Transitioning from Student to Scholar to Professional

The department reserves the right to make changes to academic and practicum guidelines set forth in this manual.
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COMMUNICATION DISORDERS GRADUATE PROGRAM

ADVISING MANUAL

OVERVIEW

“You were born with wings, why prefer to crawl through life?”
— Rumi

Welcome to the Communication Disorders program at New Mexico State University! As you begin your experience as a CD graduate student, you will have many questions regarding your responsibilities, rights, and privileges. You will work with a variety of requirements from ASHA, the CD Program, the Department of Special Education/Communication Disorders, the College of Education, and the Graduate School. This manual is intended to guide you and help you get answers as you work your way through your program of study.

The CD program is part of a combined department, Special Education/Communication Disorders (SPED/CD), housed within the College of Education, which offers training in Developmental Disabilities, Autism, Bilingual and Special Education, School Psychology, Early Childhood Special Education, and the Visual Impairment/Orientation and Mobility Program. In addition, the Department offers doctoral training in Special Education. Therefore some of the graduate students in your department are not working to become SLPs as you are, but are interested in many of the same issues as you. Our College of Education (COE) is undergoing exciting changes at this time and is reorganizing. A consideration is to have three ‘schools’ within the college, and our program would be part of the School of Human Performance and Psychological Studies.

You will be interacting with faculty and students within the CD Program and SPED/CD Department. A list of current SPED/CD faculty members is included in this manual. The SPED/CD Department is administered by the Department Head. We currently have an interim department head, Dr. Robert Wood, who is also department head of Kinesiology and Dance (KIND). To assist the Department Head, the SPED and CD components in the Department each have a Program Director. A Program Director is responsible for consulting with both the Department Head and the SPED/CD Faculty in order to carry out many of the daily administrative tasks for their components. The CD Program Director (Dr. Linda Spencer) also functions as a liaison between NMSU and the national professional organization that accredits the CD Program, the Council on Academic Accreditation in Speech-Language Pathology and Audiology, of the American Speech-Language-Hearing Association (ASHA). The Graduate Faculty members in SPED/CD (Assistant, Associate and Full professors) teach, supervise students and pursue research in their areas of expertise. Each component also has a Program Faculty that includes College Instructors, College Assistant Professors, College Associate Professors and full and part-time professional staff who teach some of the undergraduate courses, supervise students and/or assist in administration of special projects. The work in the Department and CD Program is supported by the SPED/CD office staff, which includes two Departmental Administrative Assistant (Ms. Racquel Avelar, and Ms. Kristen Andrews), a Speech and Hearing Center Administrative Assistant, (Ms. Victoria Jaime) and work-study students. The Special Education Professors have their offices in O’Donnell Hall, as of August 2016, and The CD program is housed in the Speech Building.

Housed in the CD Department is the Edgar R. Garrett Speech and Hearing Center. The primary purpose of the Center is to provide training opportunities for CD students, but it also provides a service to the community by offering supervised evaluation and intervention services to persons with speech, language, hearing, and swallowing disorders as recommended by the
Coordinator of Clinical Services. The Coordinator of Clinical Services (Ms Yeboah), is a CD faculty member and the Center Admin Assistant (Ms. Jaime) schedule student clinical training activities and coordinate the daily administration of the Center.

Much of your coursework and clinical activities are completed in the Speech Building on the NMSU Campus. The SPED/CD Departmental office is located in the Speech Building, Room 245. CD faculty offices are also located on the first and second floors of the building. The Center office, student mailroom and materials room, Student Work Room, Edgar R. Garrett Speech and Hearing Center that houses the Client Clinic Lab, faculty research labs (Benfer Lab, PHALL Lab, and Language Lab, Picat Lab) and clinical service facilities, including an Audiology Suite are located on the first floor of the Speech Building. Since you are also a student in the Graduate School and College of Education, there are several other places you will want to locate. The Graduate School offices are located in the Educational Services Building, Suite 301. Hadley Hall houses the offices of much of the university-wide administration, including the office of the NMSU President. The Barnes & Noble bookstore is located on the corner of Jordan St. and University Ave. There are many other facilities that serve students, including eateries, located in Corbett Center. There are two library buildings at the center of campus, the Zuhl Library and Branson Hall. Both libraries house electronic and print media available for use by CD students.

One factor that determines your course of study is the requirements set forth by the American Speech-Language-Hearing Association (ASHA), the national governing body for the professions of Speech-Language Pathology and Audiology. It is ASHA that issues the Certificate of Clinical Competence (CCC) to professionals who have met a set of defined standards (see Appendix A, Standards for the CCC in Speech-Language Pathology). ASHA’s Council for Clinical Certification in Audiology & Speech-Language Pathology (CFCC) defines the standards for clinical certification.

ASHA also maintains a system for the accreditation of graduate educational training programs through its Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA). As of January 1994, only students who are graduates of a CAA-accredited training program are eligible for the CCC. ASHA requires that the academic coursework you take include curriculum and clinical practica in a number of specific areas. Appendix B includes the KASA Form that will be used to document your progress through the program. ASHA also requires that the clinical education you experience includes working with specific types of persons with a variety of communication disorders, and that these experiences occur in distinctly different kinds of work settings. You will meet these requirements through your clinical practica before you graduate. The Clinical Program Manual, which you will use during the practicum course CD 589, is designed to provide you with detailed information and forms that are needed to complete your clinical education successfully.

The CD Program has a list of 10 competencies that you will demonstrate through your academic and clinical work in the program. A table listing the competencies, how each relates to the ASHA Standards, and where within the curriculum each competency is addressed is presented in Appendix C.

Also NMSU requirements influence your individual requirements for graduation from the CD Program. At all levels of the university, including the Department and Program, there are rules and requirements that must be followed by all students. You can find specific statements of those requirements in several publications, including the NMSU Graduate Catalog and the Student Handbook. A few of these are restated here for your attention.

1. All graduate students must maintain a 3.0 grade point average (GPA) in order to remain in good standing with the Graduate School. If you fall below this GPA you will be placed on academic
probation the following semester. If you are unable to improve your GPA, you will be subject to
disenrollment and will not be able to apply for readmission into the program for 5 years.

