



**February 19, 2019  
Board Room 3  
10:00 a.m.**

**Call to Order – Angela W. Moss, MA, CCC-SLP**

- Welcome
- Emergency Egress Procedures

**Ordering of Agenda – Ms. Moss**

**Introduction of New Board Member**

**Public Comment – Ms. Moss**

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

**Approval of Minutes – Ms. Moss**  
September 25, 2018 – Full Board Meeting

**Pages 3-5**

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

**Legislative/Regulatory Report – Elaine Yeatts**  
Update on 2019 legislation

**Discussion Items – Leslie Knachel**

- Licensure Compact
- Information on Telepractice from Speech-Language-Hearing Association of Virginia (SHAV)
- Update on continuing education audit
- Update to Guidance Document 30-9 Continuing Education Audits and Sanctioning for Failure to Complete CE
- Using telepractice to supervise a provisional licensee

**Page 6-38**

**Board Member Training – Ms. Knachel/Kelli Moss**  
Administrative Hearings

**Board Counsel Report – Charis Mitchell**

**President’s Report – Ms. Moss**

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

**Staff Reports**

**Pages 39-44**

- Executive Director’s Report – Ms. Knachel
  - Statistics
  - National Council of State Boards of Examiners 2019 Annual Meeting
  - Board meeting calendar for 2020
- Discipline Report – Kelli Moss

**New Business – Ms. Moss**

**Next Meeting – November 12, 2019**

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**Meeting Adjournment – Ms. Moss**

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

**BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY**  
**MEETING MINUTES**  
**September 25, 2018**

**TIME AND PLACE:** The Board of Audiology and Speech-Language Pathology (Board) meeting was called to order at 10:00 a.m. on Tuesday, September 25, 2018, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room 3, Henrico, Virginia.

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

**MEMBERS PRESENT:** Kyttra Burge, Citizen Member  
Bradley W. Kesser, M.D.  
Angela W. Moss, MA, CCC-SLP  
Melissa A. McNichol, Au.D., CCC-A  
Erin G. Piker, Au.D., Ph.D., CCC-A

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

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

**STAFF PRESENT:** Leslie L. Knachel, Executive Director  
Charis Mitchell, Assistant Attorney General, Board Counsel  
Kelli Moss, Deputy Executive Director  
Anthony Morales, Licensing Operations Manager

**OTHERS PRESENT:** No others were present.

**ORDERING OF AGENDA:** There were no changes to the agenda.

**INTRODUCTIONS:** The new board members and staff were introduced.

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

**APPROVAL OF MINUTES:** Ms. Moss moved to approve the June 5, 2018, meeting minutes as presented. The motion was seconded and carried.

**DIRECTOR'S REPORT:** No Director report was presented.

**REGULATORY REPORT:** Ms. Knachel indicated that Ms. Yeatts was not able to attend the meeting. She reported that the Licensure by Endorsement regulatory changes became effective on September 20, 2018.

Ms. Knachel provided information on the Proposed Legislation for 2019 that will affect the Board by staggering board members terms.

**DISCUSSION ITEMS:** **Guidance Document Review**

- Review of 30-5 Equivalent Accrediting Body – Ms. Knachel provided a copy of the Guidance Document discussed and approved during the last meeting.
- Update on Continuing Education Audit - Ms. Knachel reported

that the CE audit is still on going and hope to complete soon.

**BOARD COUNSEL REPORT:**

Ms. Mitchell had no report.

**PRESIDENT'S REPORT:**

Ms. Verdun had no report.

**BOARD OF HEALTH  
PROFESSIONS' REPORT:**

Ms. Verdun commented that when her successor is appointed a board member will need to replace her on the Board of Health Professions (BHP). She also reported several professions are being reviewed by the BHP for possible licensure.

**STAFF REPORTS:**

**Executive Director's Report**

The following information was provided by Ms. Knachel and Mr. Morales:

- DHP Paperless Workgroup is pursuing a paperless license option and reviewed the paperless verification process;
- The Per Diem Policy was provided in the agenda package for review;
- The new USB Member Handbook was disseminated and reviewed;
- Information on the new encryption process, Virtru, was reviewed;
- The draft email regarding the fee reduction and expiration date change was provided for review;
- The travel reimbursement procedures were reviewed; and
- The board calendar updates were reviewed.

**NEW BUSINESS:**

Ms. Verdun thanked the Board Members for serving the Commonwealth.

Ms. Knachel gave a summary of the budget and licensing statistics.

**Board Elections**

**Board Chair**

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

Ms. Verdun nominated Dr. Piker, which was seconded.

Ms. Knachel conducted a roll-call vote. Ms. Verdun announced that Ms. Moss was elected Chair by a 5-to-1 vote.

**Board Vice-Chair**

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

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

Ms. Knachel conducted a roll-call vote. Ms. Verdun announced that Dr. McNichol was elected Vice-Chair by a 4-to-2 vote.

**NEXT MEETING:**

The next scheduled full board meeting is February 19, 2019.

**ADJOURNMENT:**

The meeting adjourned at 11:00 a.m.

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Angela W. Moss, MA, CCC-SLP  
Chair

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

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Date

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Date

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## 1 SECTION 1. PURPOSE

2 The purpose of this Compact is to facilitate interstate practice of audiology and speech-  
3 language pathology with the goal of improving public access to audiology and speech-language  
4 pathology services. The practice of audiology and speech-language pathology occurs in the  
5 state where the patient/client is located at the time of the patient/client encounter. The Compact  
6 preserves the regulatory authority of states to protect public health and safety through the  
7 current system of state licensure.

8 This Compact is designed to achieve the following objectives:

- 9 1. Increase public access to audiology and speech-language pathology services by  
10 providing for the mutual recognition of other member state licenses;
- 11 2. Enhance the states' ability to protect the public's health and safety;
- 12 3. Encourage the cooperation of member states in regulating multi-state audiology and  
13 speech-language pathology practice;
- 14 4. Support spouses of relocating active duty military personnel;
- 15 5. Enhance the exchange of licensure, investigative, and disciplinary information between  
16 member states; and
- 17 6. Allow a remote state to hold a provider of services with a compact privilege in that state  
18 accountable to that state's practice standards.
- 19 7. Allow for the use of telehealth technology to facilitate increased access to audiology and  
20 speech-language pathology services.

## 22 SECTION 2. DEFINITIONS

23 As used in this Compact, and except as otherwise provided, the following definitions shall apply:

- 25 1. **"Active Duty Military"** means full-time duty status in the active uniformed service of the  
26 United States, including members of the National Guard and Reserve on active duty  
27 orders pursuant to 10 U.S.C. Section 1209 and 1211.
- 28 2. **"Adverse Action"** means any administrative, civil, equitable or criminal action permitted  
29 by a state's laws which is imposed by a licensing board or other authority against an  
30 audiologist or speech-language pathologist, including actions against an individual's  
31 license or privilege to practice such as revocation, suspension, probation, monitoring of  
32 the licensee, limitation on the licensee's practice, or any other encumbrance on licensure  
33 affecting an audiologist or speech-language pathologist's authorization to practice.

