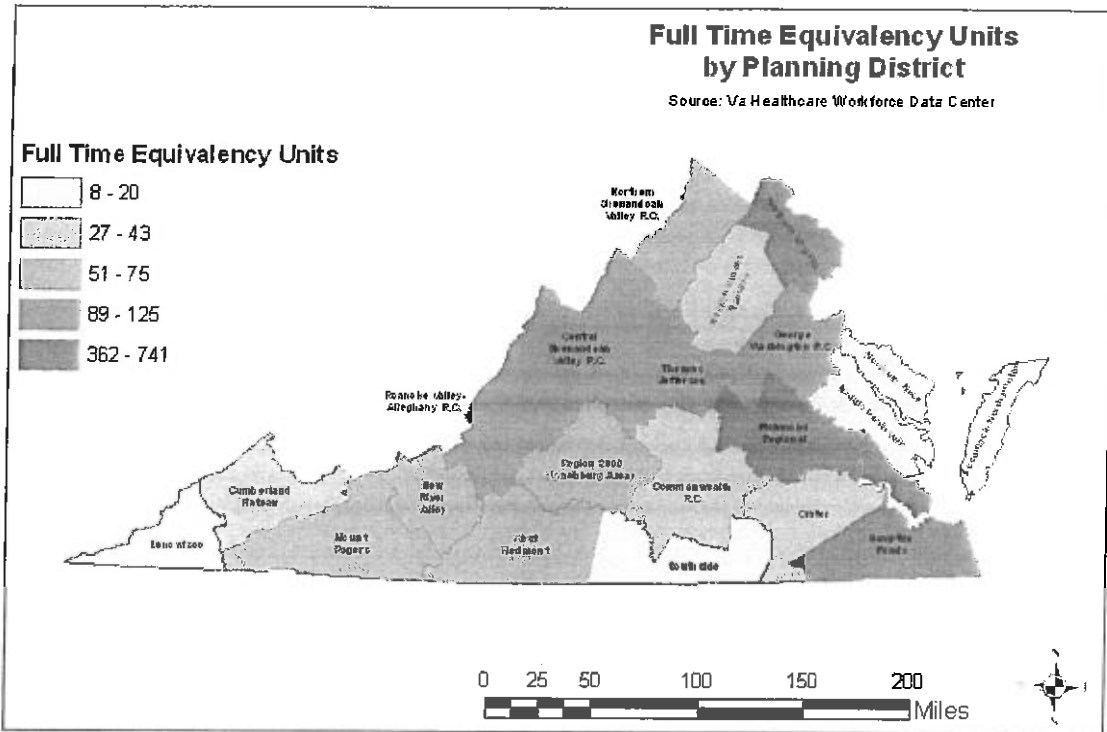


Area Health Education Center Regions











Appendix

Weights

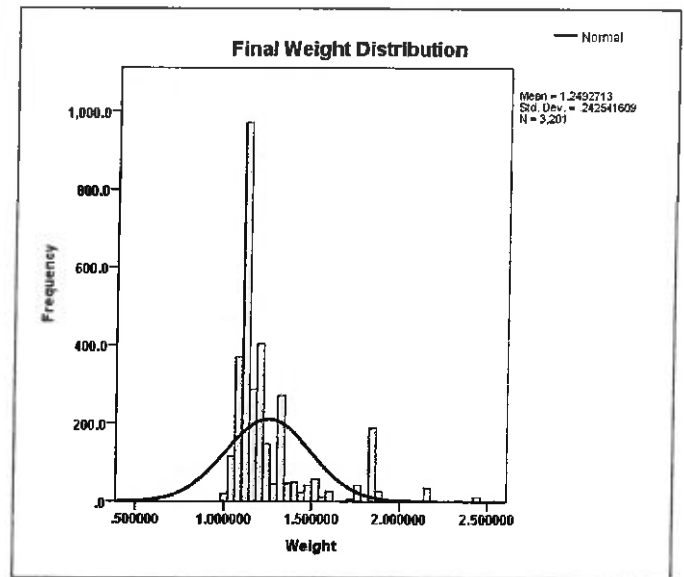
Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	2,434	82.42%	1.21336	1.075991	1.831445
Metro, 250,000 to 1 million	282	86.52%	1.155738	1.024893	1.74447
Metro, 250,000 or less	387	79.84%	1.252427	1.110636	1.890413
Urban pop 20,000+, Metro adj	39	74.36%	1.344828	1.192575	2.029883
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	112	87.50%	1.142857	1.01347	1.725028
Urban pop, 2,500-19,999, nonadj	63	74.60%	1.340426	1.188671	2.023238
Rural, Metro adj	41	85.37%	1.171429	1.038807	1.768154
Rural, nonadj	21	90.48%	1.105263	0.980133	1.668284
Virginia border state/DC	373	70.51%	1.418251	1.257686	2.140708
Other US State	245	61.63%	1.622517	1.438826	2.449026