2. CD graduate students must earn a grade of “B” or higher in all CD courses in order for that
course to apply toward graduation. If you earn a grade of “C” or lower, you may repeat the course
once in an attempt to improve that grade. Any other arrangements regarding grade improvement will
be subject to the review and approval of your Academic Advisor, the CD Graduate Faculty, the CD
Program Director and the SPED/CD Department Head. A departmental Selective Review Committee
may be formed to consider your options for further progress in the CD Program.

3. In order to participate in clinical practica, CD graduate students must maintain a 3.0 GPA. If your
GPA falls below 3.0, you will not be allowed to enroll in CD 589 or do any clinical work to earn
clock hours until the 3.0 has been re-established. Clinical hours completed in a semester where a
grade of “C” or below is received in CD 589 will not count towards the 400 hours required. The
clinician will be placed on a Remediation Plan (review Remediation Plan Protocol located in the
Clinic Manual).

4. All CD graduate students must successfully complete all academic and clinical program
requirements prior to graduation. Graduation from an ASHA-accredited program implies that you
have completed the academic and clinical program that ASHA approved. The CD Program Director
must certify that you are academically qualified by signing the form, (Application Form/Verification)
that you submit to ASHA as a part of the requirements for obtaining your Certificate of Clinical
Competence in Speech-Language Pathology (CCC-SLP). That signature will be given only after all
program requirements have been completed prior to obtaining the Master of Arts degree from
NMSU. Dr. Spencer will verify on the CALIPSO Clinic Clockhour Form and CALIPSO Experience
Record Sheet before signing your paperwork during your final weeks of graduate school. Your
degree will be a Master of Arts in Communication Disorders.
2.0 PHILOSOPHY OF THE COMMUNICATION DISORDERS PROGRAM

The Communication Disorders Program at NMSU is defined by the following philosophical concepts.

2.1 The NMSU Communication Disorders Program Logo

The NMSU Communication Disorders Program Logo (Advising Manual cover) represents how the three individual characteristics and the three major components of the program (Communication/Personal, Knowledge/Academics, and Skills/Clinical Experiences) interact in the transition from being students to developing scholarship and professionalism.

Communication—the competent use of verbal, nonverbal, oral, and literate communication to negotiate meaning is the key to developing and using functional knowledge and skills in the professional, administrative, clinical, educational, and research roles of the Communication Disorders profession.

Knowledge—usable information about basic human communication and swallowing processes; the nature of speech, language, hearing, and communication disorders and differences, and swallowing disorders; and principles and methods of prevention, assessment, and intervention for culturally and linguistically diverse people with communication and swallowing disorders.

Skills—demonstrated clinical competence in evaluation and intervention with culturally and linguistically diverse people with varied types and degrees of hearing, speech, language, and swallowing disorders.

Communication-Knowledge Interaction (self-advocacy)—using competent communication to identify, explore, develop, and use areas of knowledge that will facilitate personal breadth and depth of understanding, thinking, learning, and knowing relevant to areas of communication and disorders.

Communication-Skills Interaction (other-advocacy)—using competent communication to identify, explore, develop, and use areas of “best practice” knowledge and skills that will facilitate the evaluation, intervention, and management of clients’/patients’ communication and its impact on others.

Knowledge-Skills Interaction (scholarship)—synthesizing usable knowledge and skills into unique ways of thinking about and implementing ideas, concepts, hypotheses, and complex phenomena. Scholarship (discovery, application, teaching-learning, and integration) develops within self-directed constructive thinkers, problem solvers, and decision makers.

Communication-Knowledge-Skills Interaction (professionalism)—integrating competent communication, knowledge, and skills in ways that allow members of the Communication Disorders professions to provide services to society as distinguished by superior, on-going understanding, thinking, learning, and knowing. Professionalism earns the respect of society for contributions to using and refining the “best practices” knowledge and skills necessary to assess, treat, and manage individuals with speech, language, hearing, and swallowing disorders.
2.2 Vision and Mission Statements

“It’s not what happens to you that matters, it’s how you respond to what happens that makes a difference” Epictetus

The Communication Disorders Program is dedicated to excellence and best practices for delivering speech, language, hearing, cognitive, and swallowing services to diverse populations.

The mission of the Communication Disorders Program is to provide leadership to positively impact the lives of persons with speech, language, hearing, cognitive, and swallowing disorders. This mission is accomplished through the preparation of individuals who will provide services in a variety of settings by facilitating their development from student to scholar to professional. The mission is actualized through functional, collaborative, and accountable best practices in teaching and learning; administration, supervision, and leadership; research and creative activities; and community service.

2.3 The Transition from Students to Scholars to Professionals

Education is the best provision for the journey to old age—Aristotle

Students. A student acquires declarative and procedural knowledge and skills (“what” and “how”). Understanding, thinking, learning, and knowing primarily occur through memorization, rote and paraphrased recall, and basic demonstration of familiar concepts through a student’s personal language core and sensemaking. Students represent Perry’s Dualism level of intellectual development where knowledge is black and white, every problem has one and only one correct answer, the teacher has all the solutions, and the job of the student is to memorize and repeat them. Dualists want facts and formulas and don’t like theories or abstract models, open-ended questions, or active or cooperative learning. [From: Perry, W.G. (1970). Forms of intellectual and ethical development in the college years. New York: Holt, Rinehart, and Winston, Inc.]

Concepts Related to Students

- View of Knowledge: discrete, known, certain, factual, quantitative, additive
- Role as Learner: take in information as given; to learn = to memorize
- Role of Peers: partners in learning; supporters; provide a context for sharing
- “Fairness” in Evaluation: return information in same form as given; simple, straightforward
- Sensible, Doable Tasks: low-level, rote learning; simple explanations/use of terms or concepts
- Challenges: multiple perspectives, requests for interpretation by student
- Support: hints, assistance, concrete learning activities; a “safe” environment

Shall I tell you the secret of the true scholar? It is this: every man I meet is my master at some point, and in that I learn from him—Ralph Waldo Emerson

Scholars. A scholar acquires declarative, procedural, and structural knowledge and skills (“what,” “how,” and “why”) through contemplation, questioning and hypothesizing, and careful examination and analysis of elements that make up familiar and unfamiliar rules, methods, concepts, principles, laws, and theories, as well as identifying and changing one’s feelings, interests, and values while interacting with others. Scholars operate at varying degrees of Perry’s Multiplicity level of intellectual development. They create new ways of thinking about concepts and explore how and why rules, methods, concepts, principles, laws, and theories can help them become better at understanding, thinking, learning, and knowing complex phenomena. They become self-directed constructive thinkers, problem solvers, and decision makers. Scholars start using supporting evidence to manage issues in productive ways rather than relying completely on what authorities say. They see
that knowledge and values depend on context and individual perspective rather than being externally objectively based. Developing Scholars count preconceptions and prejudices as acceptable evidence and once they have reached a solution they have little inclination to examine alternatives. Advanced Scholars see that knowledge and values depend on context and individual perspective rather than being externally and objectively based. Using real evidence to reach and support conclusions becomes habitual and not just something professors want them to do.

