SECTION .0100 - GENERAL PROVISIONS

21 NCAC 64 .0101 NAME AND ADDRESS OF AGENCY
The name of the agency shall be the Board of Examiners for Speech and Language Pathologists and Audiologists. The address of this agency is P.O. Box 16885, Greensboro, North Carolina 27416-0885. The purpose of this Board is to administer the provisions of the North Carolina General Statutes contained in Chapter 90, Article 22. The office hours of this agency shall be by appointment only. Appointments shall be made upon written request to the Board at the agency address.

History Note: Authority G.S. 90-304(a)(3); 150B-21.5(a)(5);
Eff. February 9, 1976;
Amended Eff. December 1, 2013; May 1, 1989; December 7, 1978;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0102 APPLICATION
Applicants for a license must submit Form A, Application Form approved by the Board, and the fee prescribed to the Board. Checks should be made payable to the Board of Examiners SLPA.

History Note: Authority G.S. 90-295; 90-304(a)(3); 90-305;
Eff. February 9, 1976;
Amended Eff. May 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0103 EXAMINATIONS
The special examinations in speech and language pathology and audiology, which are part of the National Teacher's Examination, administered by the Educational Testing Service, will constitute the written examination required.

History Note: Authority G.S. 90-295(5); 90-296(a); 90-304(a)(3);
Eff. February 9, 1976;
Amended Eff. December 1, 2013;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0104 SUPPLEMENTAL INFORMATION FOR APPLICATION
The Board may require such supplemental information to the application as it deems necessary to determine the facts governing qualifications for licensure. The procedure for gathering such information may include subpoenas, depositions, affidavits, transcripts, audits, hearings and individual appearances before the Board.

History Note: Authority G.S. 90-304(a)(1),(2),(3);
Eff. February 9, 1976;
Amended Eff. May 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0105 OFFICIAL SEAL
The official seal of the Board, bearing upon its face the words State of North Carolina, Board of Examiners for Speech and Language Pathologists and Audiologists, shall be used on all official documents of the Board.

History Note: Authority G.S. 90-304(a)(6);
Eff. February 9, 1976;
Amended Eff. May 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.
21 NCAC 64 .0106  PLAN FOR AND REPORT OF SUPERVISED PROFESSIONAL EXPERIENCE
Applicants must submit Form B, Plan for Supervised Experience, before being approved for a temporary license, and within 20 days of the completion of the supervised experience they must submit Form C, Report of Supervised Experience. Form B requires the name and address of applicant, the name and address of the applicant's supervisor, the number of hours per month of various clinical activities, and the number of hours per month of various types of supervision. Form C requires name and address of the applicant, the name and address of the applicant's supervisor, the beginning and ending dates of the supervision period, the frequency and types of supervision actually provided, and an evaluation of the applicant in the area for which a license is sought.

History Note:  Authority G.S. 90-298;
Eff. November 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0107  APPROVAL OF TRAINING CENTER NON-DEGREE PROGRAMS

History Note:  Authority G.S. 90-294(c)(2);
Eff. November 1, 1989;
Expired Eff. November 1, 2016 pursuant to G.S. 150B-21.3A.

21 NCAC 64 .0108  WAIVER
The Board may waive any rule in this Chapter that is not statutorily required if a licensee submits a written request. Factors the Board shall use in determining whether to grant the waiver are:

(1) degree of disruption to the Board;
(2) cost to the Board;
(3) degree of benefit to the public;
(4) whether the requesting party had control over the circumstances that required the requested waiver;
(5) notice to and opposition by the public;
(6) need for the waiver; and
(7) previous requests for waivers submitted from the requesting party.

History Note:  Authority G.S. 90-304; 150B-19(6);
Emergency Adoption Eff. April 24, 2020;
Temporary Adoption Eff. June 26, 2020;
Eff. June 1, 2021.

SECTION .0200 - INTERPRETATIVE RULES

21 NCAC 64 .0201  BONA FIDE PRACTICE

History Note:  Authority G.S. 90-297(c); 90-304(3);
Eff. February 9, 1976;

21 NCAC 64 .0202  ACTIVELY ENGAGED
21 NCAC 64 .0203  DATE OF ISSUE

History Note:  Authority G.S. 90-297(c); 90-298(b),(d); 90-304(3);
Eff. February 9, 1976;

21 NCAC 64 .0204  EXEMPTIONS

History Note:  Authority G.S. 90-294(c)(4); 90-304(a)(3);
Eff. February 9, 1976;
21 NCAC 64 .0205 INCLUSIVE DATES OF SUPERVISED PROFESSIONAL EXPERIENCE

History Note: Authority G.S. 90-304(a)(3);
Eff. November 1, 1989;
Expired Eff. November 1, 2016 pursuant to G.S. 150B-21.3A.

21 NCAC 64 .0206 SUPERVISION OF PROFESSIONAL EXPERIENCE

(a) The Board interprets G.S. 90-298(c) to mean that supervision satisfactory to the Board requires four hours each month of direct, on-site observation of the applicant's work with patients, in addition to other methods of supervision such as review of tape recordings, review of records, and review of staff meetings.

(b) A temporary license issued pursuant to G.S. 90-298 shall be suspended upon the termination of approved supervision, and any period of practice without approved supervision shall not be deemed to comply with the practical experience requirements of G.S. 90-295(4).

History Note: Authority G.S. 90-295; 90-298; 90-304(a)(3);
Eff. November 1, 1989;
Amended Eff. March 1, 2014;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0207 PAYMENT OF FEES AND COMPLETION OF APPLICATIONS

The Board interprets G.S. 90-298 and 305 (1), (3) and (5) to mean that the failure to pay appropriate fees or to supply additional information or documentation necessary to complete an application, within 180 days following the date of written notice by regular mail to the applicant's address as submitted to the Board, shall result in the application being considered abandoned without further notice to the applicant.

History Note: Authority G.S. 90-304(a)(3);
Eff. November 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0208 SUPERVISION OF CLINICAL PRACTICUM

The Board interprets the word "supervision" used in G.S. 90-295(3) to require that the supervision must be performed by a person who holds either a valid license under this Article or a Certificate of Clinical Competence of the American Speech-Language-Hearing Association, in the area for which supervised credit is sought, who must be physically present in the same facility and accessible to the student during the performance of the practicum. As a minimum standard of supervision, clinical supervisors of students in practicum must directly observe at least 50 percent of each evaluation session, including screening and identification activities, and at least 25 percent of each student's total contact time with each client.

History Note: Authority G.S. 90-294(c)(2); 90-304(3); 150B-40(b);
Eff. October 1, 1992;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0209 ADEQUACY OF RECORDS

(a) The definition of "adequate records of professional services" required to be maintained by Rule .0303(4) shall include:

(1) The full name of the patient;
(2) The nature of the service provided;
(3) The date services were provided;
(4) The identification of the person providing the service;
(5) The identification of the person preparing or signing the record if not by the person providing the service.

(b) Corrections shall be made by drawing a single line through the error without obliterating the error and shall be initialed by the person making the correction.

(c) Records of professional services rendered shall be maintained for a minimum period of three years.

History Note: Authority G.S. 90-304(a)(3).
Eff. July 1, 1998;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0210 CERTIFIED TECHNICIANS
(a) The Board interprets the term "certified technician" as used in G.S. 90-294(f) to be synonymous with "certified audiometric technician", "certified Industrial audiometric technician", or similar designations used for non-licensed audiometric technicians in industry.

(b) Certified audiometric technicians may perform air conduction, threshold audiograms required by the Occupational Safety and Health Act (OSHA) for industrial hearing conservation programs, provided that the following three conditions are met:

1. The audiometric technician has received appropriate instruction, including supervised practicum, in the principles and specific techniques for testing hearing in the industrial environment. The standards established by the Council for Accreditation of Occupational Hearing Conservation (CAOHC) for certified occupational hearing conservationists meet this training requirement. Where other training programs are used, the curriculum shall be in writing and available for inspection by the Board of Examiners.