See the Methods section on the HWDC website for details on HWDC Methods:  
[www.gdn.virginia.gov/hwdc/](http://www.gdn.virginia.gov/hwdc/)

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

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

**Overall Response Rate: 0.800851**



Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	556	53.06%	1.884746	1.668284	2.449026
30 to 34	672	81.99%	1.219601	1.07953	1.584741
35 to 39	615	85.85%	1.164773	1.030999	1.513498
40 to 44	560	87.86%	1.138211	1.007489	1.478984
45 to 49	485	90.31%	1.107306	0.980133	1.438826
50 to 54	345	86.67%	1.153846	1.021328	1.4993
55 to 59	316	83.86%	1.192453	1.0555	1.549465
60 and Over	448	74.33%	1.345345	1.190833	1.748133

Expert admissibility standards to consider:

Traditional Virginia Standard:

To qualify to serve as an expert witness, an individual:

must possess sufficient knowledge, skill, or experience regarding the subject matter of the testimony to assist the trier of fact in the search for the truth. Generally, a witness possesses sufficient expertise when, through experience, study or observation the witness acquires knowledge of a subject beyond that of persons of common intelligence and ordinary experience.

Virginia Medical Malpractice Standard:

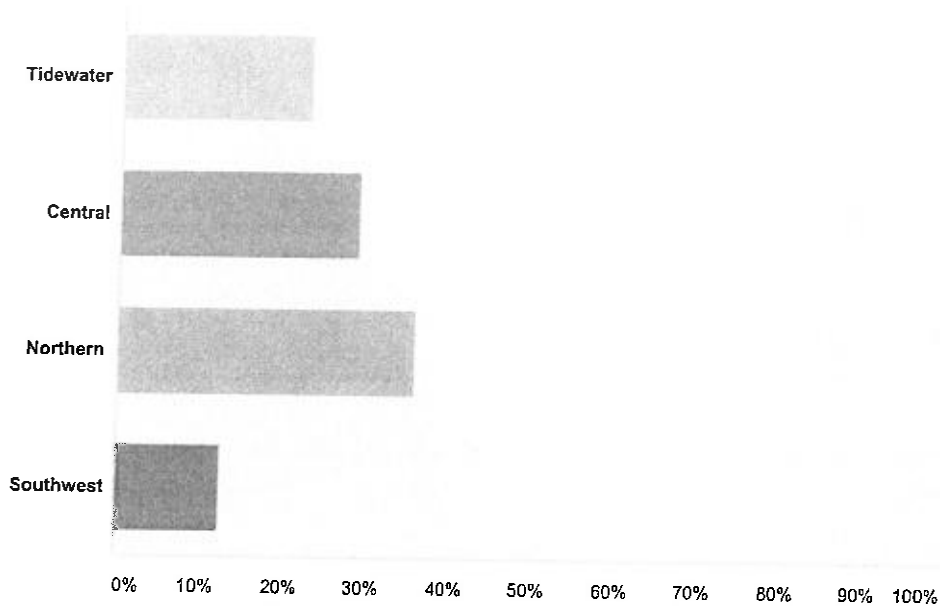
To qualify to serve as an expert witness, an individual:

[a]ny health care provider who is licensed to practice in Virginia shall be presumed to know the statewide standard of care in the specialty or field of practice in which he is qualified and certified....A witness shall be qualified to testify as an expert on the standard of care if he demonstrates expert knowledge of the standards of the defendant's specialty and of what conduct conforms or fails to conform to those standards and if he has had active clinical practice in either the defendant's specialty or a related field of medicine within one year of the date of the alleged act or omission forming the basis of the action.