Concepts Related to Scholars

- **View of Knowledge:** contextual and personally constructed; personal sensemaking of the world
- **Role as Learner:** to construct and live by a world view; to take best practices and integrate in self
- **Role of Peers:** partners in inquiry; community which understands and supports efforts to learn
- **“Fairness” in Evaluation:** evaluation information (+ and -) about how one is doing; formative
- **Sensible, Doable Tasks:** tasks and processes relate to personal issue values; support a stand/view
- **Challenges:** in-depth scholarship; new intellectual horizons outside a comfort zone
- **Support:** opportunities to share views; debate/discuss in secure climate of tolerance and diversity

**Professionals.** Professionals represent what Perry refers to as *commitment to relativism*, i.e., they begin to see the need for commitment to a course of action even in the absence of certainty, basing the commitment on critical evaluation rather than on external authority. Professionals begin to make commitments in personal direction and values, evaluate the consequences and implications of their commitments and attempt to resolve conflicts, and finally acknowledge that the conflicts may never be fully resolved and come to terms with the continuing struggle. According to Thomas D. Miller, “Professionals render services to society as distinguished by their superior [on-going] knowledge, training, and/or skill. They earn the respect of society for services provided. To maintain that respect, professionals are responsible for conforming to stated or implied minimum standards of conduct imposed by society and/or by the professions. The professional assumes legal and ethical liability for demonstration of the ability and competence of an ordinary member in good standing in the profession,” p. 64, in Lubinsky, R., & Frattali, C. (2001). *Professional Issues in Speech-Language Pathology and Audiology* (2nd ed). San Diego, CA: Singular/Delmar/Thomson Learning, Inc.

2.4 Foundational Concepts

Six major concepts form the foundation of the CD Graduate Program. The concepts are developed into Professional Reasoning.


**Vertical⇒Lateral⇒Radiant Thinking:** *Vertical Thinking*, or one-dimensional thinking, is an analytical, sequential, high-probability, finite process. *Vertical Thinking* takes the most reasonable view of a situation and then proceeds logically and carefully to work it out. Computers are the best example of vertical thinking. The programmer defines both the problem and the logical step-by-step
procedure for solving it. The computer then employs the procedure unvaryingly and efficiently to work out the problem. An alternative to Vertical Thinking is Lateral Thinking. Lateral Thinking, or two-dimensional thinking, is a way to explore many alternative views of a problem rather than accepting what is apparently the most promising and proceeding from there. Lateral Thinking is not only used in problem managing, but also for looking at new ideas and situations of every sort. It is a productive strategy for enlarging one’s problem space or work of knowledge. Radiant Thinking (from ‘to radiate’, meaning ‘to spread or move in directions, or from a given center’) refers to associative thought processes that proceed from or connect to a central point. The other meanings of ‘radiant’ are also relevant: ‘shining brightly’, ‘the look of bright eyes beaming with joy and hope’, and ‘the focal point of a meteoric shower’, similar to a ‘burst of thought.’ Radiant Thinking is multidimensional. [From: Buzan, T., & Buzan, B. (1993). The mind map book. New York: Dutton.]

Competencies and Dispositions. Competencies are considered content-related aptitudes or abilities, supported by knowledge, developed to perform specific professional acts. A competency is the capability of “doing” a specific activity such as math; reading; writing; administering, scoring, and interpreting a test; etc. Dispositions are patterns of integrated, usable knowledge and skills that are representative of one’s persona, i.e., a person is defined and identified by his or her dispositions. A disposition is a tendency to exhibit habitually, voluntarily, intuitively, appropriately, and genuinely a pattern of behavior that is determined by the communication rules of a given context: who can communicate what, with whom, how, when, where, and why. According to the National Council for Accreditation of Teacher Education (NCATE), professional dispositions are guided by beliefs and attitudes related to values such as caring, fairness, honesty, responsibility and social justice. Dispositions are represented linguistically as personal nouns (e.g., thinker, researcher, teacher, collaborator, humanist, etc.). Dispositions emerge from competencies and are developmental in nature. At the post-secondary level, the progression from competencies to dispositions is represented on a continuum that begins at the undergraduate level and continues through the doctoral level of education and professionalism. Competencies are developed at the Bachelor’s level. Dispositions begin to emerge at the Master’s level and continue to be developed and refined at the doctoral level and in professional life:

<table>
<thead>
<tr>
<th>COMPETENCIES</th>
<th>DISPOSITIONS</th>
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<tr>
<td>Bachelor’s Level</td>
<td>Master’s Level</td>
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Triangulation and Connections. An emphasis in the CD Graduate Program is to help students transition into scholars and professionals by triangulating and connecting concepts that are presented in the classroom and clinic. Triangulation is the process that involves integrating concepts, methods, experiences, and beliefs, and is used to facilitate dynamic understanding, thinking, learning, and knowing. Triangulation links three diverse contexts: (1) Course Connections—Connections are made among concepts presented in coursework, (2) Classroom-Clinic Connections—Course concepts are connected through class discussions to clinical experiences and related to personal life experiences, (3) Clinical Connections—Clinical experiences are connected across clients and practicum sites through Clinical Staff Meetings and a graduate capstone experience.

Diversity. Diversity is a relative term used to describe variations around some accepted standard. In speech-language pathology and related professions, the term “diversity” is often used to describe variations in race, ethnicity, socio-economic environments, culture, or language compared to “mainstream” or majority standards. Implicit mainstream standards in the United States are White, middle-to professional class, educated monolingual speakers of a standard dialect of English. For
better or worse, implicit mainstream standards are used as the basis for describing all other groups; exceptions to mainstream standards are described as “different” or “diverse.”

