

Article 22.

Licensure Act for Speech and Language Pathologists and Audiologists.

**§ 90-292. Declaration of policy.**

It is declared to be a policy of the State of North Carolina that, in order to safeguard the public health, safety, and welfare; to protect the public from being misled by incompetent, unqualified, unscrupulous, and unauthorized persons and from unprofessional conduct on the part of qualified speech and language pathologists and audiologists and to help assure the availability of the highest possible quality speech and language pathology and audiology services to the communicatively handicapped people of this State, it is necessary to provide regulatory authority over persons offering speech and language pathology and audiology services to the public. (1975, c. 773, s. 1.)

**§ 90-293. Definitions.**

As used in this Article, unless the context otherwise requires:

- (1) ~~"Audiologist" means any Audiologist.~~ – Any person who engages is qualified by education, training, and clinical experience and is licensed under this Article to engage in the practice of audiology. The audiologist is an independent hearing health care practitioner providing services in hospitals, clinics, schools, private practices, and other settings in which audiologic services are relevant. A person is deemed to be or to hold himself or herself out as being an audiologist if he or she offers such services to the public under any title incorporating the terms of "audiology," "audiologist," "audiological," "audiological consultant," "hearing aid audiologist," "hearing clinic," "hearing clinician," "hearing therapist," "hearing specialist," "hearing aid clinician," or any variation, synonym, coinage, or similar title or description of service. ~~service that expresses, employs, or implies these terms, names, or functions.~~
- (2) ~~"Board" means the Board.~~ – The Board of Examiners for Speech and Language Pathologists and Audiologists.
- (3) ~~"License" means a License.~~ – A license issued by the Board under the provisions of this Article, including a temporary license.
- (4) ~~"Person" means an Person.~~ – Any individual, organization, association, partnership, company, trust, or corporate body, except that only individuals can be licensed under this Article. Any reference in this Article to a "licensed person" shall mean a natural, individual person.
- (5) ~~"Speech and language pathologist" means any Speech and language pathologist.~~ - Any person who represents himself or herself to the public by title or by description of services, methods, or procedures as one who evaluates, examines, instructs, counsels or treats persons suffering from conditions or disorders affecting speech and language or swallowing. A person is deemed to be a speech and language pathologist if the person offers such services under any title incorporating the words "speech pathology," "speech pathologist," "speech correction," "speech correctionist," "speech therapy," "speech therapist," "speech clinic," "speech clinician," "language pathologist," "language therapist," "logopedist," "communication disorders," "communicologist," "voice therapist," "voice pathologist," or any similar title or description of service.
- (6) ~~"The practice of audiology" means the The practice of audiology.~~ - The application of principles, methods, and procedures of measurement, testing, evaluation, prediction, consultation, counseling, instruction, habilitation, or rehabilitation related to hearing and vestibular disorders of hearing for the purpose of identifying, preventing, ameliorating, or modifying such disorders and conditions in individuals or groups of individuals. For the purpose of this subdivision, the words "habilitation" and "rehabilitation" shall include auditory training, speech reading, aural rehabilitation, hearing aid use evaluation and recommendations, and fabrication of earmolds and similar accessories for clinical testing purposes. related to disorders of the auditory and vestibular systems. Areas of audiology practice include, but shall not be limited to, the following, delivered to people across the life span:
  - a. Performing basic health screenings consistent with audiology training. Screenings that indicate the possibility of medical or other conditions that are outside the scope of practice of an audiologist must be referred to appropriate health care providers for further evaluation or management.

