

**February 9, 2021**  
**Virtual Meeting**  
**9:00 a.m.**

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

**VIRTUAL MEETING**

**\*\*\*\*Refer to Page 3 of the Agenda for Meeting Access Information\*\*\*\***

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

**Page 1**

- Welcome and Roll Call
- Introduction of new staff
- Mission Statement

**Ordering of Agenda – Dr. McNichol**

**Public Comment – Dr. McNichol**

The Board will receive all public comment related to agenda items at this time. The Board will not receive comment on any regulatory process for which a public comment period has closed or any pending or closed complaint or disciplinary matter. (See instructions on page 3 for providing public comment during virtual meeting.)

**Approval of Minutes – Dr. McNichol**

**Pages 2-4**

February 25, 2020 – Full Board Meeting

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

**Legislative/Regulatory Update – Elaine Yeatts**

**Pages 5-12**

- 2021 Legislative Session Overview (Page 5-8)
- Periodic Review (Pages 9-12)

**Discussion Items**

**Pages 13-81**

- Healthcare Workforce Data Reports – **Yetty Shobo**
  - Virginia’s Audiologist Workforce: 2020 (Pages 13-42)
  - Virginia’s Speech-Language Pathology Workforces: 2020 (Pages 43-72)
- Continuing Education (CE) Audit for Previous Licensure Year (Page 73) – **Leslie Knachel**
- Guidance Document Review – **Ms. Knachel**
  - 30-6 – Board Guidance on Definition of Active Practice (Pages 74-75)
  - 30-8 – Requirements to Hold Licensure in Virginia to Practice Speech-Language Pathology (Pages 76-78)
  - 30-11 – Guidelines for Processing Applications for Licensure (Page 79)
- Update on Licensure Compact Update (Page 80) – **Ms. Knachel**
- Update on ASHA Assistants Certification (Page 81) – **Ms. Knachel**

**Board Counsel Report – Charis Mitchell**

**President’s Report – Dr. McNichol**

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## **Board of Health Professions Report – Dr. Alison King**

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### **Staff Reports**

**Pages 82-85**

- Executive Director’s Report – **Ms. Knachel**
  - Statistics
  - Outreach
  - Renewals
  - Updated forms
  - Board Calendar
- Discipline Report – **Kelli Moss**

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### **New Business – Dr. McNichol**

**Pages 86-90**

Elections

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### **Next Meeting – Dr. McNichol/Ms. Knachel**

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### **Meeting Adjournment – Dr. McNichol**

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

## Instructions for Accessing February 9, 2021 Virtual Full Board Meeting And Providing Public Comment

- **Access:** Perimeter Center building access remains restricted to the public due to the COVID-19 pandemic. To observe this virtual meeting, use one of the joining options below. Participation capacity is limited and is on a first come, first serve basis due to the capacity of CISCO WebEx technology.
- **Written Public Comment:** Written comments are **strongly preferred** due to the limits of the electronic meeting platform and should be submitted by email to [leslie.knachel@dhp.virginia.gov](mailto:leslie.knachel@dhp.virginia.gov) no later than 12:00 noon on February 8, 2021. The written comments will be made available to the board members for review prior to the meeting.
- **Oral Public Comment:** Oral comments will be received during the full board meeting from persons who have submitted an email to [leslie.knachel@dhp.virginia.gov](mailto:leslie.knachel@dhp.virginia.gov) no later than 12:00 noon on February 8, 2021, indicating they wish to offer oral comment at the board meeting. Comment may be offered by these individuals when their names are announced by the meeting chair.
- Public participation connections will be muted following the public comment periods.
- Should the Board enter into a closed session, public participants will be blocked from seeing and hearing the discussion. When the Board re-enters into open session, public participation connections to see and hear the board meeting will be restored.
- Please call from a location without background noise.
- Dial (804) 597-4129 to report an interruption during the broadcast.
- FOIA Council *Electronic Meetings Public Comment* form for submitting feedback on this electronic meeting may be accessed at <http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm>.

**JOIN THE INTERACTIVE MEETING** (NOTE: WebEx is a video and audio platform and best accessed by connecting with a mobile device which has a built-in microphone and camera. Laptops and desktop computers will work provided an external microphone and camera are available. However, audio and video quality may vary depending on internet speed and use of a web browser other than Internet Explorer is required.)

**JOIN WITH WEBEX** **Check to be sure transferred properly**

<https://virginia-dhp.my.webex.com/virginia-dhp.my/j.php?MTID=m3af6e2da43556fce6aea1cbeced83423>

**JOIN WITH AUDIO ONLY**

1-408-418-9388

Meeting number (access code): 132 622 7197

Meeting password: 87777834

# MISSION STATEMENT

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

**VIRGINIA BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY  
MEETING MINUTES  
February 25, 2020**

**TIME AND PLACE:** The Virginia Board of Audiology and Speech-Language Pathology (Board) meeting was called to order at 9:05 a.m. on Tuesday, February 25, 2020, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room 4, Henrico, Virginia.

**PRESIDING OFFICER:** Melissa A. McNichol, Au.D.,CCC-A

**MEMBERS PRESENT:** Corliss V. Booker, Ph.D., APRN, FNP-BC  
Kyttra Burge, Citizen Member  
Alison Ruth King, Ph.D., CCC-SLP  
Angela W. Moss, MA, CCC-SLP  
Erin G. Piker, Au.D., Ph.D., CCC-A

**MEMBERS NOT PRESENT:** Bradley W. Kesser, M.D.

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

**STAFF PRESENT:** Leslie L. Knachel, Executive Director  
Kelli Moss, Deputy Executive Director  
Charis Mitchell, Assistant Attorney General, Board Counsel  
Anthony Morales, Licensing Operations Manager  
David E. Brown, D.C. – Agency Director  
Elaine Yeatts - Senior Policy Analyst  
Tamara Farmer, Administrative Assistant

**OTHERS PRESENT:** Celia Wilson, Operations Administrative Assistant  
Annette Kelley, Deputy Executive Director, Virginia Board of Pharmacy

**INTRODUCTIONS:** Ms. Knachel introduced Ms. Wilson and Ms. Farmer to the Board.

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

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

**APPROVAL OF MINUTES:** Ms. Moss moved to approve the meeting minutes for the July 30, 2019 – Full Board Meeting  
  
The motion was seconded and carried.

**DIRECTOR’S REPORT:** Dr. Brown provided an overview of the General Assembly session.

**LEGISLATIVE/REGULATORY UPDATE:** **Legislative Update**  
Ms. Yeatts provided a brief summary of the 2019 legislation that directly and indirectly affected the Board.  
  
**Regulatory Amendment (18VAC30-21-40)**  
Ms. Yeatts provided information about the need to change the return check fee from \$35.00 to \$50.00 pursuant to the Code of Virginia.

Ms. Burge moved to adopt the amendment by fast track action.

The motion was seconded and carried.

**DISCUSSION ITEMS:**

**Cannabidiol Oil and Vertical Pharmaceutical Processors**

Ms. Kelley provided information on the Pharmaceutical Processors that are under the purview of the Board of Pharmacy.

**Updates to Guidance Document 30-2:Bylaws**

Ms. Knachel stated that an updated version of the amendments to Guidance Document 30-2: Bylaws were provided.

Ms. Moss moved to accept the updated changes to Guidance Document 30-2 as presented.

The motion was seconded and carried.

**Update on Professional Association Certification for Speech-Language Pathology and Audiology Assistants (SLP-A/AUD-A)**

Ms. Knachel informed the Board that the American Speech–Language–Hearing Association (ASHA) plans to start accepting applications in the third quarter of 2020 for the first ASHA-certified assistant certification and plans to issue the certification in the fourth quarter of 2020.

**Supervision of Speech-Language Pathology Assistants**

Ms. Knachel brought before the Board a question she received requesting more guidance for supervision of an SLP-A.

The Board discussed this and took no action.

**Update on Licensure Compact**

Ms. Knachel commented that an ASHA publication indicates that eight states are moving forward with legislation to enact the licensure compact. She stated that 10 states are needed to activate the compact. Ms. Knachel provided information that questions about the funding plan for the compact have not been answered. Since the compact requires member states to fully fund the Compact Commission in the absence of other funding, joining the compact is not yet recommended.

**BOARD MEMBER TRAINING:**

**Closing Cases**

Ms. Moss provided training on closing cases.

**BOARD COUNSEL REPORT:**

Ms. Mitchell had nothing to report.

**PRESIDENT’S REPORT:**

Dr. McNichol had nothing to report.

**BOARD OF HEALTH PROFESSIONS’ REPORT:**

Dr. King had nothing to reports because she was unable to attend last Board of Health Professions meeting due to a scheduling conflict.

**STAFF REPORTS:**

**Executive Director’s Report**

Ms. Knachel provided the following information:

- Licensure and budget statistics;

- Results of the continuing education audit;
- Letter of thanks from Speech-Language-Hearing Association of Virginia for the Board’s work on the telepractice guidance document; and
- Outreach licensing presentations at Longwood University and the University of Virginia.

**Discipline Report**

Ms. Moss provided an overview of the caseload statistics.

**NEW BUSINESS:**

No new business was presented.

**NEXT MEETING:**

The next scheduled full board meeting is July 7, 2020.

**ADJOURNMENT:**

The meeting adjourned at 11:10 a.m.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Report of the 2021 General Assembly**  
**Board of Audiology & Speech-Language Pathology**

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**HB 1737 Nurse practitioners; practice without a practice agreement.**

*Chief patron:* Adams, D.M.

*Summary as introduced:*

**Nurse practitioners; practice without a practice agreement.** Reduces from five to two the number of years of full-time clinical experience a nurse practitioner must have to be eligible to practice without a written or electronic practice agreement.

**HB 1817 Certified nurse midwives; practice.**

*Chief patron:* Adams, D.M.

*Summary as introduced:*

**Practice of certified nurse midwives.** Eliminates the requirement that certified nurse midwives practice pursuant to a practice agreement and provides that certified nurse midwives shall practice in accordance with regulations of the Boards of Medicine and Nursing and consistent with the Standards for the Practice of Midwifery set by the American College of Nurse-Midwives and shall consult and collaborate with and refer patients to such other health care providers as may be appropriate for the care of the patient.

**HB 1987 Telemedicine; coverage of telehealth services by an insurer, etc.**

*Chief patron:* Adams, D.M.

*Summary as introduced:*

**Telemedicine.** Clarifies that nothing shall preclude coverage of telehealth services by an insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; a corporation providing individual or group accident and sickness subscription contracts; or a health maintenance organization providing a health care plan for health care services. The bill requires the Board of Medical Assistance Services to amend the state plan for medical assistance to provide for payment of medical assistance for remote patient monitoring services provided via telemedicine for certain high-risk patients, and provides for the establishment of a practitioner-



patient relationship via telemedicine for the prescribing of Schedule II through VI controlled substances.

**HB 2044 Naturopathic doctors; Board of Medicine to license and regulate.**

*Chief patron:* Rasoul

*Summary as introduced:*

**Naturopathic doctors; license required.** Requires the Board of Medicine to license and regulate naturopathic doctors. The practice of naturopathic medicine is defined in the bill as (i) a system of primary health care for the prevention, diagnosis, and treatment of human health conditions, injury, and disease and (ii) the use of both naturopathic and traditional medical therapies to promote or restore whole patient health. The bill also establishes the Advisory Board on Naturopathic Medicine to assist the Board of Medicine in formulating regulations related to the practice of naturopathic medicine.

**HB 2079 Pharmacists; initiation of treatment with and dispensing and administering of drugs and devices.**

*Chief patron:* Rasoul

*Summary as introduced:*

**Pharmacists; initiation of treatment; certain drugs and devices.** Expands provisions governing the initiation of treatment with and dispensing and administering of drugs and devices by pharmacists to allow the initiation of treatment with and dispensing and administering of drugs, devices, and controlled paraphernalia to persons 18 years of age or older, in accordance with protocols developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of Health, and of (i) vaccines included on the Immunization Schedule published by the Centers for Disease Control and Prevention; (ii) tuberculin purified protein derivative for tuberculosis testing; (iii) controlled substances for the prevention of human immunodeficiency virus, including controlled substances prescribed for pre-exposure and post-exposure prophylaxis pursuant to guidelines and recommendations of the Centers for Disease Control and Prevention; and (iv) drugs, devices, controlled paraphernalia, and other supplies and equipment available over-the-counter, covered by the patient's health carrier when the patient's out-of-pocket cost is lower than the out-of-pocket cost to purchase an over-the-counter equivalent of the same drug, device, controlled paraphernalia, or other supplies or equipment. The bill requires any pharmacist who administers a vaccination pursuant to clause (i) to report

such administration to the Virginia Immunization Information System. The bill also (a) requires the Board of Pharmacy, in collaboration with the Board of Medicine and the Department of Health, to establish protocols for the initiation of treatment with and dispensing and administering of drugs, devices, and controlled paraphernalia by pharmacists in accordance with the provisions of the bill by November 1, 2021; (b) requires the Board of Pharmacy, in collaboration with the Board of Medicine, to adopt regulations within 280 days of the bill's enactment to implement the provisions of the bill; and (c) requires the Board of Pharmacy to continue the work group composed of equal number of representatives of the Boards of Pharmacy and Medicine and other stakeholders to provide recommendations regarding the developing of protocols for the initiation of treatment with and dispensing and administering of certain drugs and devices by pharmacists to persons 18 years of age or older.

**HB 2218 Pharmaceutical processors; permits processors to produce & distribute cannabis products.**

*Chief patron:* Hayes

*Summary as introduced:*

**Pharmaceutical processors; cannabis products.** Permits pharmaceutical processors to produce and distribute cannabis products other than cannabis oil. The bill defines the terms "botanical cannabis," "cannabis product," and "usable cannabis." The bill requires the Board of Pharmacy to establish testing standards for botanical cannabis and botanical cannabis products, establish a registration process for botanical cannabis products, and promulgate emergency regulations to implement the provisions of the bill. The bill allows the Board of Pharmacy to assess and collect a one-time botanical cannabis regulatory fee from each pharmaceutical processor, not to exceed \$50,000, to cover costs associated with the implementation of the provisions of the bill, including costs for new personnel, training, promulgation of regulations and guidance documents, and information technology.

**HB 2333 COVID-19; administration of vaccine.**

*Chief patron:* Bagby

*Summary as introduced:*

**Facilitate the administration of the COVID-19 vaccine; emergency.**

EMERGENCY

**SB 1107 Medical malpractice; limitation on recovery.**

*Chief patron:* Stanley

*Summary as introduced:*

**Medical malpractice; limitation on recovery.** Eliminates the cap on the recovery in actions against health care providers for medical malpractice where the act or acts of malpractice occurred on or after July 1, 2021.

**SB 1187 Physical therapy; extends time allowed for a therapist to evaluate and treat patients.**

*Chief patron:* Hashmi

*Summary as introduced:*

**Department of Health Professions; practice of physical therapy.** Extends from 30 days to 60 days the time allowed for a physical therapist who has completed a doctor of physical therapy program approved by the Commission on Accreditation of Physical Therapy Education or who has obtained a certificate of authorization to evaluate and treat patients after an initial evaluation without a referral under certain circumstances. The bill also provides that after discharging a patient a physical therapist shall not perform an initial evaluation of a patient without a referral if the physical therapist has performed an initial evaluation of the patient for the same condition within the immediately preceding 60 days.

**SB 1333 Pharmaceutical processors; permits processors to produce & distribute cannabis products.**

*Chief patron:* Lucas

*Summary as introduced:*

**Pharmaceutical processors; cannabis products.** Permits pharmaceutical processors to produce and distribute cannabis products other than cannabis oil. The bill defines the terms "botanical cannabis," "cannabis product," and "usable cannabis." The bill requires the Board of Pharmacy to establish testing standards for botanical cannabis and botanical cannabis products, establish a registration process for botanical cannabis products, and promulgate emergency regulations to implement the provisions of the bill. The bill allows the Board of Pharmacy to assess and collect a one-time botanical cannabis regulatory fee from each pharmaceutical processor, not to exceed \$50,000, to cover costs associated with the implementation of the provisions of the bill, including costs for new personnel, training, promulgation of regulations and guidance documents, and information technology.



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## Periodic Review and Small Business Impact Review Report of Findings

<b>Agency name</b>	Board of Audiology & Speech-Language Pathology; Department of Health Professions
<b>Virginia Administrative Code (VAC) Chapter citation(s)</b>	18VAC30-21
<b>VAC Chapter title(s)</b>	Regulations Governing the Practice of Audiology and Speech-Language Pathology
<b>Date this document prepared</b>	2/1/21

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 14 (as amended, July 16, 2018), the Regulations for Filing and Publishing Agency Regulations (1VAC7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*.

## Acronyms and Definitions

*Define all acronyms used in this Report, and any technical terms that are not also defined in the "Definitions" section of the regulation.*

ASHA = American Speech-Language-Hearing Association

## Legal Basis

*Identify (1) the promulgating agency, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia or Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating agency to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.*

**18VAC30-20-10 et seq. Regulations Governing the Practice of Audiology & Speech-Language Pathology** are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia. Section 54.1-2400 (6) provides the Board of Audiology & Speech-Language Pathology the authority to promulgate regulations to administer the regulatory system:

*§ 54.1-2400 -General powers and duties of health regulatory boards  
The general powers and duties of health regulatory boards shall be:*

*...  
6. To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ [54.1-100](#) et seq.) and Chapter 25 (§ [54.1-2500](#) et seq.) of this title. ...*

The statutory requirement for licensure is found in:

**§ 54.1-2603. License required.**

A. In order to practice audiology or speech pathology, it shall be necessary to hold a valid license.

B. Notwithstanding the provisions of subdivision 2 of § [54.1-2601](#), the Board of Audiology and Speech-Language Pathology may license as school speech-language pathologists any person who holds a master's degree in speech-language pathology. The Board of Audiology and Speech-Language Pathology shall issue licenses to such persons without examination, upon review of credentials and payment of an application fee in accordance with regulations of the Board for school speech-language pathologists.

Persons holding such licenses as school speech-language pathologists, without examination, shall practice solely in public school divisions; holding a license as a school speech-language pathologist pursuant to this section shall not authorize such persons to practice outside the school setting or in any setting other than the public schools of the Commonwealth, unless such individuals are licensed by the Board of Audiology and Speech-Language Pathology to offer to the public the services defined in § [54.1-2600](#).

The Board shall issue any person licensed as a school speech-language pathologist a license that notes the limitations on practice set forth in this subsection.

Persons who hold licenses issued by the Board of Audiology and Speech-Language Pathology without these limitations shall be exempt from the requirements of this subsection.

**Alternatives to Regulation**

*Describe any viable alternatives for achieving the purpose of the regulation that were considered as part of the periodic review. Include an explanation of why such alternatives were rejected and why this regulation is the least burdensome alternative available for achieving its purpose.*

Regulations set forth in 18VAC30-21-10 et seq. are necessary for licensure of audiologists and speech-language pathologists to protect public health and safety in the delivery of services provided by these practitioners. The Board intends to consider amendments to regulation to remove outdated language, incorporate possible language relating to telepractice, streamline requirements for licensure by endorsement or reinstatement, and to update standards of practice and causes for unprofessional conduct. A committee of the Board will develop proposed amendments for publication and public comment.

**Public Comment**

*Summarize all comments received during the public comment period following the publication of the Notice of Periodic Review, and provide the agency response. Be sure to include all comments submitted: including those received on Town Hall, in a public hearing, or submitted directly to the agency. Indicate if an informal advisory group was formed for purposes of assisting in the periodic review.*

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Over 100 persons were notified of the Board’s intent to conduct a periodic review of Chapter 21 and a small business impact review of regulations. Public comment was sought until June 29, 2020 on any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable. There were no comments.

**Effectiveness**

*Pursuant to § 2.2-4017 of the Code of Virginia, indicate whether the regulation meets the criteria set out in Executive Order 14 (as amended, July 16, 2018), including why the regulation is (a) necessary for the protection of public health, safety, and welfare, and (b) is clearly written and easily understandable.*

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By adoption of statutory mandates, the General Assembly concluded that licensure is essential for the protection of public health and safety when receiving services provided by audiologists, speech-language pathologists, or school speech-language pathologists.

**Decision**

*Explain the basis for the promulgating agency’s decision (retain the regulation as is without making changes, amend the regulation, or repeal the regulation).*

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The Code of Virginia mandates licensure for these professions; therefore the regulation must be retained. The Board intends to publish a Notice of Intended Regulatory Action to clarify and simplify some requirements.

**Small Business Impact**

*As required by § 2.2-4007.1 E and F of the Code of Virginia, discuss the agency's consideration of: (1) the continued need for the regulation; (2) the nature of complaints or comments received concerning the regulation; (3) the complexity of the regulation; (4) the extent to which the regulation overlaps, duplicates, or conflicts with federal or state law or regulation; and (5) the length of time since the regulation has been evaluated or the degree to which technology, economic conditions, or other factors have changed in the area affected by the regulation. Also, discuss why the agency's decision, consistent with applicable law, will minimize the economic impact of regulations on small businesses.*

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- (1) There is a continued need for the regulation since the Code requires practitioners in these professions to hold licenses issued by the Board;
  - (2) The Board has not received any of complaints or comments concerning the regulation;
  - (3) Practitioners do not find the regulation to be overly complex, but the Board will consider whether requirements for endorsement and reinstatement could be simplified;
  - (4) There is no overlap duplication, or conflict with federal or state law or regulation; and
  - (5) This chapter has been amended nine times in the past five years, including a complete review and reorganization into a new chapter in 2016. Since then, the Board has incorporated requirements for cerumen management by audiologists and supervision of speech-language pathology assistants to conform to changes in practice and in the law. It enacted a one-time reduction in renewal fees in 2018 and fast-tracked changes to endorsement and reinstatement regulations and credit for continuing education.
- In its review, the Board will consider any possible amendments that will streamline or clarify regulations in order to minimize the economic impact on small businesses.
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**DRAFT**

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# *Virginia's Audiologist Workforce: 2020*

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Healthcare Workforce Data Center

July 2020

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, 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)

Get a copy of this report from:

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



*More than 450 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, DC**  
*Director*

**Barbara Allison-Bryan, MD**  
*Chief Deputy Director*

*Healthcare Workforce Data Center Staff:*

Elizabeth Carter, PhD  
*Director*

Yetty Shobo, PhD  
*Deputy Director*

Laura Jackson, MSHSA  
*Operations Manager*

Rajana Siva, MBA  
*Research Analyst*

Christopher Coyle  
*Research Assistant*

# The Board of Audiology & Speech-Language Pathology

## ***Chair***

Melissa A. McNichol, AuD, CCC-A  
*Charlottesville*

## ***Vice-Chair***

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

## ***Members***

Corliss V. Booker, PhD, APRN, FNP-BC  
*Chester*

Alison Ruth King, PhD, CCC-SLP  
*Amelia*

Kyttra L. Burge  
*Manassas*

Erin G. Piker, AuD, PhD, CCC-A  
*Harrisonburg*

Bradley W. Kesser, MD  
*Charlottesville*

## ***Executive Director***

Leslie L. Knachel

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## The Audiologist Workforce: At a Glance:

### The Workforce

Licensees:	586
Virginia's Workforce:	429
FTEs:	407

### Background

Rural Childhood:	23%
HS Degree in VA:	37%
Prof. Degree in VA:	33%

### Current Employment

Employed in Prof.:	96%
Hold 1 Full-time Job:	78%
Satisfied?:	98%

### Survey Response Rate

All Licensees:	78%
Renewing Practitioners:	89%

### Education

AuD:	73%
Masters:	20%

### Job Turnover

Switched Jobs in 2020:	5%
Employed Over 2 Yrs:	77%

### Demographics

Female:	87%
Diversity Index:	18%
Median Age:	46

### Finances

Median Income:	\$80k-\$90k
Health Benefits:	58%
Under 40 w/ Ed Debt:	55%

### Primary Roles

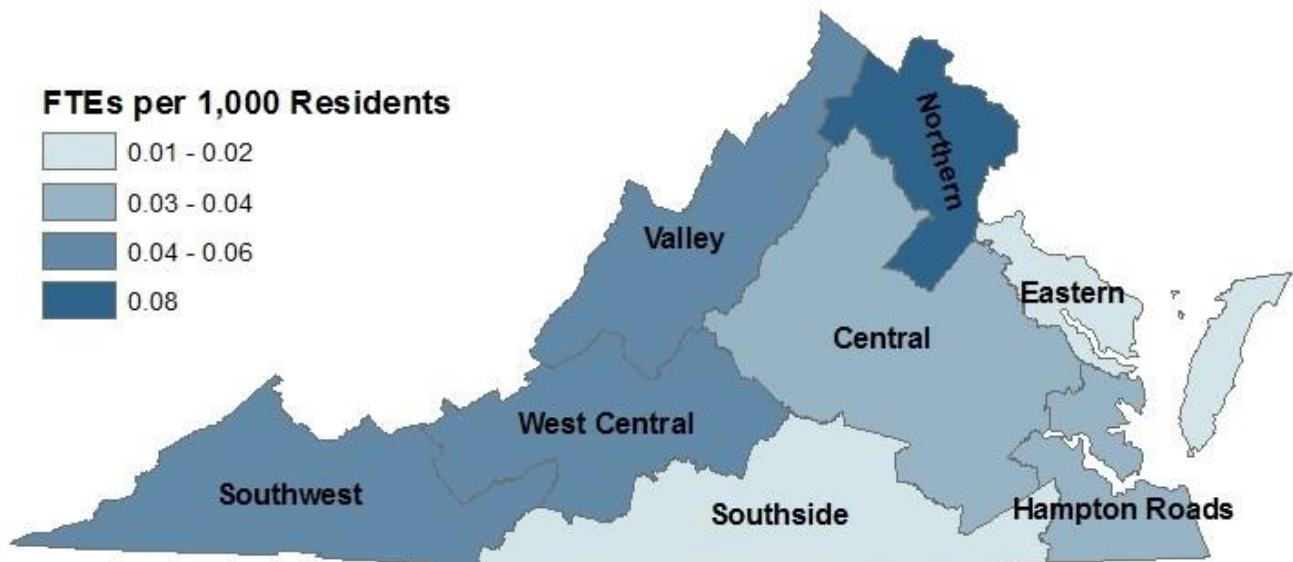
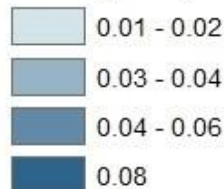
Patient Care:	76%
Administration:	3%
Non-Clinical Edu.:	1%

Source: Va. Healthcare Workforce Data Center

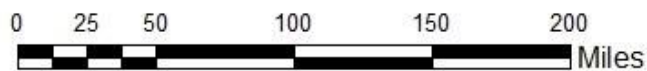
## Full Time Equivalency Units Provided by Audiologists per 1,000 Residents by Virginia Performs Regions

Source: Va Healthcare Work force Data Center

### FTEs per 1,000 Residents



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



More than 450 audiologists voluntarily took part in the 2020 Audiologist Workforce Survey. These survey respondents represent 78% of the 586 audiologists who are licensed in the state and 89% of renewing practitioners. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process. Previously, this license renewal process took place every December but, starting in 2020, it will occur every June for audiologists.