Speech Language Pathology Assistant Survey

**Q1 In what geographic region do you practice?**

Answered: 978 Skipped: 7

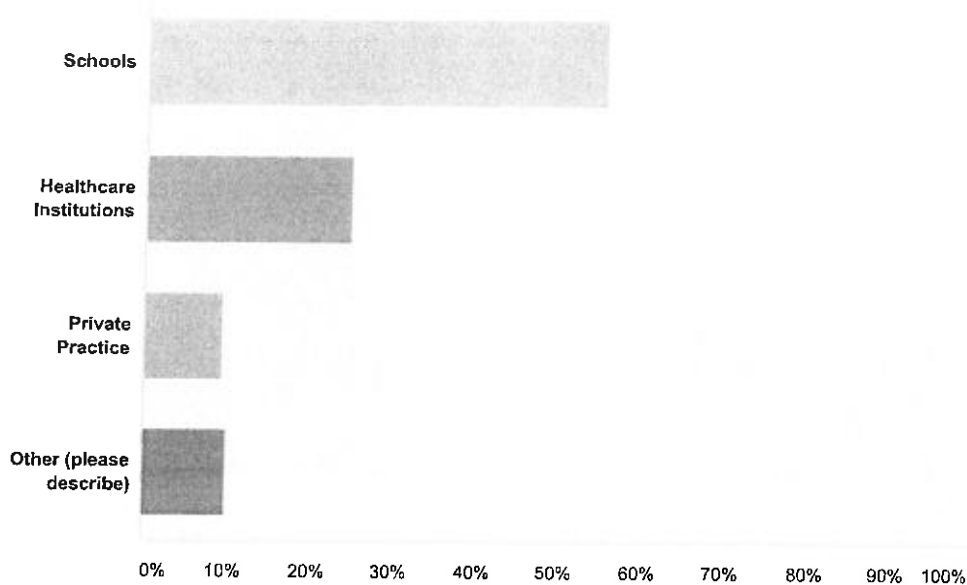


Answer Choices	Responses	
Tidewater	22.70%	222
Central	28.83%	282
Northern	35.89%	351
Southwest	12.58%	123
<b>Total</b>		<b>978</b>

# Speech Language Pathology Assistant Survey

## Q2 What is your primary work environment?

Answered: 980 Skipped: 5



Answer Choices	Responses	
Schools	55.61%	545
Healthcare Institutions	24.80%	243
Private Practice	9.49%	93
Other (please describe)	10.10%	99
<b>Total</b>		<b>980</b>

#	Other (please describe)	Date
1	Early Intervention	12/5/2016 11:05 PM
2	I work in schools full time and also in Healthcare Institutions 30 hours a month and during the summer 120 hours a month.	12/1/2016 2:30 PM
3	Early Intervention	11/30/2016 8:22 AM
4	Home health	11/21/2016 8:23 PM
5	Early Intervention - home visiting	11/17/2016 11:02 AM
6	SNF	11/17/2016 8:42 AM
7	Early intervention	11/15/2016 9:03 AM
8	outpatient clinic	11/14/2016 4:26 PM
9	retired	11/14/2016 3:47 PM
10	non profit speech language clinic	11/14/2016 11:03 AM
11	Early Intervention	11/14/2016 9:47 AM
12	University	11/11/2016 11:00 AM
13	Previously, schools. Just retired. My answers will reflect my last years experience in schools.	11/11/2016 8:30 AM