The brain is not, and cannot be, the sole or complete organ of thought and feeling—Alice Stone Blackwell


2.5 Professional Reasoning

Professional Reasoning is the centerpiece of the CD Graduate Program and is developed across the curriculum. It is a thinking process directed towards enabling a health care or educational professional to take thoughtful action, which means taking the best judged action as directed by obligatory elements of culture and context. It requires extensive use of metacognition, i.e., the cognitive processes of thinking about thinking; knowing what we know; and recognizing, analyzing, and discussing these processes.

3.0 ACADEMIC OPTIONS: CURRICULA & PRACTICA

Ambition is the path to success. Persistence is the vehicle you arrive in. – Bill Bradley

The NMSU Communication Disorders Program has designed three different ways for students to successfully complete an advanced education within the philosophical framework presented above. Students will choose the program that best fits their strengths and life demands.

3.1 Leveling Program (27 credits minimum)

The Leveling Program is designed for students who do not have an undergraduate degree in Communication Disorders. Students must be admitted to the graduate school and the CD Graduate Program to be able to enter the Leveling Program. The 30-credit academic program is outlined in Appendix D. Students may also be required to take additional basic courses if they do not have the background in science, math, etc. required to meet ASHA certification standards. Once the Leveling Program is completed, students enter either the 2-year or extended program.

3.2 Traditional Program (54-57 credits depending upon electives)

The Traditional Program is designed to be completed in 2 years. All coursework and clinical practica are completed during this time frame. The 54-57-credit academic and clinical program is outlined in Appendix D.

3.3 Bilingual Program (61-63-3 credits minimum)

The Bilingual Program includes nine additional credit hours. See the program sheet in Appendix D.

3.4 English as a Second Language Program (67 credits minimum)

The English as a Second Language Program includes six additional hours. See the program sheet in Appendix D.

3.5 Master Thesis Track (58 credits minimum-63 maximum)

The Master Thesis Track includes no less than 4 and no more than 6 additional hours. See the program sheet in Appendix D.
3.6 Extended Program (54-57 credits minimum)

The Extended Program is basically individualized to meet specific, documented needs of the student and to accommodate any special needs a student may have. Students who are interested in this program should meet with a faculty committee to discuss this option during their first semester. Please indicate your interest to the Program Director.

Communication Disorders Program Faculty or Adjunct Faculty will teach the academic CD Program coursework regardless of which track (Leveling, Traditional, or Extended Program) you are on. These are individuals who have earned an advanced degree in Speech-Language Pathology or Audiology. These faculty members are engaged in research and service activities in addition to teaching. As a graduate student, you may be able to participate in these activities as part of your training.

3.7 Clinical Practica

Both Program Faculty and Adjunct personnel supervise clinical practicum in the Edgar R. Garrett Speech and Hearing Center. Off-campus (External) clinical practica will be supervised by SLPs and audiologists who hold the ASHA CCC-SLP or CCC-A, who are licensed in the state in which they practice, and who have been approved by the CD Program. During your clinical training you will have the opportunity to learn from a variety of competent individuals, each with their own unique styles of delivering speech, language, hearing, and swallowing services. Although basic CD Program requirements will be applied throughout your practica, some feedback styles, forms, and practice expectations will vary from Clinical Supervisor to Clinical Supervisor. Such variety should broaden your perspectives on good service delivery and enrich your educational experience.

Do not go where the path may lead, go instead where there is no path and leave a trail—Ralph Waldo Emerson

Each term that you do clinical practicum at the Edgar R. Garrett Speech and Hearing Center, you will work within the parameters of a Clinician Level (see Clinician Levels, Appendix E). You will earn “clinical clock hours” during practica to meet ASHA and CD Program requirements. Your Clinical Supervisor will provide further instruction/education concerning clinical application of the principles you have learned throughout your coursework, and provide verbal and/or written feedback on your clinical performance. Your clinical practica will be of two general types: diagnostic evaluation and intervention. You will be able to work directly with both individuals and groups of individuals of different ages with a variety of communication disorders. You will be required to earn your clinical clock hours in three different professional settings: the Edgar R. Garrett Speech & Hearing Center, an educationally-based practice such as a public school, and in a medically-related practice such as a rehabilitation center. In addition, just as you will have the opportunity to experience a variety of different intervention responsibilities, you will also have to be able to engage in a variety of diagnostic activities: traditional clinical diagnostic communication evaluations, language/learning disorder evaluations, augmentative and alternative communication (AAC) evaluations, swallowing evaluations, and evaluations in team contexts such as public/agency screenings. The NMSU Communication Disorders Program does not support a minimum requirement for speech and language evaluations, and intervention programs for child speech, child language, adult speech, and adult language. There may be some suggestions for audiology/aural rehabilitation hours.

The Clinical Assessment of Learning, Inventory of Performance, and Streamlined Office-Operations (CALIPSO) is a web-based application that manages key aspects of clinical education.
designed for speech-language pathology and academic programs. This system is the avenue for maintaining clinical hours and grades for clinical practicum experience. The grades will be assigned by clinical supervisors, both in the clinic and in externship locations. Grades will be based upon ASHA standards and CFCC/CAA requirements for clinical competency levels. The system will be a four-point scale with 1 being “performs unsatisfactorily” to 4 “Exceeds Performance Expectations”. Based upon the rating scale, letter grades will be assigned in the same manner with an average of the four-point scale. Each supervisor’s ratings will be weighted by the number of hours of supervision, giving the student an overall grade.

You will receive a grade for each clinical practicum in which you enroll. The grade will be the result of an averaging of grades assigned by each Clinical Supervisor to who you are assigned during that semester. That is, grades from every person who supervises your work in a diagnostic evaluation or intervention program will be weighted according to the number for hours completed with that Clinical Supervisor. The sum of your Clinical Supervisors’ grades will then be averaged to derive your final grade for that semester’s practicum course. A continuous record of clinical clock hours you earn in the CD program will be kept through the CALIPSO system, as well as in a program file. You must take responsibility for making sure that you input your hours into CALIPSO weekly and that all of your Clinical Supervisors approve your hours in CALIPSO. Your supervisor must also complete a midterm evaluation and a final evaluation for you on CALIPSO. Complete, detailed information concerning clinical practice and requirements is available to you in the Clinical Program Manual, which is a required text for CD589, Clinical Practicum.
4.0 POLICIES & PROCEDURES

Do not anticipate trouble, or worry about what may never happen. Keep in the sunlight—Benjamin Franklin

4.1 Position Statements

The following points provide the CD Faculty’s position regarding CD students doing off-campus practicum, working as Apprentices in Speech and Language (ASLs) or Speech-Language Pathology Assistants (SLPAs), or as Graduate Assistants during their tenure in the CD graduate program. A CD student’s first priority is to be an academic and clinical scholar (discovery, application, teaching-learning, and integration) in classroom and clinical settings. The CD Graduate Program is designed to facilitate students’ transitions from students to scholars to professionals by developing competence in constructive thinking, problem solving, and decision making. To be a competent Speech-Language Pathologist, you must first be a scholar.