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- 34 3. **"Alternative Program"** means a non-disciplinary monitoring or practice remediation  
35 process approved by an audiology or speech-language pathology licensing board. This  
36 includes, but is not limited to, substance abuse issues.
- 37 4. **"Audiologist"** means an individual who is licensed by a state to practice audiology.
- 38 5. **"Audiology"** means the care and services provided by or under the direction and  
39 supervision of a licensed audiologist.
- 40 6. **"Audiology and Speech-Language Pathology Compact Commission" or**  
41 **"Commission"** means the national administrative body whose membership consists of  
42 all states that have enacted the Compact.
- 43 7. **"Audiology and speech-language pathology licensing board" or "licensing board"**  
44 means the agency of a state that is responsible for the licensing and regulation of  
45 audiologists and speech-language pathologists.
- 46 8. **"Compact privilege"** means the authorization granted by a remote state to allow a  
47 licensee from another member state to practice as an audiologist or speech-language  
48 pathologist in the remote state under its laws and rules. The practice of an audiology or  
49 speech-language pathology occurs in the member state where the patient/client is  
50 located at the time of the patient/client encounter.
- 51 9. **"Continuing education"** means a requirement, as a condition of license renewal, to  
52 provide evidence of participation in, and/or completion of, educational and professional  
53 activities relevant to practice or area of work.
- 54 10. **"Current significant investigative information"** means investigative information that a  
55 licensing board, after a preliminary inquiry that includes notification and an opportunity  
56 for the audiologist or speech-language pathologist to respond, if required by state law,  
57 has reason to believe is not groundless and, if proved true, would indicate more than a  
58 minor infraction.
- 59 11. **"Data system"** means a repository of information about licensees, including continuing  
60 education, examination, licensure, investigative, compact privilege, and adverse action.
- 61 12. **"Encumbered license"** means a license in which an adverse action affecting the  
62 license limits or restricts the practice of SLP/Audiology by the licensee. A license is not  
63 considered encumbered if the adverse action only imposes a reprimand with a  
64 monetary penalty or additional continuing education
- 65 13. **"Executive Board"** means a group of directors elected or appointed to act on behalf of,  
66 and within the powers granted to them by, the Commission.

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- 67 14. **"Home state"** means the member state that is the licensee's primary state of residence.
- 68 15. **"Licensee"** means an individual who currently holds an authorization from the state
- 69 licensing board to practice as an audiologist or speech-language pathologist.
- 70 16. **"Member state"** means a state that has enacted the Compact.
- 71 17. **"Privilege to practice"** means a legal authorization permitting the practice of audiology
- 72 or speech-language pathology in a remote state.
- 73 18. **"Remote State"** means a member state other than the home state, where a licensee is
- 74 exercising or seeking to exercise the compact privilege.
- 75 19. **"Rule"** means a regulation, principle, or directive promulgated by the Commission that
- 76 has the force of law.
- 77 20. **"Single-state license"** means an audiology or speech-language pathology license
- 78 issued by a member state that authorizes practice only within the issuing state and does
- 79 not include a privilege to practice in any other member state.
- 80 21. **"Speech-language pathologist"** means an individual who is licensed by a state to
- 81 practice speech-language pathology.
- 82 22. **"Speech-language pathology"** means the care and services provided by or under the
- 83 direction and supervision of a licensed speech-language pathologist.
- 84 23. **"State"** means any state, commonwealth, district, or territory of the United States of
- 85 America that regulates the practice of audiology and speech-language pathology.
- 86 24. **"State practice laws"** means a member state's laws, rules and regulations that govern
- 87 the practice of audiology or speech-language pathology, define the scope of audiology
- 88 or speech-language pathology practice, and create the methods and grounds for
- 89 imposing discipline. "State practice laws" do not include requirements necessary to
- 90 obtain and retain a license, except for qualifications or requirements of the home state.
- 91 25. **"Telehealth"** means the application of telecommunication technology to deliver
- 92 audiology or speech-language pathology services at a distance for assessment,
- 93 intervention and/or consultation.
- 94 a. A provider of telehealth services shall be competent in both the type of
- 95 services provided and the methodology and equipment used to provide the
- 96 services.
- 97 b. A provider of telehealth services must use methods for protecting
- 98 patient/client information that include authentication and encryption
- 99 technology.



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- 100 c. The standard of care shall be the same as if the audiology or speech-
- 101 language pathology services were delivered face-to-face.
- 102 d. It is the responsibility of the provider to determine candidacy and to ensure
- 103 that the patient/client is comfortable with the technology being utilized.
- 104 e. The patient/client shall be notified of telehealth services including but not
- 105 limited to the right to refuse telehealth services, options for service delivery,
- 106 and instructions on filing and resolving complaints, in all applicable
- 107 jurisdictions.
- 108

## **SECTION 3. STATE PARTICIPATION IN THE COMPACT**

- 110 A. A license issued to an audiologist or speech-language pathologist by a home
- 111 state to a resident in that state will be recognized by each member state as
- 112 authorizing an audiologist or speech-language pathologist to practice audiology
- 113 or speech-language pathology, under a privilege to practice, in each member
- 114 state.
- 115 B. A state must implement procedures for considering the criminal history records of
- 116 applicants for initial privilege to practice. Such procedures shall include the
- 117 submission of fingerprints or other biometric-based information by applicants for
- 118 the purpose of obtaining an applicant's criminal history record information from
- 119 the Federal Bureau of Investigation and the agency responsible for retaining that
- 120 state's criminal records.
- 121 C. Upon application for a privilege to practice, the licensing board in the issuing
- 122 member state shall ascertain, through the data system, whether the applicant
- 123 has ever held, or is the holder of, a license issued by any other state, whether
- 124 there are any encumbrances on any license or privilege to practice held by the
- 125 applicant, whether any adverse action has been taken against any license or
- 126 privilege to practice held by the applicant.
- 127 D. Each member state shall require an applicant to obtain or retain a license in the
- 128 home state and meet the home state's qualifications for licensure or renewal of
- 129 licensure, as well as, all other applicable state laws;
- 130 E. For an audiologist:

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- 131 1. On or before, December 31, 2007, has graduated with a Master's or Doctoral  
132 degree in audiology or equivalent degree regardless of degree name that is  
133 accredited by an accrediting agency recognized by the Council for Higher  
134 Education Accreditation or its successor or by the United States Department  
135 of Education and operated by a college or university accredited by a regional  
136 or national accrediting organization recognized by the board.
- 137 2. On or after, January 1, 2008, has graduated or is eligible to graduate with a  
138 Doctoral degree in audiology or equivalent degree regardless of degree name  
139 that is accredited by an accrediting agency recognized by the Council for  
140 Higher Education Accreditation or its successor or by the United States  
141 Department of Education and operated by a college or university accredited  
142 by a regional or national accrediting organization recognized by the board.
- 143 3. Has graduated from an audiology program that is housed in an institution of  
144 higher education outside of the United States (a) for which the program and  
145 institution have been approved by the authorized accrediting body in the  
146 applicable country and (b) the degree program has been verified by an  
147 independent credentials review agency to be comparable to a state licensing  
148 board-approved program;
- 149 4. Has, if a graduate of an audiology program not taught in English or if English  
150 is not the individual's native language, successfully passed an national  
151 English proficiency examination that includes the components of reading,  
152 speaking, writing and listening and approved by the Commission.
- 153 5. Has completed a supervised clinical practicum experience from an  
154 educational institution or its cooperating programs as required by the  
155 Commission;
- 156 6. Has successfully passed a national examination approved by the  
157 Commission;
- 158 7. Is eligible for or holds an active, unencumbered license;
- 159 8. Has not been convicted or found guilty, or has entered into an agreed  
160 disposition, of a felony related to the practice of audiology, under applicable  
161 state or federal criminal law;