## Speech Language Pathology Assistant Survey

14	EI	11/10/2016 2:39 PM
15	Private practice, homehealth, assisted livings	11/9/2016 10:46 PM
16	Infants/Toddlers Program - public school related	11/9/2016 4:54 PM
17	<p>Commenting here in case not a chance on next pages. School system I'm familiar with: use Speech Therapist Substitute. They hired off the 'sub' list and the head SLP gave 10 hrs training to become a STSub. this meant HS diploma pass the PB and criminal background check. Dec 12 one year, classmate of my daughter was in the hallways. asked what he was doing in schools? said he was a 'Speech Pathologist'. i did quick computation and thought there's no way he could have gotten through school that fast. asked him about college, he was a junior on Winter Break. said he was 'subbing' to bring in some extra money over his winter break. I told him he was not a SLP. but this incident and others (SLP out on maternity leave. so school sec took over her caseload during that time. the SLP said 'at least she knows the layout of the school) caused me to go to SHAV to report incidents like this. sure hope that a school system can't 'squirrel' around with the SLPA term and just go to 'STsub' (term does not exist in any legislation) that schools will be able to continue to 'cheap out' and 'game' the system in not contracting for a SLP or a SLPA. and shame on those SLP coordinators who train these 'subs' and say they're 'just doing what told to do'. of all folks in a leadership position, they should be the ones to say 'just not right'. but they don't. they want to keep their job. I figure DOE is just going to get the grant to train all these SLPAs and 'flood' the school market with them. So we SLPs need to be vigilant in making sure that we have legislation in place that has the specifics for the SLPA training as well as limit the number of SLPAs that a SLP-CCC 'supervises'. Already hearing that SLP-CCCs sad about the change that probably will happen (economic reasons as well as 'compliance' issues) in 'supervision' rather than 'direct service provision'. that's what made school-based SLP worthwhile. being able to see a variety of students. even though caseloads high. now it'll be a 'supervisory' position.</p>	11/9/2016 11:34 AM
18	Rehab clinic	11/9/2016 5:32 AM
19	EI	11/8/2016 8:11 PM
20	Residential facility for persons with intellectual disability-both nursing facility and ICF-ID certifications	11/8/2016 7:09 PM
21	Telepractice-schools	11/8/2016 6:30 PM
22	university	11/8/2016 1:06 PM
23	Early Intervention	11/8/2016 12:38 PM
24	SNF	11/8/2016 11:50 AM
25	Retired from the local school district	11/8/2016 10:58 AM
26	regional speech & hearing center	11/8/2016 10:52 AM
27	retired. most recently worked in non-profit organization doing early intervention	11/8/2016 10:48 AM
28	retired. Most recent job (2 years ago) in Early Intervention through non profit	11/8/2016 10:47 AM
29	University clinic	11/8/2016 10:39 AM
30	University	11/8/2016 10:33 AM
31	both health care and consult practice	11/8/2016 10:10 AM
32	consultative services for VDOE	11/8/2016 9:43 AM
33	Residential brain injury facility	11/8/2016 9:23 AM
34	Early intervention	11/8/2016 9:21 AM
35	Administrative in the Schools	11/8/2016 9:21 AM
36	Mixture of environments, not just one primary.	11/8/2016 9:06 AM
37	intellectual disability facility	11/8/2016 9:00 AM
38	Outpatient Clinic	11/8/2016 8:56 AM
39	Early Intervention- Natural environment.	11/8/2016 8:47 AM
40	early intervention home settings	11/8/2016 8:42 AM
41	University clinic	11/8/2016 8:26 AM
42	natural environment - homes, daycare, community preschools	11/8/2016 8:23 AM
43	Home based	11/8/2016 8:20 AM

## Speech Language Pathology Assistant Survey

44	retired	11/8/2016 8:02 AM
45	University	11/8/2016 7:24 AM
46	Recently retired from FCPS and am now looking at EI opportunities as private practice.	11/8/2016 7:18 AM
47	Assisted living	11/8/2016 7:02 AM
48	telepractice	11/8/2016 6:56 AM
49	Home health	11/8/2016 6:47 AM
50	Home visits	11/8/2016 6:46 AM
51	Private practice and public schools	11/8/2016 5:49 AM
52	Retired from the schools.	11/7/2016 11:03 PM
53	Skilled nursing facility	11/7/2016 10:31 PM
54	Home health	11/7/2016 9:55 PM
55	University	11/7/2016 9:47 PM
56	University	11/7/2016 9:37 PM
57	CSB/early intervention	11/7/2016 9:35 PM
58	I'm retired, but responded to these questions sharing what my settings were when I was still working. Thank you	11/7/2016 9:32 PM
59	outpatient rehab	11/7/2016 9:22 PM
60	Home health	11/7/2016 9:13 PM
61	PRN	11/7/2016 9:11 PM
62	Home Health	11/7/2016 8:52 PM
63	Early Intervention	11/7/2016 8:49 PM
64	Infant and toddler connection	11/7/2016 8:48 PM
65	Early Intervention	11/7/2016 8:34 PM
66	Early Intervention (client's home/daycare)	11/7/2016 8:31 PM
67	Early Intervention	11/7/2016 8:29 PM
68	County based Early Intervention program	11/7/2016 8:29 PM
69	Early Intervention	11/7/2016 8:29 PM
70	Early intervention	11/7/2016 8:27 PM
71	Home Health	11/7/2016 8:16 PM
72	Home health	11/7/2016 8:16 PM
73	Early intervention-in home therapy	11/7/2016 8:09 PM
74	Home Healthcare	11/7/2016 8:07 PM
75	Home Health	11/7/2016 8:04 PM
76	Home Health	11/7/2016 8:04 PM
77	Preschool & private practice	11/7/2016 7:59 PM
78	Consulting the schools language literacy	11/7/2016 7:58 PM
79	Consulting the schools language literacy	11/7/2016 7:58 PM
80	Home Health	11/7/2016 7:45 PM
81	Early intervention (through private practice)	11/7/2016 7:45 PM
82	Home health prn	11/7/2016 7:41 PM
83	Home health	11/7/2016 7:39 PM
84	home care	11/7/2016 7:37 PM