The HWDC estimates that 429 audiologists participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an audiologist at some point in the future. In 2020, Virginia's audiologist workforce provided 407 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year.

Nearly 90% of Virginia's audiology workforce is female, including 90% of those audiologists who are under the age of 40. In total, more than one-third of all audiologists are under the age of 40. Meanwhile, the diversity index of Virginia's audiologist workforce is only 18%, which is well below the 57% diversity index for Virginia's population as a whole. Nearly one-quarter of all audiologists grew up in a rural area, and 12% of these professionals currently work in non-metro areas of Virginia. In total, 6% of Virginia's audiologists currently work in non-metro areas of the state.

More than 90% of all audiologists are currently employed in the profession. In addition, more than three out of every four audiologists hold one full-time job, and 57% work between 40 and 49 hours per week. The typical audiologist earns between \$80,000 and \$90,000 per year. In addition, 85% of audiologists receive at least one employer-sponsored benefit, including 58% who have access to health insurance. Two-thirds of all audiologists work in the for-profit sector, and nearly one-quarter are employed at group private practices, the most of any establishment type in the state. At their primary work location, the typical audiologist treats between 30 and 39 patients per week.

## Summary of Trends

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Since 2014, the total number of Virginia's licensed audiologists has increased by 14%, from 516 to 586. Virginia's audiologist workforce also increased from 417 to 429 and the number of FTEs provided by this workforce has increased by 12% to 407. The diversity index of this workforce also increased between 2018 and 2020 but, at 18%, it is still lower than its index of 22% in 2014.

Although the median age of the audiologist workforce has remained at 46 in the past five years, the percent under the age of 40 increased from 35% to 37% in the same period. The percent above age 55 also increased from 29% to 31% in the same period. By contrast, the percent of Virginia's audiologists who are female decreased to a five-year low of 87%. The survey response rate among Virginia's licensed audiologists also declined to a four-year low of 89%.

One of the most startling and disconcerting trend for audiologists is the percent involuntarily unemployed. In past surveys, between 1% and 2% of audiologists reported involuntary unemployment in the one-year period before the survey. However, in 2020, 7% of audiologists reported they were involuntary unemployed in the one-year period before the survey.

Virginia's audiologists are more likely to have earned an AuD as their highest professional degree (73% vs. 63%), but they are also more likely to carry education debt (31% vs. 29%). The median debt among these professionals has increased considerably since 2014 (\$70,000-\$80,000 vs. \$30,000-\$40,000). The median income has also increased significantly; the median income is now \$80,000-\$90,000 compared to \$60,000-\$70,000 in 2014.

Audiologists are more likely to hold one full-time job (78% vs. 72%), and they are also more likely to work between 40 and 49 hours per week (57% vs. 52%). Audiologists are more likely to receive at least one employer-sponsored benefit (85% vs. 74%). Audiologists are slightly less likely to work in the for-profit sector (66% vs. 69%) but more likely to work in the non-profit sector (16% vs. 10%).

**A Closer Look:**

Licensee Counts		
License Status	#	%
<b>Renewing Practitioners</b>	494	84%
<b>New Licensees</b>	22	4%
<b>Non-Renewals</b>	70	12%
<b>All Licensees</b>	<b>586</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. Nearly 90% of renewing audiologists submitted a survey. These represent 78% of audiologists who held a license at some point in 2020.*

**Definitions**

- 1. The Survey Period:** The survey was conducted in June 2020.
- 2. Target Population:** All audiologists who held a Virginia license at some point between July 2019 and June 2020.
- 3. Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some audiologists newly licensed in 2020.

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
<b>By Age</b>			
<b>Under 30</b>	24	37	61%
<b>30 to 34</b>	25	46	65%
<b>35 to 39</b>	11	59	84%
<b>40 to 44</b>	14	69	83%
<b>45 to 49</b>	9	57	86%
<b>50 to 54</b>	14	37	73%
<b>55 to 59</b>	7	60	90%
<b>60 and Over</b>	23	94	80%
<b>Total</b>	<b>127</b>	<b>459</b>	<b>78%</b>
<b>New Licenses</b>			
<b>Issued in 2020</b>	22	0	0%
<b>Metro Status</b>			
<b>Non-Metro</b>	11	26	70%
<b>Metro</b>	65	304	82%
<b>Not in Virginia</b>	51	129	72%

Source: Va. Healthcare Workforce Data Center

Response Rates	
<b>Completed Surveys</b>	459
<b>Response Rate, All Licensees</b>	78%
<b>Response Rate, Renewals</b>	89%

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

Licensed Audiologists

Number: 586  
 New: 4%  
 Not Renewed: 12%

Survey Response Rates

All Licensees: 78%  
 Renewing Practitioners: 89%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

2020 Audiologist Workforce: 429  
 FTEs: 407

### Utilization Ratios

Licensees in VA Workforce: 73%  
 Licensees per FTE: 1.44  
 Workers per FTE: 1.05

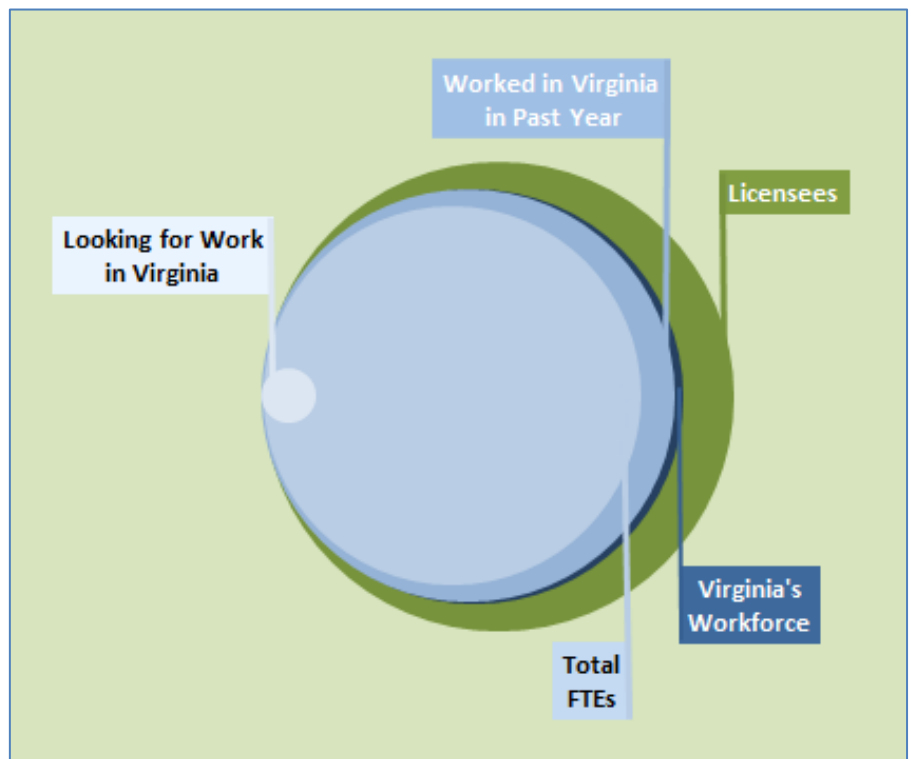
Source: Va. Healthcare Workforce Data Center

## Definitions

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

Virginia's Audiologist Workforce		
Status	#	%
Worked in Virginia in Past Year	420	98%
Looking for Work in Virginia	9	2%
Virginia's Workforce	429	100%
Total FTEs	407	
Licensees	586	

Source: Va. Healthcare Workforce Data Center



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)

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	5	12%	37	88%	42	11%
30 to 34	6	12%	48	89%	54	15%
35 to 39	2	6%	37	94%	39	11%
40 to 44	5	11%	38	89%	43	12%
45 to 49	4	9%	35	91%	39	11%
50 to 54	3	8%	35	92%	38	10%
55 to 59	11	22%	40	78%	51	14%
60 +	12	19%	52	81%	63	17%
<b>Total</b>	<b>48</b>	<b>13%</b>	<b>321</b>	<b>87%</b>	<b>369</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	Audiologists		Audiologists Under 40	
	%	#	%	#	%
White	61%	336	90%	122	90%
Black	19%	10	3%	1	1%
Asian	7%	10	3%	5	4%
Other Race	0%	3	1%	1	1%
Two or More Races	3%	5	1%	2	1%
Hispanic	10%	8	2%	4	3%
<b>Total</b>	<b>100%</b>	<b>372</b>	<b>100%</b>	<b>135</b>	<b>100%</b>

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

Source: Va. Healthcare Workforce Data Center

More than one-third of all audiologists are under the age of 40, and 90% of these professionals are female. In addition, audiologists who are under the age of 40 have a diversity index of 18%.

At a Glance:

**Gender**

% Female: 87%  
% Under 40 Female: 90%

**Age**

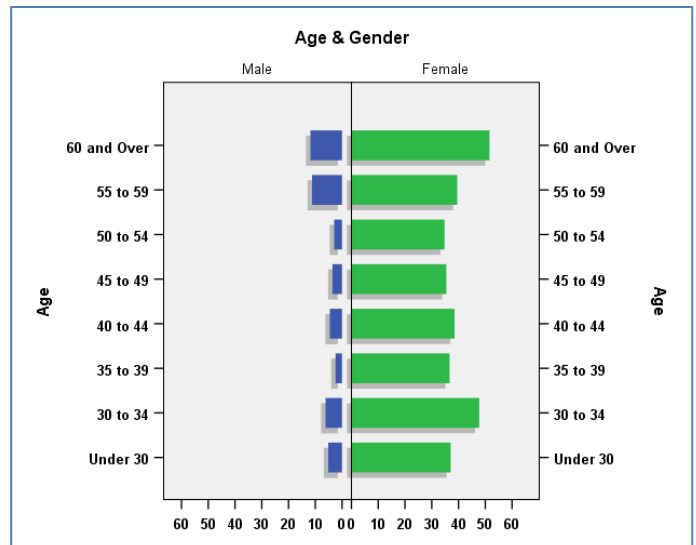
Median Age: 46  
% Under 40: 37%  
% 55+: 31%

**Diversity**

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

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two audiologists, there is an 18% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the comparable number is 57%.



Source: Va. Healthcare Workforce Data Center



## At a Glance:

### Childhood

Urban Childhood: 9%  
 Rural Childhood: 23%

### Virginia Background

HS in Virginia: 37%  
 Prof. Education in VA: 33%  
 HS/Prof. Edu. in VA: 45%

### Location Choice

% Rural to Non-Metro: 12%  
 % Urban/Suburban to Non-Metro: 4%

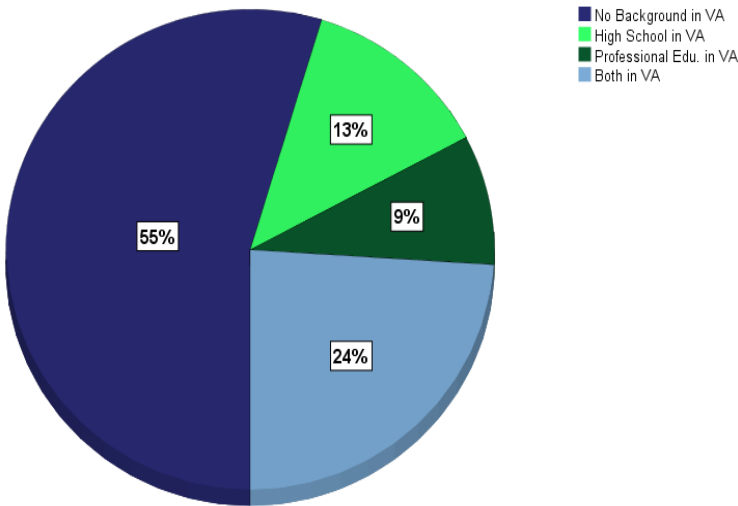
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	20%	73%	7%
2	Metro, 250,000 to 1 Million	15%	81%	4%
3	Metro, 250,000 or Less	28%	61%	11%
<b>Non-Metro Counties</b>				
4	Urban Pop 20,000+, Metro Adjacent	33%	0%	67%
6	Urban Pop, 2,500-19,999, Metro Adjacent	50%	0%	50%
7	Urban Pop, 2,500-19,999, Non-Adjacent	57%	29%	14%
8	Rural, Metro Adjacent	0%	0%	0%
9	Rural, Non-Adjacent	50%	50%	0%
<b>Overall</b>		<b>23%</b>	<b>69%</b>	<b>9%</b>

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly one out of every four audiologists grew up in self-described rural areas, and 12% of these professionals currently work in non-metro counties. Overall, 6% of all audiologists currently work in non-metro counties.

## Top Ten States for Audiologist Recruitment

Rank	All Professionals			
	High School	#	Professional School	#
1	Virginia	136	Virginia	119
2	Maryland	25	Tennessee	32
3	New York	23	Washington, D.C.	20
4	Pennsylvania	17	West Virginia	19
5	West Virginia	17	Ohio	16
6	Ohio	16	Pennsylvania	15
7	Outside U.S./Canada	15	North Carolina	14
8	Michigan	13	Maryland	14
9	New Jersey	13	New York	13
10	Illinois	10	Michigan	11

*More than one-third of all audiologists received their high school degree in Virginia, and 33% received their initial professional degree in the state.*

Source: Va. Healthcare Workforce Data Center

*Among audiologists who received their license in the past five years, 29% received their high school degree in Virginia, while 19% received their initial professional degree in the state.*

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	32	Virginia	21
2	New Jersey	10	Tennessee	15
3	Ohio	8	Pennsylvania	11
4	Maryland	8	Ohio	6
5	Pennsylvania	8	Texas	5
6	New York	5	Florida	5
7	Illinois	4	New Jersey	5
8	Mississippi	3	Indiana	5
9	Florida	3	Washington, D.C.	4
10	North Carolina	3	Alabama	3

Source: Va. Healthcare Workforce Data Center

*More than a quarter of licensed audiologists did not participate in Virginia's workforce in 2020. Nearly 90% of these audiologists worked at some point in the past year, and 78% are currently employed as audiologists.*

### At a Glance:

#### Not in VA Workforce

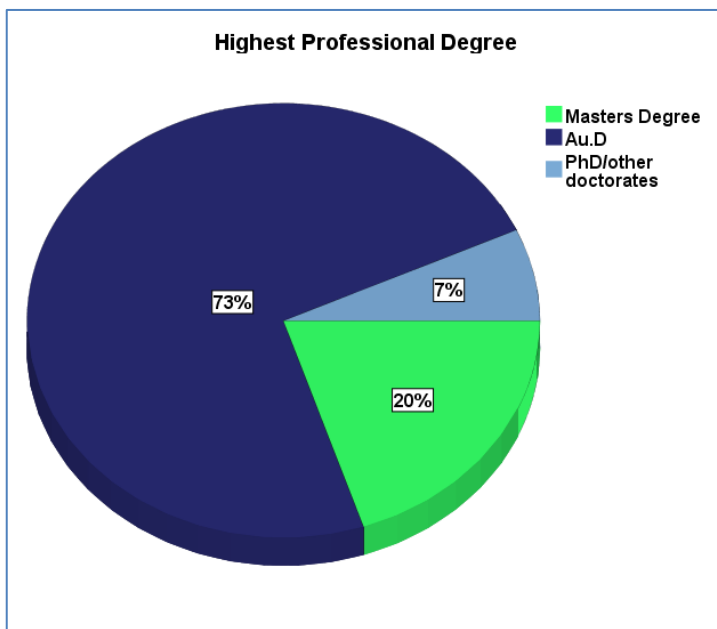
Total:	157
% of Licensees:	27%
Federal/Military:	13%
Va Border State/DC:	27%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Highest Professional Degree		
Degree	#	%
Master's Degree	73	20%
AuD	267	73%
PhD	24	7%
Other Doctorate Degree	1	0%
<b>Total</b>	<b>365</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*More than 30% of audiologists currently have education debt, including 55% of those who are under the age of 40. For those with education debt, the median outstanding balance on their loans is between \$70,000 and \$80,000.*

## At a Glance:

**Education**  
 Doctor of Audiology: 73%  
 Master's Degree: 20%

**Educational Debt**  
 Carry Debt: 31%  
 Under Age 40 w/ Debt: 55%  
 Median Debt: \$70k-\$80k

Source: Va. Healthcare Workforce Data Center

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

Educational Debt				
Amount Carried	All Audiologists		Audiologists Under 40	
	#	%	#	%
None	233	69%	55	45%
Less Than \$10,000	7	2%	0	0%
\$10,000-\$19,999	10	3%	3	2%
\$20,000-\$29,999	1	0%	0	0%
\$30,000-\$39,999	10	3%	9	7%
\$40,000-\$49,999	9	3%	4	3%
\$50,000-\$59,999	7	2%	4	3%
\$60,000-\$69,999	4	1%	2	2%
\$70,000-\$79,999	7	2%	4	3%
\$80,000-\$89,999	5	1%	5	4%
\$90,000-\$99,999	3	1%	3	2%
\$100,000 or More	43	13%	34	28%
<b>Total</b>	<b>339</b>	<b>100%</b>	<b>123</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Top Specialties

Hearing Aids/Devices:	59%
Geriatrics:	26%
Pediatrics:	25%

### Top Credentials

CCC-A Audiology:	70%
Hearing Aid Disp. License:	57%
F-AAA Fellow:	32%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Self-Designated Specialties		
Specialty	#	% of Workforce
<b>Hearing Aids/Devices</b>	252	59%
<b>Geriatrics</b>	111	26%
<b>Pediatrics</b>	109	25%
<b>Vestibular</b>	84	20%
<b>Cochlear Implants</b>	54	13%
<b>Educational</b>	47	11%
<b>Occupational Hearing Conservation</b>	35	8%
<b>Intraoperative Monitoring</b>	9	2%
<b>Other</b>	32	7%
<b>At Least One Specialty</b>	<b>306</b>	<b>71%</b>

Source: Va. Healthcare Workforce Data Center

Credentials		
Credential	#	% of Workforce
<b>CCC-A: Audiology</b>	302	70%
<b>Hearing Aid Dispenser License</b>	246	57%
<b>F-AAA Fellow</b>	137	32%
<b>ABA Certification</b>	16	4%
<b>CCC-SLP: Speech-Language Pathology</b>	7	2%
<b>PASC: Pediatric Audiology</b>	4	1%
<b>Other</b>	9	2%
<b>At Least One Credential</b>	<b>361</b>	<b>84%</b>

Source: Va. Healthcare Workforce Data Center

*Nearly three-quarters of all audiologists have at least one self-designated specialty, while 84% have at least one credential.*

## At a Glance:

### Employment

Employed in Profession: 96%  
Involuntarily Unemployed: 1%

### Positions Held

1 Full-time: 78%  
2 or More Positions: 5%

### Weekly Hours:

40 to 49: 57%  
60 or More: 2%  
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	353	96%
Employed, NOT in an Audiologist-Related Capacity	6	2%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	2	1%
Voluntarily Unemployed	7	2%
Retired	1	0%
<b>Total</b>	<b>370</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	10	3%
One Part-Time Position	49	13%
Two Part-Time Positions	7	2%
One Full-Time Position	287	78%
One Full-Time Position & One Part-Time Position	13	4%
Two Full-Time Positions	0	0%
More Than Two Positions	0	0%
<b>Total</b>	<b>366</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*More than nine out of every ten audiologists are currently employed in the profession. More than three-quarters have one full-time job, and 57% work between 40 and 49 hours per week.*

Current Weekly Hours		
Hours	#	%
0 Hours	10	3%
1 to 9 Hours	2	1%
10 to 19 Hours	14	4%
20 to 29 Hours	24	7%
30 to 39 Hours	71	19%
40 to 49 Hours	207	57%
50 to 59 Hours	32	9%
60 to 69 Hours	4	1%
70 to 79 Hours	1	0%
80 or More Hours	1	0%
<b>Total</b>	<b>366</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	1	0%
Less Than \$20,000	9	3%
\$20,000-\$29,999	6	2%
\$30,000-\$39,999	7	2%
\$40,000-\$49,999	5	2%
\$50,000-\$59,999	22	8%
\$60,000-\$69,999	34	11%
\$70,000-\$79,999	56	19%
\$80,000-\$89,999	62	21%
\$90,000-\$99,999	31	11%
\$100,000-\$109,999	19	6%
\$110,000-\$119,999	12	4%
\$120,000 or More	30	10%
<b>Total</b>	<b>295</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	264	74%
Somewhat Satisfied	85	24%
Somewhat Dissatisfied	6	2%
Very Dissatisfied	2	1%
<b>Total</b>	<b>357</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

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

**Benefits**  
Health Insurance: 58%  
Retirement: 69%

**Satisfaction**  
Satisfied: 98%  
Very Satisfied: 74%

Source: Va. Healthcare Workforce Data Center

*The typical audiologist earns between \$80,000 and \$90,000 per year. In addition, 85% receive at least one employer-sponsored benefit, including 58% who have access to health insurance.*

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	282	80%	86%
Retirement	242	69%	71%
Paid Sick Leave	238	67%	72%
Health Insurance	206	58%	64%
Dental Insurance	176	50%	56%
Group Life Insurance	132	37%	43%
Signing/Retention Bonus	18	5%	7%
<b>At Least One Benefit</b>	<b>299</b>	<b>85%</b>	<b>89%</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?	32	7%
Experience Voluntary Unemployment?	26	6%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	12	3%
Work Two or More Positions at the Same Time?	26	6%
Switch Employers or Practices?	22	5%
<b>Experienced At Least One</b>	<b>95</b>	<b>22%</b>

Source: Va. Healthcare Workforce Data Center

*Involuntary unemployment among Virginia’s audiologists was 7% over the past year. For comparison, Virginia’s average monthly unemployment rate was 4.4%.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	5	1%	7	8%
Less Than 6 Months	4	1%	4	4%
6 Months to 1 Year	29	8%	6	7%
1 to 2 Years	43	12%	15	17%
3 to 5 Years	85	24%	13	14%
6 to 10 Years	61	17%	26	29%
More Than 10 Years	123	35%	19	21%
<b>Subtotal</b>	<b>351</b>	<b>100%</b>	<b>90</b>	<b>100%</b>
Did Not Have Location	11		337	
Item Missing	67		2	
<b>Total</b>	<b>429</b>		<b>429</b>	

Source: Va. Healthcare Workforce Data Center

*More than 70% of audiologists receive a salary or commission at their primary work location.*

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 7%  
Underemployed: 3%

**Turnover & Tenure**

Switched: 5%  
New Location: 12%  
Over 2 Years: 77%  
Over 2 Yrs, 2<sup>nd</sup> Location: 64%

**Employment Type**

Salary/Commission: 71%  
Hourly Wage: 14%

Source: Va. Healthcare Workforce Data Center

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

Employment Type		
Primary Work Site	#	%
Salary/Commission	196	71%
Hourly Wage	39	14%
Business/Practice Income	36	13%
By Contract/Per Diem	5	2%
Unpaid	0	0%
<b>Subtotal</b>	<b>276</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the US Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.4% and a high of 10.8%. At the time of publication, the unemployment rate for June 2020 was still preliminary.