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- 162 9. Has a valid United States Social Security number.
- 163 F. For a speech-language pathologist:
- 164 1. Has graduated or is eligible to graduate with a Master's degree from a
- 165 speech-language pathology program that is accredited by an organization
- 166 recognized by the United States Department of Education and operated by a
- 167 college or university accredited by a regional or national accrediting
- 168 organization recognized by the board.
- 169 2. Has graduated from a speech-language pathology program that is housed in
- 170 an institution of higher education outside of the United States (a) for which the
- 171 program and institution have been approved by the authorized accrediting
- 172 body in the applicable country and (b) the degree program has been verified
- 173 by an independent credentials review agency to be comparable to a state
- 174 licensing board-approved program;
- 175 3. Has, if a graduate of a speech-language pathology program not taught in
- 176 English or if English is not the individual's native language, successfully
- 177 passed a national English proficiency examination that includes the
- 178 components of reading, speaking, writing and listening and approved by the
- 179 Commission.
- 180 4. Has completed a supervised clinical practicum experience from an
- 181 educational institution or its cooperating programs as required by the
- 182 Commission;
- 183 5. Has completed a supervised postgraduate professional experience as
- 184 required by the Commission
- 185 6. Has successfully passed a national examination approved by the
- 186 Commission;
- 187 7. Is eligible for or holds an active, unencumbered license;
- 188 8. Has not been convicted or found guilty, or has entered into an agreed
- 189 disposition, of a felony related to the practice of speech pathology, under
- 190 applicable state or federal criminal law;
- 191 9. Has a valid United States Social Security number.
- 192 G. The privilege to practice is derived from the home state license.

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- 193 H. An audiologist or speech-language pathologist practicing in a member state must  
194 comply with the state practice laws of the state in which the client is located at  
195 the time service is provided. The practice of audiology and speech-language  
196 pathology shall include all audiology and speech-language pathology practice as  
197 defined by the state practice laws of the member state in which the client is  
198 located. The practice of audiology and speech-language pathology in a member  
199 state under a privilege to practice will subject an audiologist or speech-language  
200 pathologist to the jurisdiction of the licensing board, the courts and the laws of  
201 the member state in which the client is located at the time service is provided.
- 202 I. Individuals not residing in a member state shall continue to be able to apply for a  
203 member state's single- state license as provided under the laws of each member  
204 state. However, the single-state license granted to these individuals will not be  
205 recognized as granting the privilege to practice audiology or speech-language  
206 pathology in any other member state. Nothing in this Compact shall affect the  
207 requirements established by a member state for the issuance of a single-state  
208 license.
- 209 J. Member states may charge a fee for granting a compact privilege.
- 210 K. Member states must comply with the bylaws and rules and regulations of the  
211 Commission.

## 212 213 **SECTION 4. COMPACT PRIVILEGE**

- 214 A. To exercise the compact privilege under the terms and provisions of the  
215 Compact, the audiologist or speech-language pathologist shall:
- 216 1. Hold an active license in the home state;
  - 217 2. Have no encumbrance on any state license;
  - 218 3. Be eligible for a compact privilege in any member state in accordance with  
219 Section 4I, J, K and L;
  - 220 4. Have not had any adverse action against any license or compact privilege  
221 within the previous 2 years;
  - 222 5. Notify the Commission that the licensee is seeking the compact privilege  
223 within a remote state(s);

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- 224           6. Pay any applicable fees, including any state fee, for the compact privilege;  
225           7. Report to the Commission adverse action taken by any non-member state  
226           within 30 days from the date the adverse action is taken.
- 227       B. An audiologist or speech-language pathologist may hold a license, issued by the  
228           home state, in only one-member state at a time.
- 229       C. If an audiologist or speech-language pathologist changes primary state of  
230           residence by moving between two-member states, the audiologist or speech-  
231           language pathologist must apply for licensure in the new home state, and the  
232           license issued by the prior home state will be deactivated in accordance with  
233           applicable rules adopted by the Commission.
- 234       D. The audiologist or speech-language pathologist may apply for licensure in  
235           advance of a change in primary state of residence.
- 236       E. A license shall not be issued by the new home state until the audiologist or  
237           speech-language pathologist provides satisfactory evidence of a change in  
238           primary state of residence to the new home state and satisfies all applicable  
239           requirements to obtain a license from the new home state.
- 240       F. If an audiologist or speech-language pathologist changes primary state of  
241           residence by moving from a member state to a non-member state, the license  
242           issued by the prior home state will convert to a single-state license, valid only in  
243           the former home state.
- 244       G. The compact privilege is valid until the expiration date of the home license. The  
245           licensee must comply with the requirements of Section 5A to maintain the  
246           compact privilege in the remote state.
- 247       H. A licensee providing audiology or speech-language pathology services in a  
248           remote state under the compact privilege shall function within the laws and  
249           regulations of the remote state.
- 250       I. A licensee providing audiology or speech-language pathology services in a  
251           remote state is subject to that state's regulatory authority. A remote state may, in  
252           accordance with due process and that state's laws, remove a licensee's compact  
253           privilege in the remote state for a specific period of time, impose fines, and/or  
254           take any other necessary actions to protect the health and safety of its citizens.

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- 255 J. If a home state license is encumbered, the licensee shall lose the compact  
256 privilege in any remote state until the following occur:
- 257 a. The home state license is no longer encumbered; and
  - 258 b. Two years have elapsed from the date of the adverse action.
- 259 K. Once an encumbered license in the home state is restored to good standing, the  
260 licensee must meet the requirements of Section 4A to obtain a compact privilege  
261 in any remote state.
- 262 L. Once the requirements of Section 4J have been met, the licensee must meet the  
263 requirements in Section 4A to obtain a compact privilege in a remote state.

264

## **SECTION 5. COMPACT PRIVILEGE TO PRACTICE TELEHEALTH**

265 Member states shall recognize the right of an audiologist or speech-language  
266 pathologist, licensed by a home state in conformance with Section 3, to practice  
267 audiology or speech-language pathology in any member state via telehealth under a  
268 privilege to practice as provided in the Compact.

269

## **SECTION 6. ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES**

270

271 An active duty member, or his or her spouse, may designate a home state where the  
272 individual has a current license in good standing. The individual may retain the home  
273 state designation during the period the member is on active duty. Subsequent to  
274 designating a home state, the individual may only change home state through  
275 application for licensure in the new state.

276

## **SECTION 7. ADVERSE ACTIONS**

- 277
- 278 A. In addition to the other powers conferred by state law, a member state shall have  
279 the authority, in accordance with existing state due process law, to:
- 280 1. Take adverse action against an audiologist's or speech-language  
281 pathologist's privilege to practice within that member state.  
282
  - 283 a. Only the home state shall have the power to take adverse action against a  
284 audiologist's or speech-language pathologist's license issued by the home  
285 state.

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- 286           b. For purposes of taking adverse action, the home state licensing board  
287           shall give the same priority and effect to reported conduct received from a  
288           member state as it would if such conduct had occurred within the home  
289           state. In so doing, the home state shall apply its own state laws to  
290           determine appropriate action.
- 291           c. Complete any pending investigations of an audiologist or speech-  
292           language pathologist who changes primary state of residence during the  
293           course of such investigations. The licensing board shall also have the  
294           authority to take appropriate action(s) and shall promptly report the  
295           conclusions of such investigations to the administrator of the data system.  
296           The administrator of the coordinated licensure information system shall  
297           promptly notify the new home state of any such actions.
- 298           2. Issue subpoenas for both hearings and investigations that require the  
299           attendance and testimony of witnesses, as well as, the production of  
300           evidence. Subpoenas issued by a licensing board in a member state for the  
301           attendance and testimony of witnesses or the production of evidence from  
302           another member state shall be enforced in the latter state by any court of  
303           competent jurisdiction, according to the practice and procedure of that court  
304           applicable to subpoenas issued in proceedings pending before it. The issuing  
305           authority shall pay any witness fees, travel expenses, mileage and other fees  
306           required by the service statutes of the state in which the witnesses or  
307           evidence are located.
- 308           3. Fully implement a criminal background check requirement, within a time  
309           frame established by rule, by receiving the results of the Federal Bureau of  
310           Investigation record search on criminal background checks and use the  
311           results in making licensure decisions.
- 312           4. Communication between a member state and the Commission and among  
313           member states regarding the verification of eligibility for licensure through the  
314           Compact shall not include any information received from the Federal Bureau  
315           of Investigation relating to a federal criminal records check performed by a  
316           member state under Public Law 92-544.