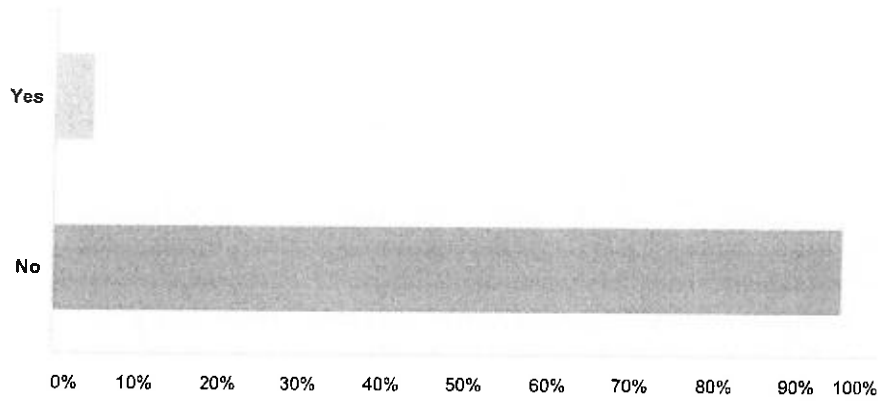
## Speech Language Pathology Assistant Survey

85	Home health	11/7/2016 7:24 PM
86	University Clinic	11/7/2016 7:22 PM
87	Home Health ALF and Independent Living	11/7/2016 7:19 PM
88	Academia	11/7/2016 7:18 PM
89	Home health	11/7/2016 7:18 PM
90	Home based service	11/7/2016 7:17 PM
91	Natural environment	11/7/2016 7:16 PM
92	Retired from schools - small private practice	11/7/2016 7:15 PM
93	Home health	11/7/2016 7:14 PM
94	Central Office in School division	11/7/2016 7:07 PM
95	Early intervention-homes	11/7/2016 7:05 PM
96	Home Health	11/7/2016 7:05 PM
97	SNF	11/7/2016 7:05 PM
98	telepractice	11/7/2016 7:02 PM
99	University	11/7/2016 7:02 PM

Speech Language Pathology Assistant Survey

**Q3 Do you utilize a speech-language pathology assistant?**

Answered: 985 Skipped: 0



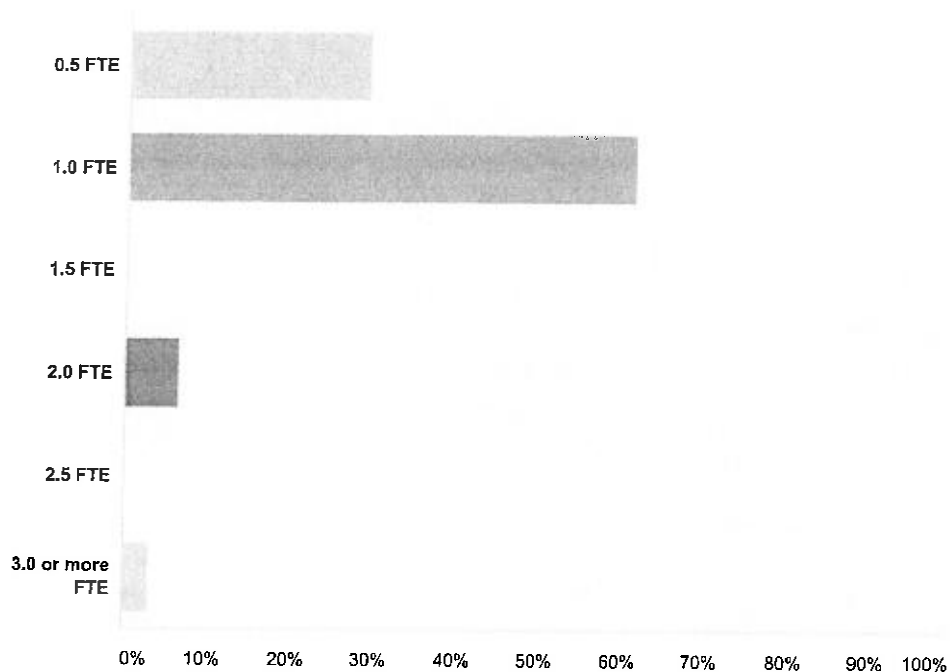
Answer Choices	Responses
Yes	4.57% 45
No	95.43% 940
Total	985