- b. Eliciting patient histories, including the review of present and past illnesses, current symptoms, reviewing tests, obtaining or reviewing patient history obtained separately, reviewing procedures, and documentation of clinical information in the electronic health record or other records.
- c. Preventing hearing loss by designing, implementing, and coordinating industrial, school, and community-based hearing conservation programs by educational outreach, including screening, to the public, schools, and other health care professionals and governmental entities, and by counseling and treating those at risk with behavioral or nutritional modification strategies related to noise-induced hearing loss prevention or with active or passive hearing protection devices.
- d. Identifying dysfunction of hearing, balance, and other auditory-related systems by developing and overseeing hearing and balance-related screening programs for persons of all ages, including newborn and school screening programs.
- e. Conducting audiological examination and audiologic diagnosis and treatment of hearing and vestibular disorders revealed through the administration of behavioral, psychoacoustic, electrophysiologic tests of the peripheral and central auditory and vestibular systems using standardized test procedures, including, but not limited to, audiometry, tympanometry, acoustic reflect, or other immittance measures, otoacoustic emissions, auditory evoked potentials, video and electronystagmography, and other tests of human equilibrium and tests of central auditory function using calibrated instrumentation leading to the diagnosis of auditory and vestibular dysfunction abnormality.
- f. Assessing the candidacy of persons with hearing loss for cochlear implants, auditory brainstem implants, middle ear implantable hearing aids, fully implantable hearing aids, bone-anchored hearing aids, and gene or stem cell therapy; and post-medical intervention, follow-up assessment, and treatment.
- g. Offering audiologic decision making and treatment for persons with impairment of auditory function utilizing amplification or other assistive devices, or auditory training.
- h. Selecting, fitting, evaluating, and dispensing hearing aids and other amplification or hearing- assistive or hearing-protective systems, and audiologic rehabilitation to optimize use.
- i. Fitting and mapping of cochlear implants and audiologic rehabilitation to optimize device use.
- j. Fitting of middle ear implantable hearing aids, fully implantable hearing aids and bone-anchored hearing aids, and audiologic rehabilitation to optimize device use.
- k. Conducting otoscopic examinations, removing cerumen, and taking ear canal impressions.
- l. Providing audiologic examination, audiological decision making, and treatment of persons with tinnitus, including determining candidacy, treatment selection and provision, and providing ongoing management, using techniques, including, but not limited to, biofeedback, masking, sound enrichment, hearing aids and other devices, education, counseling, or other relevant tinnitus therapies.
- m. Counseling on the psychosocial aspects of hearing loss and the use of amplification systems.
- n. Providing aural habilitation and rehabilitation across the life span, beyond the provision and counseling related to appropriate devices, such as amplification, cochlear implants, bone-anchored hearing aids, other assistive listening devices, which may include auditory, auditory-visual, visual training, communication strategies training, and counseling related to psychosocial consequences of hearing loss.

- o. Administering of electrophysiologic examination of neural function, including, but not limited to, sensory and motor-evoked potentials, preoperative and postoperative evaluation of neural function, neurophysiologic intraoperative monitoring of the central nervous system, and spinal cord and cranial nerve function. An audiologist shall not perform neurophysiologic intraoperative monitoring except upon delegation from and under the overall direction of a physician, and the audiologist shall be qualified to perform such procedures.
- p. Referring persons with auditory and vestibular dysfunction abnormalities to an appropriate ~~physician~~ **health care provider** for medical evaluation when indicated based upon the interpretation of the audiologic and vestibular test results.
- q. Participating as full member of a team to prescribe and carry out goals of treatment of balance disorders, including habituation and retraining exercises and adaptation techniques, and providing assessment and treatment of Benign Paroxysmal Positional Vertigo (BPPV) using current diagnostic methods and canalith positioning maneuvers or other appropriate techniques for treatment.
- r. Communication with the patient, family, or caregivers, whether through face-to-face or non-face-to-face electronic means.
- s. Providing audiologic treatment services for infants and children with hearing impairment and their families in accordance with G.S. 90-294A.

(7) ~~"The The practice of speech and language pathology" means the pathology.~~ – The application of principles, methods, and procedures for the measurement, testing, evaluation, prediction, counseling, treating, instruction, habilitation, or rehabilitation related to the development and disorders of speech, voice, language, communication, cognitive-communication, and swallowing for the purpose of identifying, preventing, ameliorating, or modifying such disorders.

(8) Repealed by Session Laws 1987, c. 665, s. 1.)

(9) ~~"Accredited Accredited college or university" means an university.~~ – An institution of higher learning accredited by the Southern Association of Colleges and Universities, or accredited by a similarly recognized association of another locale. (1975, c. 773, s. 1; 1987, c. 665, s. 1.)

**§ 90-294. License required; Article not applicable to certain activities.**

(a) Licensure shall be granted in either speech and language pathology or audiology independently. A person may be licensed in both areas if qualified in both areas.

(b) No person may practice or hold himself or herself out as being able to practice speech and language pathology or audiology in this State unless the person holds a current, unsuspended, unrevoked license issued by the Board or is registered with the Board as an assistant. The license required by this section shall be kept conspicuously posted in the person's office or place of business at all times. Nothing in this Article, however, shall be construed to prevent a qualified person licensed in this State under any other law from engaging in the profession or occupation for which such person is licensed.

(c) The provisions of this Article do not apply to:

(1) The activities, services and use of an official title by a person employed by an agency of the federal government and solely in connection with such employment.

(2) The activities and services of a student or trainee in speech and language pathology or audiology pursuing a course of study in an accredited college or university, or working in a training center program approved by the Board, if these activities and services constitute a part of such person's course of study **and said student or trainee is not registered with the Board as an assistant pursuant to N.C. Gen. Stat. § 90-298.1.**

(3) Repealed by Session Laws 1987, c. 664, s.2.

(4) ~~Individuals~~ The fitting and selling of hearing aids by individuals licensed under Chapter 93D of the General Statutes.

(d) Nothing in this Article shall apply to a physician licensed to practice medicine, or to any person employed by a physician licensed to practice medicine in the course of the physician's practice of medicine.