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- 317 5. If otherwise permitted by state law, recover from the affected audiologist or  
318 speech-language pathologist the costs of investigations and disposition of  
319 cases resulting from any adverse action taken against that audiologist or  
320 speech-language pathologist.
- 321 6. Take adverse action based on the factual findings of the remote state,  
322 provided that the licensing board follows its own procedures for taking such  
323 adverse action.

## 324 B. Joint Investigations

- 325 1. In addition to the authority granted to a member state by its respective  
326 audiology or speech-language pathology practice act or other applicable state  
327 law, a member state may participate with other member states in joint  
328 investigations of licensees.
- 329 2. Member states shall share any investigative, litigation, or compliance  
330 materials in furtherance of any joint or individual investigation initiated under  
331 the Compact.

- 332 C. If adverse action is taken by the home state against an audiologist's or speech-  
333 language pathologist's license, the audiologist's or speech-language  
334 pathologist's privilege to practice in all other member states shall be deactivated  
335 until all encumbrances have been removed from the state license. All home state  
336 disciplinary orders that impose adverse action against an audiologist's or speech-  
337 language pathologist's license shall include a statement that the audiologist's or  
338 speech-language pathologist's privilege to practice is deactivated in all member  
339 states during the pendency of the order.

- 340 D. If a member state takes such action, it shall promptly notify the administrator of  
341 the data system. The administrator of the data system shall promptly notify the  
342 home state of any such actions by remote states.

- 343 E. Nothing in this Compact shall override a member state's decision that  
344 participation in an alternative program may be used in lieu of adverse action.

345

## 346 SECTION 8. ESTABLISHMENT OF THE AUDIOLOGY AND SPEECH-LANGUAGE 347 PATHOLOGY COMPACT COMMISSION



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- 348 A. The Compact member states hereby create and establish a joint public agency  
349 known as the Audiology and Speech-Language Pathology Compact Commission:  
350 1. The Commission is an instrumentality of the Compact states.  
351 2. Venue is proper and judicial proceedings by or against the Commission shall be  
352 brought solely and exclusively in a court of competent jurisdiction where the  
353 principal office of the Commission is located. The Commission may waive venue  
354 and jurisdictional defenses to the extent it adopts or consents to participate in  
355 alternative dispute resolution proceedings.  
356 3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.
- 357 B. Membership, Voting, and Meetings
- 358 1. Each member state shall have two (2) delegates selected by that member state's  
359 licensing board. One shall be an audiologist and one shall be a speech-  
360 language pathologist.
- 361 2. The delegate shall be a current member of the licensing board
- 362 3. An additional five (5) delegates, who are either a public member or board  
363 administrator from a state licensing board, shall be chosen by the Executive  
364 Committee from a pool of nominees provided by the Commission at Large.
- 365 4. Any delegate may be removed or suspended from office as provided by the law  
366 of the state from which the delegate is appointed.
- 367 5. The member state board shall fill any vacancy occurring on the Commission,  
368 within 90 days.
- 369 6. Each delegate shall be entitled to one (1) vote with regard to the promulgation of  
370 rules and creation of bylaws and shall otherwise have an opportunity to  
371 participate in the business and affairs of the Commission.
- 372 7. A delegate shall vote in person or by such other means as provided in the  
373 bylaws. The bylaws may provide for delegates' participation in meetings by  
374 telephone or other means of communication.
- 375 8. The Commission shall meet at least once during each calendar year. Additional  
376 meetings shall be held as set forth in the bylaws.
- 377 C. The Commission shall have the following powers and duties:  
378 1. Establish the fiscal year of the Commission;

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- 379 2. Establish bylaws;
- 380 3. Establish a Code of Ethics;
- 381 4. Maintain its financial records in accordance with the bylaws;
- 382 5. Meet and take such actions as are consistent with the provisions of this
- 383 Compact and the bylaws;
- 384 6. Promulgate uniform rules to facilitate and coordinate implementation and
- 385 administration of this Compact. The rules shall have the force and effect of
- 386 law and shall be binding in all member states;
- 387 7. Bring and prosecute legal proceedings or actions in the name of the
- 388 Commission, provided that the standing of any state audiology or speech-
- 389 language pathology licensing board to sue or be sued under applicable law
- 390 shall not be affected;
- 391 8. Purchase and maintain insurance and bonds;
- 392 9. Borrow, accept, or contract for services of personnel, including, but not limited
- 393 to, employees of a member state;
- 394 10. Hire employees, elect or appoint officers, fix compensation, define duties,
- 395 grant such individuals appropriate authority to carry out the purposes of the
- 396 Compact, and to establish the Commission's personnel policies and programs
- 397 relating to conflicts of interest, qualifications of personnel, and other related
- 398 personnel matters;
- 399 11. Accept any and all appropriate donations and grants of money, equipment,
- 400 supplies, materials and services, and to receive, utilize and dispose of the
- 401 same; provided that at all times the Commission shall avoid any appearance
- 402 of impropriety and/or conflict of interest;
- 403 12. Lease, purchase, accept appropriate gifts or donations of, or otherwise to
- 404 own, hold, improve or use, any property, real, personal or mixed; provided
- 405 that at all times the Commission shall avoid any appearance of impropriety;
- 406 13. Sell convey, mortgage, pledge, lease, exchange, abandon, or otherwise
- 407 dispose of any property real, personal, or mixed;
- 408 14. Establish a budget and make expenditures;
- 409 15. Borrow money;

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- 410 16. Appoint committees, including standing committees composed of members,  
411 and such other interested persons as may be designated in this Compact and  
412 the bylaws;
- 413 17. Provide and receive information from, and cooperate with, law enforcement  
414 agencies;
- 415 18. Establish and elect an Executive Board; and
- 416 19. Perform such other functions as may be necessary or appropriate to achieve  
417 the purposes of this Compact consistent with the state regulation of audiology  
418 and speech-language pathology licensure and practice.

## **D. The Executive Board**

420 The Executive Board shall have the power to act on behalf of the Commission  
421 according to the terms of this Compact:

- 422 1. The Executive Board shall be composed of ten (10) members:
- 423 a. Seven (7) voting members who are elected by the Commission from  
424 the current membership of the Commission;
  - 425 b. Two (2) ex-officios, consisting on one nonvoting member from a  
426 recognized national audiology professional association and one  
427 nonvoting member from a recognized national speech-language  
428 pathology association; and
  - 429 c. One (1) ex-officio, nonvoting member from the recognized  
430 membership organization of the audiology and speech-language  
431 pathology licensing boards.
- 432 2. The ex-officio members will be selected by their respective organizations.
- 433 3. The Commission may remove any member of the Executive Board as  
434 provided in bylaws.
- 435 4. The Executive Board shall meet at least annually.
- 436 5. The Executive Board shall have the following Duties and responsibilities:
- 437 a. Recommend to the entire Commission changes to the rules or bylaws,  
438 changes to this Compact legislation, fees paid by Compact member  
439 states such as annual dues, and any commission Compact fee  
440 charged to licensees for the compact privilege;

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- 441 b. Ensure Compact administration services are appropriately provided,  
442 contractual or otherwise;
- 443 c. Prepare and recommend the budget;
- 444 d. Maintain financial records on behalf of the Commission;
- 445 e. Monitor Compact compliance of member states and provide  
446 compliance reports to the Commission;
- 447 f. Establish additional committees as necessary; and
- 448 g. Other duties as provided in rules or bylaws.