## At a Glance:

### Concentration

Top Region:	36%
Top 3 Regions:	75%
Lowest Region:	1%

### Locations

2 or More (2020):	25%
2 or More (Now*):	23%

Source: Va. Healthcare Workforce Data Center

More than one-third of audiologists work in Northern Virginia, the most of any region in the state. Along with Central Virginia and Hampton Roads, these three regions account for 75% of all audiologists in the state.

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	70	20%	8	9%
Eastern	2	1%	0	0%
Hampton Roads	68	20%	25	28%
Northern	124	36%	29	33%
Southside	11	3%	7	8%
Southwest	13	4%	3	3%
Valley	21	6%	6	7%
West Central	32	9%	1	1%
Virginia Border State/D.C.	4	1%	8	9%
Other US State	3	1%	2	2%
Outside of the US	0	0%	0	0%
<b>Total</b>	<b>348</b>	<b>100%</b>	<b>89</b>	<b>100%</b>
Item Missing	70		1	

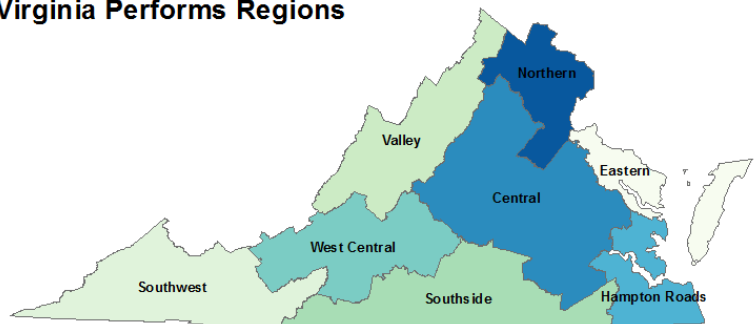
Source: Va. Healthcare Workforce Data Center

Locations	Number of Work Locations			
	Work Locations in 2020		Work Locations Now*	
	#	%	#	%
0	8	2%	11	3%
1	259	72%	264	74%
2	54	15%	49	14%
3	30	8%	30	8%
4	5	1%	5	1%
5	0	0%	0	0%
6 or More	1	0%	0	0%
<b>Total</b>	<b>358</b>	<b>100%</b>	<b>358</b>	<b>100%</b>

\*At the time of survey completion, June 2020.

Source: Va. Healthcare Workforce Data Center

## Virginia Performs Regions



One out of every five audiologists currently have multiple work locations, while 25% have had multiple work location over the past year.



**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	217	66%	68	76%
<b>Non-Profit</b>	52	16%	15	17%
<b>State/Local Government</b>	33	10%	4	4%
<b>Veterans Administration</b>	13	4%	2	2%
<b>U.S. Military</b>	12	4%	1	1%
<b>Other Federal Gov't</b>	2	1%	0	0%
<b>Total</b>	<b>329</b>	<b>100%</b>	<b>90</b>	<b>100%</b>
<b>Did Not Have Location</b>	11		337	
<b>Item Missing</b>	88		2	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

For Profit:	66%
Federal:	8%

**Top Establishments**

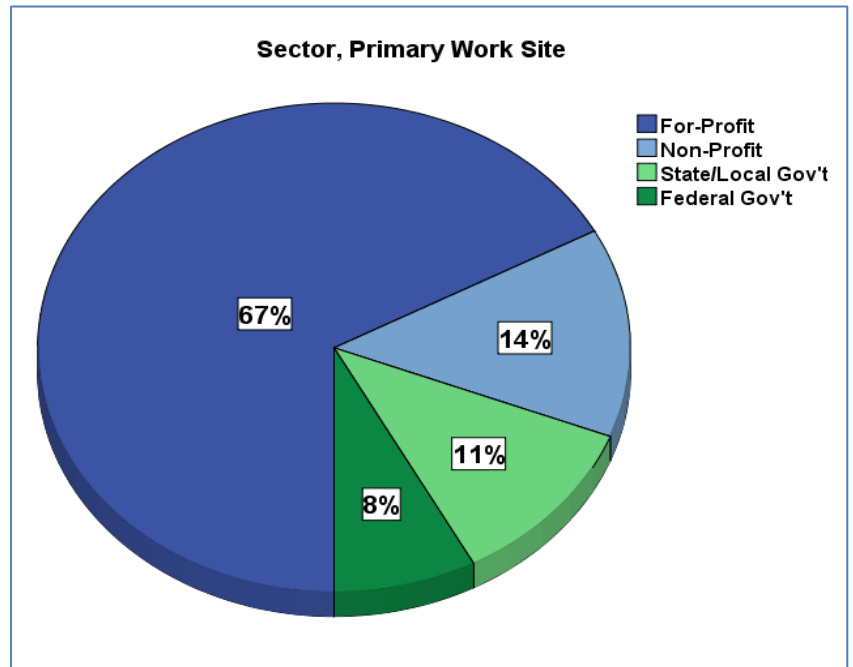
Private Practice (Group):	23%
Physician Office:	22%
Hospital (Outpatient):	20%

**Payment Method**

Cash/Self-Pay:	64%
Private Insurance:	62%

Source: Va. Healthcare Workforce Data Center

More than 80% of audiologists work in the private sector, including 66% who work at for-profit establishments. Another 8% of Virginia's audiologists work for the federal government.



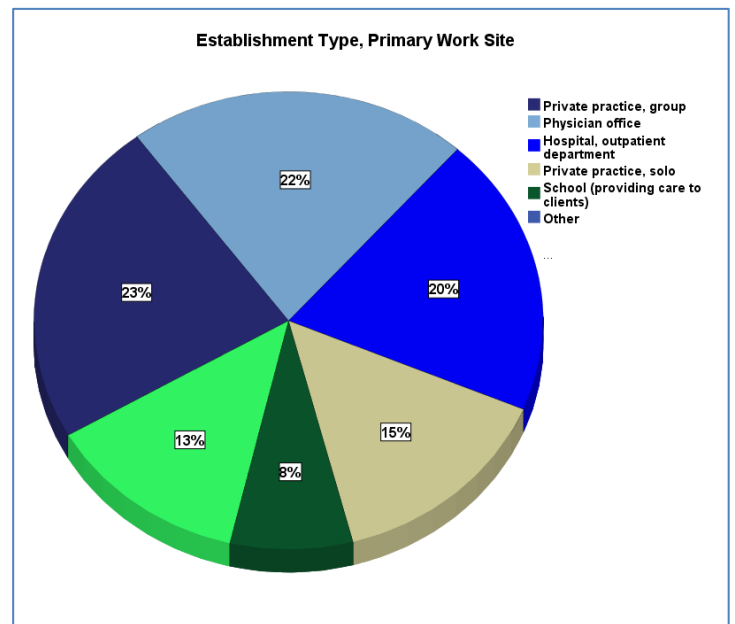
Source: Va. Healthcare Workforce Data Center

Top 10 Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Group	74	23%	25	28%
Physician Office	69	22%	18	20%
Hospital, Outpatient Department	63	20%	13	15%
Private Practice, Solo	46	14%	19	21%
School (Providing Care to Clients)	25	8%	1	1%
Academic Institution (Teaching Health Professions Students or Research)	10	3%	3	3%
Community-Based Clinic or Health Center	5	2%	2	2%
Administrative/Business Organization	4	1%	0	0%
Hospital, Inpatient Department	3	1%	0	0%
Rehabilitation Facility	1	0%	0	0%
Other	18	6%	8	9%
<b>Total</b>	<b>318</b>	<b>100%</b>	<b>89</b>	<b>100%</b>
<b>Did Not Have Location</b>	<b>11</b>		<b>337</b>	

Source: Va. Healthcare Workforce Data Center

Nearly one-quarter of all audiologists work at group private practices, the most of any establishment type in the state. Another 22% work at physicians' offices.

Among those audiologists who also have a secondary work location, 28% work at group private practices and 20% work at physicians' offices. Cash or self-pay is the most commonly accepted form of payment among Virginia's audiologists.



Source: Va. Healthcare Workforce Data Center

Client Payment Type		
Payment Type	#	%
Cash or Self-Pay	275	64%
Private Insurance	268	62%
Medicare	241	56%
Medicaid	197	46%
<b>At least one</b>	<b>295</b>	<b>69%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Typical Time Allocation

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

### Roles

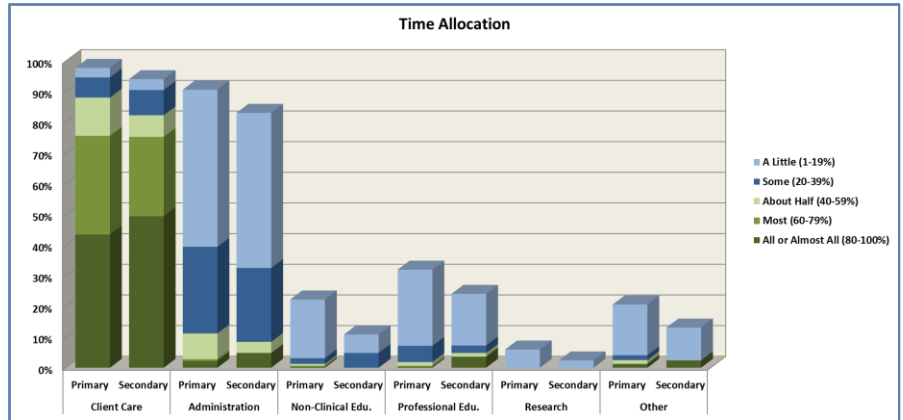
Patient Care: 76%  
Administration: 3%  
Non-Clinical Edu.: 1%

### 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. In fact, 76% of audiologists fill a client care role, defined as spending at least 60% of their time in that activity.*

## Time Allocation

Time Spent	Client Care		Admin.		Non-Clinical Education		Professional Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	43%	51%	2%	5%	0%	0%	0%	4%	0%	0%	1%	2%
<b>Most (60-79%)</b>	32%	27%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	13%	7%	8%	4%	1%	0%	1%	1%	0%	0%	1%	0%
<b>Some (20-39%)</b>	7%	8%	28%	24%	2%	5%	5%	2%	0%	0%	2%	0%
<b>A Little (1-19%)</b>	3%	4%	52%	51%	19%	6%	25%	17%	6%	2%	17%	11%
<b>None (0%)</b>	2%	6%	9%	17%	78%	89%	68%	76%	94%	99%	79%	88%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Weekly Patient Totals

(Median)

Primary Location: 50-59

Secondary Location: 1-9

Total: 30-39

### % with Group Sessions

Primary Location: 8%

Secondary Location: 0%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Weekly Client Totals						
Number of Clients	Primary Work Location		Secondary Work Location		Total <sup>2</sup>	
	#	%	#	%	#	%
<b>None</b>	18	3%	26	34%	1	0%
<b>1-9</b>	27	4%	27	35%	89	21%
<b>10-19</b>	44	7%	10	13%	39	9%
<b>20-29</b>	71	11%	5	6%	37	9%
<b>30-39</b>	70	11%	9	12%	59	14%
<b>40-49</b>	46	7%	0	0%	59	14%
<b>50-59</b>	27	4%	0	0%	50	12%
<b>60-69</b>	18	3%	0	0%	39	9%
<b>70-79</b>	6	1%	0	0%	16	4%
<b>80 or More</b>	335	50%	0	0%	25	7%
<b>Total</b>	<b>662</b>	<b>100%</b>	<b>77</b>	<b>100%</b>	<b>414</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

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

Weekly Client Sessions								
Number of Sessions	Primary Work Location				Secondary Work Location			
	Individual Sessions		Group Sessions		Individual Sessions		Group Sessions	
	#	%	#	%	#	%	#	%
<b>None</b>	16	5%	303	92%	9	10%	87	100%
<b>1-9</b>	36	11%	23	7%	26	29%	0	0%
<b>10-19</b>	50	15%	1	0%	27	30%	0	0%
<b>20-29</b>	65	20%	0	0%	10	11%	0	0%
<b>30-39</b>	72	22%	1	0%	5	6%	0	0%
<b>40-49</b>	46	14%	0	0%	5	6%	0	0%
<b>50-59</b>	27	8%	0	0%	4	4%	0	0%
<b>60-69</b>	12	4%	0	0%	0	0%	0	0%
<b>70-79</b>	4	1%	0	0%	1	1%	0	0%
<b>80 or More</b>	2	1%	0	0%	1	1%	0	0%
<b>Total</b>	<b>330</b>	<b>100%</b>	<b>329</b>	<b>100%</b>	<b>89</b>	<b>100%</b>	<b>87</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

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

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All		Over 50	
	#	%	#	%
<b>Under Age 50</b>	6	2%	-	-
<b>50 to 54</b>	8	3%	1	1%
<b>55 to 59</b>	20	6%	4	3%
<b>60 to 64</b>	70	22%	21	16%
<b>65 to 69</b>	134	43%	61	47%
<b>70 to 74</b>	50	16%	30	23%
<b>75 to 79</b>	8	3%	5	4%
<b>80 or Over</b>	1	0%	0	0%
<b>I Do Not Intend to Retire</b>	17	5%	9	7%
<b>Total</b>	<b>315</b>	<b>100%</b>	<b>131</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All Audiologists**

Under 65: 33%  
Under 60: 11%

**Audiologists 50 and Over**

Under 65: 20%  
Under 60: 4%

**Time until Retirement**

Within 2 Years: 4%  
Within 10 Years: 19%  
Half the Workforce: By 2045

Source: Va. Healthcare Workforce Data Center

*One-third of all audiologists expect to retire by the age of 65. Among those audiologists who are age 50 or over, 20% expect to retire by the age of 65.*

*Within the next two years, 11% of audiologists expect to increase their client care hours. In addition, 7% of audiologists also expect to pursue additional educational opportunities.*

**Future Plans**

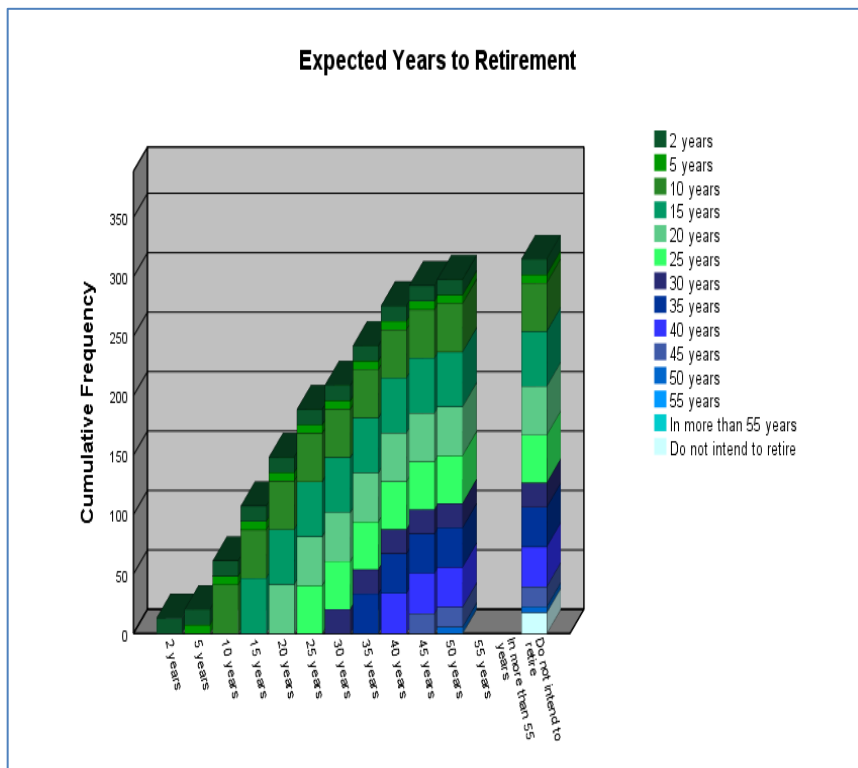
2 Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	5	1%
<b>Leave Virginia</b>	17	4%
<b>Decrease Client Care Hours</b>	14	3%
<b>Decrease Teaching Hours</b>	2	0%
<b>Increase Participation</b>		
<b>Increase Client Care Hours</b>	48	11%
<b>Increase Teaching Hours</b>	19	4%
<b>Pursue Additional Education</b>	29	7%
<b>Return to Virginia's Workforce</b>	5	1%

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 expect to retire in the next two years, while 19% plan to retire in the next ten years. Half of the current audiology workforce expect to retire by 2045.*

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
<b>2 Years</b>	13	4%	4%
<b>5 Years</b>	7	2%	6%
<b>10 Years</b>	41	13%	19%
<b>15 Years</b>	46	15%	34%
<b>20 Years</b>	41	13%	47%
<b>25 Years</b>	40	13%	60%
<b>30 Years</b>	20	6%	66%
<b>35 Years</b>	33	10%	77%
<b>40 Years</b>	34	11%	87%
<b>45 Years</b>	17	5%	93%
<b>50 Years</b>	5	2%	94%
<b>55 Years</b>	0	0%	94%
<b>In More Than 55 Years</b>	0	0%	94%
<b>Do Not Intend to Retire</b>	17	5%	100%
<b>Total</b>	<b>315</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*Using these estimates, retirement will begin to reach 10% of the current workforce every five years starting in 2030. Retirement will peak at 15% of the current workforce around 2035 before declining to under 10% of the current workforce again around 2055.*

## At a Glance:

### FTEs

Total: 407  
 FTEs/1,000 Residents<sup>3</sup>: 0.047  
 Average: 0.97

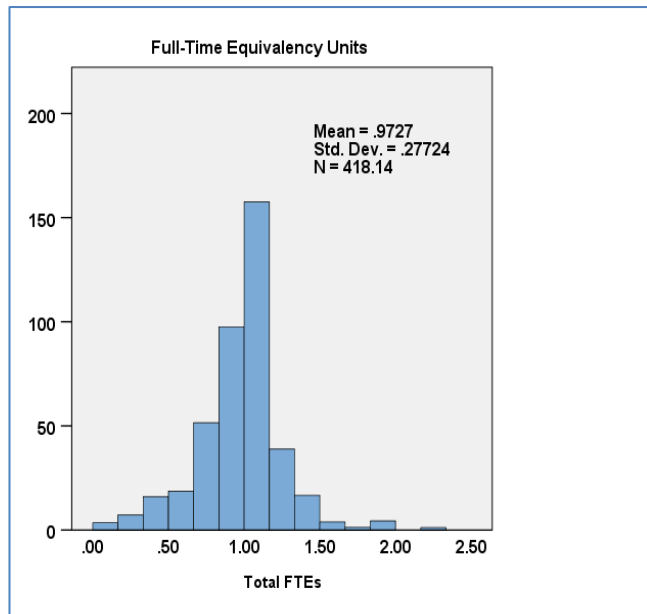
### Age & Gender Effect

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

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

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

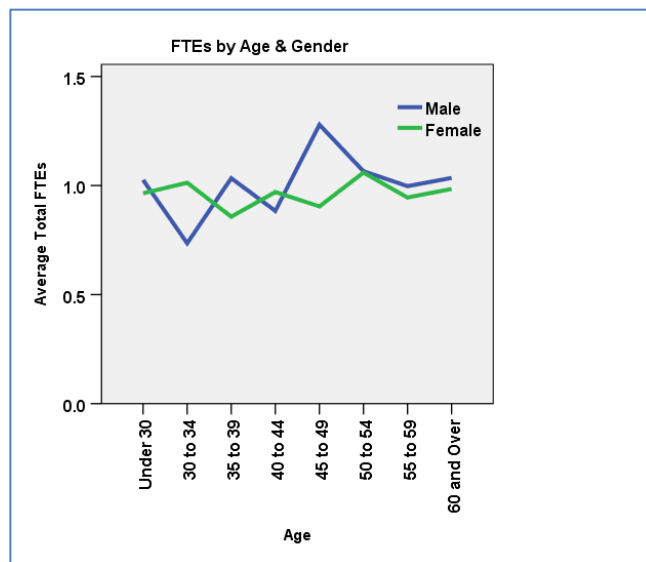


Source: Va. Healthcare Workforce Data Center

*The typical audiologist provided 0.97 FTEs in 2020, or about 39 hours per week for 50 weeks. Statistical tests did not indicate that FTEs vary by age or gender<sup>4</sup>.*

Full-Time Equivalency Units		
	Average	Median
<b>Age</b>		
Under 30	0.97	0.95
30 to 34	0.98	0.98
35 to 39	0.87	0.87
40 to 44	1.00	1.09
45 to 49	0.93	0.91
50 to 54	1.04	1.01
55 to 59	0.95	0.94
60 and Over	1.01	1.05
<b>Gender</b>		
Male	1.00	1.06
Female	0.97	1.01