Speech Language Pathology Assistant Survey

**Q4 How many speech-language pathology assistant FTEs (full-time equivalency defined as a minimum of 32 hours/week) do you use (example: 2 part-time assistants = 1 FTE)?**

Answered: 31 Skipped: 954

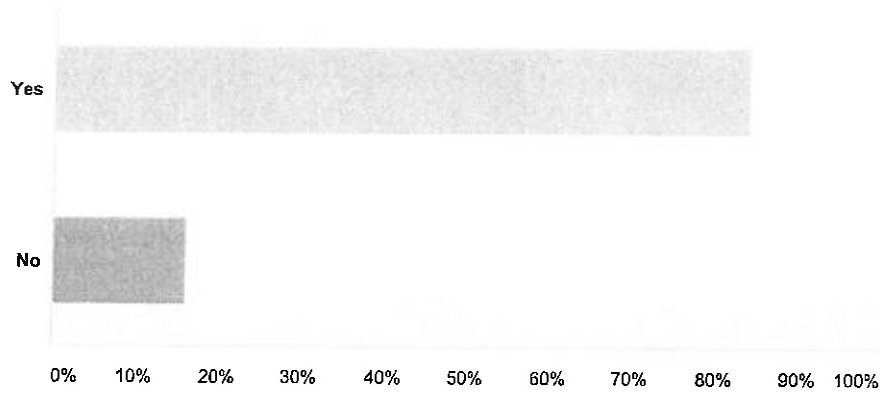


Answer Choices	Responses
0.5 FTE	29.03% 9
1.0 FTE	61.29% 19
1.5 FTE	0.00% 0
2.0 FTE	6.45% 2
2.5 FTE	0.00% 0
3.0 or more FTE	3.23% 1
<b>Total</b>	<b>31</b>

Speech Language Pathology Assistant Survey

**Q5 Does the speech-language pathology assistant(s) that you utilize work with more than one speech-language pathologist?**