449

## 450 E. Meetings of the Commission

- 451 1. All meetings shall be open to the public, and public notice of meetings shall  
452 be given in the same manner as required under the rulemaking provisions in  
453 Section 9.
- 454 2. The Commission or the Executive Board or other committees of the  
455 Commission may convene in a closed, non-public meeting if the Commission  
456 or Executive Board or other committees of the Commission must discuss:
  - 457 a. Non-compliance of a member state with its obligations under the  
458 Compact;
  - 459 b. The employment, compensation, discipline or other matters,  
460 practices or procedures related to specific employees or other  
461 matters related to the Commission's internal personnel practices and  
462 procedures;
  - 463 c. Current, threatened, or reasonably anticipated litigation;
  - 464 d. Negotiation of contracts for the purchase, lease, or sale of goods,  
465 services, or real estate;
  - 466 e. Accusing any person of a crime or formally censuring any person;
  - 467 f. Disclosure of trade secrets or commercial or financial information that  
468 is privileged or confidential;
  - 469 g. Disclosure of information of a personal nature where disclosure  
470 would constitute a clearly unwarranted invasion of personal privacy;

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- 471 h. Disclosure of investigative records compiled for law enforcement  
472 purposes;
- 473 i. Disclosure of information related to any investigative reports  
474 prepared by or on behalf of or for use of the Commission or other  
475 committee charged with responsibility of investigation or  
476 determination of compliance issues pursuant to the Compact; or
- 477 j. Matters specifically exempted from disclosure by federal or member  
478 state statute.
- 479 3. If a meeting, or portion of a meeting, is closed pursuant to this provision, the  
480 Commission's legal counsel or designee shall certify that the meeting may be  
481 closed and shall reference each relevant exempting provision.
- 482 4. The Commission shall keep minutes that fully and clearly describe all matters  
483 discussed in a meeting and shall provide a full and accurate summary of  
484 actions taken, and the reasons therefor, including a description of the views  
485 expressed. All documents considered in connection with an action shall be  
486 identified in such minutes. All minutes and documents of a closed meeting  
487 shall remain under seal, subject to release by a majority vote of the  
488 Commission or order of a court of competent jurisdiction.
- 489 **F. Financing of the Commission**
- 490 1. The Commission shall pay, or provide for the payment of, the reasonable  
491 expenses of its establishment, organization, and ongoing activities.
- 492 2. The Commission may accept any and all appropriate revenue sources,  
493 donations, and grants of money, equipment, supplies, materials, and  
494 services.
- 495 3. The Commission may levy on and collect an annual assessment from each  
496 member state or impose fees on other parties to cover the cost of the  
497 operations and activities of the Commission and its staff, which must be in a  
498 total amount sufficient to cover its annual budget as approved each year for  
499 which revenue is not provided by other sources. The aggregate annual  
500 assessment amount shall be allocated based upon a formula to be

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501 determined by the Commission, which shall promulgate a rule binding upon  
502 all member states.

503 4. The Commission shall not incur obligations of any kind prior to securing the  
504 funds adequate to meet the same; nor shall the Commission pledge the credit  
505 of any of the member states, except by and with the authority of the member  
506 state.

507 5. The Commission shall keep accurate accounts of all receipts and  
508 disbursements. The receipts and disbursements of the Commission shall be  
509 subject to the audit and accounting procedures established under its bylaws.  
510 However, all receipts and disbursements of funds handled by the Commission  
511 shall be audited yearly by a certified or licensed public accountant, and the  
512 report of the audit shall be included in and become part of the annual report of  
513 the Commission.

## 514 G. Qualified Immunity, Defense, and Indemnification

515 1. The members, officers, executive director, employees and representatives of  
516 the Commission shall be immune from suit and liability, either personally or in  
517 their official capacity, for any claim for damage to or loss of property or  
518 personal injury or other civil liability caused by or arising out of any actual or  
519 alleged act, error or omission that occurred, or that the person against whom  
520 the claim is made had a reasonable basis for believing occurred within the  
521 scope of Commission employment, duties or responsibilities; provided that  
522 nothing in this paragraph shall be construed to protect any such person from  
523 suit and/or liability for any damage, loss, injury, or liability caused by the  
524 intentional or willful or wanton misconduct of that person.

525 2. The Commission shall defend any member, officer, executive director,  
526 employee or representative of the Commission in any civil action seeking to  
527 impose liability arising out of any actual or alleged act, error, or omission that  
528 occurred within the scope of Commission employment, duties, or  
529 responsibilities, or that the person against whom the claim is made had a  
530 reasonable basis for believing occurred within the scope of Commission  
531 employment, duties, or responsibilities; provided that nothing herein shall be

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532 construed to prohibit that person from retaining his or her own counsel; and  
533 provided further, that the actual or alleged act, error, or omission did not result  
534 from that person's intentional or willful or wanton misconduct.

535 3. The Commission shall indemnify and hold harmless any member, officer,  
536 executive director, employee, or representative of the Commission for the  
537 amount of any settlement or judgment obtained against that person arising  
538 out of any actual or alleged act, error or omission that occurred within the  
539 scope of Commission employment, duties, or responsibilities, or that such  
540 person had a reasonable basis for believing occurred within the scope of  
541 Commission employment, duties, or responsibilities, provided that the actual  
542 or alleged act, error, or omission did not result from the intentional or willful or  
543 wanton misconduct of that person.

544

## 545 **SECTION 9. DATA SYSTEM**

546 A. The Commission shall provide for the development, maintenance, and utilization of a  
547 coordinated database and reporting system containing licensure, adverse action,  
548 and investigative information on all licensed individuals in member states.

549 B. Notwithstanding any other provision of state law to the contrary, a member state  
550 shall submit a uniform data set to the data system on all individuals to whom this  
551 Compact is applicable as required by the rules of the Commission, including:

552 1. Identifying Information;

553 2. Licensure data;

554 3. Adverse actions against a license or compact privilege;

555 4. Non-confidential information related to alternative program participation;

556 5. Any denial of application for licensure, and the reason(s) for such denial; and

557 6. Other information that may facilitate the administration of this Compact, as  
558 determined by the rules of the Commission.

559 C. Investigative information pertaining to a licensee in any member state will only be  
560 available to other member states.

561 D. The Commission shall promptly notify all member states of any adverse action taken  
562 against a licensee or an individual applying for a license. Adverse action information

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563       pertaining to a licensee in any member state will be available to any other member  
564       state.

565       E. Member states contributing information to the data system may designate  
566       information that may not be shared with the public without the express permission of  
567       the contributing state.

568       F. Any information submitted to the data system that is subsequently required to be  
569       expunged by the laws of the member state contributing the information shall be  
570       removed from the data system.

571

## **572       SECTION 10. RULEMAKING**

573       A. The Commission shall exercise its rulemaking powers pursuant to the criteria set  
574       forth in this Section and the rules adopted thereunder. Rules and amendments shall  
575       become binding as of the date specified in each rule or amendment.

576       B. If a majority of the legislatures of the member states rejects a rule, by enactment of a  
577       statute or resolution in the same manner used to adopt the Compact within 4 years  
578       of the date of adoption of the rule, then such rule shall have no further force and  
579       effect in any member state.

580       C. Rules or amendments to the rules shall be adopted at a regular or special meeting of  
581       the Commission.