2. Supervision of the audiometric technician must be vested in a licensed physician or licensed audiologist.

3. A licensed audiologist who supervises the activities of audiometric technicians, whether as employer or program consultant, must provide sufficient on-site supervision of the technicians to ensure continuous adherence to the standards of G.S. 90-301 and G.S. 90-301A as well as relevant OSHA regulations.

History note: Authority G.S. 90-304(a)(3);
Eff. August 1, 2002;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0211 NAME AND QUALIFICATIONS IDENTIFICATION BADGES
(a) Persons licensed or registered under N.C.G.S. 90-292. et seq. shall be required to wear an identification badge or other form of identification displaying the name of the person and license or registration qualification held by such person, in type readable from a distance of three feet, as required by the provisions of G.S. 90-640.

(b) A licensed or registered person may be exempted from this requirement either partially or completely if such person, or such person's employer, shows to the Board of Examiners that the person's or patient's safety or some therapeutic concern requires that an identification badge not be worn or that only a first name be displayed.

History Note: Authority G.S. 90-304(a)(3); 90-640;
Eff. August 1, 2002;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0212 SUPERVISION OF HEARING SCREENING
(a) The Board of Examiners for Speech and Language Pathologists and Audiologists interprets the words "audiometric screening" used in G.S. 90-294(f) as the presentation of pure tone stimuli at fixed intensity using pass/fail criteria requiring no interpretation by the person administering the screening. Objective methods of screening auditory function based upon new technology may be used subject to the conditions specified in this Rule.

(b) Fixed-intensity, pure tone audiometric screening performed within the context of an individual speech-language evaluation or assessment is within the scope of practice of licensed speech and language pathologists, and by
extension allowed for registered speech-language pathology assistants, provided that it can be demonstrated that the licensee or registered assistant has received formal instruction and practicum in audiometric screening as part of his or her training program.

c) Licensed speech and language pathologists, registered speech-language pathology assistants, and unlicensed persons may perform screenings of hearing sensitivity and auditory function on the general public or specific populations provided that the individuals performing such screenings have been trained by a licensed audiologist or physician in the specific techniques for that screening and provided that supervision of the screening program is by a licensed audiologist or physician.

d) Screening programs using objective or technology-based hearing screening techniques in place of traditional fixed-frequency, pure tone audiometry (for example, automated auditory brainstem response tests, otoacoustic emission screening instruments, microprocessor audiometers, etc.), even though such techniques and instruments may yield a pass-fail indication, require the oversight and supervision of a licensed audiologist or physician.

e) The Board of Examiners for Speech and Language Pathologists and Audiologists interprets the word "supervision" in G.S. 90-294(f) to include the following elements:

1. selecting the appropriate calibrated screening instrument to be used for the target population;
2. providing sufficient initial and refresher training in the specific screening methods and instruments to be used to ensure that the screeners have sufficient knowledge of the screening methods, understand the limitations of the screening program, and can demonstrate proper operation of the equipment;
3. assuring that records are maintained describing the training received by the screeners, the names of attendees, the nature of any evaluation and any referral made;
4. providing sufficient evaluation of the test site for ambient sound and to ensure that the screeners are following the screening protocol; and
5. reviewing samples of screening records to confirm that the screening has conformed to the program standards.

(f) Licensed speech and language pathologists and registered speech-language pathology assistants shall not instruct others in the techniques of hearing screening or supervise hearing screening programs. These aspects of a hearing screening program are within the scope of practice of licensed audiologists and physicians.


21 NCAC 64 .0213 SUPERVISION OF SPEECH SCREENING

(a) The Board of Examiners for Speech and Language Pathologists and Audiologists interprets the word "testing" used in G.S. 90-293(7) as including speech screening.

(b) Licensed speech and language pathologists, registered speech-language pathology assistants, and unlicensed persons may perform speech screenings on the general public or specific populations provided that the individuals performing such screenings have been properly trained by a licensed speech and language pathologist in the specific screening techniques for that screening and provided that supervision of the screening program is formally vested in a licensed speech and language pathologist.

(c) The Board of Examiners for Speech and Language Pathologists and Audiologists interprets the word "supervision" in G.S. 90-301A to include the following elements:

1. Selecting the appropriate screening instrument to be used for the target population;
2. Providing sufficient initial and refresher training in the specific screening methods and instruments to be used to ensure that the screeners have sufficient knowledge of the screening methods, understand the limitations of the screening program, and can demonstrate proper use of the screening materials;
3. Assuring that records are maintained describing the training received by the screeners the names of attendees, the nature of any evaluation and any referral made;
4. Providing sufficient evaluation of the test site to ensure that the screeners are following the screening protocol; and
5. Reviewing samples of screening records to confirm that the screening has conformed to the program standards.
21 NCAC 64 .0214 AUDIOLOGY ADVERTISING
The Board of Examiners for Speech and Language Pathologists and Audiologists interprets the word "misleading" used in G.S. 90-301A(3) as including any representation that uses the term "audiology" or "audiologist" in describing services offered at a particular location unless a North Carolina licensed audiologist provides said services at that location during operational hours.

History Note: Authority G.S. 90-304(a)(3);
Eff. April 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0215 STANDARD OF PRACTICE FOR AUDIOLOGICAL EVALUATIONS
The Board of Examiners for Speech and Language Pathologists and Audiologists interprets the words "reasonable degree of professional skill and care in the delivery of professional services" used in G.S. 90-301(5) to require the following actions to be performed before beginning treatment:

1. Obtain a history of patient's hearing complaints;
2. Examine the patient's ear canal;
3. Recommend and document referral to a physician if there is any ear canal obstruction other than cerumen, or if there is a sore, discharge, or history of sudden hearing loss, dizziness or balance problem; and
4. Test the patient's hearing with properly calibrated equipment in an environment that meets current ANSI standards, except when performed for screening purposes.

History Note: Authority G.S. 90-304(a)(3);
Eff. June 29, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0216 STANDARD OF PRACTICE FOR SPEECH AND LANGUAGE PATHOLOGISTS
(a) The Board of Examiners for Speech and Language Pathologists and Audiologists interprets the words "reasonable degree of professional skill and care in the delivery of professional services" used in G.S. 90-301(5) to require the following actions to be performed prior to commencing treatment:

1. Obtain a history of the patient's speech or language problem;
2. Evaluate the patient;
3. Identify the patient's problem and its possible causes;
4. Establish the goals of the therapy treatment;
5. Identify and select appropriate treatments;
6. Make a disclosure to the patient or custodian if the treatment being recommended is known by the provider to be experimental;

(b) The Licensee shall periodically evaluate and document the patient's progress towards the treatment goals and recommend referral to other disciplines or recommend discontinuance of therapy where there has been no documented progress.

History Note: Authority G.S. 90-304(a)(3);
Eff. September 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0217 BENEFIT FROM TREATMENT DEFINED
The Board of Examiners for Speech and Language Pathologists and Audiologists interprets the words "benefit from treatment" used in G.S. 90-301A to mean make progress toward remediation of the condition being treated.

**History Note:** Authority G.S. 90-304(a)(3); Eff. September 1, 2005; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0218 CONTINUING EDUCATION

Beginning January 1, 2009 each licensee must complete 30 hours every three years of continuing professional education in their fields sponsored by the American Speech-Hearing-Language Association, the North Carolina Speech-Hearing-Language Association, or the North Carolina Department of Public Instruction; or other courses approved by the Board as similar to courses offered by any of these organizations.

**History note:** Authority G.S. 90-304(a)(3); Eff. September 1, 2008; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0219 TELEPRACTICE

(a) For purposes of this Rule the following words shall have the following meanings:

1. "Patient site" means the patient’s physical location at the time of the receipt of the telepractice services.
2. "Provider" means a licensed speech and language pathologist or audiologist who provides telepractice services.
3. "Provider site" means the licensee's physical location at the time of the provision of the telepractice services.
4. "Telepractice" means the use of telecommunications and information technologies for the exchange of encrypted patient data from patient site to provider site for the provision of speech and language pathology and audiology services to patients through hardwire or internet connection via real time interaction or store forward techniques.

(b) Telepractice shall be obtained in a manner to ensure patient confidentiality.