4.1.1 Graduate Assistant Employment.
1. Students will apply to the Department Chair if they desire employment as a Graduate Assistant.
2. Graduate Assistants will be assigned to work with specific faculty on a semester basis; We are working on the system such that you maintain your GA ship all year.
3. An average of 10 hours of work per week is required; duties and responsibilities will be determined by the supervising faculty. Graduate Assistant duties and responsibilities take precedent over any other employment.
4. Students will not be considered for employment as a Graduate Assistant if they are employed as ASLs/SLPAs.
5. Graduate Assistants will be evaluated each term using the NMSU Graduate Assistant Evaluation form (see Appendix E).

4.1.2 External Clinical Placements.
1. Students may be a Level I (second semester), Level II, or Level III clinician (See Appendix E for Clinician Levels descriptions). There may be some cases where students are sent to external placements during their first year at the discretion of the program director following faculty discussion.
2. In addition to the initial practicum experiences at the Edgar R. Garrett Speech and Hearing Center (Site A), students will be placed in two distinctly different external Sites (B, C, or D) and be supervised by different supervisors. Examples of site options and characteristics are listed in the table on page 16. All efforts will be made for each student to receive a medical site. This is not guaranteed, however, due to limited sites.
3. Students should expect to be placed in an extern site where they must travel up to 1 ½ hours. Plan to have an appropriate vehicle ahead of time. The lack of or reliable transportation will not be used as part of the equation for extern placements.

Selection of external sites will be based on a student’s clinical needs and preferences, in coordination with his/her academic advisor and the Coordinator of Clinical Services. Site placements must provide students with prevention, assessment, intervention and management experiences that are diverse in age (child/adult, grade level), disorders (Hearing, Speech, Language, Swallowing), service models (e.g., Direct, Indirect, Consultative, Group, Individual, In-Class/Pull-Out, In-Patient/Out-Patient, Team, etc.), and environments (e.g., Therapy Rooms, Class Rooms, Home, Hospital, Community-Based, etc.).
NOTE: Some sites may provide services in multiple environments. For example, Direct Therapy Services (DTS) may provide services in schools as well as in homes. It is possible for a student to accomplish their two external sites through DTS (school-based and home-based) if the experiences and supervisors are distinctly different, as defined above. The same situation is possible through Tresco TOTS (e.g., home-based and school-based), or other agencies that provide both home-based or services in extended care facilities. Such situations must be approved by a student’s academic advisor and the Coordinator of Clinical Services.

<table>
<thead>
<tr>
<th>A Center-Based Service Site</th>
<th>B School-Based Service Sites</th>
<th>C Medically-Based Service Sites</th>
<th>D Home-Based Service Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Accrue minimum of 65 clinical Clock Hours)</td>
<td>(Minimum of 50 clinical clock hours per site)</td>
<td>(Minimum of 50 clinical clock hours per site)</td>
<td>(Minimum of 50 clinical clock hours per site)</td>
</tr>
<tr>
<td>Edgar R. Garrett Speech &amp; Hearing Center</td>
<td>Las Cruces Public Schools Gadsden Independent Schools Ysleta I.S.D. Socorro I.S.D.</td>
<td>Mountain View Regional Medical Center Memorial Medical Center Rehab Hospital of Southern New Mexico</td>
<td>Tresco Tots Aprendamos Intervention Team (AIT) Direct Therapy Services (DTS) Paso Del Norte Children’s Services MECA</td>
</tr>
<tr>
<td>(Minimum of 50 clinical clock hours per site)</td>
<td></td>
<td>William Beaumont Army Medical Center Providence Hospital Sierra Hospital University Medical Center</td>
<td></td>
</tr>
<tr>
<td>Esperanza Speech Therapy ActionCare Rehab Center Rio Grande Speech Therapy MECA</td>
<td>Children &amp; young adults</td>
<td>Infants, children, adults</td>
<td>Infants, children, adults</td>
</tr>
</tbody>
</table>

4. External practicum sites must be approved by the Coordinator of Clinical Services.
5. Arrangements for placements will be made by the Coordinator of Clinical Services.
6. The purpose of off-campus practicum is to gain experience with diverse clients in unique service sites; students will be supervised and will not function as an additional, independent staff member with a personal caseload. External placements will be monitored by an NMSU faculty member liaison. There may be an exception to this with a full-time faculty member who also is employed by a school system.
7. All clinical work at off-campus sites will be supervised by ASHA certified personnel according to ASHA direct observation guidelines (minimum of 50% for diagnostics; minimum of 25% of treatment sessions).
8. Problems encountered at external sites must be reported to the site Clinical Supervisor and the Coordinator of Clinical Services.
9. Grading of students’ clinical competence will be completed at mid-term and end-term by the site Clinical Supervisor through CALIPSO. Grade documentation and student feedback will be provided to the student and to the Coordinator of Clinical Services.
10. Students will provide written feedback about supervision and the placement site through CALIPSO before the end of the term. Site Clinical Supervisors will provide general comments about student preparation through CALIPSO.
11. Students involved in External Placements will attend a monthly Meeting to monitor clinical progress. Students’ performance and participation in Meeting activities will be included in the term evaluations for CD 589.
12. Students will attend one Disposition meeting in fall and spring one and fall two with all faculty to monitor academic & clinical progress and develop a service program.
13. Before students can do external practica they must purchase personal liability insurance (see Personal Liability Insurance form, Appendix D).
4.1.3 ASL/SLPA Employment.

- ASHA uses the title Speech-Language Pathology Assistant (SLPA); New Mexico uses the title Apprentice in Speech and Language (ASL).

- SLPA/ASL Graduate Practicum occurs a student provides services that are within the Scope of Practice of an SLP and with the defined supervision delineated by the NMSU CD Program (see Scope of Practice in Speech-Language Pathology, Appendix E).

1. Students should not work as ASLs during their first term of graduate school. A major responsibility for students during the first term of graduate school is to develop the mindset and performance transition from an undergraduate student to a graduate scholar and a professional successfully. This will take a great amount of personal time and effort.