~~(e) This Article shall not be construed to prevent any person licensed in this State under Chapter 93D of the General Statutes of North Carolina from the practice of fitting and selling hearing aids.~~

(f) The provisions of this Article do not apply to registered nurses and licensed practical nurses or other certified

technicians trained to perform audiometric screening tests and whose work is under the supervision of a physician, consulting physician, or licensed audiologist, unless he or she is registered with the Board as an assistant pursuant to N.C. Gen. Stat § 90-298.1.

(g) The provisions of this Article do not apply to persons who are now or may become engaged in counseling or instructing laryngectomees in the methods, techniques or problems of learning to speak again.

(h) No license under this Article is required for persons originally employed by any agency of State government between October 1, 1975, and July 1, 1977, for the practice of speech and language pathology or audiology within and during the course and scope of employment with such agency. (1975, c. 773, s. 1; 1977, c. 692, s. 3; 1981, c. 572, ss. 1, 2; 1987, c. 665, s. 2; 1989, c. 770, s. 17; 1993 (Reg. Sess., 1994), c. 688, s. 1; 1997-443, s. 11A.118(a).)

(i) Nothing in this Article shall apply to a licensed physical therapy or occupational therapy practitioner providing evaluation and treatment of swallowing disorders, ~~cognitive/communication~~ cognitive-communication deficits, and balance functions within the context of his or her licensed practice.

#### **§ 90-294A. Treatment of minors.**

(a) Audiologists licensed under this Article may treat minors by administering audiologic services to minors of all ages with hearing impairment, from birth to less than 18 years of age. Infants and young children represent special populations that require the expertise of an audiologist in combination with a physician for diagnostic assessment of hearing loss. The audiologist is an integral part of the team within the school system that manages students with hearing impairments and students with central auditory processing disorders. A person who is not licensed under this Article or licensed to practice medicine under Article 1 of this Chapter shall not make an assessment of a minor for hearing impairment treatment or manage health care services of a minor for hearing impairment.

(b) Audiologists licensed under this Article may provide clinical treatment, home intervention, family support, case management, and other audiologic services, including audiologic identification, assessment, diagnosis, and treatment programs to minors of all ages.

(c) Audiologists ~~may~~ shall participate in the development of Individualized Educational Programs and Individual Family Service Plans for children with hearing concerns. Audiologists must consult in matters pertaining to classroom acoustics, assistive listening systems, hearing aids, communication, psychosocial effects of hearing loss, and maintain classroom assistive systems and students' personal hearing aids. The audiologist ~~may~~ shall administer hearing screening programs in schools and train and supervise nonaudiologists performing hearing screening in an educational setting.

#### **§ 90-295. Qualifications of applicants for permanent licensure.**

(a) To be eligible for permanent licensure by the Board as a speech and language pathologist, the applicant must:

(1) Possess at least a master's degree in speech and language pathology or qualifications deemed equivalent by the Board under rules duly adopted by the Board under this Article. The degree or equivalent qualifications shall be from an accredited institution.

(2) Submit transcripts from one or more accredited colleges or universities presenting evidence of the completion of 75 semester hours constituting a well-integrated program of course study dealing with the normal aspects of human communication, development thereof, and clinical techniques for evaluation and management of such disorders.

a. Fifteen of these 75 semester hours must be obtained in courses that provide information that pertains to normal development and use of speech, language and hearing.

b. Thirty-six of these 75 semester hours must be in courses that provide information relative to communication disorders and information about and training in evaluation and management of speech, language, and hearing disorders. At least 24 of these 30 semester hours must be in courses in speech and language pathology.

c. Credit for study of information pertaining to related fields that augment the work of the clinical practitioner of speech and language pathology or audiology may also apply toward the total 75 semester hours.

d. Thirty-six of the total 75 semester hours that are required for a license must be in courses that are acceptable toward a graduate degree by the college or university at which they are taken.

Moreover, 21 of those semester hours must be in graduate level courses in speech and language pathology.

(3) Submit evidence of the completion of a minimum of 400 clock hours of supervised, direct clinical experience with individuals who present a variety of communication disorders. This experience must have been obtained within the training institution or in one of its cooperating programs in the following areas: ~~(i) Speech—Adult (20 diagnostic and 20 therapeutic); Children (20 diagnostic and 20 therapeutic); and (ii) Language—Adult (20 diagnostic and 20 therapeutic); Children (20 diagnostic and 20 therapeutic).~~ programs. Each new applicant must submit a verified clinical clock hour summary sheet signed by the clinic or program director, in addition to completion of the license application.

(4) Present written evidence of nine months of full-time professional experience in which ~~bona fide~~ clinical work has been accomplished in speech and language pathology. The professional work must have been supervised by a speech and language pathologist who is State-licensed or certified by The American Speech-Language-Hearing Association. This experience must follow the completion of the requirements listed in subdivisions (1), (2) and (3). Full time is defined as at least nine months in a calendar year and a minimum of 30 hours per week. Half time is defined as at least 18 months in two calendar years and a minimum of 20 hours per week. The supervision must be performed by a person who holds a valid license under this Article, or certificate of clinical competence from the American Speech-Language-Hearing Association, in speech and language pathology.  
....”