(c) Telepractice is subject to the same standard of practice stated in Rule .0216 of this Chapter as if the person being treated were physically present with the licensee.

(d) Telepractice constitutes the practice of Speech and Language Pathology and Audiology in both the patient site and provider site. Providers must hold a license in the state of the provider site and shall be in compliance with the statutory and regulatory requirements of the patient site.

(e) Registered Speech and Language Pathology Assistants and Audiology Assistants under the supervision of licensed providers shall be allowed to engage in telepractice under the same level of direct supervision as required by 21 NCAC 64 .1003(e)(1), (2), and (6).

(f) Licensees and staff involved in telepractice must be trained in the use of telepractice equipment.

(g) Notification of telepractice services shall be provided to the patient and guardian if the patient is a minor or under guardianship. The notification shall include the right to refuse telepractice services and options for alternate service delivery.


21 NCAC 64 .0220 STANDARDS FOR AUDIOLOGISTS WHO DISPENSE HEARING AIDS

A licensed Audiologist who fits and dispenses hearing aids must:
uel with 21 Code of Federal Regulations, Subpart H 801.420 and 801.421, in effect as of March 9, 2012 that are hereby incorporated by reference and do not include subsequent amendments. The incorporated material may be obtained on the Board’s website free of charge; and

(2) Disclose all fees to be charged to a patient in conjunction with the evaluation period and purchase of any hearing aid, in writing, prior to the purchase of the hearing aid by the patient.

History Note: Authority G.S. 90-304(a)(3);
Eff. January 1, 2013;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

SECTION .0300 - CODE OF ETHICS

21 NCAC 64 .0301  PREAMBLE
The fundamental rules of ethical conduct are described in two categories:

(1) Principles of Ethics. Five principles serve as a basis for the ethical evaluation of professional conduct and form the underlying moral basis for the Code of Ethics. Licensees subscribing to this Code shall observe these principles as affirmative obligations under all conditions of professional activity.

(2) Ethical Proscriptions. Ethical proscriptions are formal statements of prohibitions that are derived from the Principles of Ethics.

History Note: Authority G.S. 90-304(a)(3);
Eff. February 9, 1976;
Amended Eff. November 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0302  PRINCIPLE OF ETHICS I
(a) Licensees shall hold paramount the welfare of persons served professionally.

(1) Licensees shall use every resource available, including referral to other specialists as needed, to provide the best service possible.

(2) Licensees shall fully inform persons served of the nature and possible effects of the services.

(3) Licensees shall fully inform subjects participating in research or teaching activities of the nature and possible effects of these activities.

(4) Licensees shall provide appropriate access to records of persons served professionally.

(5) Licensees shall take all reasonable precautions to avoid injuring persons in the delivery of professional services.

(6) Licensees shall evaluate services rendered to determine effectiveness.

(b) Ethical Proscriptions.

(1) Licensees must not exploit persons in the delivery of professional services, including accepting persons for treatment when benefit cannot reasonably be expected or continuing treatment unnecessarily.

(2) Licensees must not guarantee the results of any therapeutic procedures, directly or by implication. A reasonable statement of prognosis may be made, but caution must be exercised not to mislead persons served professionally to expect results that cannot be predicted from sound evidence.

(3) Licensees must not use persons for teaching or research in a manner that constitutes invasion of privacy or fails to afford informed free choice to participate.

(4) Licensees must not evaluate or treat speech, language or hearing disorders except in a professional relationship, including at least examination of the person. They must not evaluate or treat solely by correspondence. This does not preclude follow-up correspondence with persons previously seen, nor providing them with general information of an educational nature.

(5) Licensees must not reveal to unauthorized persons any professional or personal information obtained from the person served professionally, unless required by law or unless necessary to protect the welfare of the person or the community.
(6) Licensees must not discriminate in the delivery of professional services or any basis that is unjustifiable or irrelevant to the need for and potential benefit from such services, such as race, sex or religion.


21 NCAC 64 .0303 PRINCIPLE OF ETHICS II
The licensee must guard against conflicts of professional interest.

(1) He must not accept compensation in any form from a manufacturer or a dealer in prosthetic or other devices for recommending any particular product.

(2) Public statements and announcements of services should serve to provide accurate and adequate information to the public about the profession and the services rendered by its practitioners. All licensees must observe this principle as an affirmative ethical obligation under all conditions of professional practice. The announcement may include: identification by name, appropriate professional title and qualifications, services offered, fees, location, hours and telephone number.

(3) He must not engage in commercial activities that conflict with his responsibilities to the persons he serves professionally or to his colleagues. Individual licensees, and their employers, if any, who elect to provide products are expected to follow these principles:
   (a) Products associated with the licensee's professional practice must be provided to the person served as a part of the program of comprehensive habilitative care.
   (b) The amount of fees charged for professional services should be independent of whether a product is dispensed in order to insure objectivity in professional decisions.
   (c) Other principles of ethical professional practice which must be adhered to in the providing of products include:
      (i) providing for persons served a freedom of choice for the source of services and products,
      (ii) providing to persons served a complete schedule of fees and charges in advance of rendering services,
      (iii) evaluating the effectiveness of services rendered and products provided to the persons served, and
      (iv) presenting to persons served a statement which clearly differentiates between fees-for-services rendered and costs of products provided.

(4) Licensees shall maintain adequate records of professional services rendered.
   (a) Licensees must neither provide services nor supervision of services for which they have not been properly prepared, nor permit services to be provided by any of their staff who are not properly prepared to perform such services.
   (b) Licensees must not delegate any service requiring the professional competence of licensed individuals.
   (c) Licensees must not require anyone under their supervision to engage in any practice that is a violation of this Code of Ethics or of the licensing act.


21 NCAC 64 .0304 PRINCIPLE OF ETHICS III
Licensees' statements to persons served professionally and to the public shall provide accurate information about the nature and management of communicative disorders, and about the profession and services rendered by its practitioners.

(1) Licensees must not misrepresent their training or competence.
Licensees’ public statements providing information about professional services and products must not contain representations or claims that are false, deceptive or misleading.

Licensees must not use professional or commercial affiliations in any way that would mislead or limit services to persons served professionally.


21 NCAC 64 .0305 PRINCIPLE OF ETHICS IV
(a) Licensees shall maintain objectivity in all matters concerning the welfare of persons served professionally.

(1) Products associated with professional practice must be dispensed to the person served as a part of a program of comprehensive habilitative care.

(2) Fees established for professional services must be independent of whether a product is dispensed.

(3) Persons served must be provided freedom of choice for the source of services and products.

(4) Price information about professional services rendered and products dispensed must be disclosed by providing to or posting for persons served a complete schedule of fees and charges in advance of rendering services, which schedule differentiates between fees for professional services and charges for products dispensed.

(5) Products dispensed to the persons served must be evaluated to determine effectiveness for that person.

(b) Ethical Proscriptions. Licensees must not participate in activities that constitute a conflict of professional interest.

History Note: Authority G.S. 90-304(a)(3); Eff. November 1, 1989; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0306 PRINCIPLE OF ETHICS V
(a) Licensees shall report the violations of this Code of Ethics of which they have knowledge or information.

(b) Licensees shall cooperate fully with Board inquiries into matters of professional conduct related to this Code of Ethics.

History Note: Authority G.S. 90-304(a)(3); Eff. November 1, 1989; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0307 GOOD MORAL CONDUCT
In addition to the Proscriptions in this Section, licensees shall engage in good moral conduct under all conditions of professional activity. "Good moral conduct" shall be defined as conduct in keeping with the Code of Ethics of American Speech-Language-Hearing Association in effect as of January 1, 2013, specifically: Principle of Ethics I, Rules of Ethics Q and Principles of Ethics IV, Rules of Ethics D and E. These materials are incorporated by reference as of the above date and do not include any subsequent amendments or editions. A copy of these materials may be obtained on the Board’s website: www.ncboeslpa.org.