2. Graduate students who want to work as ASLs are required to join ASHA as an “Associate Member”. You must agree to follow all ASHA policies related to support personnel and pay an annual fee to maintain your affiliation. See forms in Appendix D.

3. To complete a Graduate Practicum at an ASL site at which a student is employed, prior approval of the Coordinator of Clinical Services and CD Program director will be necessary.

4. To complete practicum hours in an ASL site at which a student is employed, the conditions for off-campus practicum assignments (minimum of 50 clinical hours completed at the NMSU Edgar R. Garrett Speech and Hearing Center) will be applied.

5. If a student works as an ASL but completes a Graduate Practicum with the agency (including the required supervision), the total number of hours accrued (maximum of 50) may be counted toward the required 400 clock hours. (See Plan GP in Appendix E). To obtain Graduate Practicum hours in an ASL site, a student must clearly be doing the work of a graduate clinician, not that of an ASL. The requirements are distinctly different. Students and Clinical Supervisors must review the requirements and provide a plan that demonstrates that the clinical services to be provided and supervised are consistent with Graduate Practicum. The plan is to be submitted to the Coordinator of Clinical Services. (See Plan AP in Appendix E). These hours must be supervised according to the minimum requirements of 50% of evaluations and 25% of intervention services with the supervising SLP in the facility if not directly observing the student.

6. A student may use an ASL site for Graduate Practicum hours only one time during the graduate program.

7. Problems encountered during graduate practicum at a site where a student is employed as an ASL must be reported to the site Clinical Supervisor and the Coordinator of Clinical Services so that problematic situations can be managed productively.

8. Assessment and grading of a student who completes a graduate practicum in an ASL site will be completed at mid-term and end-term by the site Clinical Supervisor through CALIPSO. Performance and grade documentation and feedback will be provided to the student and to the Coordinator of Clinical Services before the end of the term.

9. Students will provide written feedback about supervision and the placement in the ASL setting to site Clinical Supervisors and the Coordinator of Clinical Services before the end of the term through CALIPSO.

10. Decisions about paying an ASL during a Graduate Practicum will be made by each Agency.
4.2 Advising

One of the CD Graduate Faculty members will be appointed as your Academic Advisor. Be sure to meet with your Academic Advisor soon after you first arrive on campus. You and your Advisor will keep a record of your progress in the CD Program on the NMSU version of the KASA form. (Appendix B). You will meet with your advisor for advising during advising week each semester. Feel free to meet with your advisor throughout your grad studies as needed.

4.3 Your SERVICE obligation as an NMSU Graduate Student

We have an amazing, vibrant department, which depends on student, faculty and staff involvement and engagement. Furthermore, studies that investigate reasons for student success have identified that those students who are engaged and active in their educational programs, are more likely to complete that program in a successful way. To this end, we have instituted a Service Requirement” for our graduate students. We would like you to attend 5 service-based events throughout your time here at NMSU. You will receive a copy of a form you can use to keep track of your participation, and the form is include here on page 61.

4.4 Important Dates & Forms

As you move through your program of study and get ready to graduate, there are some schedules you must meet and some forms that must be processed. The dates and actions you are responsible for are shown in the Academic Calendar that NMSU issues every Fall term, in the online Schedule of Classes for each semester, and in the annual Graduate Catalog. (Also see the Graduate Checklist in Appendix F.) Some items that are specific to CD students are listed below. It is your responsibility to ensure that all forms are completed correctly and submitted in a timely manner.

Application for Admission to Candidacy for Masters Degree (see Appendix F). This should be filled out and filed once you have completed 12 credit hours of graduate work. The form requires information based on the program plan you have worked out with your Academic Advisor, and must be approved by the SPED/CD Department Head and both the Dean of the College of Education and the Graduate Dean. Once it is approved, it is your contract with NMSU as to the course requirements you will fulfill. The form is available on the NMSU Graduate School website.

Application for Degree (Diploma). This form is to be completed and turned in to the Graduate School at the beginning of the last term of your graduate program. The form is available on the NMSU Graduate School website.

Master’s Comprehensive Examination. A Comprehensive examination must be passed before the graduation date. The content and format of the examination will be a case-study presentation that you will complete according to a guideline which you will receive. This guideline has been put together by members of the Graduate Faculty of the Communication Disorders Program, and will incorporate the program coursework and clinical practicum experiences you have acquired. Members of the Graduate Faculty will provide specific guidelines and an orientation for at the beginning of the semester in which the Comprehensive examination is to be administered for all students eligible to complete the examination.

The comprehensive examination will be scheduled for all exiting graduate students by the Program Director no later than 4 weeks before the graduation date. The Compressive examination will be administered over a morning session (e.g. 8:30 a.m. to noon). The Graduate Faculty will grade the presentation and you will receive the results within a week. Students pass the examination if the presentation and content receive a passing score. If a student has a deficiency in one or both
parts, the student may re-take the deficient part(s) within 2 weeks of notification of the area(s) of deficiency. Should a student fail one or both parts on the second trial, a re-do will be scheduled by the Program Director for the following term (students are required to wait a minimum of 16 weeks before retaking a comprehensive examination). The written examination is not required for those students completing a thesis, but the student must pass an oral defense. Once a student successfully passes the Master’s Comprehensive Examination, the Program Director will complete a verification form (see Appendix F) for placement in the student’s academic file and will forward this form to the graduate school.