**Section 2.** The Board of Examiners for Speech and language Pathologists and Audiologists may adopt temporary rules to implement the provisions of this act.

**Section 3.** Section 1 of this act becomes effective October 1, 2021. The remainder of this act is effective when it becomes law.

(5) Pass an examination established or approved by the Board. (1975, c. 773, s. 1; 1987, c. 665, s. 3.)

(6) Exercise good moral conduct as defined in rules adopted by the Board or in a code of moral conduct adopted by the Board.

b. To be eligible for permanent licensure by the Board as an audiologist, the applicant must:

(1) Possess a doctoral degree in audiology or qualifications deemed equivalent by the Board under rules duly adopted by the Board under this Article. The degree or equivalent qualifications shall be from an accredited institution.

(2) Persons who were engaged in the practice of audiology and do not possess a doctoral degree in audiology before October 1, 2007, shall be exempt from the degree requirement in subdivision (1) of this subsection provided those persons remain continuously licensed in the field.

(3) Submit transcripts from one or more accredited colleges or universities presenting evidence of the completion of 90 semester hours constituting a well-integrated program of course study dealing with the normal aspects of human communication, the development of human communication, the disorders associated with human communication, and the clinical techniques for evaluation and management of such disorders.

(4) Present written evidence documenting 1,800 clock hours of professional experience directly supervised by an audiologist who is State-licensed or certified by the American Speech-Language-Hearing Association or other Board-approved agency. The clock hours of professional experience must be with

individuals who present a variety of communication and auditory disorders and must have been obtained within the training program at an accredited college or university or in one of its cooperating programs.

(5) Pass an examination established or approved by the Board.

(6) Exercise good moral conduct as defined in rules adopted by the Board or in a code of moral conduct adopted by the Board.

### § 90-296. Examinations.

(a) An applicant for licensure who has satisfied the academic requirements of G.S. 90-295, shall pass a written examination approved or established by the Board

(b) The Board shall administer or approve at least two examinations of the type described in subsection (a) of this

section each year, and additional examinations as the volume of applications makes appropriate.

(c) An examination shall not be required as a prerequisite for a license for:

(1) A person who holds a certificate of clinical competence issued by the American Speech-Hearing-Language Association in the specialized area for which such person seeks licensure; or

(2) A person who has met the educational, practical experience, and examination requirements of another state or jurisdiction which has requirements equivalent to or higher than those in effect pursuant to this Article for the practice of audiology or speech pathology. (1975, c. 773, s. 1; 1981, c. 572, s. 3; 1987, c. 665, s. 4.)

### § 90-297. Repealed by Session Laws 1987, c. 665, s. 5.

### § 90-298. Qualifications for applicants for temporary licensure.

(a) To be eligible for temporary licensure an applicant must:

(1) Meet the academic and clinical practicum requirements of G.S. 90-295(1), (2), and (3); and

(2) Submit a plan of supervised experience complying with the provisions of G.S. 90-295(4); and

(3) Pay the temporary license fee required by G.S. 90-305(5).

(b) A temporary license is required when an applicant has not completed the required supervised experience and passed the required examination.

(c) A temporary license issued under this section shall be valid only during the period of supervised experience required by G.S. 90-295(4), and shall not be renewed. (1975, c. 773, s. 1; 1987, c. 665, s. 6.)

### § 90-298.1. Registered assistant.

A licensed speech and language pathologist or a licensed audiologist may register with the Board an assistant who

works under the licensee's supervision if all of the following requirements are met:

(1) The assistant meets the qualifications for registered assistants adopted by the Board.

(2) ~~The licensee who supervises the assistant pays the registration fee set by the Board.~~ The registration fee must be remitted to the Board by the supervisor, assistant, or employer before the assistant can be registered.

A registration of an assistant must be renewed annually. To renew the registration of an assistant, the licensee who supervises the assistant must submit an application for renewal and pay the renewal fee. An initial or renewal fee for registering an assistant may not exceed the renewal license fee set under G.S. 90-305. (1993 (Reg. Sess., 1994), c. 688, s.2.)

### § 90-299. Licensee to notify Board of place of practice.

(a) A person who holds a license or registration with the Board shall notify the Board in writing of the address of the place or places where he engages or intends to engage in the practice of speech and language pathology or audiology.

(b) The Board shall keep a record of the places of practice of licensees and registered assistants.

(c) Any notice required to be given by the Board to a licensee or registered assistant may be given by mailing it to him at the address of the last place of practice of which he has notified the board. (1975, c. 773, s. 1.)