History note: Authority G.S. 90-295(a)(6); 90-295(b)(6); 90-301(3); 90-304(a)(3); Eff. March 1, 2014; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.
21 NCAC 64 .0401 PETITION FOR RULEMAKING HEARINGS
Any individual wishing to submit a petition requesting the adoption, amendment or repeal of a rule by the Board shall address a petition to: Board of Examiners for Speech and Language Pathologists and Audiologists, P.O. Box 5545, Greensboro, North Carolina 27435-0545.

History Note: Authority G.S. 150B-16; 90-304(a)(3); Eff. February 15, 1977; Amended Eff. May 1, 1989; December 7, 1978; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0402 CONTENTS OF PETITION
The petition should include the following information:

(1) an indication of the subject area to which the petition is directed (for example, “This is a petition to hold a rulemaking hearing to amend Rule .0000 pertaining to Administrative Procedure Act filing requirements.”);
(2) an identification of the rule to be adopted, amended or repealed and, if the petition is for the adoption or amendment of a rule, a draft of the language of the amendment or proposed rule;
(3) reasons for the proposal;
(4) the effect on existing rules or orders;
(5) any data supporting the proposal;
(6) effect of the proposed rule on existing practices in the area involved, including cost factors;
(7) names of those most likely to be affected by the proposed rule, with addresses if reasonably known;
(8) the name and address of each petitioner.

History Note: Authority G.S. 150B-16; 90-304(a)(3); Eff. February 15, 1977; Amended Eff. May 1, 1989; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0403 DISPOSITION OF PETITIONS
(a) Prior to determining whether to grant or deny a rulemaking petition, the Board may request additional information from the petitioner; it may contact interested individuals or individuals likely to be affected by the proposed rule change and request comments; and it may use any other appropriate method for obtaining information on which to base its determination. It will consider all of the contents of the petition submitted plus any other information obtained by the means described herein.
(b) Within 120 days of submission of the petition, a final decision will be rendered by the Board. If the decision is to deny the petition, the Board will notify the petitioner(s) in writing, stating the reasons therefor. If the decision is to grant the petition, the Board, within 30 days of submission, will initiate a rulemaking proceeding by issuing a rulemaking notice, as provided in these rules.

History Note: Authority G.S. 150B-16; 90-304(a)(3); Eff. February 15, 1977; Amended Eff. May 1, 1989; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

SECTION .0500 - NOTICE

21 NCAC 64 .0501 TIMING OF NOTICE
Upon a determination to hold a rulemaking proceeding, either in response to a petition or otherwise, the Board will give at least 30 days notice to all interested individuals of a public hearing on the proposed rule.

History Note: Authority G.S. 150B-16; 90-304(a)(3);
21 NCAC 64 .0502    NOTICE MAILING LIST
Any individual or agency desiring to be placed on the mailing list of the Board for rulemaking notices may file such request in writing, furnishing his, her or its name and mailing address to: Board of Examiners for Speech and Language Pathologists and Audiologists, P.O. Box 16885, Greensboro, North Carolina 27426-0885. The letter of request shall state those subject areas within the authority of the Board for which notice is requested. The Board may charge actual postage and stationery costs to be paid by persons receiving such notices.

History Note:   Authority G.S. 90-304(a)(3); 150B-21.2(b);
                Eff. February 15, 1977;
                Amended Eff. December 1, 2013; May 1, 1989; December 7, 1978;
                Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0503    ADDITIONAL INFORMATION

History Notes:  Authority G.S. 90-304(3); 150B-12;
                Eff. February 15, 1977;
                Amended Eff. December 1, 2013; May 1, 1989; December 7, 1978;
                Expired Eff. November 1, 2016 pursuant to G.S. 150B-21.3A.

SECTION .0600 - PARTICIPATION: POWERS AND RECORDS

21 NCAC 64 .0601    REQUEST TO PARTICIPATE
Any individual desiring to present oral data, views, or arguments at a rulemaking hearing must, at least five days prior to the hearing, file a notice with the office of the Board. Notice of desire to appear may be waived, or failure to give notice may be excused, by the presiding officer, in his discretion. Any individual permitted to make an oral presentation is encouraged to submit a written copy of the presentation to the Board or its designate prior to or at the hearing.

History Note:   Authority G.S. 150B-12; 90-304(a)(3);
                Eff. February 15, 1977;
                Amended Eff. May 1, 1989;
                Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0602    CONTENTS OF REQUEST: GENERAL TIME LIMITATIONS
A request to make an oral presentation should contain a clear reference to the proposed rule, a brief summary of the individual's views in respect thereto, and how long the individual desires to speak. Presentations shall be limited to 15 minutes unless the Board or presiding officer prescribes some other time limit.

History Note:   Authority G.S. 150B-12; 90-304(a)(3);
                Eff. February 15, 1977;
                Amended Eff. May 1, 1989;
                Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0603    RECEIPT OF REQUEST: SPECIFIC TIME LIMITS
Upon receipt of notice of a person's desire to present his views orally, the Board will acknowledge receipt of the request and inform the person of the imposition of any limitations other than those prescribed in Rule .0602 of this Chapter, deemed necessary to the end of a full and effective public hearing on the proposed rule.
21 NCAC 64 .0604  Written Submissions

(a) The first page of any written submission shall identify the rulemaking proceeding or proposed rule to which the comments are addressed and a statement of the position of the person making the submission (for example, "in support of adopting proposed Rule .0000," "in opposition to adopting proposed Rule .0000").

(b) Upon receipt of written comments, acknowledgement shall be made with an assurance that the comments therein shall be fully considered by the Board.

21 NCAC 64 .0605  Presiding Officer: Powers and Duties

The presiding officer at the hearing shall have complete control of the proceedings, including: extensions of any time limitations, recognition of speakers, time allotments for presentations, the right to question speakers, direction of the discussion, and management of the hearing. The presiding officer, at all times, will take care that each person participating in the hearing is given a fair opportunity to present views, data and comments.

21 NCAC 64 .0606  Record of Proceedings

21 NCAC 64 .0700 - Request for Rulings

21 NCAC 64 .0701  Subjects of Declaratory Rulings

Any individual or agency substantially affected by a statute administered or rule promulgated by the Board may request a declaratory ruling as to either the manner in which a statute or rule applies to a given factual situation, if at all, or whether a particular agency rule is valid.

21 NCAC 64 .0702  Submission of Request for Ruling

All requests for declaratory rulings shall be written and mailed to the Board of Examiners for Speech and Language Pathologists and Audiologists, P.O. Box 16885, Greensboro, North Carolina, 27416-0885. The request must include the following information:

(1) name and address of the petitioner;
(2) statute or rule to which petition relates;
(3) statement of the manner in which petitioner is substantially affected by the rule or statute or its potential application to him;
(4) a statement of whether an oral hearing is desired, and if so, the reason therefor.

History Note: Authority G.S. 90-304(a)(3); 150B-12;
Eff. February 15, 1977;
Amended Eff. December 1, 2013; May 1, 1989; December 7, 1978;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0703 DISPOSITION OF REQUESTS
(a) When the Board deems it appropriate to issue a declaratory ruling it shall issue such declaratory ruling within 60 days of receipt of the request.
(b) A declaratory ruling proceeding may consist of written submissions, an oral hearing, or other procedure as may be appropriate in the circumstances of the particular request.
(c) Whenever the Board believes "for good cause" that the issuance of a declaratory ruling is undesirable, it may refuse to issue such ruling. When good cause is deemed to exist, it will notify the petitioner of its decision in writing, stating the reasons for the denial of the declaratory ruling.

(1) unless the petitioner shows that the circumstances are so changed since the adoption of the rule that such a ruling would be warranted;
(2) unless the petitioner shows that the agency did not give to the factors specified in the request for a declaratory ruling a full consideration at the time the rule was issued;
(3) if there has been a similar controlling factual determination in a contested case, or where the factual context being raised for a declaratory ruling was specifically considered upon the adoption of the rule or directive being questioned, as evidenced by the rulemaking record;
(4) if the subject matter of the request is involved in pending litigation in any state or federal court in North Carolina.