Thesis. If you wish to pursue a thesis study during your graduate study, timing will be very important! A booklet called “Thesis Guidelines” is available on request from the NMSU Graduate School. It will give you details regarding preparation requirements for doing a thesis. All students in CD 505, Research Methods, will have the opportunity to meet with Dr. Valdez and discuss their interest in writing a thesis. If you chose the thesis option, we recommend you have a strong writing and research background with a class in statistics. There also will be additional requirements in the CD 505 course for those in the thesis track. There will no less than 4 and no more that 6 additional credits in the thesis track in the form of registering for Special topics section (CD 599) with the professor you will be working with. It is advisable that you talk with CD Graduate Faculty about your interest and ideas for a thesis study, during your first semester on campus and identify a temporary thesis committee. Follow the guidelines of the Thesis Track Documents provided in Appendix D. By the end of the second semester, you should select one of these persons to serve as your Thesis Chairperson. The Chairperson will help you select the remainder of your committee members. Those members must meet the same qualifications as those stated for any graduate orals committee (see the NMSU Graduate Bulletin). An additional member or two might be appropriate; you and your Chairperson can determine that. Once you have selected your committee you can begin enrolling in CD 599 under the section number of your Chairperson. Your Chairperson will guide you in developing a proposal for your study that will be presented to your committee. You will schedule a preliminary meeting with the committee during which comments and suggestions will aid you in refining and further developing your study. You probably will not meet with the entire committee again until your oral examination, but you may be speaking with them individually for help as the study progresses. Minimally, you will deliver drafts of each chapter of your thesis to your Chairperson for comments, suggestions and editing, and a complete, final draft to all committee members at least 7 days prior to the scheduled Final Examination. During the examination, the committee may require further changes or additions to be done by you and approved by the Chairperson before it is signed and delivered to the Graduate School. Your thesis must be finished and approved before you receive your Master’s degree. Final changes required in the thesis and certification of passing the final examination must be turned in to the Graduate School no later than 1 week before the graduation date. Oral examinations typically include questions/discussion over the thesis, as well as over coursework and clinical experiences.

PRAXIS Examination (National Examination in Speech-Language Pathology and Audiology). This test must be passed as part of the ASHA requirements to earn the Certificate of Clinical Competence. You may take the PRAXIS during the last semester of your graduate work. This is probably a good idea since you will be very current in your knowledge base. You are required to have a copy of your examination results sent to us. Your final CAA signed form will not be provided until the program has received a copy of your PRAXIS scores. This is one measure we use in determining whether or not we are offering an effective course of study for our students, and ASHA requires that we include this information in the annual report we make to them. The results of your examination will, of course, be kept confidential.
Exit Interviews. The Program Director will conduct an Exit Interview with each student graduating with the Master’s Degree in Communication Disorders within the last two weeks of the final semester. The interview will cover a range of topics which allows the student to reflect upon his/her graduate program, the curricula, the practica, and other topics relevant to the graduate program. The feedback provided by the graduate students is used by the faculty to assess program requirements, curricula, etc. Student responses will remain anonymous except to the Program Director.

4.5 Problem Management

When you get into a tight place and everything goes against you till it seems you could not hold on a minute longer, never give up then for that is just the place and time that the tide will turn—Harriet Beecher Stowe

During the time you spend here you may experience difficulty in some aspect of your studies, responsibilities, or academic/clinical relationships. We would like to suggest some ways in which you can find help in coping with any problems you might encounter. (See also the Student Code of Conduct found in the NMSU Student Handbook.)

Academic. If you are having difficulty in a particular class, the first person you need to speak with is the Instructor. Often, the Instructor has helped other students with the same types of problems and will have concrete suggestions that will be relevant for you. If you are unable to get help by talking with the Instructor, talk with your Academic Advisor. The CD Program Director is your next resource, and can offer helpful and objective advice. If the problem is one in which the CD program personnel have not been able to help, further contacts would be the SPED/CD Department Head, and then the Deans of the College of Education and Graduate School. We will do our best to get things taken care of within the Program, but we feel you should know the route to take if we are unable to do so. You also have access to the Graduate Student Appeals Board that is convened by the Graduate Dean. You may also contact the Graduate School for more information.

Clinical. The direction you take for help with problems that occur related to clinical work is very similar to that you take with academic work. Begin by talking with your Clinical Educator. The Supervisor holds responsibility both for your training and for the welfare of the persons you are assigned to work with. Most difficulties can be managed productively at this level. In the case of off-campus practicum problems, after talking with your on-site Clinical Supervisor, you may talk with the Coordinator of Clinical Services who arranged the practicum. Beyond this, further discussion should be with the CD Program Director. The remainder of your resources will be the same as above: SPED/CD Department Head, etc. Remember, though, that particularly in clinical operations we must be responsive to ASHA policy or risk losing our accreditation.

Students in the CD Program are required to carry Liability Insurance when participating in External practicum experiences. The form and instructions for purchasing personal insurance are provided in Appendix E.

Some situations occur frequently enough that a form exists to take care of them. Many of the forms are available to you in the SPED/CD office. These include:

Drop/Add Slips – used for withdrawing from a course, registering for practicum, or for adding/dropping any course that needs approval by the Instructor/Academic Advisor. Be sure to talk
to both your Academic Advisor and the course Instructor; you will need their signatures on this form. You can only use this form to add courses during the first 2 weeks of class, or to drop a course up until the last date for withdrawal shown on the Academic Calendar. After that, it will take a memo signed by your Academic Advisor and approved by the Department Head and the Dean(s).

**Change of Advisor or Course Requirements** – this form will get the process rolling, but your reason will need to be valid and approved through the same administrative process described above.

**Assignment of Incomplete Grade** – your course Instructor has access to these forms. According to University policy, your Instructor is very limited in the circumstances for which an “I” grade is permissible. These involve serious illness or unusual, extenuating circumstances which make timely completion of course requirements impossible (i.e., “circumstances beyond the student’s control”). You and the Instructor will come to an agreement on the requirements you will need to meet in order for the “I” to be removed before the Instructor will complete the form which states those requirements. The “I” grade must be removed within 1 year or it will become a permanent part of your record. In addition, the grade must be removed prior to your graduation. This form will also require administrative signatures for approval.

**Course and Practica Evaluations** – We hope that you encounter little difficulty in completing your course of study in the CD Graduate Program. If problems occur for you, we will try to be as helpful as we can as you deal with them. Students are in a position however, to see problems and solutions that faculty have missed. That is why we provide you with numerous feedback opportunities. We sincerely want your comments so that we can continue to improve the CD Graduate Program. During your tenure here, you will be asked to evaluate each course, course Instructor and Clinical Supervisor with whom you work. The evaluation form you fill out is anonymous so that you can feel comfortable being as honest as you need to be. That feedback is read by the SPED/CD Department Head and given to the course Instructor after the class grade sheet is turned in. The Dean of the College and departmental faculty will read the feedback you provide. In addition, we will also ask you to evaluate your educational and clinical experiences after you have been out working in the field for a while. Many of the changes we have made in the past have been in response to students’ comments and suggestions.