### § 90-300. Renewal of licenses.

A licensee shall annually pay to the Board a fee in an amount established by the General Assembly for a renewal of his license. A 30-day grace period shall be allowed after expiration of a license during which the license may be renewed on payment of a fee in an amount established by the General Assembly. The Board may suspend the license of any person who fails to renew his license before the expiration of the 30-day grace period. After expiration of the grace period, the Board may renew such a license upon the payment of a fee in an amount established by the General Assembly. No person who applies for renewal whose license was

suspended for failure to renew shall be required to submit to any examination as a condition of renewal. (1975, c. 773, s. 1.)

**§ 90-301. Grounds for suspension, ~~or~~ revocation or denial of license or of registration.**

Any person licensed or registered under this Article may have his or her license or registration revoked or suspended for a fixed period by the Board or may have his or her application for license or registration denied by the Board under the provisions of North Carolina General Statutes, Chapter 150B, for any of the following causes:

- (1) His license or registration has been secured by fraud or deceit practiced upon the Board.
- (2) Fraud or deceit in connection with his or her services rendered as an audiologist or speech and language pathologist.
- (3) Unethical or immoral conduct as defined in this Article or in a code of ethics adopted by the Board.
- (4) Violation of any lawful order, rule or regulation rendered or adopted by the Board.
- (5) Failure to exercise a reasonable degree of professional skill and care in the delivery of professional services.
- (6) Any violation of the provisions of this Article.
- (7) Failure to exercise good moral conduct as defined in rules adopted by the Board or in a code of moral conduct adopted by the Board. (1975, c. 773, s. 1; 1981, c. 572, s. 4; 1987, c. 665, s. 7; c. 827, s. 1.)

**§ 90-301A. Unethical acts and practices.**

Unethical acts and practices shall be defined as including:

- (1) Obtaining or attempting to obtain any fee by fraud or misrepresentation.
- (2) Employing directly or indirectly any suspended or unlicensed person to perform any work covered by this Article.
- (3) Using, ~~or~~ causing or promoting the use of any advertising matter, promotional literature, testimonial, guarantee, warranty, label, brand, insignia, or any other representation, however disseminated or published, which is misleading, deceiving, improbable, or untruthful.
- (4) Aiding, abetting, or assisting any other person or entity in violating the provisions of this Article.
- (5) Willfully harming any person in the course of the delivery of professional services licensed by this Article.
- (6) Treating a person who cannot reasonably be expected to benefit from treatment.
- (7) Charging a fee for treatment or services not rendered.
- (8) Providing or attempting to provide services or supervision of services by persons not properly prepared or legally qualified to perform, or permitting services to be provided by a person under such person's supervision who is not properly prepared or legally qualified to perform such services.
- (9) Guaranteeing the result of any therapeutic or evaluation procedure. (1987, c. 665, s. 8.)

**§ 90-302. Prohibited acts and practices.**

No person, partnership, corporation, or other entity may:

- (1) Sell, barter, transfer or offer to sell or barter a license.
- (2) Purchase or procure by barter a license with intent to use it as evidence of the holder's qualification to practice audiology or speech and language pathology.
- (3) Alter a license.
- (4) Use or attempt to use a valid license which has been purchased, fraudulently obtained, counterfeited or materially altered.
- (5) Make a false, material statement in an application for a North Carolina license.
- (6) Aid, assist, abet, or direct any person licensed under this Article in violation of the provisions of this Article. (1975, c. 773, s. 1; 1987, c. 665, s. 9.)

**§ 90-303. Board of Examiners for speech and language pathology and audiology; qualifications, appointment and terms of members; vacancies; meetings, etc.**

(a) There shall be a Board of Examiners for Speech and Language Pathologists and Audiologists, which shall be composed of seven members, who shall all be residents of this State. Two members shall have a paid work experience in audiology for at least five years and hold a North Carolina license as an audiologist. Two

members shall have paid work experience in speech pathology for at least five years and hold North Carolina license. One member shall be a physician who is licensed to practice medicine in the State of North Carolina. Two members shall be appointed by the Governor to represent the interest of the public at large. These two members shall be neither licensed speech and language pathologists nor audiologists. These members shall be appointed not later than July 1, 1981; one shall be initially appointed for a term of two years; the other shall be appointed for a term of three years. Thereafter all public members shall serve three-year terms.

(b) The members of the Board shall be appointed by the Governor.

(c) ~~The initial Board shall have members appointed for terms of one year, two years, three years, four years, and five years. All board members serving on June 30, 1981, shall be eligible to complete their respective terms.~~ No member appointed to a term on or after July 1, 1981, shall serve more than two complete consecutive three-year terms.

(d) Members of the Board shall receive no compensation for their service, but shall receive the same per diem, subsistence and travel allowance as provided in G.S. 138-5. (1975, c. 773, s. 1; 1981, c. 572, ss. 5, 6.)

#### **§ 90-304. Powers and duties of Board.**

(a) The powers and duties of the Board are as follows:

(1) To administer, coordinate, and enforce the provisions of this Article, establish fees, evaluate the qualifications of applicants, supervise the examination of applicants, and issue subpoenas, examine witnesses, and administer oaths, and investigate persons engaging in practices which violate the provisions of this Article.