History Note: Authority G.S. 150B-17; 90-304(a)(3);
Eff. February 15, 1977;
Amended Eff. May 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0704 RECORD OF DECISION
A record of all declaratory ruling proceedings will be maintained in the Board's Office for as long as the ruling is in effect and for five years thereafter. This record will contain: the petition, the notice, all written submissions filed in the request, whether filed by the petitioner or any other person, and a record or summary of oral presentations, if any. Records of declaratory ruling proceedings will be available for public inspection at the Board's office.

History Note: Authority G.S. 150B-17; 90-304(a)(3);
Eff. February 15, 1977;
Amended Eff. May 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0705 DEFINITION
For purposes of Rule .0704 of this Chapter, a declaratory ruling shall be deemed to be "in effect" until the statute or rule interpreted by the declaratory ruling is amended, altered or repealed; until any court sets aside the ruling in litigation between the Board and the party requesting the rule; or until any court of the Appellate Division of the General Court of Justice shall construe the statute or rule which is the subject of the declaratory ruling in a manner plainly irreconcilable with the declaratory ruling.

History Note: Authority G.S. 150B-17; 90-304(a)(3);
Eff. February 15, 1977;
Amended Eff. May 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

SECTION .0800 - HEARINGS

21 NCAC 64 .0801  RIGHT TO HEARING
When the Board, by its official action, acts or proposes to act in a manner which will affect the rights, duties, or privileges of a licensee or another specific, identifiable individual or agency, that individual or agency shall have a right to an administrative hearing. When the Board proposes to act in such manner, it shall give to any such individual or agency notice of the right to a hearing by mailing by certified mail to such individual or agency at the last known address a notice of the proposed action and a notice of a right to a hearing. Such individual or agency may assert the right to a hearing by mailing to the Board by certified mail a request for a hearing as provided in Rule .0802 of this Chapter.

History Note:  Authority G.S. 150B-38(b),(h); 90-304(a)(3);
Eff. February 15, 1977;
Amended Eff. May 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0802  REQUEST FOR HEARING
(a) Whenever an individual or agency believes any right, duty or privilege of a licensee, individual or agency has been affected by the Board’s administrative action, but has not received notice of a right to an administrative hearing, that individual or agency may file a request for a hearing.
(b) Such request shall be submitted to: Board of Examiners for Speech and Language Pathologists and Audiologists, P.O. Box 16885, Greensboro, North Carolina, 27416-0885. The request shall contain the following information:
   (1) Name and address of the petitioner;
   (2) A statement of the action taken by the Board that is challenged;
   (3) A statement of the way in which the petitioner has been affected; and
   (4) A statement of request for a hearing.
(c) Such request will be acknowledged promptly and a hearing will be scheduled, unless the Board determines that the request does not describe or state a contested case.

History Note:  Authority G.S. 90-304(a)(3); 150B-38(b),(h);
Eff. February 15, 1977;
Amended Eff. December 1, 2013; May 1, 1989; December 7, 1978;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0803  GRANTING OR DENYING HEARING REQUESTS
(a) The Board shall grant a request for a hearing, unless the Board determines that the request does not describe or state a contested case.
(b) A denial of a request for a hearing will be issued immediately upon decision, and in no case later than 30 days after submission of the request. Such denial shall contain a statement of the reasons leading the Board to deny the request.
(c) Approval of a request for a hearing will be signified by the issuing of a notice as required by G.S. 150B-38 and explained in Rule .0804 of this Section.

History Note:  Authority G.S. 150B-38(b),(h); 90-304(a)(3);
Eff. February 15, 1977;
Amended Eff. May 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.
21 NCAC 64 .0804   NOTICE OF HEARING
In addition to the items specified in General Statute 150B-38 to be included in the notice, notices of administrative hearings of the Board:

(1) shall give the name, position, address, and telephone number of an individual in the office of the Board to contact for further information or discussion;
(2) may give notice of the date, time and place for a prehearing conference, if any;
(3) shall schedule the date of the hearing; and
(4) may include any other information deemed relevant to informing each party as to the procedure of the hearing.

History Note:  Authority G.S. 150B-38(b),(h); 90-304(a)(3);
Eff. February 15, 1977;
Amended Eff. May 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0805   WHO SHALL HEAR CONTESTED CASES
All administrative hearings will be heard by the Board or an administrative law judge.

History Note:  Authority G.S. 150B-40(b); 90-304(a)(3);
Eff. February 15, 1977;
Amended Eff. May 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0806   DISQUALIFICATION OF HEARING OFFICERS

History Note:  Authority G.S. 150A-16; 90-304(3);
Eff. February 15, 1977;

SECTION .0900 - ADMINISTRATIVE HEARINGS: DECISIONS: RELATED RIGHTS AND PROCEDURES

21 NCAC 64 .0901   FAILURE TO APPEAR
(a) Should a party fail to appear at a scheduled hearing, the Board or its designated administrative law judge may proceed with the hearing in the party's absence, order a continuance or adjournment, or dismiss the proceeding.
(b) Continuances and adjournments will be granted only in compelling circumstances.
(c) If a hearing is conducted or a decision is reached in an administrative hearing in the absence of a party, that party may file a written petition with the Board for a reopening of the case.
(d) Petitions for reopening of a case will not be granted except when the petitioner can show to the satisfaction of the administrative law judge that the reasons for the failure to appear were justifiable and unavoidable and that fairness requires reopening the case. Such petitions, however, will have no effect on the running of the 30-day period for seeking judicial review which commences with service of the final decision of the Board.
(e) The decision of the Board will be in writing and a copy will be sent to all parties and made a part of the record of the hearing.

History Note:  Authority G.S. 150B-38; 150B-40(b); 90-304(a)(3);
Eff. February 15, 1977;
Amended Eff. May 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0902   SIMPLIFICATION OF ISSUES
The parties to a contested case, specifically including the Board, may agree in advance to simplify the hearing by:
(decreasing the number of the issues to be contested at the hearing; accepting the validity of certain proposed
evidence; accepting the findings in some other case with relevance to the case at hand; or agreeing to such other matters as may expedite the hearing.

History Note: Authority G.S. 150B-38(h); 150B-40(c); 90-304(a)(3); Eff. February 15, 1977; Amended Eff. May 1, 1989; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0903   SUBPOENAS
(a) Subpoenas requiring the attendance of witnesses, or those to produce documents, evidence, or records shall be issued by the Board or the presiding officer within four business days of the receipt of a request from a party to the case for such subpoenas unless there is a motion to quash.
(b) Subpoenas shall be issued in duplicate, with a "Return of Service" form attached to each copy. The individual serving the subpoena shall fill out the "Return of Service" form for each copy and return one copy of the subpoena, with the attached "Return of Service" form completed, to the Board.
(c) Subpoenas shall contain:
   (1) the caption of the case;
   (2) the name and address of the individual or agency subpoenaed;
   (3) the date, hour and location of the hearing in which the witness is commanded to appear;
   (4) a particularized description of the books, papers, records or other objects the witness is directed to bring with him to the hearing, if any;
   (5) the identity of the party on whose application the subpoena issued;
   (6) the date of issue;
   (7) the manuscript signature of the Board or other issuing officer;
   (8) a return of service.
   The return of service form, as filled out, shows the name and capacity of the individual serving the subpoena, the date on which the service was made, the individual or agency on whom service was made, the location and manner in which service was made, and the manuscript signature of the individual making service.
(d) The Board or the presiding officer, upon motion by a party or witness in a proceeding, may quash a subpoena, as set out in G.S. 150B-39.
(e) Any motion to quash a subpoena must be served on the party who requested the subpoena simultaneously with the filing of the motion with the Board.
(f) The party who requested the subpoena, in such time as may be granted by the Board or the presiding officer may file a written response to the motion. The written response shall be served by the requesting party on the moving party or witness simultaneously with filing the response with the Board.
(g) After receipt of the motion and response thereto, if any, the Board or its presiding officer shall issue a notice to the party who requested the subpoena and the party who is challenging it, and may notify all other parties, of an open hearing, to be scheduled as soon as practicable, at which time evidence and testimony may be presented, limited to the narrow questions raised by the objection and response, if any.
(h) As soon as the Board or the presiding officer determines whether the subpoena should be quashed, the Board or the presiding officer shall issue a written decision quashing or refusing to quash the subpoena. The decision shall be issued to all parties to the proceeding and any moving witness, and the decision shall be made a part of the record of the proceeding.