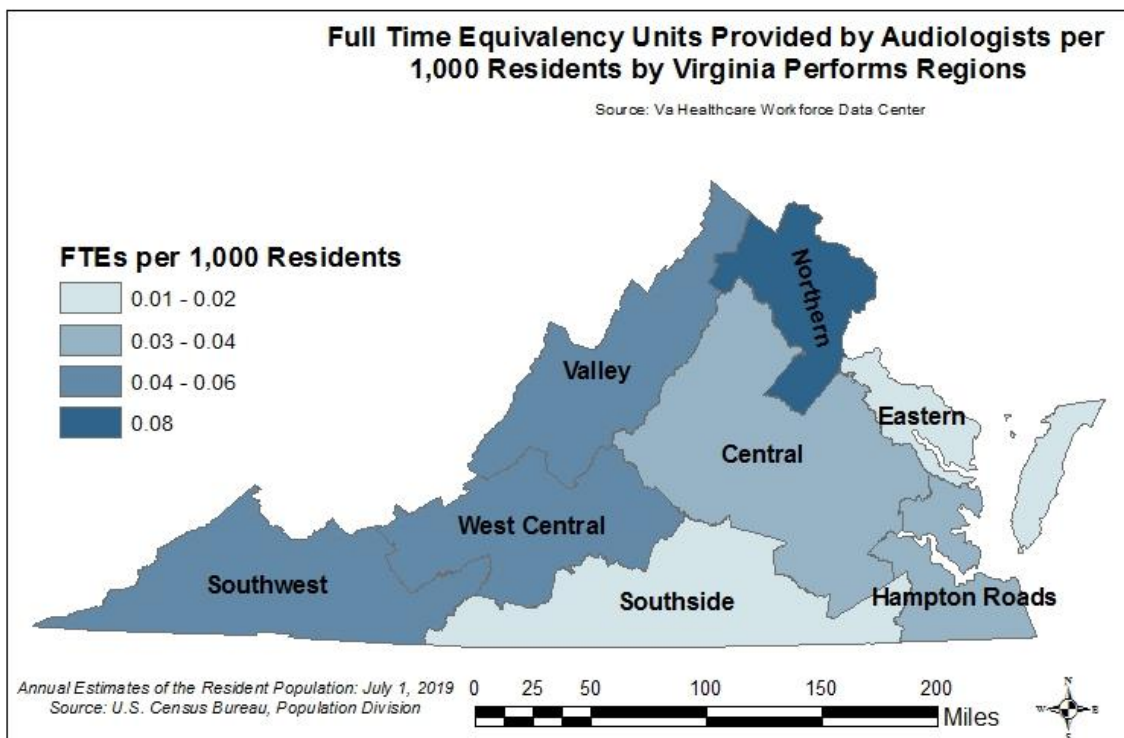
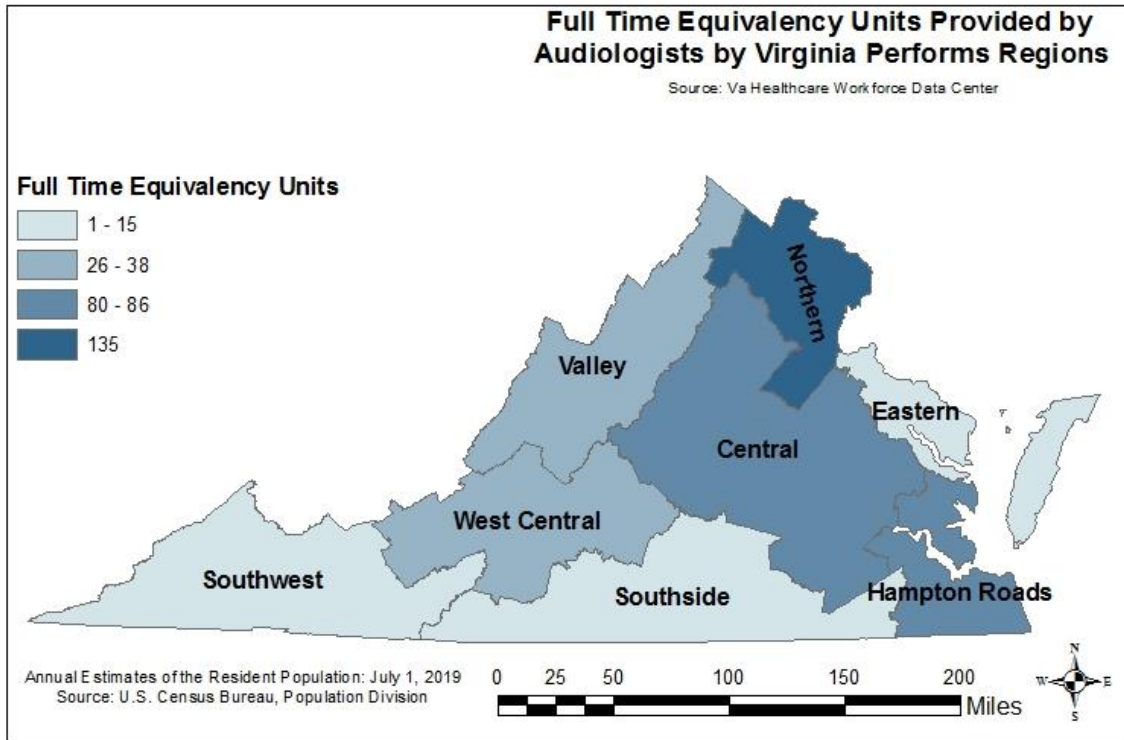
Source: Va. Healthcare Workforce Data Center



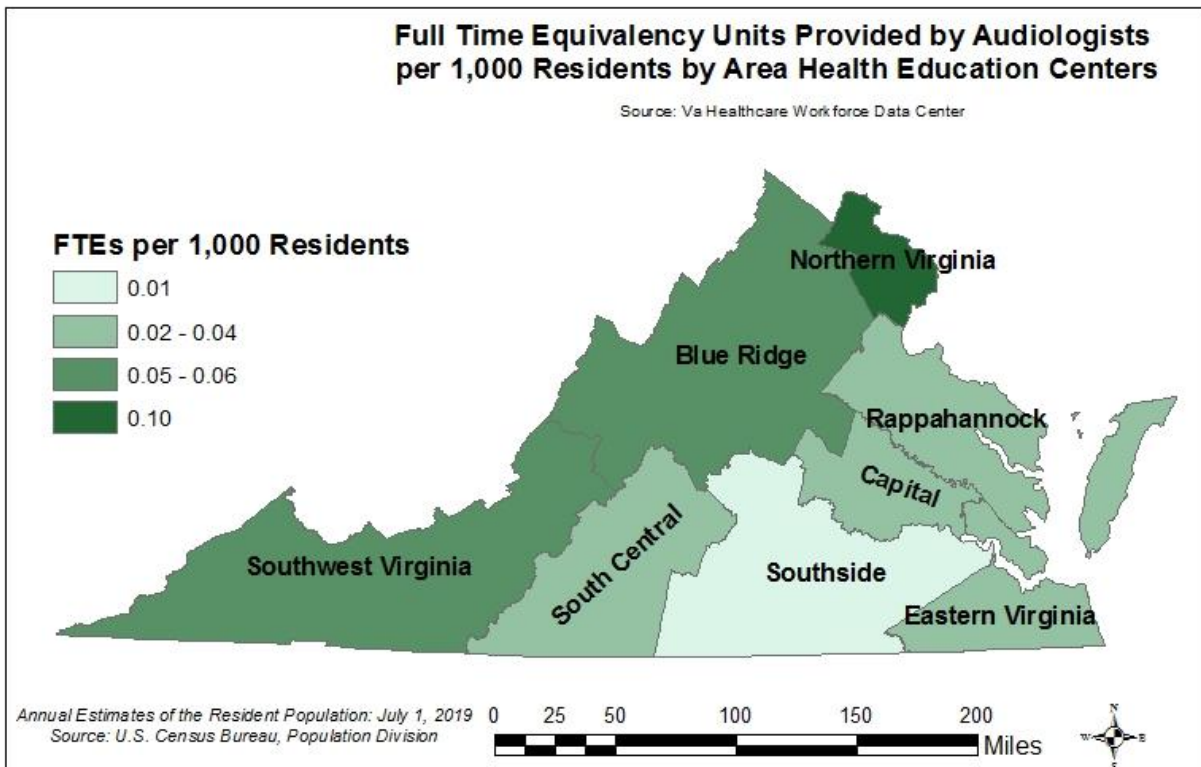
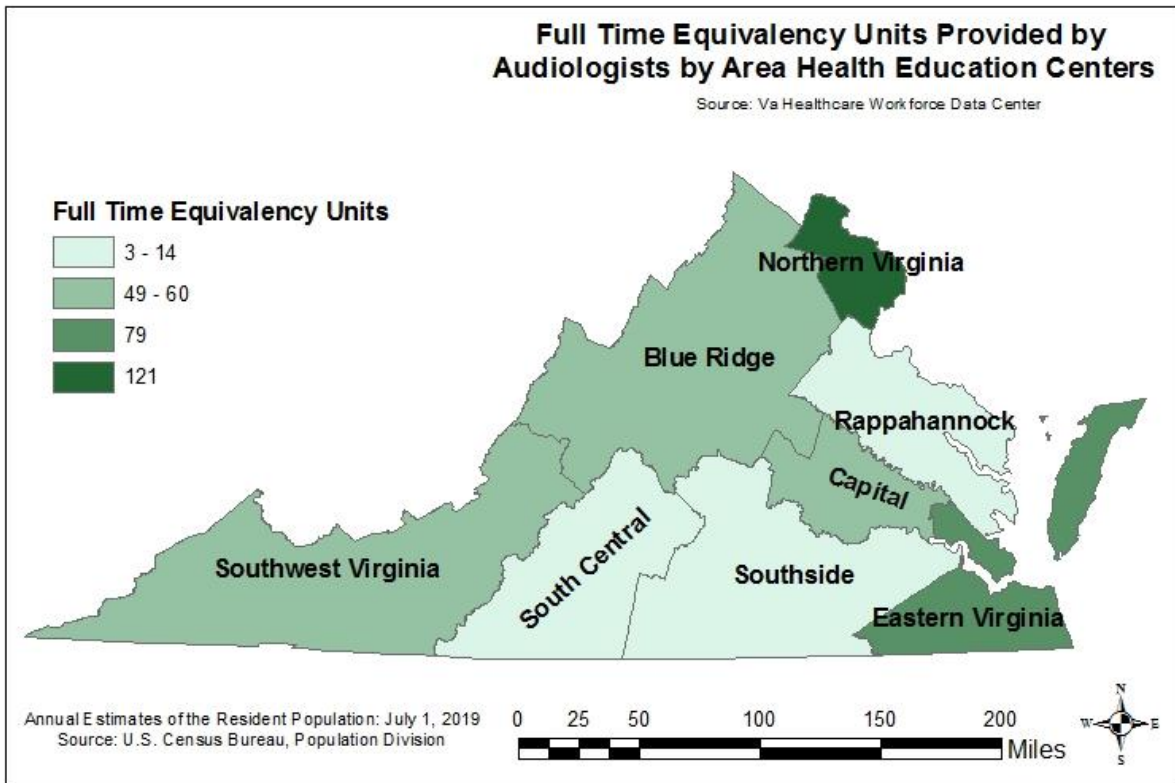
Source: Va. Healthcare Workforce Data Center

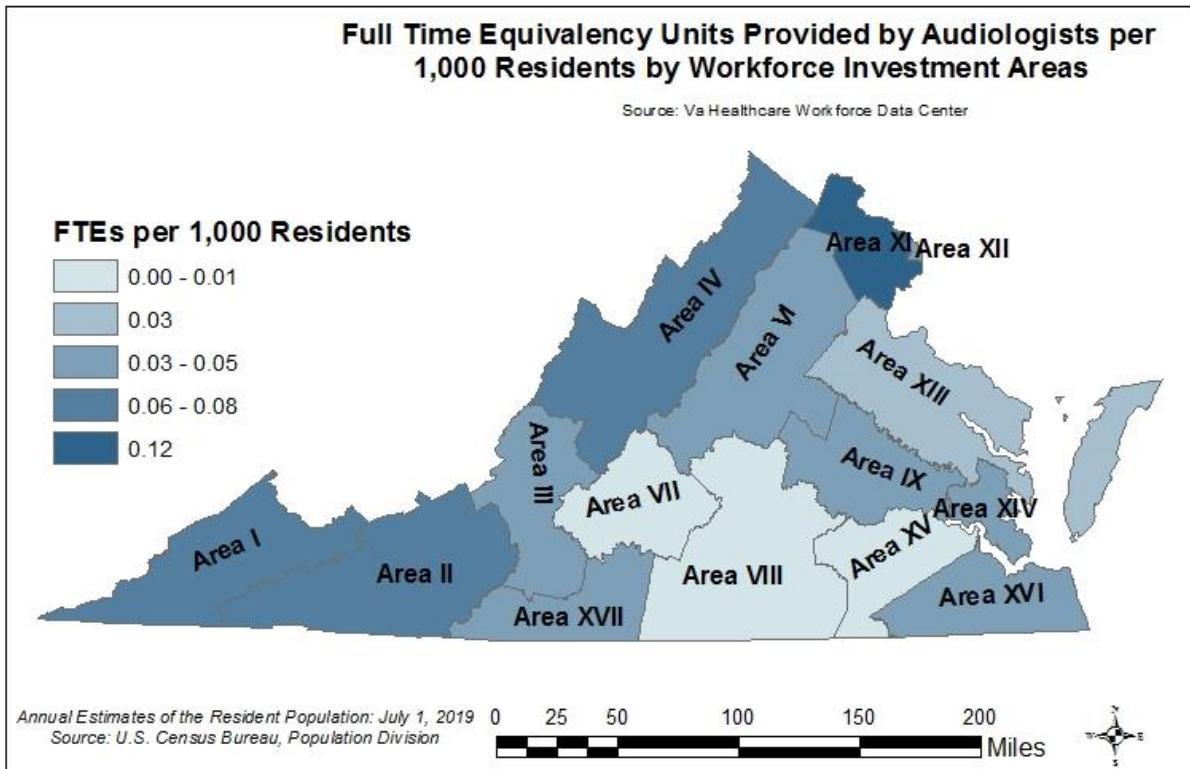
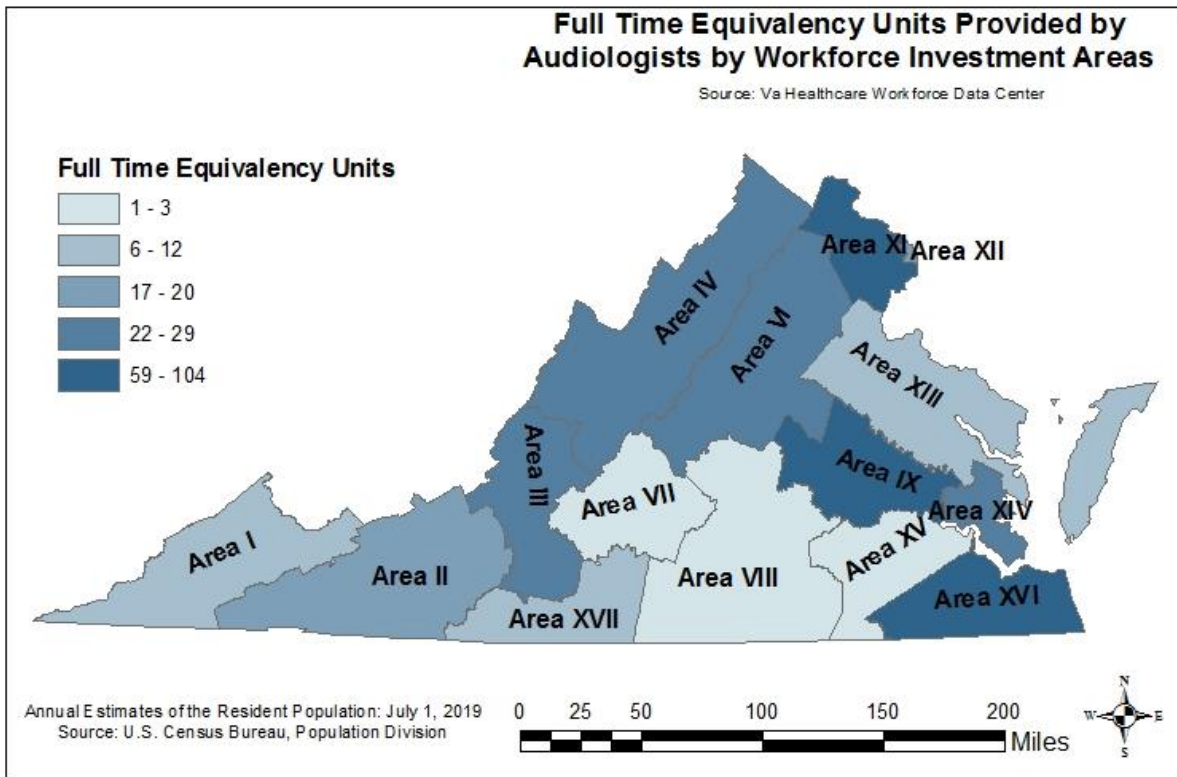
<sup>3</sup> Number of residents in 2019 was used as the denominator.

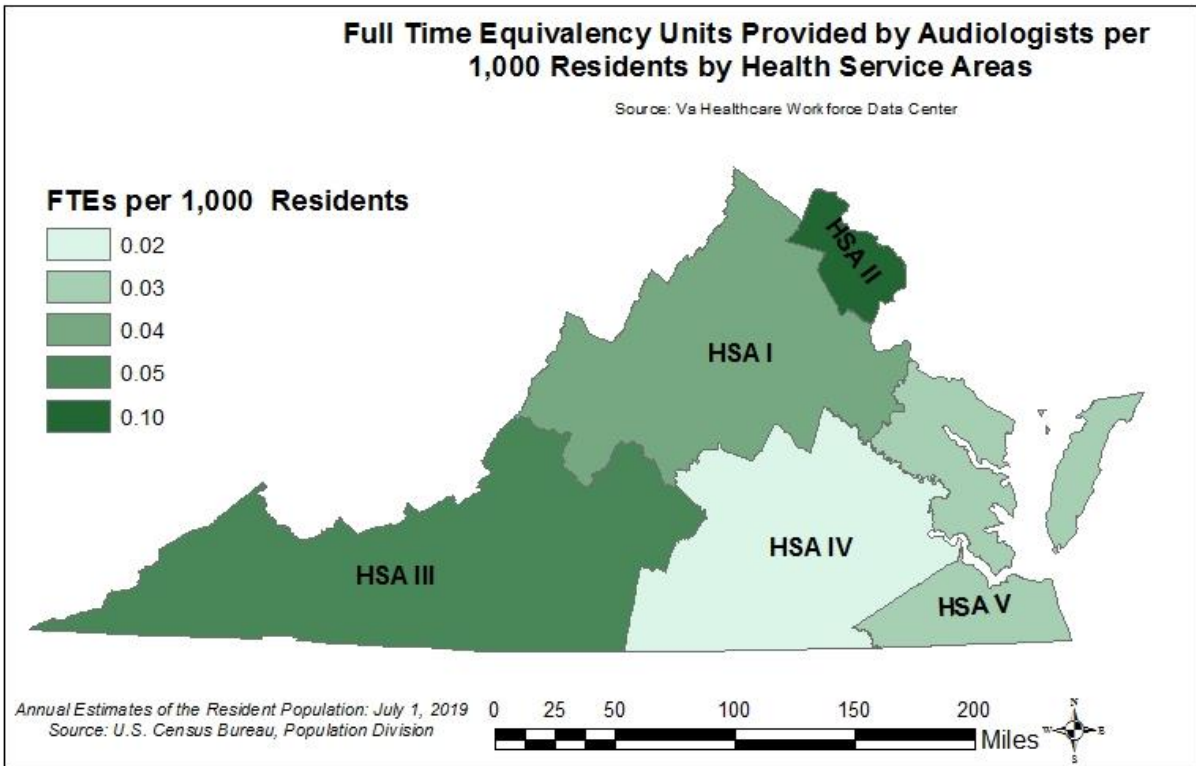
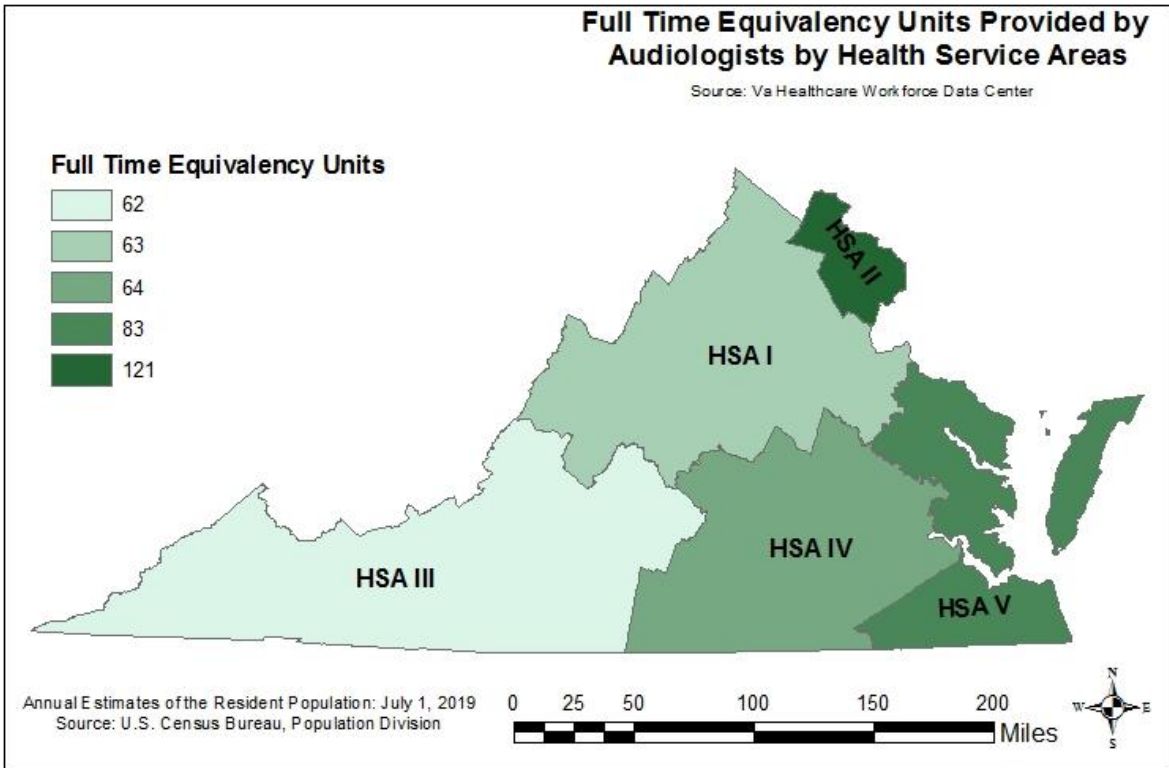
<sup>4</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