(2) To conduct hearings and keep records and minutes as necessary to an orderly dispatch of business.

(3) To adopt responsible rules including rules which establish ethical standards of practice and require continuing professional education and to amend or repeal the same.

(4) ~~To issue annually a list stating the names of persons currently licensed under the provisions of this Article.~~ A list of the names of persons currently licensed under the provisions of the Article is available at the board's website: [www.ncboeslpa.org](http://www.ncboeslpa.org).

(5) To employ such personnel as determined by its needs and budget.

(6) To adopt seals by which it shall authenticate their proceedings, copies of the proceedings, records and the acts of the Board, and licenses.

(7) To bring an action to restrain or enjoin violations of this Article in addition to and not in lieu of criminal prosecution or proceedings to revoke or suspend licenses issued under this Article.

(b) The Board shall not adopt or enforce any rule or regulation which prohibits advertising except for false or misleading advertising. (1975, c. 773, s. 1; 1981, c. 572, s. 7; 1987, c. 665, s. 10.)

#### **§ 90-305. Fees.**

Persons subject to licensure or registration under this Article shall pay fees to the Board not to exceed the following:

(1)..... Application fee.....	\$ 30.00
(2)..... Examination .....	\$ 30.00
(3)..... Initial license fee.....	\$100.00
(4)..... Renewal license fee.....	\$100.00
(5)..... Temporary license.....	\$ 40.00
(6)..... Delinquency fee.....	\$ 25.00
<u>(7)..... Registration fee.....</u>	<u>\$40.00</u>

(1975, c. 773, s. 1; 1987, c. 665, s. 11; 2003-222, s. 1.)

#### **§ 90-306. Penalty for violation.**

Any person, partnership, or corporation that willfully ~~who or which~~ violates the provisions of this Article shall be guilty of a Class 2 misdemeanor. (1975, c. 773, s. 1; 1987, c. 665, s. 12; 1993, c. 539, s. 650; 1994, Ex. Sess., c. 24, s. 14(c).)

#### **§ 90-307. Severability.**

If any part of this Article is for any reason held unconstitutional, inoperative, or void, such holding of invalidity shall not affect the remaining portions of the Article; and it shall be construed to have been the legislative intent to pass this Article without such unconstitutional, invalid, or inoperative part therein; and the



remainder of this Article, after the exclusion of such part or parts, shall be valid as if such parts were not contained therein. (1975, c. 773, s. 1.)

**NORTH CAROLINA ADMINISTRATIVE CODE  
TITLE 21**

**OCCUPATIONAL LICENSING BOARDS**

**CHAPTER 64 - BOARD OF EXAMINERS OF SPEECH AND LANGUAGE PATHOLOGISTS AND  
AUDIOLOGISTS**

**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.*

**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.*

**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.*

**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.*

## **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.*

## **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.*

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

Academic institutions, corporations, agencies or individuals providing training programs other than degree programs in speech and language pathology audiology, or both, for which they wish approval under G.S. 90-294(c)(2) must submit Form D. Form D requires the name of the program, the name of the Director of the program, the inclusive dates of the program, the location of the program, a description of the program, and a list of individuals who will be participating as students in such program during the period for which approval is sought. Participants in unapproved programs who are engaged in the practice of speech and language pathology or audiology as described in G.S. 90-293 are not exempt from the license requirements of the Licensure Act.

*History Note: Authority G.S. 90-294(c)(2); Eff. November 1, 1989.*

## **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; Repealed Eff. July 25, 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; Repealed Eff. May 1, 1989.*

### **21 NCAC 64 .0204 EXEMPTIONS**

The Board shall interpret G.S. 90-294(c)(4) to mean that any individual who holds a valid certificate in speech pathology or audiology from the North Carolina Department of Public Instruction and who practices in a salaried position solely within the confines or under the jurisdiction of the Department of Public Instruction shall be exempt from the provisions of G.S. 90, Article 22, for practice within the field of such certification. Further, any individual employed by the North Carolina Schools for the Deaf and Blind and who practices in a salaried position solely within the confines of those schools or under the jurisdiction of the administration of those schools or under the jurisdiction of the Department of Human Resources shall be exempted from the provisions of G.S. 90, Article 22.

*History Note: Authority G.S. 90-294(c)(4); 90-304(a)(3);  
Eff. February 9, 1976; Amended Eff. May 1, 1989.*

#### **21 NCAC 64 .0205 INCLUSIVE DATES OF SUPERVISED PROFESSIONAL EXPERIENCE**

The Board interprets G.S. 90-298(c) to mean that the supervised experience referred to in this statute and necessary to meet the requirements of G.S. 90-295(4) begins on the date the temporary license fee is received by the Board.