History Note: Authority G.S. 90-304(a)(3); 150B-38; 150B-39; 150B-40; Eff. February 15, 1977; Amended Eff. March 1, 2013; May 1, 1989; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .0904   FINAL DECISIONS IN ADMINISTRATIVE HEARINGS
The Board will issue the final decision in all contested cases. Its decision is the prerequisite final agency decision necessary for the right of judicial review.

History Note: Authority G.S. 90-304(a)(3); 150B-38(h); 150B-43;
21 NCAC 64 .0905 PROPOSALS FOR DECISIONS
(a) After the administrative law judge has given the parties the opportunity to submit proposed findings of fact and conclusions of law, he will consider such proposals and issue a recommendation for decision which will be served on the parties.
(b) Any exceptions to the procedure during the hearing, the handling of the hearing by the administrative law judge, rulings on evidence, or any other matters must be written and refer specifically to pages of the record or otherwise precisely identify the occurrence being excepted to. Such exceptions must be filed with the Board within ten days of the receipt of the administrative law judge's recommendation for decision or within such other period of time as the administrative law judge allows.
(c) Any party may present further oral arguments to the Board upon request. Such requests must be made to the Board not later than five days after receipt of the administrative law judge's recommendation for decision.
(d) Upon receipt of requests for further oral arguments, notice will be issued promptly to all parties designating the time and place for such oral argument. Oral arguments shall not exceed 15 minutes. A party may file a written brief on his exceptions in lieu of oral arguments. Briefs will be filed within such time as the Board shall direct.
(e) The Board may adopt or modify the recommendation for decision as it may deem advisable in light of the exceptions, if any. Any decision made will be a part of the record and a copy thereof served on all parties.

History Note: Authority G.S. 150B-40(b); 90-304(a)(3);
Eff. February 15, 1977;
Amended Eff. May 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

SECTION .1000 - REQUIREMENTS FOR THE USE OF SPEECH-LANGUAGE PATHOLOGY ASSISTANTS IN DIRECT SERVICE DELIVERY IN NORTH CAROLINA
21 NCAC 64 .1001 DEFINITIONS
(a) "Board" means the North Carolina Board of Examiners for Speech and Language Pathologists and Audiologists.
(b) "Licensee" means an individual who holds a current permanent license in speech-language pathology from the North Carolina Board of Examiners for Speech and Language Pathologists and Audiologists.
   (1) "Primary Supervising Licensee" means the Licensee who supervises the majority of the Assistant=s work, who is responsible for the Assistant=s registration with the Board, and who bears the responsibility for all supervision requirements and of notifying the Board of any changes in registration information.
   (2) "Secondary Supervising Licensee" means a Licensee who may supervise the Assistant in the absence of the Primary Supervising Licensee to cover variations in work hours.
(c) "Assistant" means a Speech-Language Pathology Assistant who is registered by a Primary Supervising Licensee with the Board.
(d) "Treatment Protocol" means a written session plan clearly describing specific procedures for all treatment tasks, including:
   (1) the eliciting conditions,
   (2) the target behavior(s), and
   (3) the consequences of target behaviors.
(e) "Registration" means the process through which an Assistant is approved by the Board to work with a Licensee to provide services to the public.

History Note: Authority G.S. 90-298.1; 90-304(a)(3);
Eff. July 1, 1998;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.
21 NCAC 64.1002 GENERAL REQUIREMENTS

(a) For registration, Assistants must present:

(1) evidence of successful completion of an Associate’s Degree in Speech-Language Pathology Assisting from an accredited institution of higher learning, community college, or equivalent program; or

(2) evidence of successful completion of a Bachelor’s Degree from an accredited institution as well as evidence of successful completion of the following Speech-Language Assisting curriculum courses developed by the N. C. Department of Community Colleges:
   - Introduction to Speech-Language Pathology (SLP III or equivalent),
   - SLP Office Procedures (SLP 120 or equivalent),
   - Disorders and Treatment I (SLP 211 or equivalent),
   - Disorders and Treatment II (SLP 212 or equivalent),
   - Assistive Technology (SLP 220 or equivalent),
   - SLP Field Work (SLP 230 or equivalent),
   - SLP Field Work Seminar (SLP 231 or equivalent),

(3) a passing score on a competency test approved by the Board.

(b) Authority to approve the curriculum or the equivalent courses for speech-language pathology assistants is vested in the Board of Examiners.

(c) A Licensee, who is employed full-time (30 hours/week or more), may register to be primary supervisor of no more than two Assistants at any one time. A Licensee who is employed part-time (less than 30 hours/week) may register to supervise no more than one Assistant at any one time. The Primary Supervising Licensee shall be responsible for assuring compliance with the registration process, these rules, and with ethical standards. Secondary Supervising Licensees may also be registered to supervise the Assistant, allowing for flexibility in scheduling.

(d) The Primary Supervising Licensee must keep the Board appraised of any changes in registration information.

(1) Changes of supervising licensee(s) will require prior written approval of the Board and should be requested in writing at least 10 days prior to the effective date.

(2) Changes that do not directly relate to patient care, such as change of address, must be reported to the Board in writing within 10 business days of the effective change.

(e) The Primary Supervising Licensee shall remit to the Board an annual registration fee for the Assistant in an amount of forty dollars ($40.00).

History Note: Authority G.S. 90-298.1; 90-304(a)(3);
Eff. July 1, 1998;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64.1003 LICENSEE REQUIREMENTS

(a) Licensees who register an Assistant must have held a current, permanent license in North Carolina for two years or equivalent qualifications from another state. Temporary license holders shall not register Assistants.

(b) Licensees who register an Assistant must demonstrate understanding of the basic elements of the registration and supervision process (scope of practice, ethics, written protocols, record keeping), and satisfactorily complete a knowledge demonstration on the registration/supervision process.

(c) Licensees must submit the application and annual fee for registration of the Assistant to the Board.

(d) Licensees must assure that patients are informed when services are being provided by an Assistant.

(1) The Assistant must wear a badge that includes the job title: "SLP-Assistant."

(2) When services are to be rendered by an Assistant, the patient or family must be informed in writing. This notification form must be kept on file in the patient's chart, indicating the patient's name and date notified.

(e) Tasks that are within the scope of responsibilities for an Assistant are listed in Rules .1004 and .1005 of this Section. The standards for all patient services provided by the Assistant are the full responsibility of the Supervising Licensee and cannot be delegated. Therefore, the assignment of tasks and the amount and type of supervision must be determined by the Supervising Licensee to ensure quality of care considering: the skills of the Assistant, needs of the patient, the service-setting, the tasks assigned, and any other relevant factors.

(1) Before assigning a treatment task to an Assistant, the Licensee must have first evaluated the patient, written a general treatment plan, and provided the Assistant with a written session protocol specifying the following for patient behaviors:
The Supervising Licensee must document the Assistant’s reliable and effective application of the treatment protocol with each patient. Each time a new protocol is introduced, the Supervising Licensee must assure and document that the Assistant is utilizing all three protocol elements (A, B, C) effectively.

For every patient encounter (screening or treatment) in which an Assistant provides service, there must be legible signatures of the Assistant and one Supervising Licensee.

These signed and dated patient encounter records must be retained as part of the patient’s file for the time period specified in Rule .0209 of this Chapter and may be requested by the Board.

The Board may do random audits of records to determine compliance with its rules.

When patient services are being rendered by an Assistant, the Supervising Licensee must be accessible to the Assistant in order to assure that direct observation and supervision can occur when necessary.

The Primary Supervising Licensee shall assess the Assistant’s competencies during the initial 60 days of employment using the performance-based competency assessment and orientation checklist provided by the Board on the Board’s website. The completed checklist shall be submitted to the Board within 90 days of registration. A new competency checklist must be completed and filed within 90 days each time the primary supervising Licensee changes.