Answered: 31 Skipped: 954

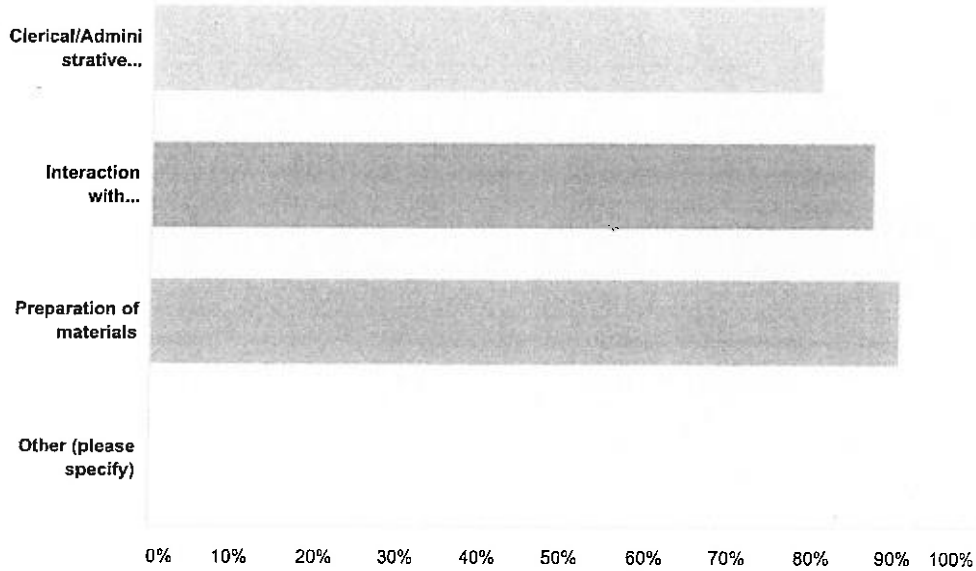


Answer Choices	Responses	
Yes	83.87%	26
No	16.13%	5
<b>Total</b>		<b>31</b>

Speech Language Pathology Assistant Survey

**Q6 For the speech-language pathology assistant(s) that you utilize indicate which general duties they perform. (Click all that apply.)**

Answered: 31 Skipped: 954



Answer Choices	Responses
Clerical/Administrative related to speech-language pathology	80.65% 25
Interaction with patient/client/student	87.10% 27
Preparation of materials	90.32% 28
Other (please specify)	0.00% 0
<b>Total Respondents: 31</b>	

#	Other (please specify)	Date
	There are no responses.	

## Speech Language Pathology Assistant Survey

### Q7 General comment:

Answered: 15 Skipped: 970

#	Responses	Date
1	We hired a SLPA with exceptional experience in the field of over 20 years who had resided in North Carolina.	11/18/2016 2:57 PM
2	The SLP-A provides therapy to the students and develops progress reports. She is unable to have eligibility or IEP meetings, interpret test results or bill Medicaid.	11/16/2016 10:10 PM
3	They are a great asset. We should have guidelines to utilize them efficiently and effectively.	11/14/2016 4:28 PM
4	Great help!!!	11/11/2016 12:26 PM
5	We have one SLPA that works for the entire county.	11/10/2016 11:22 AM
6	She is a huge help to our schools (works with 4 SLP's) Couldn't do it without her!	11/10/2016 7:52 AM
7	Our SLP assistant prepares materials for therapy sessions. She also helps with obtaining pictures for communication devices. She does hearing screenings as well as paperwork for them.	11/9/2016 9:33 AM
8	Our assistant has interactions with students when conducting hearing screenings.	11/8/2016 8:45 PM
9	In the process of starting to use a Speech Therapy Assistant. So these were based on our projections.	11/8/2016 8:31 PM
10	In support of licensure for SLPAs.	11/8/2016 8:20 PM
11	In addition to above duties, the assistant trains staff to take care of hearing aids, collects data for the SLP, and provides reinforcement communication activities.	11/8/2016 7:12 PM
12	Having a speech/language pathology assistant is very helpful in our setting.	11/8/2016 10:54 AM
13	Our use of SLPA is limited to undergraduate students who are applying for an SLPA license in another state (e.g., Tx, CA) and we create a special experience tailored to those licensure requirements.	11/8/2016 10:40 AM
14	The SLPA's are only utilized in the summer program at this time. In the past when a self contained setting existed for(severe/profound, MH, PH, TMR,EMR as were the categories then) ID, Pre-K and Career Training students( 18- 22) (with then code of TMR) SLPA was used in a variety of ways to support the program. When the physical location changed and the program was divided between several locations it was stopped. Having worked as the Director of SLP services at Southeastern Va. Training Center- SLPA's were a critical element of the program but that was 20 + years ago. The training program was specific for those staff members.I am not aware of SEVTC current status for SLPAs .	11/8/2016 8:54 AM
15	Our Speech Assistant is a paraprofessional with a bachelor's degree in Psychology.	11/8/2016 8:16 AM

## Virginia Board of Audiology and Speech-Language Pathology

### Guidance for Continuing Education (CE) Audits and Sanctioning for Failure to Complete CE

#### Applicable Regulation and Guidance

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

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

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

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

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

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

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

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

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

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

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

### Guidance

#### **Types of CE**

The Board makes the following recommendations concerning continuing education hours:

- If offered or approved by an accredited sponsor or organization as prescribed in 18VAC30-21-100, the following activities may be counted as acceptable CE:
  - Hours spent in the reading, preparation and acquisition of new knowledge as a presenter shall be counted as CE credit and are to be calculated hour for hour.
  - Hours delivering a presentation at a workshop may be counted by the presenter for the first-time presentation of a continuing education program but may not be duplicated by hours credited for attendance at the program.
  - Computer classes or courses taught on-line directly related to the practices of speech-language pathology and/or audiology.
- Licensees providing clinical supervision to students in a certified and recognized master's or doctoral degree program in speech-language pathology and/or audiology or supervision of a traditional clinical fellowship year student may be given CE credit equal to hour for hour of supervision. Documentation of logged hours must be kept.
- Meetings with colleagues or employers that are not designed as an audiology or speech-language pathology professional learning experience for the licensee are not accepted as CE (i.e. billing procedures, required employer documentation, software usage).