582       D. Prior to promulgation and adoption of a final rule or rules by the Commission, and at  
583       least thirty (30) days in advance of the meeting at which the rule will be considered  
584       and voted upon, the Commission shall file a Notice of Proposed Rulemaking:

- 585       1. On the website of the Commission or other publicly accessible platform; and  
586       2. On the website of each member state audiology or speech-language pathology  
587       licensing board or other publicly accessible platform or the publication in which  
588       each state would otherwise publish proposed rules.

589       E. The Notice of Proposed Rulemaking shall include:

590       1. The proposed time, date, and location of the meeting in which the rule will be  
591       considered and voted upon;

592       2. The text of the proposed rule or amendment and the reason for the proposed  
593       rule;



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- 594 3. A request for comments on the proposed rule from any interested person; and  
595 4. The manner in which interested persons may submit notice to the Commission of  
596 their intention to attend the public hearing and any written comments.
- 597 F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit  
598 written data, facts, opinions, and arguments, which shall be made available to the  
599 public.
- 600 G. The Commission shall grant an opportunity for a public hearing before it adopts a  
601 rule or amendment if a hearing is requested by:
- 602 1. At least twenty-five (25) persons;  
603 2. A state or federal governmental subdivision or agency; or  
604 3. An association having at least twenty-five (25) members.
- 605 H. If a hearing is held on the proposed rule or amendment, the Commission shall  
606 publish the place, time, and date of the scheduled public hearing. If the hearing is  
607 held via electronic means, the Commission shall publish the mechanism for access  
608 to the electronic hearing.
- 609 1. All persons wishing to be heard at the hearing shall notify the executive director  
610 of the Commission or other designated member in writing of their desire to  
611 appear and testify at the hearing not less than five (5) business days before the  
612 scheduled date of the hearing.
- 613 2. Hearings shall be conducted in a manner providing each person who wishes to  
614 comment a fair and reasonable opportunity to comment orally or in writing.
- 615 3. All hearings will be recorded. A copy of the recording will be made available on  
616 request.
- 617 4. Nothing in this section shall be construed as requiring a separate hearing on  
618 each rule. Rules may be grouped for the convenience of the Commission at  
619 hearings required by this section.
- 620 I. Following the scheduled hearing date, or by the close of business on the scheduled  
621 hearing date if the hearing was not held, the Commission shall consider all written  
622 and oral comments received.

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- 623 J. If no written notice of intent to attend the public hearing by interested parties is  
624 received, the Commission may proceed with promulgation of the proposed rule  
625 without a public hearing.
- 626 K. The Commission shall, by majority vote of all members, take final action on the  
627 proposed rule and shall determine the effective date of the rule, if any, based on the  
628 rulemaking record and the full text of the rule.
- 629 L. Upon determination that an emergency exists, the Commission may consider and  
630 adopt an emergency rule without prior notice, opportunity for comment, or hearing,  
631 provided that the usual rulemaking procedures provided in the Compact and in this  
632 section shall be retroactively applied to the rule as soon as reasonably possible, in  
633 no event later than ninety (90) days after the effective date of the rule. For the  
634 purposes of this provision, an emergency rule is one that must be adopted  
635 immediately in order to:
- 636 1. Meet an imminent threat to public health, safety, or welfare;
  - 637 2. Prevent a loss of Commission or member state funds;
  - 638 3. Meet a deadline for the promulgation of an administrative rule that is established  
639 by federal law or rule; or
  - 640 4. Protect public health and safety.
- 641 M. The Commission or an authorized committee of the Commission may direct  
642 revisions to a previously adopted rule or amendment for purposes of correcting  
643 typographical errors, errors in format, errors in consistency, or grammatical errors.  
644 Public notice of any revisions shall be posted on the website of the Commission. The  
645 revision shall be subject to challenge by any person for a period of thirty (30) days  
646 after posting. The revision may be challenged only on grounds that the revision  
647 results in a material change to a rule. A challenge shall be made in writing and  
648 delivered to the chair of the Commission prior to the end of the notice period. If no  
649 challenge is made, the revision will take effect without further action. If the revision is  
650 challenged, the revision may not take effect without the approval of the Commission.

651

## **SECTION 11. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT**

### **A. Dispute Resolution**

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- 654 1. Upon request by a member state, the Commission shall attempt to resolve  
655 disputes related to the Compact that arise among member states and between  
656 member and non-member states.
- 657 2. The Commission shall promulgate a rule providing for both mediation and binding  
658 dispute resolution for disputes as appropriate.

## 659 B. Enforcement

- 660 1. The Commission, in the reasonable exercise of its discretion, shall enforce the  
661 provisions and rules of this Compact.
- 662 2. By majority vote, the Commission may initiate legal action in the United States  
663 District Court for the District of Columbia or the federal district where the  
664 Commission has its principal offices against a member state in default to enforce  
665 compliance with the provisions of the Compact and its promulgated rules and  
666 bylaws. The relief sought may include both injunctive relief and damages. In the  
667 event judicial enforcement is necessary, the prevailing member shall be awarded  
668 all costs of such litigation, including reasonable attorney's fees.
- 669 3. The remedies herein shall not be the exclusive remedies of the Commission. The  
670 Commission may pursue any other remedies available under federal or state law.

671

## 672 SECTION 12. DATE OF IMPLEMENTATION OF THE INTERSTATE COMMISSION 673 FOR AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY PRACTICE AND 674 ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT

- 675 A. The Compact shall come into effect on the date on which the Compact statute is  
676 enacted into law in the tenth member state. The provisions, which become effective  
677 at that time, shall be limited to the powers granted to the Commission relating to  
678 assembly and the promulgation of rules. Thereafter, the Commission shall meet and  
679 exercise rulemaking powers necessary to the implementation and administration of  
680 the Compact.
- 681 B. Any state that joins the Compact subsequent to the Commission's initial adoption of  
682 the rules shall be subject to the rules as they exist on the date on which the  
683 Compact becomes law in that state. Any rule that has been previously adopted by

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684 the Commission shall have the full force and effect of law on the day the Compact  
685 becomes law in that state.

686 C. Any member state may withdraw from this Compact by enacting a statute repealing  
687 the same.

688 1. A member state's withdrawal shall not take effect until six (6) months after  
689 enactment of the repealing statute.

690 2. Withdrawal shall not affect the continuing requirement of the withdrawing state's  
691 audiology or speech-language pathology licensing board to comply with the  
692 investigative and adverse action reporting requirements of this act prior to the  
693 effective date of withdrawal.

694 D. Nothing contained in this Compact shall be construed to invalidate or prevent any  
695 audiology or speech-language pathology licensure agreement or other cooperative  
696 arrangement between a member state and a non-member state that does not  
697 conflict with the provisions of this Compact.

698 E. This Compact may be amended by the member states. No amendment to this  
699 Compact shall become effective and binding upon any member state until it is  
700 enacted into the laws of all member states.

701

## 702 **SECTION 13. CONSTRUCTION AND SEVERABILITY**

703 This Compact shall be liberally construed so as to effectuate the purposes thereof. The  
704 provisions of this Compact shall be severable and if any phrase, clause, sentence or  
705 provision of this Compact is declared to be contrary to the constitution of any member  
706 state or of the United States or the applicability thereof to any government, agency,  
707 person or circumstance is held invalid, the validity of the remainder of this Compact and  
708 the applicability thereof to any government, agency, person or circumstance shall not be  
709 affected thereby. If this Compact shall be held contrary to the constitution of any  
710 member state, the Compact shall remain in full force and effect as to the remaining  
711 member states and in full force and effect as to the member state affected as to all  
712 severable matters.