Any attempt to engage in those activities and responsibilities reserved solely for the Supervising Licensee shall be regarded as the unlicensed practice of speech-language pathology.


21 NCAC 64 .1004 AUTHORIZED TASKS OF SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

(a) Direct Patient Services:
(1) Obtaining case histories from patients and/or families and completing observation checklists.
(2) Administering speech-language screening protocols, as directed by the supervising speech-language pathologist. These screening procedures, including tests and checklists or parts of tests and checklists, will have the purpose of determining the need for further (diagnostic) testing by the supervising speech-language pathologist and must meet the following criteria:
   (A) Have unambiguous administration protocols and methods.
   (B) Consist of test items which require no more than a binary judgment (i.e., yes-no, present-absent).
   (C) Require no more than a specifically-elicted single response.
   (D) Require no clinical interpretation by the assistant.
(3) Administering therapeutic protocols, provided that all of the following criteria are met:
   (A) Supervision provided by the supervising speech-language pathologist(s) according to the supervision standards of the rules.
   (B) Utilizing appropriate stimuli according to a specified protocol determined by the supervising speech-language pathologist(s).
   (C) Recording specific target behaviors.
   (D) Reinforcing the patient’s responses appropriately following a specified protocol
   (E) Providing appropriate cues following a specified protocol when the patient does not produce a correct response.
   (F) Summarizing observations of the patient’s performance for the supervising speech-language pathologist(s).
(4) Tabulating/scoring screening results, target behaviors, and performance data.
(5) Managing the behavior of patients using behavioral management techniques, as directed by the supervising speech-language pathologist, to establish and maintain appropriate social interaction and motivation/attention to task.
Preparing or positioning patients for evaluation or treatment following specific guidelines of the supervising speech-language pathologist and of the facility.

Communicating with patients, families, and professionals in order to respond appropriately and effectively to patient/family emotional needs and to alert the speech-language pathologist of any problems which may affect treatment outcomes or service quality.

Documenting written/verbal communication with patients, parents, families and educational or medical personnel on the above or related management issues, as directed by the supervising speech-language pathologist.

Direct patient services for evaluation are not within the approved scope of responsibilities for assistants.

Demonstration projects will be authorized by the Board to develop safe and effective swallowing protocols for speech-language pathology assistants.

(b) Indirect Patient Services:

(1) Organizing and managing patient data and patient records, including the following examples:
   (A) Documenting historical information in sequence (e.g., chronologically).
   (B) Listing missing information.
   (C) Confirming, obtaining, and documenting orders/permissions.
   (D) Obtaining patient records from external agencies.
   (E) Recording patient information from medical or educational records.
   (F) Compiling session-to-session data and compiling/comparing outcome data.
   (G) Tallying scores on standardized and criterion-referenced tests which require no clinical interpretation by the assistant.
   (H) Calculating/determining percentages, frequencies, averages, percentiles, standard scores, etc. from raw data or reference manuals.
   (I) Graphing performance data.
   (J) Providing a clear, legible record of patient/client performance.
   (K) Administering and profiling patient satisfaction measurements.
   (L) Assigning/verifying communication disorder and procedure codes.
   (M) Scheduling/confirming patent appointments.
   (N) Recording treatment and procedure times.

(2) Transporting or escorting patients to/from the testing or therapy area.

(3) Arranging the clinical or treatment setting to maintain a safe and positive environment by providing appropriate seating, providing age-appropriate and culturally appropriate material or toys, and adjusting light and temperature.
   (A) Creating materials and/or games to be used during therapy.
   (B) Assisting patients/families to obtain and organize materials needed for treatment programs.

(4) Managing, operating, programming, and/or monitoring clinical equipment and materials, including the following:
   - Assistive listening devices
   - Augmentative communication devices
   - Voice equipment
   - Audio recording equipment
   - Other audiovisual equipment
   - Computer-based equipment and software
   (A) Setting up equipment and materials for feeding and swallowing sessions.
   (B) Setting up other clinical equipment or materials for tasks.
   (C) Verifying safety status of equipment.
   (D) Maintaining equipment records.

(5) Cleaning equipment, reusable materials, and treatment/work areas using appropriate infection control procedures.

(6) Adhering to the principles of universal precautions when providing services to patients/clients.

(c) Requirements For Providing Services Ethically and Responsibly:

(1) Maintaining patient confidentiality and security of patient records.

(2) Respecting the rights and dignity of all individuals.
(3) Reporting any workplace conduct which appears to be unethical or illegal to the supervising speech-language pathologist or to the Board of Examiners.

(4) Requesting assistance from the supervising speech-language pathologist, as needed, in order to ensure continuous service quality.

(5) Observing universal precautions and safety procedures.

(6) Releasing patients only to the care of appropriate caregivers.

(d) Participating in Research Activities:

(1) Categorizing task-related materials.

(2) Obtaining parent/patient permission forms.

(3) Conducting computer and literature searches.

(4) Encoding and analyzing data.

(5) Establishing reliability.

(6) Filing research information.

(e) Administrative and Clerical Tasks:

(1) Operating office equipment such as word processors, copying machines, laminating machines, fax machines, telephone and voice mail, e-mail, etc.

(2) Copying and sending reports, as appropriate.

(3) Documenting telephone calls and meetings.

(4) Operating and using scheduling, reporting, test scoring software, etc.

(5) Ordering and maintaining supplies and materials.

(6) Organizing and filing patient handouts and educational material.

(7) Verifying insurance coverage, filing insurance claims, and following up on denied claims.

History Note: Authority G.S. 90-298.1; 90-304(a)(3); Eff. July 1, 1998; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

21 NCAC 64 .1005 SUPERVISION AND CONTINUING COMPETENCE REQUIREMENTS

Discussing job expectations with the supervising speech-language pathologist(s) and having mutual understanding of job scope and specific responsibilities.

(1) Participating in a specified amount of supervised training according to a written plan for all tests and clinical equipment which will be used for assessment and treatment.

(2) Participating in a specified amount of supervised training according to a written plan in order to ensure correct use of treatment procedures and to demonstrate competent application of new treatment protocols (for example, whenever the stimulus, the target behavior, or the consequence(s) is changed).

(3) Receiving regular, formal employment evaluations on a scheduled basis from the supervising speech-language pathologist(s) to assess one=s performance, strengths, and weaknesses and to establish development goals for continuous performance improvement.

(4) Requesting assistance, additional instruction, and/or additional supervision from the supervising speech-language pathologist, when needed.

(5) Participating in various types of educational activities in order to enhance skill and knowledge, as assigned by the supervising speech-language pathologist.

(6) Reading information assigned by the supervising speech-language pathologist.

History Note: Authority G.S. 90-298.1; 90-304(a)(3); Eff. July 1, 1998; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016.

SECTION .1100 - REQUIREMENTS FOR THE USE OF AUDIOLOGY ASSISTANTS IN DIRECT SERVICE DELIVERY

21 NCAC 64 .1101 DEFINITIONS

(a) "Assistant" means an Audiology Assistant who is registered by a Primary Supervising Licensee with the Board.
(b) "Board" means the North Carolina Board of Examiners for Speech and Language Pathologists and Audiologists.
(c) "Licensee" means an individual who holds a current permanent license in audiology from the North Carolina Board of Examiners for Speech and Language Pathologists and Audiologists. 
(d) "Primary Supervising Licensee" means the Licensee as defined in this Rule who supervises the majority of the Assistant's work, who is responsible for the Assistant's registration with the Board, and who bears the responsibility for all supervision requirements and notification responsibility to the Board of any changes in registration information.
(e) "Registration" means the process through which an Assistant is approved by the Board to work with a Licensee to provide services to the public.
(f) "Secondary Supervising Licensee" means a Licensee as defined in this Rule who supervises the Assistant in the absence of the Primary Supervising Licensee to cover variations in work hours.