#### **CE Extension Requests**

CE extensions may be granted for good cause of up to one year for the completion of CE requirements. Requests for extensions must be received by the Board of Audiology and Speech-Language Pathology (Board) prior to the licensure renewal date of December 31 of each year.

Licenses who have not completed the CE requirements and submit a request after December 31 may be subject to disciplinary action.

**CE Exemptions**

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

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

**CE Audit Procedures**

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

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

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

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

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

\* Pursuant to § 54.1-2401 of the Code of Virginia monetary penalties are deposited in the Literary Fund.

**§ 54.1-2401. Monetary penalty.**

*Any person licensed, registered or certified or issued a multistate licensure privilege by any health regulatory board who violates any provision of statute or regulation pertaining to that board and who is not criminally prosecuted, may be subject to the monetary penalty provided in this section. If the board or any special conference committee determines that a respondent has violated any provision of statute or regulation pertaining to the board, it shall determine the amount of any monetary penalty to be imposed for the violation, which shall not exceed \$5,000 for each violation. The penalty may be sued for and recovered in the name of the Commonwealth. All such monetary penalties shall be deposited in the Literary Fund.*



**Criteria for this report:**

License Status = Current Active, Current Inactive, Probation - Current Active, Adverse Findings - Current Active, Current Active-RN Privilege and Expiration Date >= Today or is null.

**License Count Report for Speech Pathology/Audiology**

Board	Occupation	State	License Status	License Count
<b>Speech Pathology/Audiology Audiologist</b>				
	Audiologist	Virginia	Current Active	377
	Audiologist	Virginia	Current Inactive	9
	Audiologist	Out of state	Current Active	111
	Audiologist	Out of state	Current Inactive	6
	Total for Audiologist			503
<b>Continuing Education Sponsor</b>				
	Continuing Education Sponsor	Virginia	Current Active	10
	Continuing Education Sponsor	Out of state	Current Active	5
	Total for Continuing Education Sponsor			15
<b>School Speech-Language Pathologist</b>				
	School Speech-Language Pathologist	Virginia	Current Active	442
	School Speech-Language Pathologist	Virginia	Current Inactive	4
	School Speech-Language Pathologist	Out of state	Current Active	31
	School Speech-Language Pathologist	Out of state	Current Inactive	2
	Total for School Speech-Language Pathologist			479
<b>Speech-Language Pathologist</b>				
	Speech-Language Pathologist	Virginia	Current Active	3,323
	Speech-Language Pathologist	Virginia	Current Inactive	37
	Speech-Language Pathologist	Out of state	Current Active	572
	Speech-Language Pathologist	Out of state	Current Inactive	42
	Total for Speech-Language Pathologist			3,974
Total for Speech Pathology/Audiology				4,971

CURRENT ACTIVE & INACTIVE LICENSES BY BOARD AND OCCUPATION AS OF THE LAST DAY OF THE PERIOD SPECIFIED							
License Type	FY2010	FY2011	FY2012	2013	2015	Jun-16	FY2017
Audiologist	434	461	475	465	497	513	503
Continuing Education Provider	2	1	8	9	14	NA	NA
School Speech-Language Pathologist	105	98	122	116	466	497	479
Speech-Language Pathologist	2705	2854	3230	3110	3812	3868	3974
Total	3246	3414	3835	3700	4789	4878	4971

Virginia Department of Health Professions  
Cash Balance  
As of May 31, 2017

	<u>115- Audiology and Speech Lang</u>
<b>Board Cash Balance as of June 30, 2016</b>	<b>\$ 502,397</b>
<b>YTD FY17 Revenue</b>	<b>388,435</b>
<b>Less: YTD FY17 Direct and In-Direct Expenditures</b>	<b>318,462</b>
<b>Board Cash Balance as May 31, 2017</b>	<b><u>572,370</u></b>