713

## 714 **SECTION 14. BINDING EFFECT OF COMPACT AND OTHER LAWS**

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- 715 A. Nothing herein prevents the enforcement of any other law of a member state that is  
716 not inconsistent with the Compact.
- 717 B. All laws in a member state in conflict with the Compact are superseded to the extent  
718 of the conflict.
- 719 C. All lawful actions of the Commission, including all rules and bylaws promulgated by  
720 the Commission, are binding upon the member states.
- 721 D. All agreements between the Commission and the member states are binding in  
722 accordance with their terms.
- 723 E. In the event any provision of the Compact exceeds the constitutional limits imposed  
724 on the legislature of any member state, such provision shall be ineffective to the  
725 extent of the conflict with the constitutional provision in question in that member  
726 state.

**Leslie Knachel**

---

**From:** audbd@dhp.virginia.gov  
**Subject:** FW: FW: Virginia Telepractice Guidelines

**From:** Jennifer Ruckner [REDACTED]  
**Sent:** Tuesday, November 27, 2018 2:14 PM  
**To:** [leslie.knachel@dhp.virginia.gov](mailto:leslie.knachel@dhp.virginia.gov)  
**Subject:** Virginia Telepractice Guidelines

Leslie,

I am the Chairman of the Virginia Telpractice Committee. This past summer the committee submitted Telepractice Guidelines for review by the SHAV Board. At the beginning of November 2018, the Telepractice Guidelines were approved by SHAV to encourage best practices in the State of Virginia. The goal of SHAV is to move forward with these types of guidelines in hopes of securing third party reimbursements from Medicaid and Medicare eventually and all insurance. Our understanding from speaking to other states who have guidelines in place is that the key to moving forward is to get adoption of guidelines from the state association (SHAV) and to submit these guidelines to the regulatory board (Board of Audiology and Speech-Language Pathology). We are offering them to you to preview and then contact me with any questions. I look forward to an opportunity to discuss this further with you.

Sincerely,

Jennifer Ruckner, MS CCC-SLP

Chairman of Virginia Telepractice Committee

---

[REDACTED]  
[REDACTED]  
[REDACTED]

The information transmitted is intended solely for the individual or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking action in reliance upon the information by persons or entities other

# **DRAFT Proposal for Telepractice Guidelines for Speech-Language Pathologists and Audiologists Practicing in the Commonwealth of Virginia**

Submitted by SHAV Ad Hoc Committee on Telepractice

Kellyn Hall (Chair)

Judith C. Turcott

Patti Minicucci

Collette Reynolds

Joyce Sunday

Cornelia H. Long

## **Terms:**

(1) "Facilitator" means a trained individual who is physically present with the patient and facilitates telepractice at the direction of an audiologist or speech-language pathologist. A facilitator may be but is not limited to an audiology or speech-language pathology aide or assistant.

(2) "Patient" means a consumer of services from an audiologist or speech-language pathologist, including a consumer of those services provided through telepractice.

(3) "Telepractice" means the application of telecommunications technology to the delivery of speech language pathology and audiology professional services at a distance by linking clinician to client or clinician to clinician for assessment, intervention, and/or consultation.

(4) "Asynchronous" means a method of exchanging information that does not require the patient and the provider to be available at the same time. Examples of such communication, also known as "store-and-forward" transmission, include e-mails, faxes, recorded video clips, audio files and virtual technologies and e-learning programs.

(5) "Synchronous" means interactive transmission of data occurring bi-directionally in real time and requiring the patient and the provider be available at the same time.

## **Scope of Telepractice and Requirements:**

(1) The quality of services provided through telepractice must be equivalent to the quality of audiology or speech-language pathology services that are provided in person and must conform to all existing state, federal, and institutional professional standards, policies, and requirements for audiologists and speech-language pathologists.

(2) Technology used to provide telepractice, including but not limited to equipment, connectivity, software, hardware, and network compatibility, must be appropriate for the service being delivered and must address the unique needs of each patient. Audio and video quality utilized in telepractice must be sufficient to deliver services that are equivalent to services that are provided in person. A person providing telepractice services is responsible for calibrating clinical instruments in accordance with standard operating procedures and the manufacturer's specifications.

- (3) A person providing telepractice services shall comply with all state and federal laws, rules, and regulations governing the maintenance of patient records, including maintaining patient confidentiality and protecting sensitive patient data.
- (4) A person providing telepractice services shall conduct an initial assessment of each patient's candidacy for telepractice, including the patient's behavioral, physical, and cognitive abilities to participate in services provided through telepractice. Telepractice may not be provided only through written correspondence or audio only communication.
- (5) At a minimum, a person providing telepractice services shall provide a written notice of telepractice services to each patient and, if applicable, the patient's guardian, caregiver, or multidisciplinary team. The notification must provide that a patient has the right to refuse telepractice services and has options for service delivery and must include instructions on filing and resolving complaints.

#### **Provision of Telepractice Services:**

- (1) The provision of speech-language pathology or audiology services in this state through telepractice, regardless of the physical location of the speech-language pathologist or audiologist, constitutes the practice of speech-language pathology or audiology and is subject to state licensure requirements and regulation by the board.
- (2) No person licensed as a speech-language pathologist or audiologist in another state may engage in the practice of speech-language pathology or audiology in Virginia, including telepractice services, unless a license to practice has been issued in Virginia.
- (3) A person located outside this state who provides speech-language pathology or audiology telepractice services to any patient in Virginia shall be appropriately licensed in the jurisdiction in which the person providing telepractice services is located as well as in the jurisdiction in which the client receiving telepractice services is located.
- (4) An audiology aide or assistant or a speech-language pathology aide or assistant may not engage in telepractice. This section does not prohibit an audiology aide or assistant or a speech-language pathology aide or assistant from serving as a facilitator.
- (5) All telepractitioners must abide by any statute or rule of this state governing the maintenance of patient records and patient confidentiality, regardless of the state where the records are maintained.

#### **Quality of Telepractice Services:**

- (1) Elements of quality assurance include the competency of licensees, selection of patients, appropriateness of technology to the service being delivered, identification of appropriate outcome measures, collection of data, and satisfaction of the patient, caregiver, and provider.
- (2) Telepractice services must conform to professional standards, including all appropriate and ASHA codes of ethics.
- (3) Licensees shall not engage in false, misleading, or deceptive advertising of



telepractice services.

(4) Telepractice services may not be provided solely by correspondence, e.g., mail, e-mail, and faxes, although such may be adjuncts to telepractice.

(5) Licensees shall engage in only those aspects of the professions that are within the scope of their competence, considering their level of education, training, and experience.

(6) Telepractice services must be in compliance with safety and infection control policies and procedures.

(7) Prior to initiating services, a speech-language pathologist or audiologist shall:

(a) make reasonable attempts to verify the identity of the patient;

(b) obtain alternative means of contacting the patient other than electronically;

(c) provide to the patient alternative means of contacting the licensee other than electronically;

(d) document whether the patient has the necessary knowledge and skills to benefit from the type of telepractice provided by the licensee;

(e) determine the availability of a facilitator, if needed, with the necessary level of training to assist at the patient's location;

(f) provide orientation and training to the patient in the use of telepractice equipment and the telepractice protocol at an appropriate level for the patient; and

(g) inform the patient in writing of the following:

(i) the limitations of using technology in the provision of telepractice;

(ii) the potential risks to the confidentiality of information due to technology used in telepractice;

(iii) the potential risks of disruption in the use of telepractice;

(iv) when and how the licensee will respond to routine electronic messages;

(v) in what circumstances the licensee will use alternative communications for emergency purposes;

(vi) who else may have access to patient communications with the licensee;

(vii) how communications can be directed to a specific licensee;

(viii) how the licensee stores electronic communications from the patient; and

(ix) that the licensee may elect to discontinue the provision of telepractice services.