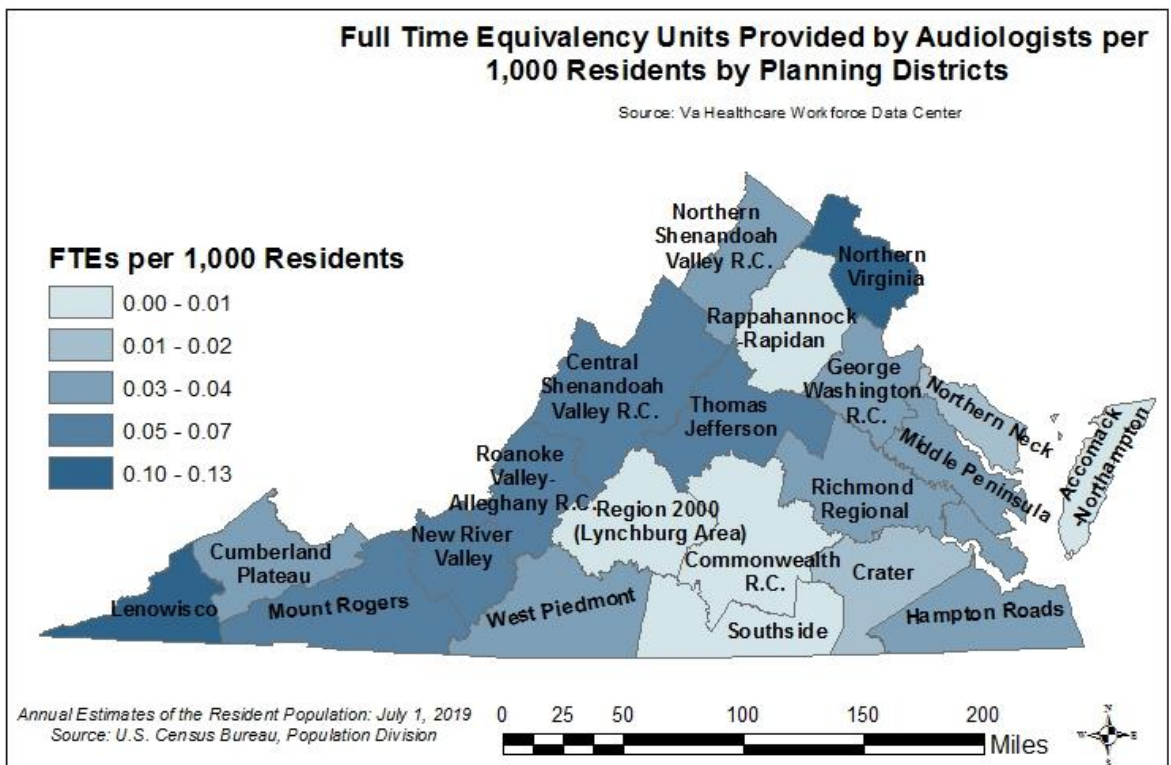
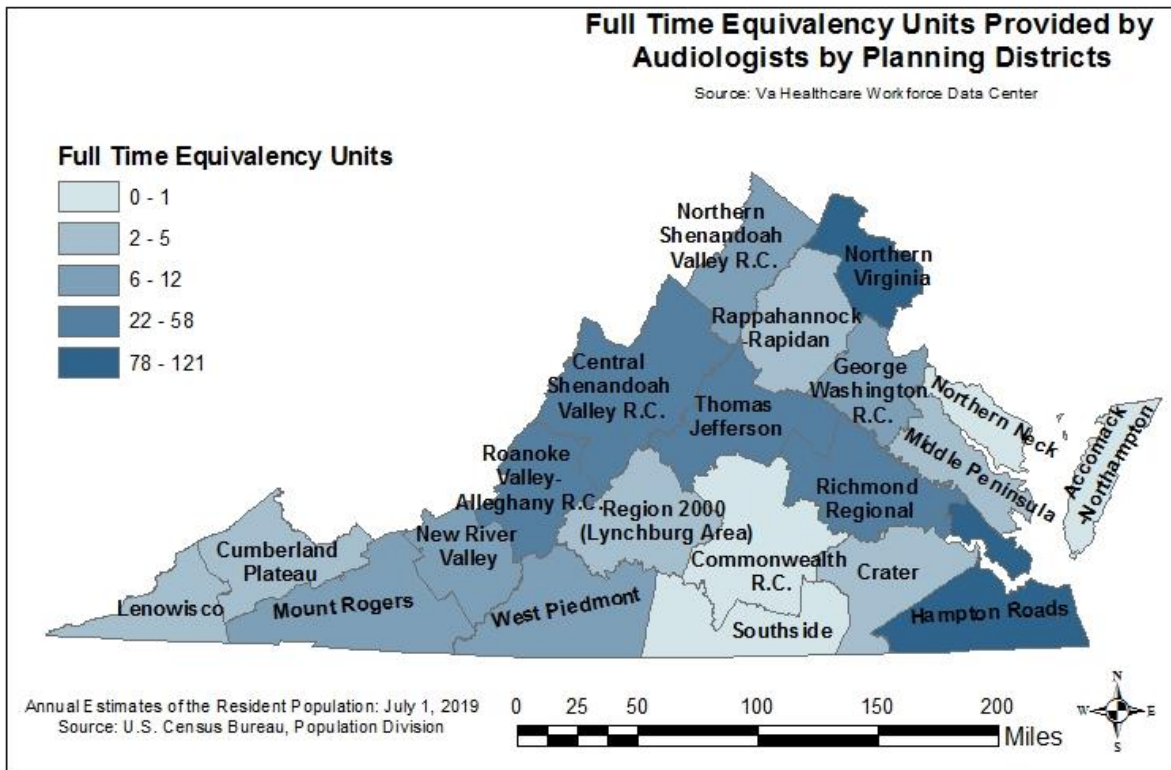












## Appendix

### Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 Million+	279	82.44%	1.2130	1.0610	1.5665
Metro, 250,000 to 1 Million	31	74.19%	1.3478	1.1789	1.7405
Metro, 250,000 or Less	59	86.44%	1.1569	1.0119	1.4939
Urban Pop 20,000+, Metro Adj	9	33.33%	3.0000	2.6240	3.2390
Urban Pop 20,000+, Non-Adj	0	NA	NA	NA	NA
Urban Pop, 2,500-19,999, Metro Adj	12	66.67%	1.5000	1.3120	1.8135
Urban Pop, 2,500-19,999, Non-Adj	8	87.50%	1.1429	0.9996	1.1142
Rural, Metro Adj	5	100.00%	1.0000	0.9293	0.9749
Rural, Non-Adj	3	100.00%	1.0000	0.9070	1.2913
Virginia Border State/DC	116	71.55%	1.3976	1.2224	1.8048
Other US State	64	71.88%	1.3913	1.2169	1.7967

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	61	60.66%	1.648649	1.291348	1.804775
30 to 34	71	64.79%	1.543478	1.398613	1.813455
35 to 39	70	84.29%	1.186441	0.929311	2.787933
40 to 44	83	83.13%	1.202899	0.942202	1.316813
45 to 49	66	86.36%	1.157895	0.906952	1.360428
50 to 54	51	72.55%	1.378378	1.249008	3.238954
55 to 59	67	89.55%	1.116667	0.99961	2.623976
60 and Over	117	80.34%	1.244681	0.974929	1.462394

Source: Va. Healthcare Workforce Data Center

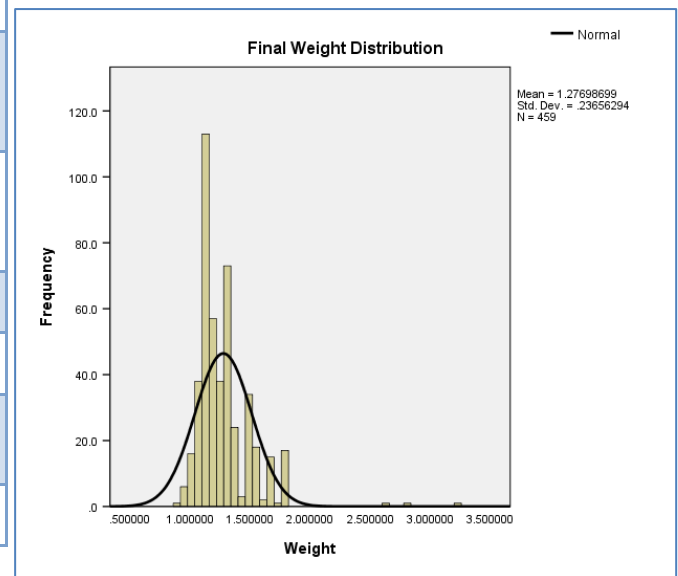
See the Methods section on the HWDC website for details on HWDC Methods:

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

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

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

**Overall Response Rate: 0.7833**



Source: Va. Healthcare Workforce Data Center

**DRAFT**

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# *Virginia's Speech-Language Pathology Workforce: 2020*

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Healthcare Workforce Data Center

July 2020

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, 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)

Get a copy of this report from:

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

*Nearly 4,000 Speech-Language Pathologists voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Audiology & Speech-Language Pathology express our sincerest appreciation for your ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

**David E. Brown, DC**  
*Director*

**Barbara Allison-Bryan, MD**  
*Chief Deputy Director*

*Healthcare Workforce Data Center Staff:*

Elizabeth Carter, PhD  
*Director*

Yetty Shobo, PhD  
*Deputy Director*

Laura Jackson, MSHSA  
*Operations Manager*

Rajana Siva, MBA  
*Research Analyst*

Christopher Coyle  
*Research Assistant*

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

## The Workforce

Licensees:	4,718
Virginia's Workforce:	3,996
FTEs:	3,106

## Background

Rural Childhood:	28%
HS Degree in VA:	44%
Prof. Degree in VA:	46%

## Current Employment

Employed in Prof.:	93%
Hold 1 Full-Time Job:	60%
Satisfied?:	94%

## Survey Response Rate

All Licensees:	84%
Renewing Practitioners:	97%

## Education

Master's:	98%
Doctorate:	2%

## Job Turnover

Switched Jobs:	6%
Employed Over 2 Yrs.:	66%

## Demographics

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

## Finances

Median Inc.:	\$60k-\$70k
Health Insurance:	58%
Under 40 w/ Ed. Debt:	54%

## Time Allocation

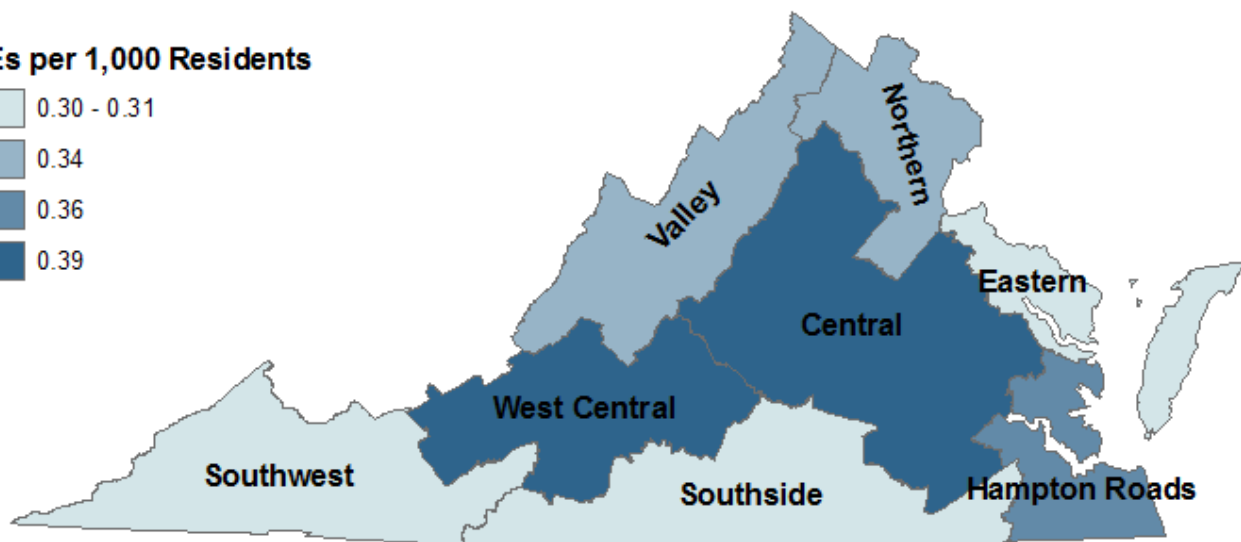
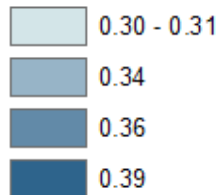
Client Care:	70%-79%
Administration:	10%-19%
Client Care Role:	74%

Source: Va. Healthcare Workforce Data Center

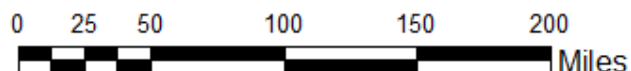
## Full-Time Equivalency Units Provided by Speech-Language Pathologists per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



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



This report contains the results of the 2020 Speech-Language Pathology (SLP) Workforce Survey. Nearly 4,000 SLPs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which now takes place every June for SLPs.<sup>1</sup> These survey respondents represent 84% of the 4,718 SLPs who are licensed in the state and 97% of renewing practitioners.

The HWDC estimates that 3,996 SLPs participated in Virginia's workforce during the survey period, which is defined as those SLPs who worked at least a portion of the year in the state or who live in the state and intend to return to work as a SLP at some point in the future. Over the past year, Virginia's SLP workforce provided 3,106 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours per year.

Nearly all SLPs are female, and the median age of the SLP workforce is 41. In a random encounter between two SLPs, there is a 25% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes Virginia's SLP workforce less diverse than the state's overall population, which has a diversity index of 57%. Nearly 30% of all SLPs grew up in a rural area, and 21% of these professionals currently work in non-metro areas of Virginia. Overall, 9% of all SLPs work in non-metro areas of the state.

More than 90% of all SLPs are currently employed in the profession, 60% hold one full-time job, and 41% work between 40 and 49 hours per week. On the other hand, 6% of SLPs have experienced involuntary unemployment at some point over the past year, while 4% of SLPs have experienced underemployment. Three out of every five SLPs work in the private sector, including 39% who work in the for-profit sector. The median annual income of Virginia's SLP workforce is between \$60,000 and \$70,000. In addition, 76% of Virginia's SLPs receive at least one employer-sponsored benefit, including 58% who have access to health insurance. More than 90% of all SLPs are satisfied with their current work situation, including 56% who indicate that they are "very satisfied".

## Summary of Trends

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In this section, all statistics for this year are compared to the 2015 SLP workforce. The number of licensed SLPs in Virginia has increased by 18% (4,718 vs. 3,999). In addition, the size of Virginia's SLP workforce has increased by 16% (3,996 vs. 3,441), and the number of FTEs provided by this workforce has increased by 17% (3,106 vs. 2,647). Virginia's renewing SLPs are more likely to respond to this survey (97% vs. 90%).

Although there has been no change in either the percentage of SLPs who are female (97%) or the median age of SLPs (41), the SLP workforce has become slightly more diverse (25% vs. 24%) at a time when the state's overall population is also becoming more diverse (57% vs. 55%). Virginia's SLPs are slightly less likely to have grown up in a rural area (28% vs. 29%), but this group of professionals is no less likely to work in non-metro areas of the state (21%). In total, the percentage of all SLPs who work in non-metro areas of Virginia has fallen slightly (9% vs. 10%).

Virginia's SLPs are less likely to be employed in the profession (93% vs. 95%) and less likely to work between 40 and 49 hours per week (41% vs. 45%). In addition, the rate of involuntary unemployment in the 12-month period before the survey, which had been holding steady at 1% since 2015, increased dramatically to 6%; current involuntary unemployment, however, is 1%. Meanwhile, the percentage of SLPs who have switched employers has fallen (6% vs. 8%); SLPs are slightly more likely to be employed at their primary work location for more than two years (66% vs. 65%).

The median annual income of Virginia's SLPs has increased (\$60k-\$70k vs. \$50k-\$60k), and SLPs are more likely to receive this income in the form of a salary (57% vs. 54%). In addition, SLPs are more likely to receive at least one employer-sponsored benefit (76% vs. 74%), including those SLPs who have access to health insurance (58% vs. 56%). Regardless, SLPs are slightly less likely to indicate that they are satisfied with their current work situation (94% vs. 95%), and this decline is greater among those SLPs who indicate that they are "very satisfied" (56% vs. 59%).

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<sup>1</sup> In prior surveys, the license renewal process for SLPs took place in December.

**A Closer Look:**

Licensee Counts		
License Status	#	%
Renewing Practitioners	3,894	83%
New Licensees	380	8%
Non-Renewals	444	9%
<b>All Licensees</b>	<b>4,718</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. Nearly all renewing SLPs submitted a survey. These represent 84% of all SLPs who held a license at some point in the past year.*

**Definitions**

- 1. The Survey Period:** The survey was conducted in June 2020.
- 2. Target Population:** All SLPs who held a Virginia license at some point between July 2019 and June 2020.
- 3. Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some SLPs newly licensed in the past year.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
<b>By Age</b>			
Under 30	160	429	73%
30 to 34	135	695	84%
35 to 39	101	591	85%
40 to 44	77	526	87%
45 to 49	55	524	91%
50 to 54	41	400	91%
55 to 59	40	281	88%
60 and Over	136	527	80%
<b>Total</b>	<b>745</b>	<b>3,973</b>	<b>84%</b>
<b>New Licenses</b>			
Issued in Past Year	206	174	46%
<b>Metro Status</b>			
Non-Metro	43	291	87%
Metro	450	2,953	87%
Not in Virginia	252	729	74%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	<b>3,973</b>
Response Rate, All Licensees	<b>84%</b>
Response Rate, Renewals	<b>97%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Licensed SLPs**

Number: 4,718  
 New: 8%  
 Not Renewed: 9%

**Survey Response Rates**

All Licensees: 84%  
 Renewing Practitioners: 97%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

SLP Workforce: 3,996  
 FTEs: 3,106

### Utilization Ratios

Licensees in VA Workforce: 85%  
 Licensees per FTE: 1.52  
 Workers per FTE: 1.29

Source: Va. Healthcare Workforce Data Center

## Definitions

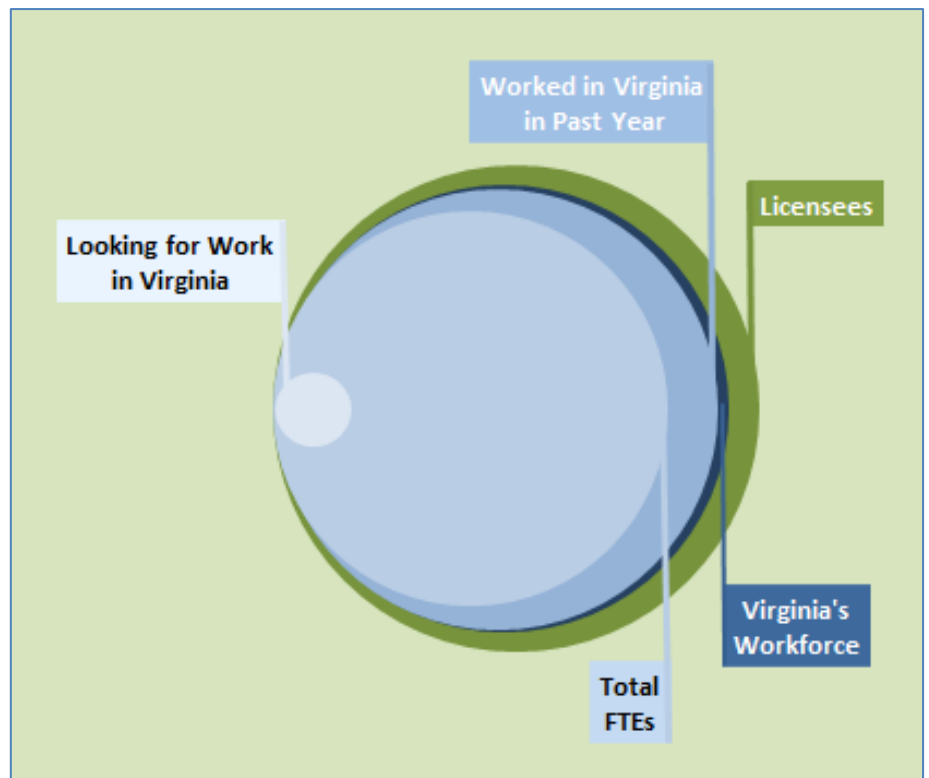
- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline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

### Virginia's SLP Workforce

Status	#	%
Worked in Virginia in Past Year	3,883	97%
Looking for Work in Virginia	113	3%
Virginia's Workforce	3,996	100%
Total FTEs	3,106	
Licensees	4,718	

Source: Va. Healthcare Workforce Data Center

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



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	10	2%	505	98%	514	14%
30 to 34	17	3%	630	97%	647	18%
35 to 39	12	2%	512	98%	523	15%
40 to 44	9	2%	447	98%	456	13%
45 to 49	13	3%	408	97%	422	12%
50 to 54	6	2%	325	98%	331	9%
55 to 59	8	3%	225	97%	233	7%
60 and Over	26	6%	399	94%	425	12%
<b>Total</b>	<b>100</b>	<b>3%</b>	<b>3,451</b>	<b>97%</b>	<b>3,552</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	SLPs		SLPs Under 40	
	%	#	%	#	%
White	61%	3,070	86%	1,452	86%
Black	19%	214	6%	91	5%
Hispanic	10%	121	3%	70	4%
Asian	7%	79	2%	41	2%
Two or More Races	3%	55	2%	26	2%
Other Race	0%	27	1%	10	1%
<b>Total</b>	<b>100%</b>	<b>3,566</b>	<b>100%</b>	<b>1,690</b>	<b>100%</b>

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

Source: Va. Healthcare Workforce Data Center

At a Glance:

**Gender**

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

**Age**

Median Age: 41  
% Under 40: 47%  
% 55 and Over: 19%

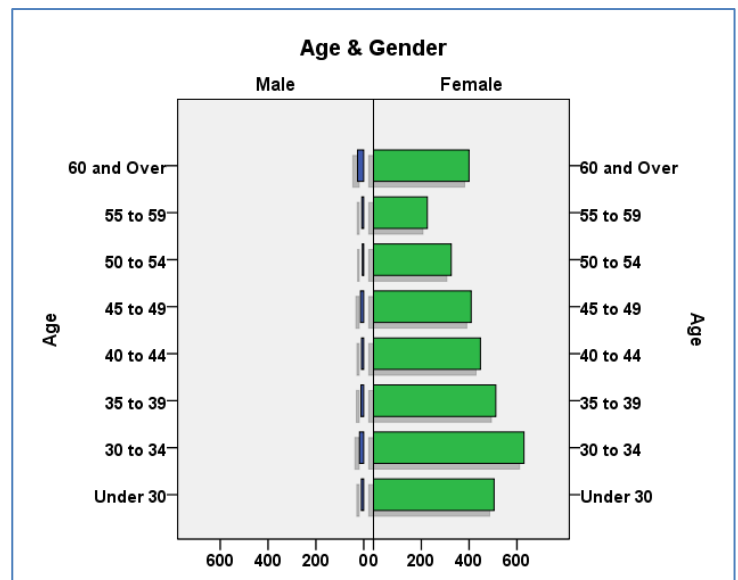
**Diversity**

Diversity Index: 25%  
Under 40 Div. Index: 26%

Source: Va. Healthcare Workforce Data Center

*In a chance 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). For Virginia's population as a whole, the comparable index is 57%.*

*Nearly one-half of SLPs are under the age of 40, and 98% of these professionals are female. In addition, the diversity index among this group of professionals is 26%.*



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 9%  
 Rural Childhood: 28%

### Virginia Background

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

### Location Choice

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

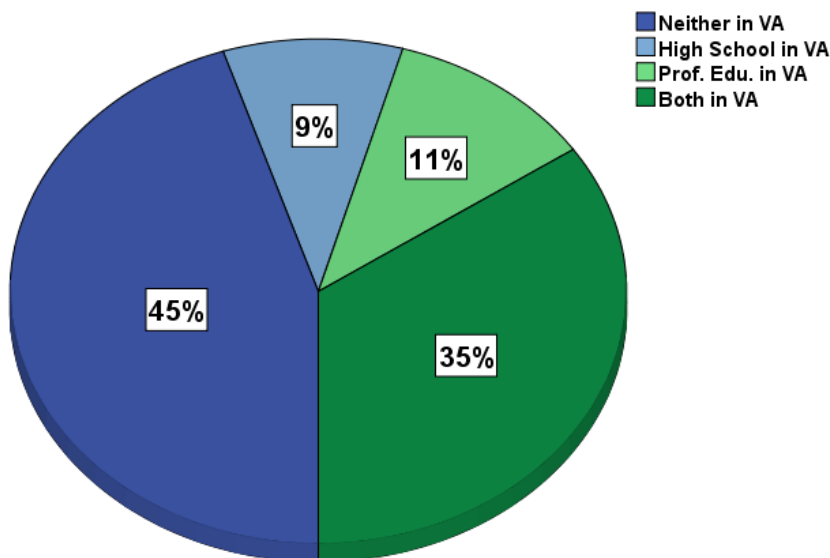
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	20%	70%	10%
2	Metro, 250,000 to 1 Million	45%	48%	7%
3	Metro, 250,000 or Less	37%	57%	6%
<b>Non-Metro Counties</b>				
4	Urban Pop., 20,000+, Metro Adjacent	54%	39%	8%
6	Urban Pop., 2,500-19,999, Metro Adjacent	63%	30%	7%
7	Urban Pop., 2,500-19,999, Non-Adjacent	86%	13%	1%
8	Rural, Metro Adjacent	58%	37%	5%
9	Rural, Non-Adjacent	52%	44%	4%
<b>Overall</b>		<b>28%</b>	<b>63%</b>	<b>9%</b>

Source: Va. Healthcare Workforce Data Center

## Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly 30% of SLPs grew up in self-described rural areas, and 21% of these professionals currently work in non-metro counties. Overall, 9% of Virginia's SLP workforce currently work in non-metro counties.