*History Note: Authority G.S. 90-304(a)(3); Eff. November 1, 1989.*

#### **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. 90-304(a)(3); Eff. November 1, 1989. Amended Eff. March 1, 2014.*

#### **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.*

#### **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.*

#### **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*

## **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.*

## **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.*

## **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(c)(6) and (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 properly trained by a licensed audiologist or physician in the specific techniques for that screening and provided that supervision of the screening program is formally vested in 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(c)(6) and (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 may 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.

*History note: Authority G.S. 90-304(a)(3); Eff. September 2, 2005.*

## **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.

*History note: Authority G.S. 90-304(a)(3); Eff. April 1, 2005.*

## **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. December 1, 2004.*

## **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.*

## **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.*

## **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.*

## **21 NCAC 64 .0218 CONTINUING EDUCATION**

Beginning January 1, 2009 each licensee must complete 30 hours 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.*

## **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 license'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, obtained through real-time interaction, from patient site to provider site for the provision of speech and

language pathology and audiology services to patients through hardwire or internet connection.

Telepractice also

includes the interpretation of patient information provided to the licensee via store and forward techniques.

(b) Telepractice shall be obtained in real time and in a manner sufficient to ensure patient confidentiality.

(c) Telepractice is subject to the same standard of practice stated in 21 NCAC 64 .0205 and 21 NCAC 64 .0216 as if the person being treated were physically present with the licensee. Telepractice is the responsibility of the licensee and shall not be delegated.

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

(f) Notification of telepractice services shall be provided to the patient and guardian if the patient is a minor.

The notification shall include the right to refuse telepractice services and options for alternate services delivery.

(g) Telepractice constitutes the practice of speech and language Pathology and Audiology in both the patient site and provider site.

*History note: Authority G.S. 90-304-(a)(3); Eff. July 1, 2010; Amended Eff. March 1, 2014.*

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

A licensed Audiologist who fits and dispenses hearing aids must:

(1) Comply 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.*

## **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.*

## **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 on any basis that is unjustifiable or irrelevant to the need for and potential benefit from such services, such as race, sex or religion.

*History Note: Authority G.S. 90-304(a)(3); Eff. February 9, 1976;  
Amended Eff. November 1, 1989.*

## **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.

*History Note: Authority G.S. 90-304(a)(3); Eff. February 9, 1976;  
Amended Eff. November 1, 1989; March 10, 1977.*

#### **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.
- (2) Licensees' public statements providing information about professional services and products must not contain representations or claims that are false, deceptive or misleading.
- (3) Licensees must not use professional or commercial affiliations in any way that would mislead or limit services to persons served professionally.

*History Note: Authority G.S. 90-304(a)(3); Eff. February 9, 1976;  
Amended Eff. November 1, 1989.*

#### **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.*

## **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.*

## **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 the 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](http://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.*

## **SECTION .0400 - PETITIONS FOR RULES**

### **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 16885, Greensboro, North Carolina 27416-0885.

*History Note: Authority G.S. 150B-16; 90-304(a)(3); Eff. February 15, 1977; Amended Eff. May 1, 1989; December 7, 1978.*

### **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.*

### **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 therefore. 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.*

## **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);  
Eff. February 15, 1977;  
Amended Eff. May 1, 1989.*

### **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.*

### **21 NCAC 64 .0503 ADDITIONAL INFORMATION**

Individuals or agencies desiring information in addition to that provided in an individual rulemaking notice may contact: Board of Examiners for Speech and Language Pathologists and Audiologists, P.O. Box 16885, Greensboro, North Carolina 27416-0885.

Any written communication should clearly indicate the rulemaking proceeding which is the subject of the inquiry.

*History Note: Authority G.S. 150B-12; 90-304(3); Eff. February 15, 1977;  
Amended Eff. May 1, 1989; December 7, 1978.*

## **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.*

## **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.*

## **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.

*History Note: Authority G.S. 150B-12; 90-304(a)(3); Eff. February 15, 1977; Amended Eff. May 1, 1989.*

## **21 NCAC 64 .0604 WRITTEN SUBMISSIONS**

(a) Any person may file a written submission containing data, comments or arguments after distribution or publication of a rulemaking notice and within ten days after the hearing, unless a different period has been prescribed in the notice or granted upon request. These written comments should be sent to: Board of 9Examiners for Speech and Language Pathologists and Audiologists, P.O. Box 16885, Greensboro, North Carolina 27416-0885.

(b) The first page of any written submission shall clearly identify the rulemaking proceeding or proposed rule to which the comments are addressed, a brief description of the interest of the person making the submission in the outcome of the rulemaking proceeding 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").

(c) Upon receipt of written comments, acknowledgment will be made with an assurance that the comments therein will be considered fully by the Board.