(8) The written document required by (7)(g) shall be signed by both the licensee and the patient and maintained in the clinical record. If the patient is a minor, the document shall be signed by the patient's parent or guardian.

#### **Telepractice Competencies:**

(1) A licensee using telepractice to deliver services shall:

(a) complete four hours of board-approved telepractice training prior to engaging in telepractice in Virginia;

(b) limit telepractice services to the licensee's scope of practice;

(c) maintain continuing competency or associate with a group who has experience in telepractice delivery of care;

(d) establish and abide by written policies addressing:

- a. methods for protecting health information that include authentication and encryption technology;
- b. limiting access to protected health information to only those necessary for the provision of services or those required by law; and
- c. ensuring that confidential communications obtained and stored electronically cannot be recovered and accessed by unauthorized persons when the licensee disposes of electronic equipment and data.

June 2018

## Virginia Board of Audiology and Speech-Language Pathology

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

#### Applicable Regulation

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

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

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

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

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

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

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

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

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

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

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

### Guidance

#### **Types of CE**

The Board makes the following recommendations concerning continuing education hours:

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

**As of January 1, 2018, clinical supervision may not be used to meet CE requirements**

#### **CE Extension Requests**

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

#### **CE Exemptions**

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

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

**CE Audit Procedures**

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

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

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

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

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

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

**§ 54.1-2401. Monetary penalty.**

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

DRAFT 02.19.2019

**Criteria for this report:**

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

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

Board	Occupation	State	License Status	License Count
<b>Speech Pathology/Audiology</b>				
<b>Audiologist</b>				
	Audiologist	Virginia	Current Active	373
	Audiologist	Virginia	Current Inactive	7
	Audiologist	Out of state	Current Active	113
	Audiologist	Out of state	Current Inactive	8
	<b>Total for Audiologist</b>			<b>501</b>
<b>Continuing Education Sponsor</b>				
	Continuing Education Sponsor	Virginia	Current Active	10
	Continuing Education Sponsor	Out of state	Current Active	5
	<b>Total for Continuing Education Sponsor</b>			<b>15</b>
<b>School Speech-Language Pathologist</b>				
	School Speech-Language Pathologist	Virginia	Current Active	375
	School Speech-Language Pathologist	Virginia	Current Inactive	2
	School Speech-Language Pathologist	Out of state	Current Active	24
	School Speech-Language Pathologist	Out of state	Current Inactive	3
	<b>Total for School Speech-Language Pathologist</b>			<b>404</b>
<b>Speech-Language Pathologist</b>				
	Speech-Language Pathologist	Virginia	Current Active	3,448
	Speech-Language Pathologist	Virginia	Current Inactive	32
	Speech-Language Pathologist	Virginia	Probation - Current	1
	Speech-Language Pathologist	Out of state	Current Active	578
	Speech-Language Pathologist	Out of state	Current Inactive	45
	<b>Total for Speech-Language Pathologist</b>			<b>4,104</b>
<b>Total for Speech Pathology/Audiology</b>				<b>5,024</b>

**CURRENT ACTIVE & INACTIVE LICENSES BY BOARD AND OCCUPATION AS OF THE LAST DAY OF THE PERIOD SPECIFIED**

License Type	2015	FY2016	FY2017	2018	2019
Audiologist	497	513	503	521	501
Continuing Education Provider	14	deleted	NA	NA	NA
School Speech-Language Pathologist	466	497	479	448	404
Speech-Language Pathologist	3812	3868	3974	4251	4104
<b>Total</b>	<b>4789</b>	<b>4878</b>	<b>4971</b>	<b>5220</b>	<b>5006</b>

Virginia Department of Health Professions  
Cash Balance  
As of December 31, 2018

	<u>115- Audiology and Speech Lang</u>
<b>Board Cash Balance as June 30, 2018</b>	<b>\$ 626,018</b>
<b>YTD FY19 Revenue</b>	<b>273,565</b>
<b>Less: YTD FY19 Direct and Allocated Expenditures</b>	<b>183,881</b>
<b>Board Cash Balance as December 31, 2018</b>	<b><u>\$ 715,702</u></b>



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### 32nd Annual NCSB Conference

The Historic Menger Hotel reigns as the oldest continuously operating hotel west of the Mississippi. Just steps from the Alamo, this has played host to generations of guests who delight in its architectural grandeur, glamorous public spaces and thoughtful modern amenities. From its museum-worthy furnishings, walls and display cases crowded with mementoes and photographs that capture history to its celebrated mango ice cream, the Menger is the essence of San Antonio. Its Spanish Courtyard garden, filled with palm and a 3-tiered fountain, is one of the most peaceful in town.

The 2019 NCSB Workshop and Conference will be held on Thursday, September 26, 2019, through Saturday, September 28, 2019 at Menger Hotel, 204 Alamo Plaza, San Antonio, Texas.

#### Hotel Group Room Rates

\$129 Single, Double, Triple or Quad plus 16.75% tax. Effective 1/1/2019 a 1.25% San Antonio Tourism PID (Public Improvement) will be applied to each taxable room night. The group rate may be honored three days before and three days after the group block availability. Check-in time is after 3:00 pm and check-out time is 11:00 am. If any participant decides to leave earlier than the scheduled departure date when participant is in-house at the hotel, there will be a charge of \$75.00 plus 16.75% tax early departure fee charge individual participant.

#### Hotel Reservations

Individuals may make their reservations directly with the hotel Reservations Department by calling 24 hour toll-free reservations at 9285. Reservations cancelled after 48 hours prior to arrival will be assessed one night's room and tax. The group rate is available until September 8, 2019 or when rooms sell out.

Complimentary Internet Access will be provided to hotel guests in guest rooms and meeting space.

#### Parking

2019 Overnight parking rates are: \$25.00 plus tax (subject to availability). Day or Event parking is \$20.00 plus tax, subject to availability. There are no accommodations for bus parking at hotel. There are various city lots around hotel from \$12.00 to \$20.00 a day.

**Airport Transportation**

There is a city shuttle called "Super Shuttle" that leaves every 15-30 minutes from outside the baggage claim area at the airport. It makes several hotel drop offs. Cost is \$15.00 one way or \$20.00 round trip. Taxi ranges from \$25.00 to \$30.00 and will charge flat for three people.



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**CONTACT**  
3416 Primm Lane  
Birmingham, Alabama 35216  
Phone: 205-823-6106  
Fax: 205-824-7700  
Email: [info@ncsb.info](mailto:info@ncsb.info)

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## Conference Schedule

Time	Thursday	Room
	Pre-Conference Workshop - Training for Board Members <i>(Additional Fee Required)</i>	
Time	Friday	Room
8:00 - 8:30	Registration & Continental Breakfast	
8:30 - 8:45	Welcome and Opening	
8:45 - 10:00	Session 1	
10:00 - 10:15	BREAK	
10:15 - 11:00	Session 2	
11:00 - 11:30	Session 3	
11:30 - 1:00	LUNCH	
1:00 - 2:15	Session 4	
2:15 - 2:30	BREAK	
2:30 - 3:30	Session 5	
3:30 - 4:30	Session 6	
Time	Saturday	Room
8:30 - 10:30	Session 7	
10:30 - 10:45	BREAK	
10:45 - 11:45	Session 8	
11:45 - 12:00	Session 9	



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**CONTACT**  
 3416 Primm Lane  
 Birmingham, Alabama 35216  
 Phone: 205-823-6106  
 Fax: 205-824-7700  
 Email: [info@ncsb.info](mailto:info@ncsb.info)

# **AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY**

## **2020 CALENDAR**

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