## Top Ten States for SLP Recruitment

Rank	All Professionals			
	High School	#	Professional School	#
1	Virginia	1,555	Virginia	1,607
2	Pennsylvania	279	Washington, D.C.	202
3	New York	234	New York	188
4	Maryland	154	Pennsylvania	177
5	New Jersey	129	North Carolina	155
6	North Carolina	119	Tennessee	139
7	Florida	101	Maryland	117
8	West Virginia	85	Florida	108
9	Ohio	76	Ohio	80
10	Outside U.S./Canada	67	West Virginia	61

Source: Va. Healthcare Workforce Data Center

*More than 40% of Virginia's SLPs received their high school degree in Virginia, and 46% obtained their initial professional degree in the state.*

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	366	Virginia	377
2	Pennsylvania	111	Pennsylvania	65
3	Maryland	56	New York	57
4	New York	55	Washington, D.C.	56
5	New Jersey	45	North Carolina	55
6	North Carolina	44	Maryland	46
7	Florida	32	Tennessee	41
8	Illinois	25	Florida	38
9	Tennessee	21	Texas	25
10	Texas	20	Ohio	23

Source: Va. Healthcare Workforce Data Center

*Among SLPs licensed in the past five years, 36% received their high school degree in Virginia, and 37% obtained their initial professional degree in the state.*

*Among all licensed SLPs, 15% did not participate in Virginia's workforce in the past year. More than 80% of these professionals worked at some point in the past year, including 75% who currently work as SLPs.*

### At a Glance:

#### Not in VA Workforce

Total:	723
% of Licensees:	15%
Federal/Military:	4%
VA Border State/D.C.:	29%

Source: Va. Healthcare Workforce Data Center



A Closer Look:

Highest Professional Degree		
Degree	#	%
Master's Degree	3,441	98%
Doctorate - SLP	48	1%
Other Doctorate	27	1%
<b>Total</b>	<b>3,516</b>	<b>100%</b>

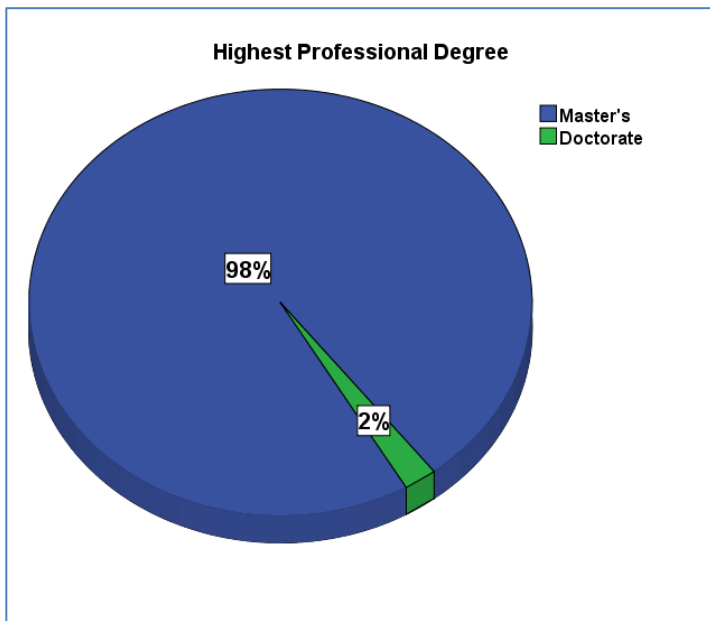
Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Education**  
 Master's: 98%  
 Doctorate: 2%

**Education Debt**  
 Carry Debt: 38%  
 Under Age 40 w/ Debt: 54%  
 Median Debt: \$40k-\$50k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

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

Education Debt				
Amount Carried	All SLPs		SLPs Under 40	
	#	%	#	%
None	1,971	62%	692	46%
Less than \$10,000	165	5%	90	6%
\$10,000-\$19,999	121	4%	74	5%
\$20,000-\$29,999	157	5%	93	6%
\$30,000-\$39,999	113	4%	69	5%
\$40,000-\$49,999	96	3%	74	5%
\$50,000-\$59,999	79	2%	62	4%
\$60,000-\$69,999	80	3%	59	4%
\$70,000-\$79,999	72	2%	58	4%
\$80,000-\$89,999	60	2%	51	3%
\$90,000-\$99,999	59	2%	35	2%
\$100,000 or More	186	6%	136	9%
<b>Total</b>	<b>3,161</b>	<b>100%</b>	<b>1,494</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Nearly 40% of SLPs carry education debt, including 54% of those SLPs who are under the age of 40. For those SLPs with education debt, the median debt amount is between \$40,000 and \$50,000.*

## At a Glance:

### Top Specialties

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

### Top Credentials

CCC-SLP:	81%
VitalStim Certified:	11%
DOE Endorsement:	1%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

### Self-Designated Specialties

Specialty	#	% of Workforce
Child Language	1,045	26%
Swallowing & Swallowing Disorders	1,041	26%
School/Pediatrics	1,023	26%
Autism	887	22%
Child/Infant	613	15%
Geriatrics	574	14%
Medical	509	13%
Brain Injury	386	10%
Voice	270	7%
Fluency Disorders	257	6%
Deaf and Hard of Hearing	168	4%
Other	321	8%
<b>At Least One Specialty</b>	<b>2,534</b>	<b>63%</b>

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of Virginia's SLPs hold at least one self-designated specialty, including 26% who have a specialization in child language.

### Credentials

Credential	#	% of Workforce
CCC-SLP: Speech-Language Pathology	3,234	81%
VitalStim Certified	441	11%
DOE Endorsement	51	1%
CBIS: Certified Brain Injury Specialist	46	1%
CCC-A: Audiology	13	0%
CF-SLP: Fellowship	13	0%
BRS-S: Swallowing	7	0%
BRS-CL: Child Language	4	0%
BRS-FD: Fluency Disorders	4	0%
Other	169	4%
<b>At Least One Credential</b>	<b>3,298</b>	<b>83%</b>

Source: Va. Healthcare Workforce Data Center

More than four out of every five SLPs hold at least one credential, including 81% who hold a CCC-SLP credential.

## At a Glance:

### Employment

Employed in Profession: 93%  
Involuntarily Unemployed: 1%

### Positions Held

1 Full-Time: 60%  
2 or More Positions: 17%

### Weekly Hours

40 to 49: 41%  
60 or More: 2%  
Less than 30: 19%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	2	< 1%
Employed in a SLP-Related Capacity	3,281	93%
Employed, NOT in a SLP-Related Capacity	61	2%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	18	1%
Voluntarily Unemployed	124	4%
Retired	49	1%
<b>Total</b>	<b>3,535</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

More than 90% of licensed SLPs are currently employed in the profession, 60% have one full-time job, and 41% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	191	5%
One Part-Time Position	614	18%
Two Part-Time Positions	155	4%
One Full-Time Position	2,080	60%
One Full-Time Position & One Part-Time Position	378	11%
Two Full-Time Positions	3	0%
More than Two Positions	70	2%
<b>Total</b>	<b>3,491</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	191	6%
1 to 9 Hours	141	4%
10 to 19 Hours	222	6%
20 to 29 Hours	304	9%
30 to 39 Hours	866	25%
40 to 49 Hours	1,422	41%
50 to 59 Hours	224	7%
60 to 69 Hours	47	1%
70 to 79 Hours	15	0%
80 or More Hours	7	0%
<b>Total</b>	<b>3,439</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	23	1%
Less than \$20,000	155	5%
\$20,000-\$29,999	109	4%
\$30,000-\$39,999	155	5%
\$40,000-\$49,999	289	10%
\$50,000-\$59,999	527	18%
\$60,000-\$69,999	509	18%
\$70,000-\$79,999	445	16%
\$80,000-\$89,999	319	11%
\$90,000-\$99,999	190	7%
\$100,000-\$109,999	86	3%
\$110,000-\$119,999	34	1%
\$120,000 or More	35	1%
<b>Total</b>	<b>2,876</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	1,910	56%
Somewhat Satisfied	1,271	37%
Somewhat Dissatisfied	175	5%
Very Dissatisfied	41	1%
<b>Total</b>	<b>3,397</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Retirement	1,997	61%	66%
Paid Sick Leave	1,938	59%	64%
Health Insurance	1,915	58%	63%
Paid Vacation	1,863	57%	62%
Dental Insurance	1,803	55%	60%
Group Life Insurance	1,131	34%	38%
Signing/Retention Bonus	174	5%	6%
<b>At Least One Benefit</b>	<b>2,503</b>	<b>76%</b>	<b>81%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Annual Earnings

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

Benefits

Health Insurance: 58%

Retirement: 61%

Satisfaction

Satisfied: 94%

Very Satisfied: 56%

Source: Va. Healthcare Workforce Data Center

The typical SLP earns between \$60,000 and \$70,000 per year. In addition, 76% of SLPs also receive at least one employer-sponsored benefit, including 58% who have access to a health insurance plan.

**A Closer Look:**

Employment Instability in the Past Year		
In The Past Year, Did You . . . ?	#	%
Work Two or More Positions at the Same Time?	695	17%
Experienced Involuntary Unemployment?	251	6%
Switch Employers or Practices?	227	6%
Experience Voluntary Unemployment?	206	5%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	156	4%
<b>Experienced at Least One</b>	<b>1,233</b>	<b>31%</b>

Source: Va. Healthcare Workforce Data Center

*Among all SLPs in Virginia, 6% were involuntarily unemployed at some point in the past year. For comparison, Virginia's average monthly unemployment rate was 4.4%.<sup>2</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working At This Location	96	3%	55	8%
Less than 6 Months	112	3%	75	10%
6 Months to 1 Year	329	10%	101	14%
1 to 2 Years	585	18%	170	23%
3 to 5 Years	840	25%	157	22%
6 to 10 Years	530	16%	78	11%
More than 10 Years	835	25%	94	13%
<b>Subtotal</b>	<b>3,326</b>	<b>100%</b>	<b>730</b>	<b>100%</b>
Did Not Have Location	133		3,231	
Item Missing	538		35	
<b>Total</b>	<b>3,996</b>		<b>3,996</b>	

Source: Va. Healthcare Workforce Data Center

*Nearly 60% of all SLPs receive a salary or commission at their primary work location, while 32% receive an hourly wage.*

## At a Glance:

**Unemployment Experience**  
 Involuntarily Unemployed: 6%  
 Underemployed: 4%

**Turnover & Tenure**  
 Switched: 6%  
 New Location: 19%  
 Over 2 Years: 66%  
 Over 2 Yrs., 2<sup>nd</sup> Location: 45%

**Employment Type**  
 Salary/Commission: 57%  
 Hourly Wage: 32%

Source: Va. Healthcare Workforce Data Center

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

Employment Type		
Primary Work Site	#	%
Salary/Commission	1,465	57%
Hourly Wage	823	32%
By Contract/Per Diem	236	9%
Business/Practice Income	67	3%
Unpaid	0	0%
<b>Subtotal</b>	<b>2,590</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

<sup>2</sup> As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.4% and a high of 10.8%. At the time of publication, the unemployment rate for June 2020 was still preliminary.

## At a Glance:

### Concentration

Top Region:	33%
Top 3 Regions:	75%
Lowest Region:	2%

### Locations

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

Source: Va. Healthcare Workforce Data Center

Three out of every four SLPs work in Northern Virginia, Central Virginia, and Hampton Roads.

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Northern	1,101	33%	244	32%
Central	718	22%	147	20%
Hampton Roads	653	20%	121	16%
West Central	300	9%	56	7%
Valley	183	6%	30	4%
Southwest	140	4%	41	5%
Southside	112	3%	38	5%
Eastern	51	2%	11	1%
Virginia Border State/D.C.	35	1%	29	4%
Other U.S. State	20	1%	32	4%
Outside of the U.S.	0	0%	2	0%
<b>Total</b>	<b>3,313</b>	<b>100%</b>	<b>751</b>	<b>100%</b>
Item Missing	550		14	

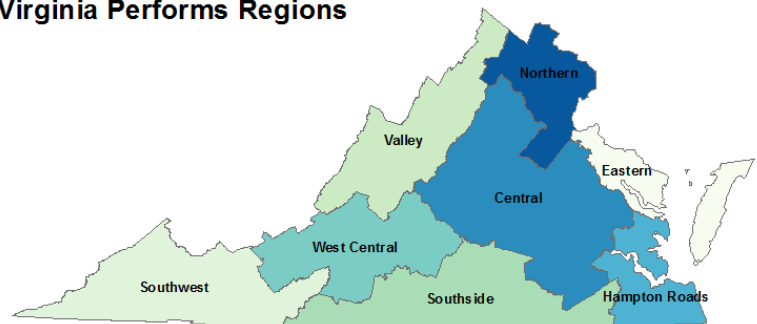
Source: Va. Healthcare Workforce Data Center

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	113	3%	190	6%
1	2,559	75%	2,569	75%
2	452	13%	419	12%
3	220	6%	213	6%
4	28	1%	13	0%
5	15	0%	7	0%
6 or More	45	1%	21	1%
<b>Total</b>	<b>3,432</b>	<b>100%</b>	<b>3,432</b>	<b>100%</b>

\*At the time of survey completion, June 2020.

Source: Va. Healthcare Workforce Data Center

## Virginia Performs Regions



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

**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	1,227	39%	519	73%
<b>Non-Profit</b>	652	21%	106	15%
<b>State/Local Government</b>	1,223	39%	80	11%
<b>Veterans Administration</b>	10	0%	0	0%
<b>U.S. Military</b>	11	0%	1	0%
<b>Other Federal Gov't</b>	12	0%	5	1%
<b>Total</b>	<b>3,135</b>	<b>100%</b>	<b>711</b>	<b>100%</b>
<b>Did Not Have Location</b>	133		3,231	
<b>Item Missing</b>	728		52	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

For-Profit:	39%
Federal:	1%

**Top Establishments**

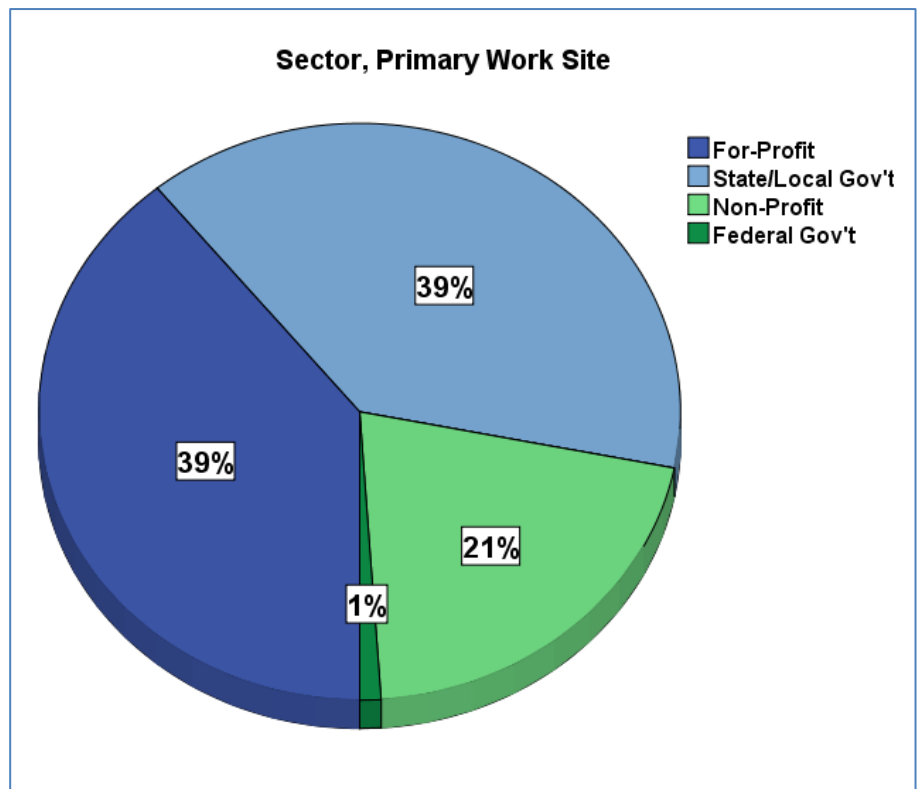
School (Providing Care To Clients):	40%
Private Practice (Group):	10%
Skilled Nursing Facility:	9%

**Payment Method**

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

Source: Va. Healthcare Workforce Data Center

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



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
School (Providing Care to Clients)	1,222	40%	54	8%
Private Practice, Group	296	10%	100	14%
Skilled Nursing Facility	264	9%	106	15%
Hospital, Inpatient Department	256	8%	89	13%
Hospital, Outpatient Department	206	7%	20	3%
Home Health Care	202	7%	92	13%
Private Practice, Solo	119	4%	84	12%
Rehabilitation Facility	118	4%	51	7%
Academic Institution (Teaching Health Professions Students or Research)	99	3%	17	2%
Community-Based Clinic or Health Center	54	2%	11	2%
Residential Facility/Group Home	27	1%	13	2%
Administrative/Business Organization	10	0%	3	0%
Child Day Care	6	0%	3	0%
Outpatient Surgical Center	6	0%	1	0%
Physician Office	3	0%	2	0%
Other	153	5%	49	7%
<b>Total</b>	<b>3,041</b>	<b>100%</b>	<b>695</b>	<b>100%</b>
<b>Did Not Have a Location</b>	133		3,231	

Source: Va. Healthcare Workforce Data Center

*Schools that provide care to clients employ 40% of all SLPs in Virginia. Another 10% of SLPs work at group private practices.*

*More than one-quarter of SLPs work at an establishment that accepts cash/self-pay as a form of payment for services rendered. This makes cash/self-pay the most commonly accepted form of payment among Virginia's SLP workforce.*

Accepted Forms of Payment		
Payment	#	% of Workforce
Cash/Self-Pay	1,110	28%
Medicaid	1,071	27%
Private Insurance	1,039	26%
Medicare	757	19%

Source: Va. Healthcare Workforce Data Center



## At a Glance: (Primary Locations)

### Typical Time Allocation

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

### Roles

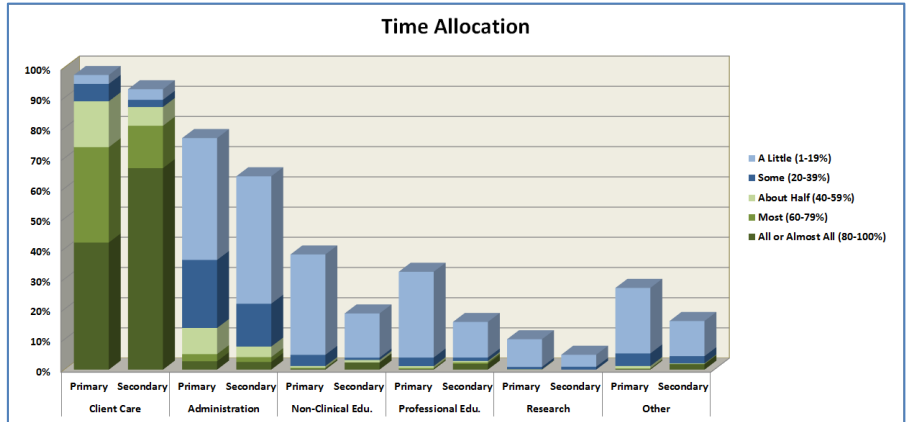
Client Care: 74%  
Administration: 5%  
Non-Clinical Edu.: 1%  
Professional Edu.: 1%

### Patient Care SLPs

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

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

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

## Time Allocation

Time Spent	Client Care		Admin.		Non-Clinical Education		Professional Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	42%	67%	3%	3%	0%	2%	0%	2%	0%	0%	0%	2%
<b>Most (60-79%)</b>	32%	14%	2%	2%	0%	0%	0%	0%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	15%	6%	9%	4%	1%	1%	1%	0%	0%	0%	1%	0%
<b>Some (20-39%)</b>	6%	2%	23%	14%	4%	1%	3%	1%	1%	1%	4%	2%
<b>A Little (1-19%)</b>	3%	4%	40%	42%	33%	15%	28%	12%	9%	4%	22%	12%
<b>None (0%)</b>	2%	7%	23%	36%	62%	82%	68%	84%	90%	95%	73%	84%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

**At a Glance:**

**Weekly Patient Totals**

(Median)

Primary Location: 30-39

Secondary Location: 1-9

Total: 30-39

**% with Group Sessions**

Primary Location: 50%

Secondary Location: 16%

Source: Va. Healthcare Workforce Data Center

Weekly Client Totals						
Number of Clients	Primary Work Location		Secondary Work Location		Total <sup>3</sup>	
	#	%	#	%	#	%
<b>None</b>	135	4%	53	7%	120	4%
<b>1-9</b>	424	13%	417	58%	325	10%
<b>10-19</b>	403	13%	99	14%	408	13%
<b>20-29</b>	415	13%	66	9%	419	13%
<b>30-39</b>	344	11%	29	4%	344	11%
<b>40-49</b>	185	6%	14	2%	210	7%
<b>50-59</b>	274	9%	20	3%	276	9%
<b>60-69</b>	143	5%	5	1%	167	5%
<b>70-79</b>	64	2%	4	1%	83	3%
<b>80 or More</b>	781	25%	10	1%	818	26%
<b>Total</b>	<b>3,168</b>	<b>100%</b>	<b>717</b>	<b>100%</b>	<b>3,170</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

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

Weekly Client Sessions								
Number of Sessions	Primary Work Location				Secondary Work Location			
	Individual Sessions		Group Sessions		Individual Sessions		Group Sessions	
	#	%	#	%	#	%	#	%
<b>None</b>	153	5%	1,553	50%	61	9%	602	84%
<b>1-9</b>	1,184	38%	525	17%	475	66%	87	12%
<b>10-19</b>	753	24%	385	12%	115	16%	17	2%
<b>20-29</b>	462	15%	363	12%	36	5%	9	1%
<b>30-39</b>	291	9%	176	6%	21	3%	0	0%
<b>40-49</b>	160	5%	74	2%	1	0%	0	0%
<b>50-59</b>	78	2%	43	1%	3	0%	0	0%
<b>60-69</b>	37	1%	7	0%	1	0%	0	0%
<b>70-79</b>	9	0%	0	0%	0	0%	0	0%
<b>80 or More</b>	20	1%	10	0%	2	0%	0	0%
<b>Total</b>	<b>3,148</b>	<b>100%</b>	<b>3,136</b>	<b>100%</b>	<b>715</b>	<b>100%</b>	<b>715</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

<sup>3</sup> This column estimates the total number of clients treated per week across both primary and secondary work locations.

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All		50 and Over	
	#	%	#	%
<b>Under Age 50</b>	46	2%	-	-
<b>50 to 54</b>	116	4%	9	1%
<b>55 to 59</b>	355	12%	58	7%
<b>60 to 64</b>	906	30%	201	24%
<b>65 to 69</b>	1,125	38%	375	45%
<b>70 to 74</b>	276	9%	108	13%
<b>75 to 79</b>	60	2%	34	4%
<b>80 or Over</b>	15	1%	8	1%
<b>I Do Not Intend to Retire</b>	97	3%	43	5%
<b>Total</b>	<b>2,996</b>	<b>100%</b>	<b>836</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All SLPs**

Under 65: 47%

Under 60: 17%

**SLPs 50 and Over**

Under 65: 32%

Under 60: 8%

**Time Until Retirement**

Within 2 Years: 5%

Within 10 Years: 16%

Half the Workforce: By 2045

Source: Va. Healthcare Workforce Data Center

*Nearly half of SLPs expect to retire before the age of 65. Among SLPs who are age 50 and over, nearly one-third expect to retire by the age of 65.*

*Within the next two years, 10% of SLPs expect to pursue additional educational opportunities, and 10% also expect to increase their client care hours.*

**Future Plans**

Two-Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Decrease Client Care Hours</b>	222	6%
<b>Leave Virginia</b>	152	4%
<b>Leave Profession</b>	78	2%
<b>Decrease Teaching Hours</b>	26	1%
<b>Increase Participation</b>		
<b>Pursue Additional Education</b>	415	10%
<b>Increase Client Care Hours</b>	380	10%
<b>Increase Teaching Hours</b>	159	4%
<b>Return to Virginia's Workforce</b>	47	1%

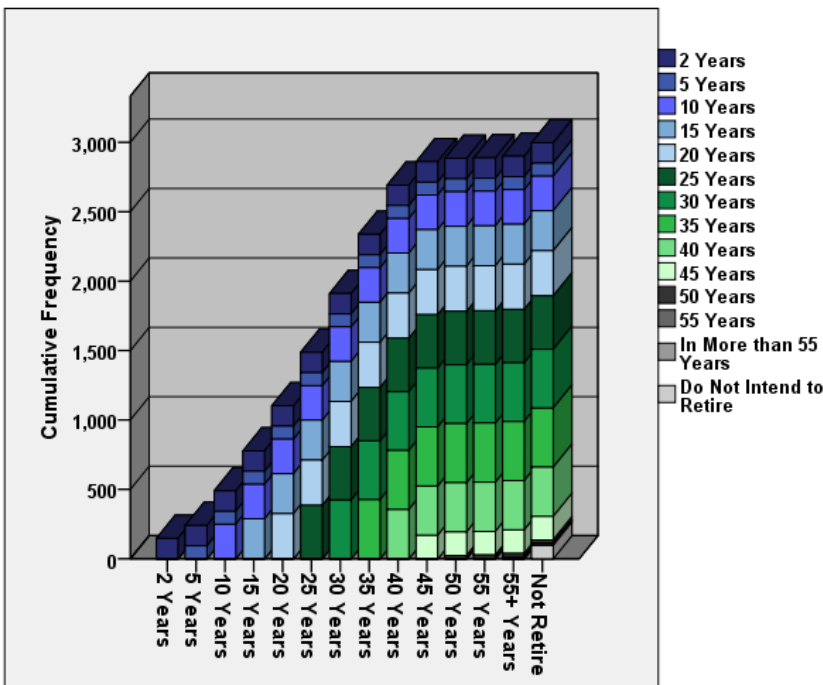
Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for SLPs. Only 5% of SLPs expect to retire in the next two years, while 16% expect to retire in the next ten years. Half of the current workforce expect to retire by 2045.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	147	5%	5%
5 Years	93	3%	8%
10 Years	249	8%	16%
15 Years	288	10%	26%
20 Years	325	11%	37%
25 Years	385	13%	50%
30 Years	423	14%	64%
35 Years	426	14%	78%
40 Years	355	12%	90%
45 Years	169	6%	95%
50 Years	24	1%	96%
55 Years	4	0%	96%
In More than 55 Years	11	0%	97%
Do Not Intend to Retire	97	3%	100%
<b>Total</b>	<b>2,996</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center

Expected Years to Retirement



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2035. Retirement will peak at 14% of the current workforce around 2055 before declining to under 10% of the current workforce again around 2065.