*History Note: Authority G.S. 150B-12; 90-304(a)(3); Eff. February 15, 1977; Amended Eff. May 1, 1989; December 7, 1978.*

## **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.

*History Note: Authority G.S. 150B-12; 90-304(a)(3); Eff. February 15, 1977; Amended Eff. May 1, 1989.*

## **21 NCAC 64 .0606 RECORD OF PROCEEDINGS**

*History Note: Authority G.S. 150A-16; 90-304(3); Eff. February 15, 1977; Repealed Eff. May 1, 1989.*

## **SECTION .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.

*History Note: Authority G.S. 150B-12; 90-304(a)(3); Eff. February 15, 1977; Amended Eff. May 1, 1989.*

## **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 petitioner;
- (2) statute or rule to which petition relates;
- (3) concise 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. 150B-12; 90-304(a)(3);  
Eff. February 15, 1977; Amended Eff. May 1, 1989; December 7, 1978.*

## **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.*

## **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.*

## **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.*

## **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.*

### **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 should contain the following information:

- (1) Name and address of the petitioner;
- (2) A concise statement of the action taken by the Board which is challenged;
- (3) A concise statement of the way in which the petitioner has been affected; and
- (4) A clear and specific 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. 150B-38(b),(h); 90-304(a)(3);  
Eff. February 15, 1977; Amended Eff. May 1, 1989; December 7, 1978.*

### **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.*

### **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 pre-hearing 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.*

## **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.*

## **21 NCAC 64 .0806 DISQUALIFICATION OF HEARING OFFICERS**

*History Note: Authority G.S. 150A-16; 90-304(3); Eff. February 15, 1977; Repealed Eff. May 1, 1989.*

### **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.*

#### **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.*

#### **21 NCAC 64 .0903 SUBPOENAS**

- (a) Subpoenas requiring the attendance of witnesses, or those to produce documents, evidence, or things, shall be issued by the Board or the designated administrative law judge within four business days of the receipt of a request from a

party to the case for such subpoena.

(b) Subpoenas shall be served as the officer issuing the subpoena shall direct, as may be appropriate to the circumstances of the case. Subpoenas may be directed to be served by any of the following methods:

(1) By an employee of the agency.

(2) By the Sheriff of the county in which the individual or agency subpoenaed resides, when the party requesting such subpoena prepays the Sheriff's service fee.

(3) 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 promptly return one copy of the subpoena, with the attached "Return of Service" form completed, to the Board.

(4) Subpoena shall contain: the caption of the case; the name and address of the individual or agency subpoenaed; the date, hour and location of the hearing in which the witness is commanded to appear; a particularized description of the books, papers, records or other objects the witness is directed to bring with him to the hearing, if any; the identity of the party on whose application the subpoena issued; the date of issue; the manuscript signature of the Board or other issuing officer; and 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.

(5) The Board or the designated administrative law judge, upon objection by a party or witness in a proceeding, shall have the authority to revoke a subpoena, if the subpoena is adjudged to be unreasonable, oppressive or otherwise unlawful.

(6) An objection will include a concise, but complete, statement of reasons why the subpoena should be revoked or modified. These reasons may include lack of relevance of the evidence sought, lack of particularity in the description of the evidence sought, or any other reason sufficient in to hold the subpoena invalid, such as that evidence sought to be subpoenaed is privileged, that appearance or production would be so disruptive as to be unreasonable in light of the significance of the evidence sought, or other undue hardships.

(7) Any such objection to a subpoena must be served on the party who requested the subpoena simultaneously with the filing of the objection with the Board.

(8) The party who requested the subpoena, in such time as may be granted by the Board or the designated administrative law judge may file a written response to the objection. The written response shall be served by the requesting party on the objecting witness simultaneously with filing the response with the Board.

(9) After receipt of the objection and response thereto, if any, the Board or its designated administrative law judge 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.

(10) As soon as the Board or the designated administrative law judge determines whether the subpoena should be revoked or modified, the Board or the administrative law judge shall issue a written decision revoking or modifying or refusing to revoke or modify the subpoena. The decision will be issued to all parties to the proceeding and any objecting witness, and the decision will be made a part of the record of the proceeding.

*History Note: Authority G.S. 1A-1; 150B-39(c); 150B-40(c); 90-304(a)(3); Eff. February 15, 1977; Amended Eff. May 1, 1989.*



## **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; Eff. February 15, 1977; Amended Eff. May 1, 1989.*

## **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.*

## **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.*

## **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 apprised 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.*

## **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 tasks 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:
    - (A) eliciting conditions;
    - (B) target behavior; and
    - (C) contingent response.
  - (2) 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.
  - (3) 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.
  - (4) 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.
  - (5) The Board may do random audits of records to determine compliance with its rules.
  - (6) 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.
  - (f) 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.
  - (g) 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.

*History Note: Authority G.S. 90-298.1; 90-304(a)(3);*

*Eff. July 1, 1998;*

*Amended Eff. December 1, 2013.*

## **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-elicited 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.

(6) Preparing or positioning patients for evaluation or treatment following specific guidelines of the supervising speech-language pathologist and of the facility.

(7) 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.

(8) 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.

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

(10) 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 patient 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 speechlanguage 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 care-givers.
- (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.*

## **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 speechlanguage 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 speechlanguage 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.*