21 NCAC 64 .1102 GENERAL REQUIREMENTS
(a) For registration, Assistants must present:
(1) Evidence of high school diploma or equivalent; and
(2) A letter of certification of the Assistant's competency provided by a supervising audiologist that attests to one of the following:
   (A) the supervising audiologist has trained the Assistant in tasks allowed in Rule .1104 of this Section;
   (B) the Assistant has provided the supervising audiologist with evidence that he or she has completed training in the tasks allowed in Rule .1104 of this Section; or
   (C) the supervising audiologist has assessed and is satisfied with the competency of the Assistant to perform the tasks allowed in Rule .1104 of this Section.
(b) Assistants who conduct pure tone audiometry under general supervision by the licensee must have completed a Certified Occupational Hearing Conservationists (COHC) or a program with equivalent certification requirements. If the assistant has completed training under the NC Hearing Aid Dealers and Fitters Board, then proof of successful completion of the NCHADFB exam would also meet the requirement.
(c) A Licensee who is employed full-time (30 hours/week or more) may register to be primary supervisor of no more than two Assistants at any one time. A Licensee who is employed part-time (less than 30 hours/week) may register to supervise no more than one Assistant at any one time. The Primary Supervising Licensee shall ensure that the Assistant complies with this Section, and with ethical standards set forth in the Board's Practice Act and rules. Secondary Supervising Licensees in the same practice may also supervise the Assistant, provided that such supervision is conducted in accordance with the rules set forth in this Section.
(d) The Primary Supervising Licensee must keep the Board apprised of any changes in registration information as follows:
   (1) Changes of supervising licensee(s) shall require prior written approval of the Board and the Primary Supervising Licensee must submit the request in writing at least 10 days prior to the effective date.
   (2) The Primary Supervising Licensee must submit changes that do not directly relate to patient care, such as change of address, to the Board in writing within 10 business days of the effective change. Such changes do not require pre-approval from the Board.
(e) The Primary Supervising Licensee shall remit to the Board an annual registration fee for the Assistant in an amount of forty dollars ($40.00).


21 NCAC 64 .1103 LICENSEE REQUIREMENTS
(a) Licensees who register an Assistant shall be licensed in North Carolina, or hold equivalent qualifications from another state, for the previous two years prior to registering an Assistant with the Board. Temporary license holders shall not register Assistants.

(b) Licensees who register an Assistant shall attest to the Assistant's understanding and review of the registration and supervision process (scope of practice, ethics, written protocols, record keeping) set forth in the rules of this Section.

(c) Licensees must submit the application and annual fee for registration of the Assistant to the Board. The application shall include the following information:

1. Assistant's name, address, and telephone number;
2. Employer name;
3. Number of hours worked per week by supervising licensee;
4. Primary supervising licensee's name, address, and telephone number;
5. Secondary supervising licensee's name, address, and telephone number, if applicable; and
6. All locations where the assistant is to provide services.

(d) Licensees shall inform all patients when services are being provided by an Assistant and the Assistant must wear a badge that includes the job title: "Audiology Assistant."

(e) Tasks and duties that are within the scope of responsibilities for an Assistant are listed in Rules .1104 and .1105 of this Section. The Supervising Licensee shall be responsible for all patient services performed by the Assistant. The Supervising Licensee shall determine the assignment of tasks and the amount and type of supervision to ensure quality of care considering relevant factors such as the skills of the Assistant, the needs of the patient, and the service setting. Before assigning treatment tasks to an Assistant, the Licensee shall evaluate the patient files and develop a plan for the care and follow an established protocol.

(f) Any time an Assistant provides services during a patient encounter, the Supervising Licensee or Assistant shall document the Assistant's services in the patient's medical record. If the Assistant documents the services, the Supervising Licensee shall co-sign the medical record. The Supervising Licensee shall be responsible for the accuracy and compliance of the documentation. These signed and dated patient encounter records must be retained as part of the patient's file for the time period specified in Rule .0209 of this Chapter and may be requested by the Board.

(g) The Board may do random audits of records to determine compliance with the rules in this Chapter.

(h) When patient services are being rendered by an Assistant, the Supervising Licensee must be available to observe and supervise the Assistant, when necessary.

(i) The Primary Supervising Licensee shall assess the Assistant's competencies during the initial 60 days of employment using a performance-based competency assessment. The completed assessment shall be submitted to the Board within 90 days of registration. A new competency assessment must be completed and filed within 90 days each time the Primary Supervising Licensee changes.

(j) Assistants shall only engage in those activities related to the practice of Audiology as set forth in Rules .1104 and .1105 of this Section. An Assistant's activities related to the practice of Audiology not set forth therein shall be regarded as the unlicensed practice of Audiology.

History Note: Authority G.S. 90-298.1; 90-304(a)(3);
Emergency Adoption Eff. April 24, 2020;
Temporary Adoption Eff. June 26, 2020;
Eff. June 1, 2021.

21 NCAC 64 .1104 AUTHORIZED TASKS OF AUDIOLOGY ASSISTANTS

(a) An audiology assistant may engage in the following direct patient services:

1. Obtaining partial or selected case history information from patients and families;
2. Administering audiologic screening protocols, as directed by the supervising audiologist. These screening procedures, including tests and checklists or parts of tests and checklists, shall have the purpose of determining the need for further diagnostic testing by the supervising audiologist and must meet the following criteria:
   (A) have administration protocols and methods;
   (B) consist of test items that require no more than a binary judgment (i.e., yes-no, present-absent, pass/refer);
   (C) require no more than a specifically-elicited single response; and
   (D) require no clinical interpretation by the assistant;
Preparing or positioning patients for evaluation or treatment following guidelines of the supervising audiologist and of the facility;

Basic hearing device repair and trouble shooting;

Assistance with procedures related to the fitting and dispensing of hearing devices, not to include cerumen management. Ear mold impressions must be conducted with the supervision of an audiologist;

Instructing patients in care and use of devices dispensed by the supervising audiologist; and

Providing services previously mentioned through telehealth to extend access to clinical care.

(b) Subject to Paragraph (c) of this Rule, an audiology assistant must engage in the following indirect patient services:

(1) Reporting any workplace conduct that appears to be unethical in violation of Section .0300 of this Chapter or illegal to the supervising audiologist or to the Board of Examiners;

(2) Requesting assistance from the supervising audiologist, as needed, in order to ensure continuous service quality;

(3) Observing universal precautions and safety procedures; and

(4) Releasing patients only to the care of care-givers of record.

(c) Direct patient services for evaluation as set forth in Paragraph (a) of this Rule are not within the approved scope of responsibilities for assistants who are not Certified Occupational Hearing Conservationists (COHC). Audiology assistants who are not COHC may assist in the evaluation of both pediatric and adult patients, but only under the supervision of the supervising audiologist who is present in the room and attending to the assistant's activities 100 percent of the time. Audiology Assistants who are COHC may conduct unmasked pure-tone audiometry under supervision by the licensee for adult patients. Direct patient services to children under the age of 21 years old are not within the approved scope of activities for assistants unless under the supervision of the supervising audiologist who is physically present in the room and attending to 100 percent of the assistant's activities.

History Note: Authority G.S. 90-298.1; 90-304(a)(3);
Emergency Adoption Eff. April 24, 2020;
Temporary Adoption Eff. June 26, 2020;
Eff. June 1, 2021.

21 NCAC 64 .1105 SUPERVISION AND CONTINUING COMPETENCE REQUIREMENTS

Following registration by a supervising audiologist, a registered assistant shall:

(1) discuss job expectations with the supervising audiologist(s) in order to have a mutual understanding of job scope and responsibilities;

(2) participate in a specified amount of supervised training according to a written plan for all tests and clinical equipment that will be used for assessment and treatment of the patient;

(3) receive employment evaluations on a scheduled basis from the supervising audiologist(s) to assess the assistant's performance, strengths, and weaknesses of the assistant and to establish development goals for continuous performance improvement;

(4) request assistance, additional instruction, and additional supervision from the supervising audiologist, when needed;

(5) participate in various types of educational activities in order to enhance skill and knowledge, as assigned by the supervising audiologist; and

(6) read information assigned by the audiologist.

History Note: Authority G.S. 90-298.1; 90-304(a)(3);
Emergency Adoption Eff. April 24, 2020;
Temporary Adoption Eff. June 26, 2020;
Eff. June 1, 2021.