## At a Glance:

### FTEs

Total: 3,106  
 FTEs/1,000 Residents<sup>4</sup>: 0.364  
 Average: 0.80

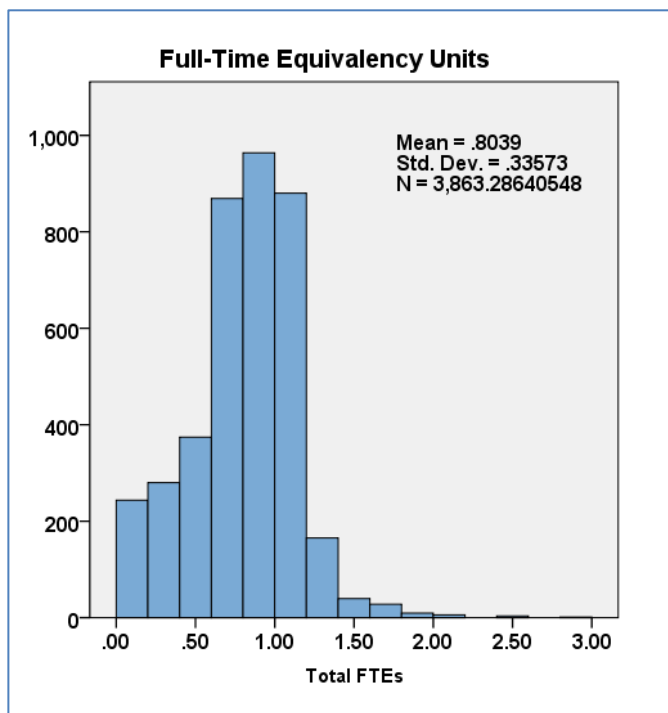
### Age & Gender Effect

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

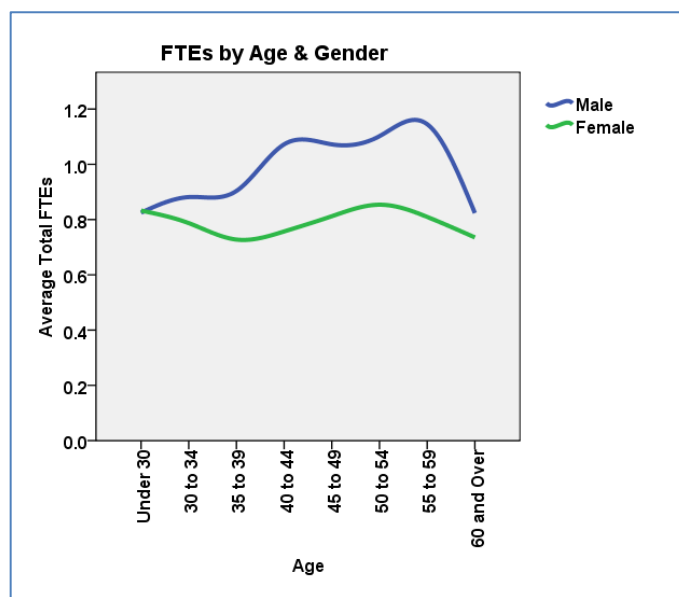


Source: Va. Healthcare Workforce Data Center

The typical SLP provided 0.83 FTEs in 2020, or approximately 33 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.<sup>5</sup>

Full-Time Equivalency Units		
	Average	Median
<b>Age</b>		
Under 30	0.83	0.87
30 to 34	0.80	0.84
35 to 39	0.74	0.78
40 to 44	0.75	0.74
45 to 49	0.87	0.93
50 to 54	0.89	0.94
55 to 59	0.82	0.78
60 and Over	0.78	0.90
<b>Gender</b>		
Male	0.94	0.94
Female	0.79	0.83

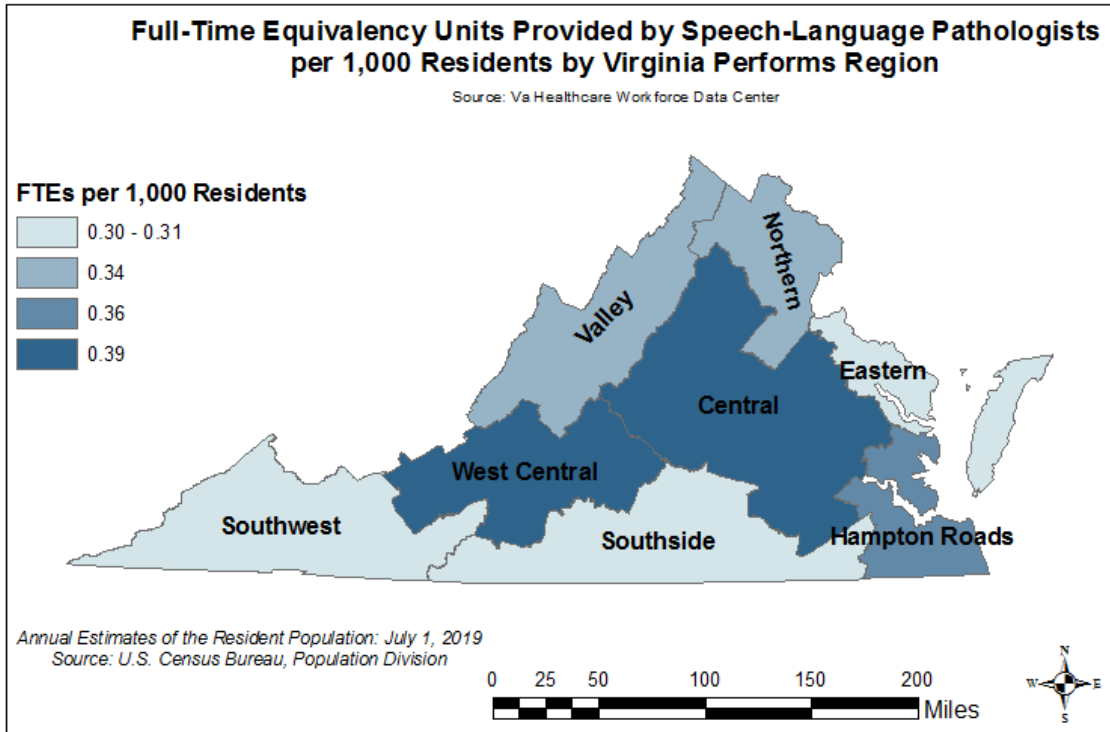
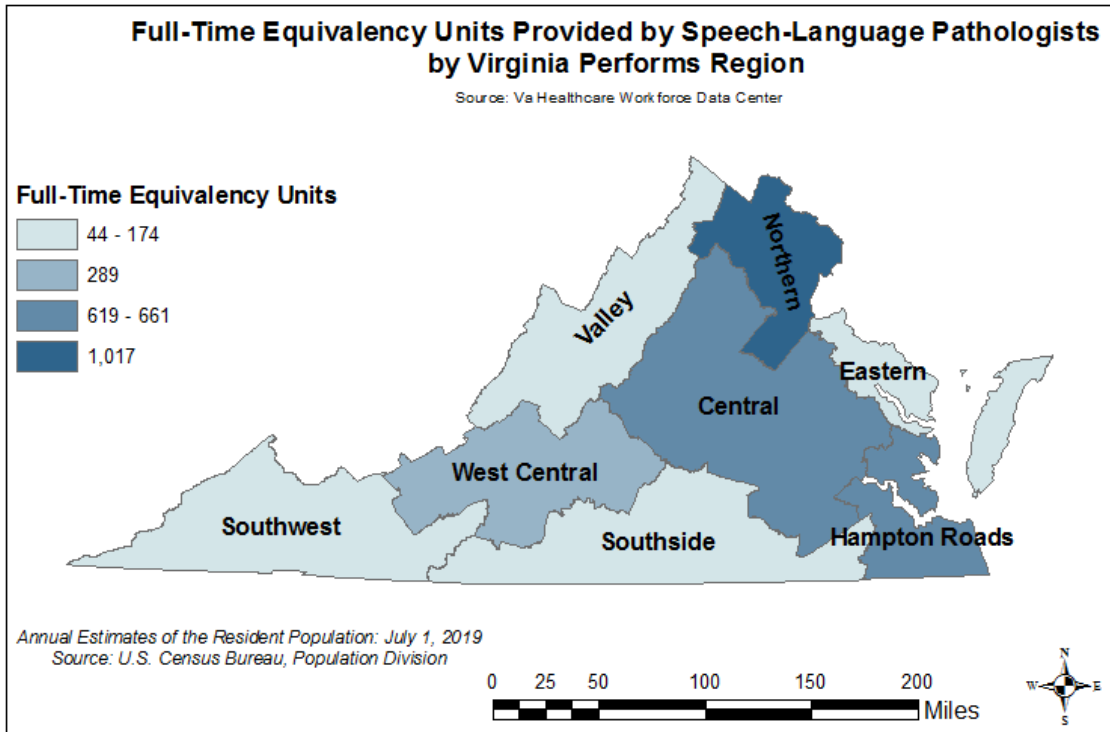
Source: Va. Healthcare Workforce Data Center

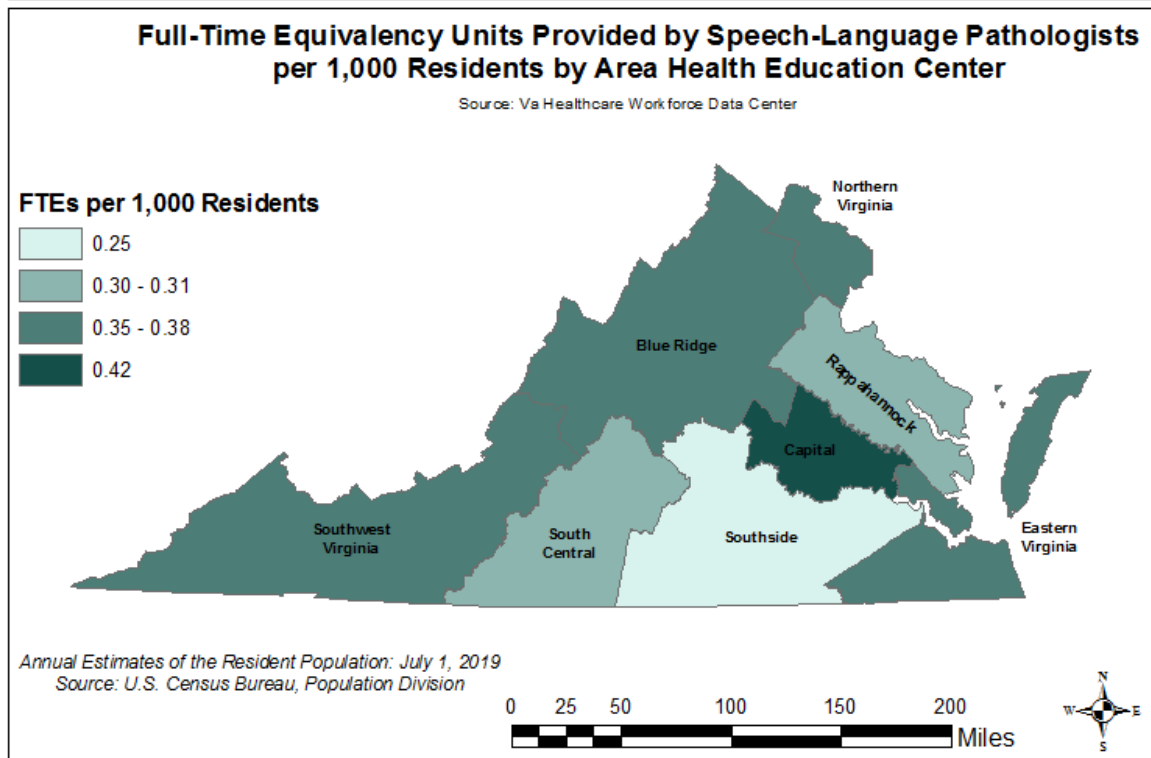
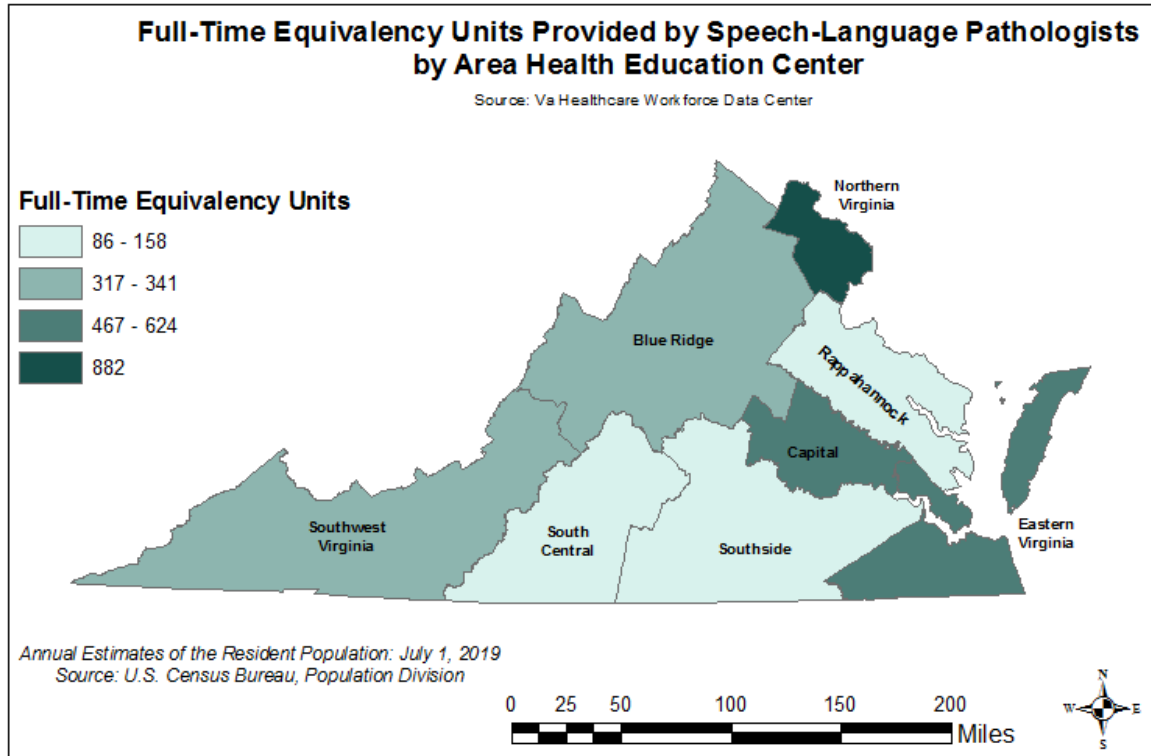


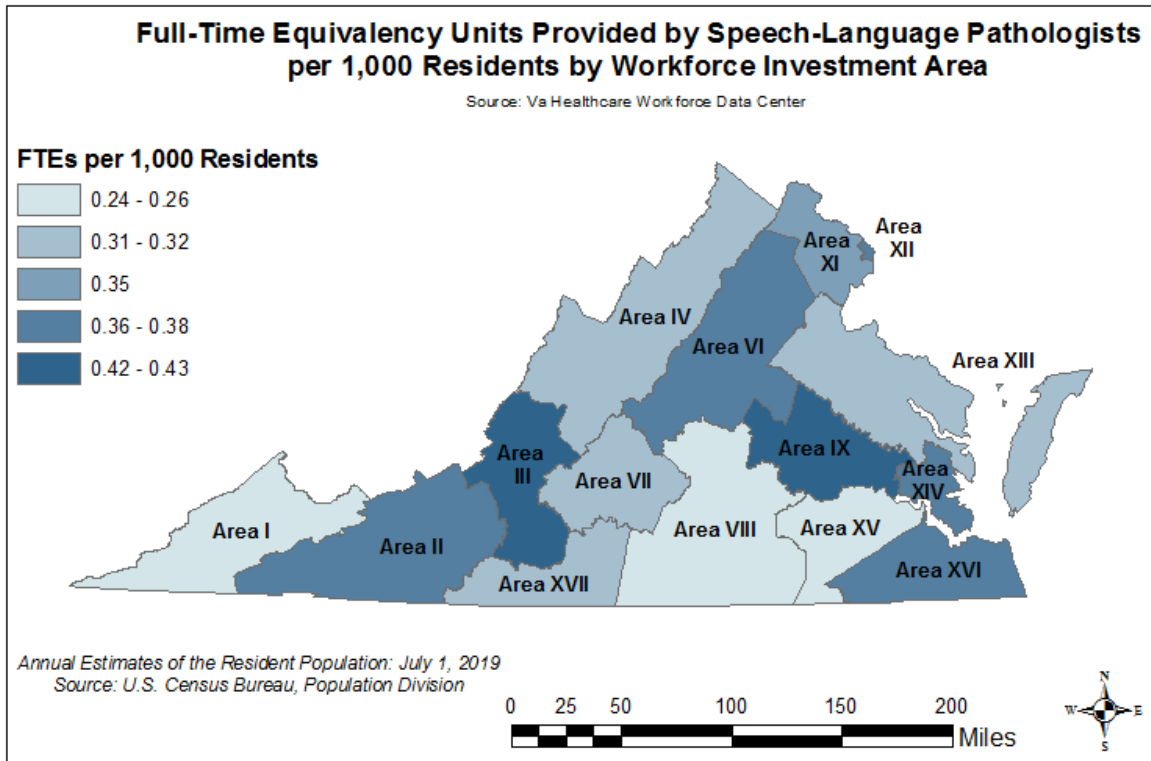
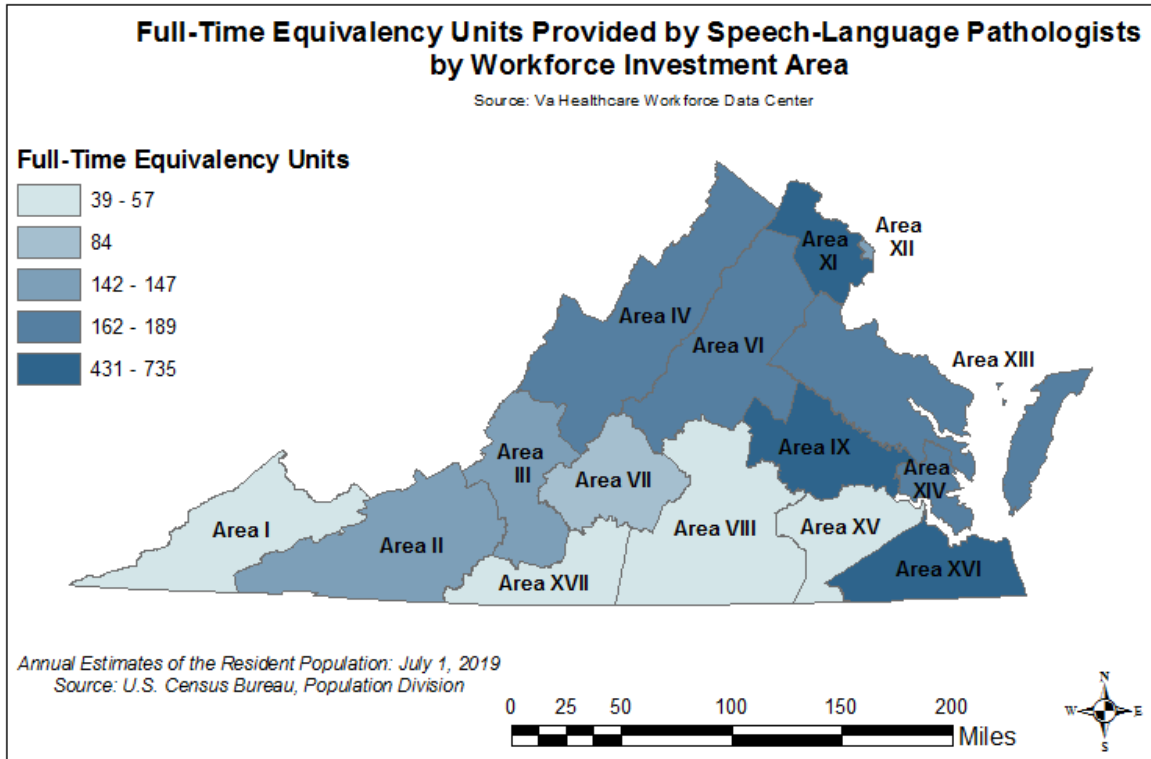
Source: Va. Healthcare Workforce Data Center

<sup>4</sup> Number of residents in 2019 was used as the denominator.

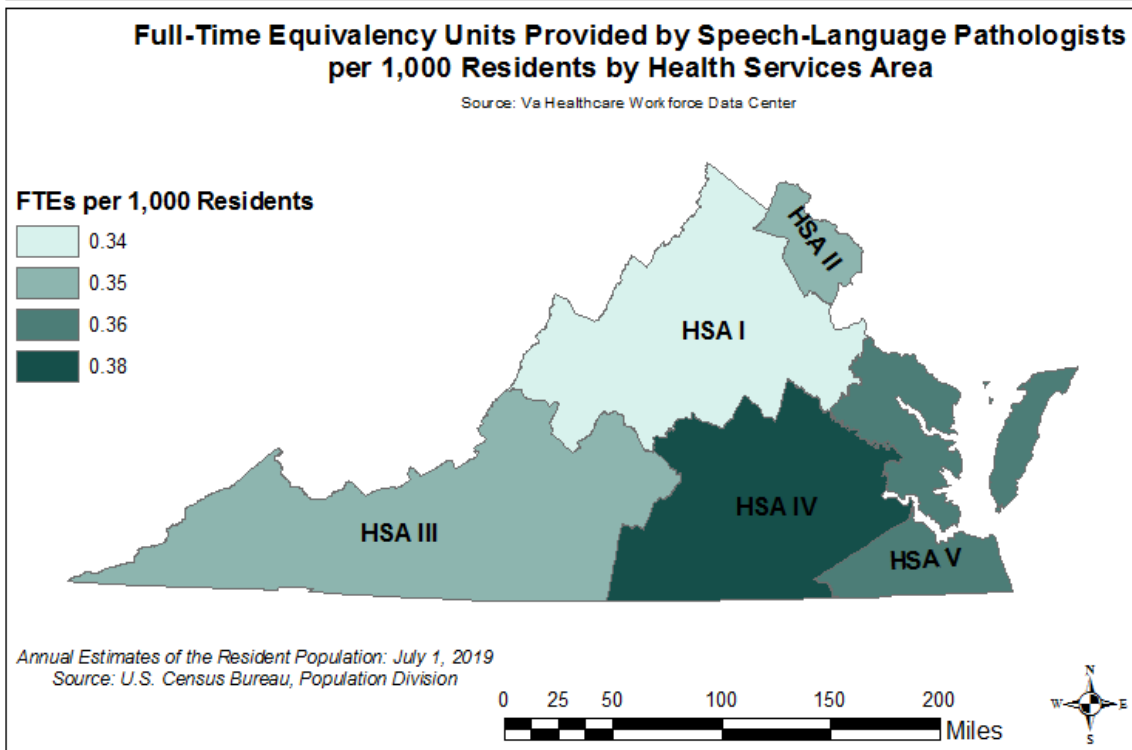
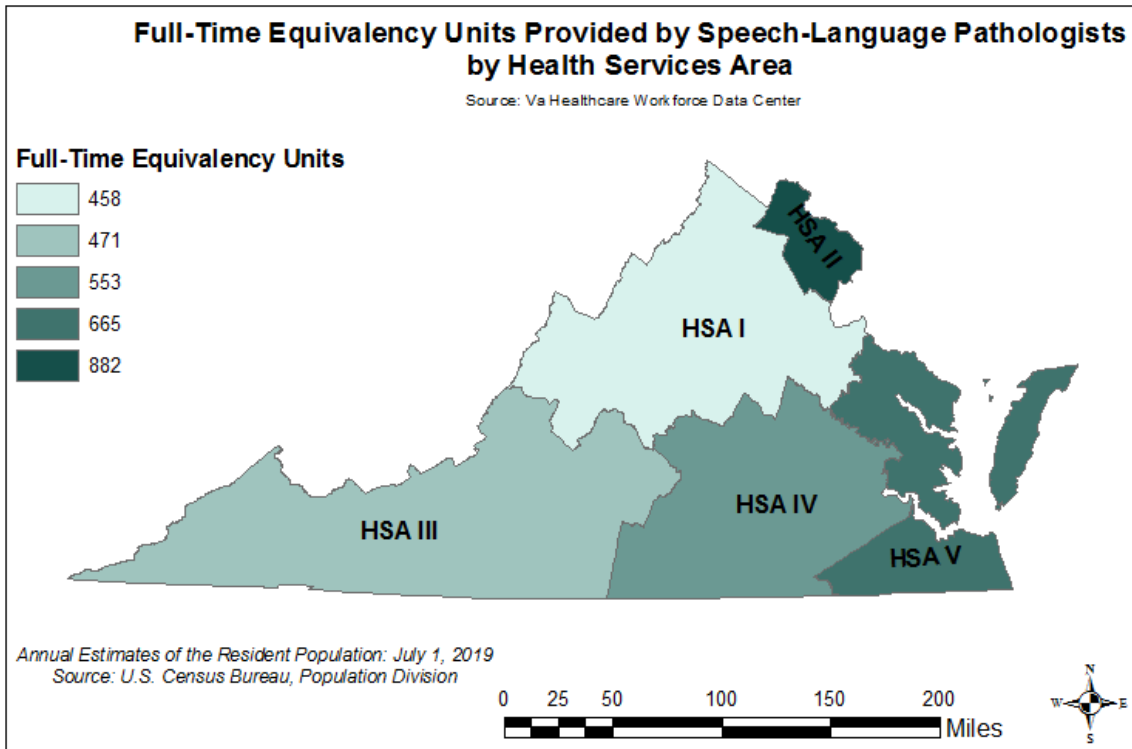
<sup>5</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

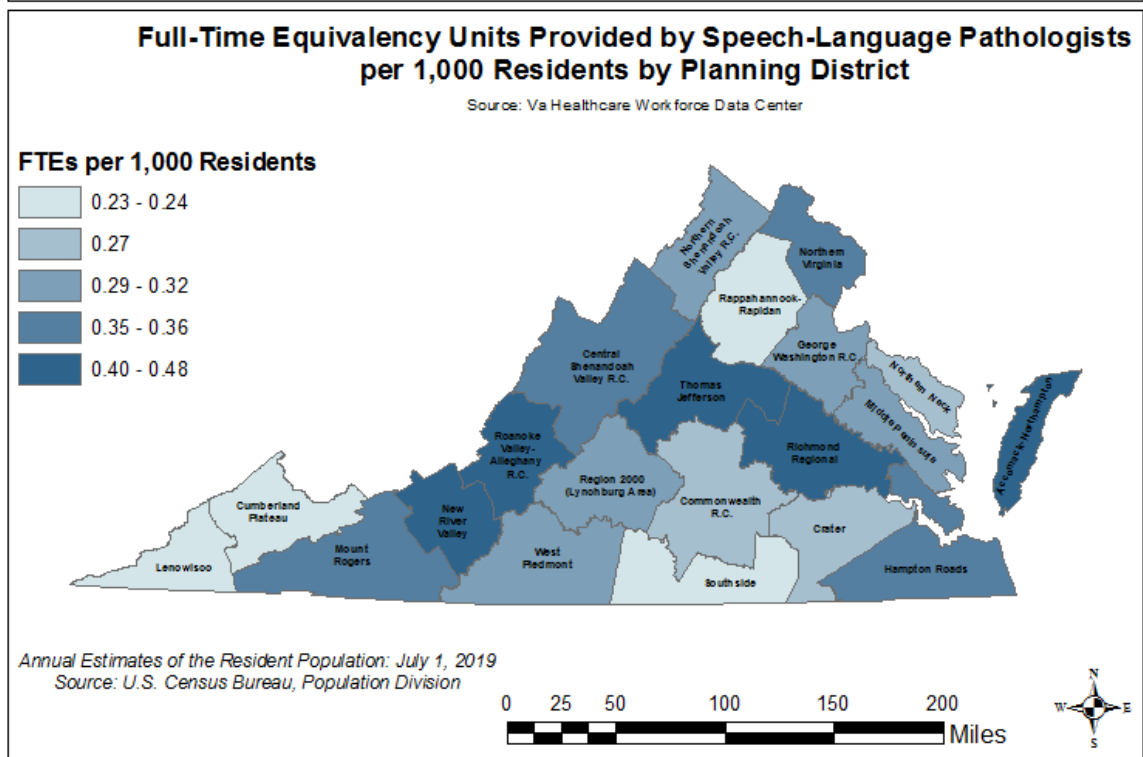
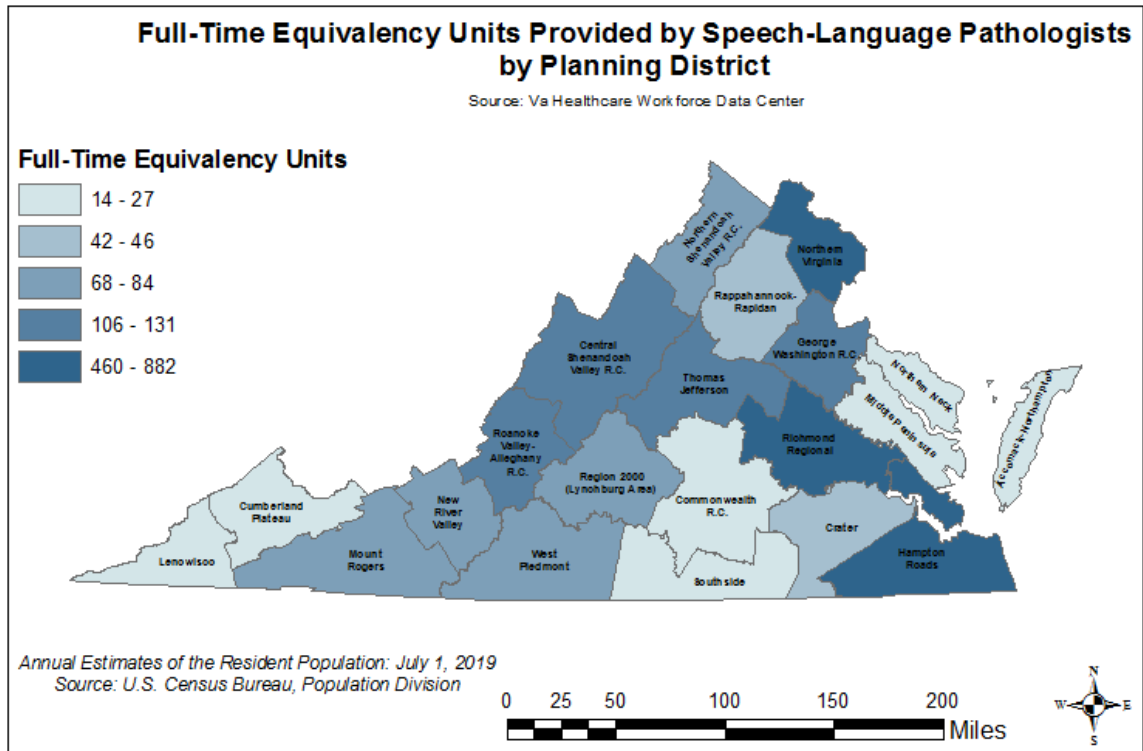












## Appendix

### Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	2,696	86.57%	1.155	1.072	1.335
<b>Metro, 250,000 to 1 Million</b>	287	92.33%	1.083	1.005	1.252
<b>Metro, 250,000 or Less</b>	420	84.29%	1.186	1.102	1.372
<b>Urban Pop., 20,000+, Metro Adj.</b>	50	88.00%	1.136	1.055	1.314
<b>Urban Pop., 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban Pop., 2,500-19,999, Metro Adj.</b>	138	85.51%	1.169	1.086	1.352
<b>Urban Pop., 2,500-19,999, Non-Adj.</b>	70	87.14%	1.148	1.065	1.327
<b>Rural, Metro Adj.</b>	55	87.27%	1.146	1.064	1.325
<b>Rural, Non-Adj.</b>	21	95.24%	1.050	0.975	1.214
<b>Virginia Border State/D.C.</b>	472	73.52%	1.360	1.263	1.573
<b>Other U.S. State</b>	509	75.05%	1.332	1.237	1.541

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	589	72.84%	1.373	1.214	1.573
<b>30 to 34</b>	830	83.73%	1.194	1.056	1.368
<b>35 to 39</b>	692	85.40%	1.171	1.035	1.341
<b>40 to 44</b>	603	87.23%	1.146	1.014	1.313
<b>45 to 49</b>	579	90.50%	1.105	0.977	1.266
<b>50 to 54</b>	441	90.70%	1.103	0.975	1.263
<b>55 to 59</b>	321	87.54%	1.142	1.010	1.308
<b>60 and Over</b>	663	79.49%	1.258	1.112	1.441

Source: Va. Healthcare Workforce Data Center

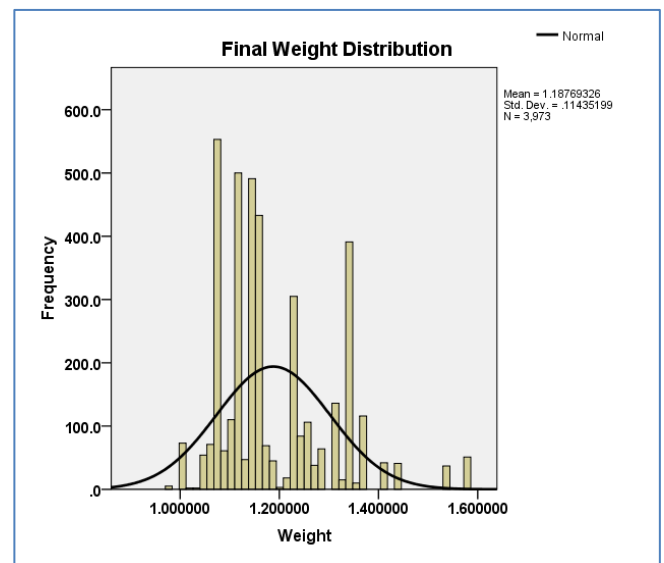
See the Methods section on the HWDC website for details on HWDC methods:

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

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

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

**Overall Response Rate: 0.842094**



Source: Va. Healthcare Workforce Data Center

Excerpt from the [Regulations Governing the practice of Audiology and Speech-Language Pathology](#)

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

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

## Virginia Board of Audiology and Speech-Language Pathology

### Policy on Active Practice

#### Applicable Regulations

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

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

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

#### Guidance

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

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

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

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

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

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

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

Self-employment

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

Supervision of clinical practice and research activities

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

## Virginia Board of Audiology and Speech-Language Pathology

### Requirements to Hold Licensure in Virginia to Practice Speech-Language Pathology

#### General Licensure Requirements

**Question:** Is a license required to practice speech-language pathology in Virginia?

**Answer:** Yes, pursuant to § 54.1-2603 of the Code of Virginia (Code) in order to practice speech-language pathology within the Commonwealth of Virginia, a license issued by the Virginia Board of Audiology and Speech-Language Pathology (BASLP) is required.

**Q:** Is a license required to practice speech-language pathology via telepractice into Virginia?

**A:** If the practice of speech-language pathology is being provided to a client within Virginia, regardless of delivery method, a license issued by the BASLP is required. The license type required is dependent upon the practice setting. If providing services via telepractice solely in a public school division as outlined in the “Practice in Schools” section below, then a school speech-language pathology license is appropriate. The inclusion of any other setting (i.e. home, private school, medical facility, etc.) would require a full speech-language pathology license. ([Note: Guidance Document 30-12, Guidance for Telepractice is available for review](#))

**Q:** What happens if the practice of speech-language pathology occurs without a license?

**A:** For those individuals who are qualified to be licensed and practiced speech-language pathology without obtaining a license, the individual may be subject to public disciplinary action by BASLP. For those individuals who are not qualified to be licensed and practiced speech-language pathology, the matter is referred to the appropriate Commonwealth’s Attorney for possible criminal prosecution.

#### Practice in Schools

**Q:** Is there a licensure requirement for an SLP working in a public school division?

**A:** Yes, one of the following licenses is required to work in a public school division:

- School speech-language pathology license issued by BASLP;
- Provisional speech-language pathology license issued by BASLP; or
- Full speech-language pathology license issued by BASLP.

**Q:** What constitutes practicing solely in a public school division?

**A:** A licensee who has been granted a school speech-language pathology license by statute shall practice solely in public school divisions and may not provide treatment to clients privately. Additional clarification is provided in the following scenarios:

- When a public school student receives speech-language pathology services in a setting other than a public school such as a preschool or homebound/home-based setting, a school, provisional or full speech-language pathology license is required.
- When a public school student is placed by a public school division into a private school/facility and receives speech-language pathology services which are being paid for by the public school division, a school, provisional or full speech-language license is required.

- When a private school student is placed in a private school by a parent but qualifies for a service plan and receives speech-language pathology services at the public school, a school, provisional or full speech-language pathology license is required.
- When a private school student is placed into a private school by a parent with no public school funding and receives speech-language pathology services by a private school speech-language pathologist, a provisional or full license speech-language pathology license is required.

**Q:** What type of license is required for practice in another setting?

**A:** A provisional or full speech-language pathology license is needed to practice outside of a public school division. Additional clarification is provided in the following scenarios:

- When a private school student is placed into a private school by a parent with no public school funding and receives speech-language pathology services, a provisional or full speech-language pathology licensed is required.
- When a student, public or private, receives services not paid for by a public school division, a provisional or full speech-language pathology licensee is required.

**Q:** What is the licensure requirement for an SLP working in a public school division but placed and compensated by a private contractor?

**A:** An SLP employed by a school or a contractor may practice in a public school division with a school, provisional or a full speech-language pathology license issued by the BASLP.

### **Practice as a Student, Intern or Trainee**

**Q:** Who is considered a student, intern or trainee in speech-language pathology?

**A:** Any person who is pursuing a course of study in speech-language pathology at an accredited university or college or working in a recognized training center.

**Q:** What is a recognized training center?

**A:** A training facility that has a connection to an accredited university or college.

**Q:** Is a clinical fellowship year required for licensure in Virginia?

**A:** As of January 15, 2015, a Certificate of Clinical Competence from the American Speech-Language-Hearing Association (ASHA) is required in order to receive an initial license from BASLP. ASHA requires a clinical fellowship year in order to issue an SLP a Certificate of Clinical Competence.

**Q:** Is licensure required while completing a clinical fellowship year?

**A:** Licensure requirements during a clinical fellowship year are dependent upon the following:

- If a clinical fellowship year is being completed prior to graduation from an accredited university or college and the SLP is placed in a clinical fellowship program as part of the course of study or working in a recognized training center, an SLP is considered a student/intern/trainee and is exempt from licensure pursuant to § 54.1-2601 of the Code of Virginia.
- Upon graduation, an SLP completing a clinical fellowship year must hold a provisional license issued by BASLP in order to practice in Virginia.

**Practicing without a license may result in a public disciplinary action.**



### **Licensure Renewal and Practice**

**Q:** When must a license be renewed?

**A:** School and full speech-language pathology licenses issued by BASLP expire each ~~December 31<sup>st</sup>~~ June 30<sup>th</sup> and must be renewed prior to this date. A provisional license expires 18 months from the date of issuance.

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**Q:** Who is responsible for licensure renewal?

**A:** The licensee is responsible for licensure renewal regardless of whether a renewal notice was received. Therefore, the BASLP recommends that each licensee have a personal reminder method for this important task. Ensure that the address of record and the email address are current by accessing the online account system or contacting the board office.

**Q:** What is practicing with a lapsed license?

**A:** Any practice of speech-language pathology without a current, valid license after ~~December 31<sup>st</sup>~~ June 30<sup>th</sup> or expiration date of a provisional license is considered practicing with a lapsed license.

**Practicing with a lapsed license may result in public disciplinary action against a licensee.**

**Q:** Is there a grace period to practice speech-language pathology without a license or with a lapsed license?

**A:** No, there are no grace periods to practice without a license.

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

### **Guidelines for Processing Applications for Licensure**

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

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

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

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

**From:** Madeline Pifer  
**Sent:** Thursday, October 29, 2020 10:32 PM  
**To:** [audbd@dhp.virginia.gov](mailto:audbd@dhp.virginia.gov)  
**Subject:** Compact license

Dear Virginia Board of Audiology and Speech- Language Pathology,

I am writing to you to request that the board consider joining 7 other states (including our neighbors in West Virginia and North Carolina) in the movement for an Audiology and Speech-Language Pathology Interstate Compact license.

As a travel SLP, I'm familiar with the complicated process of obtaining multiple licenses. Additionally, in the greater Washington area, many SLPs work 2 or more jobs across DC/MD/VA, requiring licenses in multiple jurisdictions. Furthermore, many SLPs have had to shift to teletherapy services due to the COVID-19 pandemic. Compact licensure would make it simpler for SLPs to continue providing telehealth services when clinicians or clients move states, due to the need to be licensed where the client and clinician are both located.

I believe that participating in compact licensure would allow for a more streamlined and efficient licensing process for practitioners in our state, and would improve our ability to ensure that applicants for licensure meet our high standard of practice. Should the board like to explore this option further, the link to ASHA's page on this is below.

<https://www.asha.org/Advocacy/state/Audiology-and-Speech-Language-Pathology-Interstate-Compact/>

Thank you for your time and consideration, and for all you do for our professional community!

Sincerely,

Madeline Pifer

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Madeline Pifer, MA, CCC-SLP  
Speech Language Pathologist

## American Speech-Language-Hearing Association's Assistants Certification

For information on the program go to <https://www.asha.org/certification/about-assistants-certification/>

[Audiology Assistants Certification Handbook \[PDF\]](#)

[SLPA Certification Handbook \[PDF\]](#)

### Excerpts

The 2020 Standards for ASHA Audiology Assistants Certification (C-AA) are shown in bold. Implementation procedures follow each standard and provide clarifying information.

- **Standard I—Degree**
- **Standard II—Education**
- **Standard III—Clinical Supervised Experience**
- **Standard IV—Assessment**
- **Standard V—Assistants Code of Conduct**
- **Standard VI—Maintenance of Certification**

### SLPA

#### Education Option 1

Completion of a minimum 2-year SLPA program degree from an accredited institution (e.g., associate's degree from a community college or technical training program).

#### Education Option 2

- Bachelor's degree in communication sciences and disorders from an accredited institution
- Complete ASHA's [online SLPA education modules](#) or equivalent

#### Education Option 3

- Complete an SLPA certificate program with equivalent coursework, or academic coursework from an accredited college institution, in the areas below:
  - Introductory or overview course in communication disorders
  - Phonetics
  - Speech sound disorders
  - Language development
  - Language disorders
  - Anatomy and physiology of speech and hearing mechanisms
- Complete ASHA's [online SLPA education modules](#) or equivalent

## **Audiology & Speech-Language Pathology Monthly Snapshot for December 2020**

Audiology & Speech-Language Pathology has closed more cases in December than received. Audiology & Speech-Language Pathology has closed 0 patient care cases and 1 non-patient care case for a total of 1 case.

Cases Received	
Patient Care	0
Non-Patient Care	1
Total	1

Audiology & Speech-Language Pathology has received 1 patient care case and 1 non-patient care case for a total of 2 cases.

Cases Closed	
Patient Care	1
Non-Patient Care	1
Total	2

As of December 31, 2020 there were 7 patient care cases open and 2 non-patient care cases open for a total of 9 cases.

Cases Open	
Patient Care	7
Non-Patient Care	2
Total	9

There are 5,375 Audiology & Speech-Language Pathology licenses as of January 1, 2021. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Audiologist	533
School Speech-Language Pathologist	404
Speech-Language Pathologist	4,438
Total for Audiology & Speech-Language Pathology	5,375

There were 38 licenses issued for Audiology & Speech-Language Pathology for the month of December. The number of licenses issued are broken down by profession in the following chart.

Licenses Issued	
Audiologist	3
Provisional Speech-Language Pathologist	9
School Speech-Language Pathologist	26
Total for Audiology & Speech-Language Pathology	38

Virginia Department of Health Professions  
Cash Balance  
As of June 30, 2020

	<b>115- Audiology and Speech Lang</b>
<b>Board Cash Balance as June 30, 2019</b>	<b>\$ 605,624</b>
<b>YTD FY20 Revenue</b>	<b>431,195</b>
<b>Less: YTD FY20 Direct and Allocated Expenditures</b>	<b>354,320</b>
<b>Board Cash Balance as June 30, 2020</b>	<b>\$ 682,499</b>

Virginia Department of Health Professions  
Cash Balance  
As of December 31, 2020

	<b>115- Audiology and Speech Lang</b>
<b>Board Cash Balance as June 30, 2020</b>	<b>\$ 682,499</b>
<b>YTD FY21 Revenue</b>	<b>49,325</b>
<b>Less: YTD FY21 Direct and Allocated Expenditures</b>	<b>192,655</b>
<b>Board Cash Balance as December 31, 2020</b>	<b>\$ 539,169</b>

From: Virginia Board of Audiology and Speech-Language Pathology  
Date: April 1, 2020  
Subject: CE Extension



## Virginia Department of Health Professions

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

The Board of Audiology and Speech-Language Pathology has granted an extension of continuing education requirements for a period of six months after the deadline for the upcoming renewal cycle that will open in May and end on June 30, 2020.

Licensees are encouraged to complete continuing education hours on-line before the renewal deadline. Please note that hours completed after the renewal deadline of June 30, 2020, will not be able to double count as CE hours for the renewal period of July 1, 2020 to June 30, 2021.

If the required number of continuing education hours have not been completed prior to renewal, please check “no” to the question on the renewal form about completion of continuing competency requirements. Do not falsify information on the form by checking “yes” if using the six-month extension. Checking “no” will not affect the ability to renew. There will be a notation in the system that a licensee has a six-month extension.

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

Website: [Board of Audiology and Speech-Language Pathology](#)



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

**ARTICLE I: GENERAL**

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

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

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

**ARTICLE II: OFFICERS OF THE BOARD**

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

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

The order of the business shall be as follows:

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

### **ARTICLE IV: COMMITTEES**

There shall be the following committees:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**ARTICLE VI. AMENDMENTS**

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

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Chair  
Board of Audiology and Speech-Language Pathology