**4.5 Grievance/Complaint Procedures for Graduate Students**

While you are a student at New Mexico State University, you may wish to make a formal complaint in the event that you believe that you have been unjustly treated. The best method of settling misunderstandings is to talk to the individual involved. While we all like to think of ourselves as reasonable, reasonable people can disagree. These grievance procedures also are located in the New Mexico State University Graduate Catalog and the Clinical Program Manual. The information below outlines procedures to be followed when filing a complaint and are directly quoted from the Graduate Catalog. For access to the Graduate Catalog, type into your web browser: [http://nmsu.smartcatalogiq.com/en/2016-2017/Graduate-Catalog](http://nmsu.smartcatalogiq.com/en/2016-2017/Graduate-Catalog)

**Concerns with a Faculty/Instructional Staff Member.** The following are procedural guidelines to follow when filing a complaint (see section in Graduate Catalog on Disciplinary Issues for Graduate Students Graduate Student Appeals Board).
“Each academic year a standing committee, consisting of three members of the graduate faculty and two graduate students, is appointed by the dean of Graduate School to handle grievance complaints including grade appeals. Any graduate or prospective graduate student who believes that he or she has been unjustly treated within the academic process may proceed as far as necessary in the following steps to resolve his or her grievance. In general, there are three levels at which a grievance can be addressed: a course instructor or adviser, a department head, or the dean of the Graduate School. If the initial grievance is with an instructor or adviser, the process begins at Step 1. If the initial grievance is with a departmental committee, the process begins at Step 3. In all instances, the process must begin at the lowest possible level.

1. Under normal circumstances, the student should discuss the issue with the instructor/adviser.
2. If the student is unable to resolve the issue through consultation with the faculty member, the student must submit a written memorandum detailing the grievance to the course instructor or adviser within 10 calendar days of the beginning of the following full (i.e., fall or spring) semester. The person to whom the memorandum is addressed must respond in writing within 30 calendar days to the student.
3. If the student is not satisfied with the response from Steps 1-2, he or she must submit a written appeal to the department head within ten working days of the initial decision. If the student is initiating the appeal at the departmental level, he or she must do so, in writing, within 10 calendar days of the beginning of the following full (i.e., fall or spring) semester. The department head must respond in writing within ten working days to the student, the instructor or adviser (if one is involved), and the dean of Graduate School.
4. If after the third step the student or any of the other parties involved is still not satisfied with the response, he or she must present to the dean of the Graduate School within ten working days a written complaint detailing the nature of the grievance and requesting a Graduate Student Appeals Board hearing. After receiving a written complaint, the dean of the Graduate School will determine whether the complaint has merit. If the graduate dean determines that the appeal does not have merit, he or she will inform the appellant and other parties, in writing, within ten working days of receiving the appeal. If the graduate dean decides that the appeal does have merit, he or she will convene the Graduate Student Appeals Board, normally within three weeks. The Graduate Student Appeals Board will conduct, within 60 days of their convening, whatever investigations and deliberations are necessary, and will forward to the dean of the Graduate School a recommendation to resolve the grievance.
5. After reviewing the recommendation of the Graduate Student Appeals Board, the dean of Graduate School will, within ten working days, inform all parties involved of his or her decision in writing. The decision of the dean of the Graduate School is final.

The dean of the Graduate School may waive the normal time frame for grievances when either party presents compelling evidence justifying such a delay, but grievances must be launched within one year.”


**Complaint with an External Practicum Site Supervisor.** A complaint with an Off-Campus Clinical Supervisor should begin with that person. It is always important to begin with the “offending” person so that he or she can have the opportunity to rectify the situation or to provide an explanation or rationale. If you do not feel that the supervisor has listened to your complaint, given it
due consideration, or rectified or explained the situation, you should go to the next higher level within the CD Program administrative structure. This structure is as follows:

- Edgar R. Garrett Speech and Hearing Center Coordinator of Clinical Services
- Communication Disorders Program Director
- Special Education/Communication Disorders Department Head
- Associate Dean of the Graduate School
- Associate Dean of Students of the College of Education

**Complaint to the Council on Academic Accreditation.** On occasion, students may feel that it is necessary to contact the Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA). Obviously, CAA is only contacted with the most serious of offenses. CAA is concerned with the ASHA standards for programs that train students to become speech-language pathologists and audiologists. Grievances to this body should concern violations of these standards. Standards for CAA accreditation are located at: [http://www.asha.org/uploadedFiles/Accreditation-Standards-Graduate-Programs.pdf](http://www.asha.org/uploadedFiles/Accreditation-Standards-Graduate-Programs.pdf)

**Complaint Procedure.** Procedures for complaints against Graduate Education Programs may be obtained at: [http://www.tamuk.edu/artsci/csdo/_pdf/CAA%20Complaint%20Policy%202015.pdf](http://www.tamuk.edu/artsci/csdo/_pdf/CAA%20Complaint%20Policy%202015.pdf)

Other grievances to be directed to CAA would involve behavior in violation of the ASHA Code of Ethics. To view the Code of Ethics, visit the ASHA website at [http://www.asha.org](http://www.asha.org) or view the copy of the ASHA Code of Ethics provided in this Graduate Advising Manual. Obviously, receiving a poor test grade does not fall within these parameters. The grievance procedure should begin with the person involved. You should go through the CD Program administrative chain and contact CAA only if you are still concerned that violations are continuing or are part of the overall procedures of the department or institution.

All complaints must be signed and submitted in writing to the Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology, American Speech Language-Hearing Association, 2200 Research Blvd., Rockville, MD 20850. (Phone: 1-800-498-2071) Complaints will not be accepted by e-mail or facsimile.

### 4.6 Materials and Equipment That May Facilitate Your Transition to Graduate School

**Time organization system** (e.g., calendar, date book, electronic organizer, etc.)

**Materials organization system** (e.g., filing cabinet, 3-ring binders, computer files)

**Books**

APA Style Manual (6th ed.)


Equipment

Quality Audio Recorder, Pen Light, Stopwatch, Rolling Bag/Carrier.


The Graduate Catalog provides details on policies and procedures applicable to students completing graduate degrees at New Mexico State University.
5.0 FINANCIAL SUPPORT

Money to help support CD Students is available from sources both inside and outside the SPED/CD Department. The NMSU Financial Aid Office can give you information regarding money that is currently available to support students across the campus. The University administers an extensive program of loans and part-time employment. You may stop by the Financial Aid office in the Educational Services building beside the Pan American Center. Students who are in the Leveling Program and are receiving financial assistance should talk with their Academic Advisors about special conditions involving financial aid.

Most awards take the form of either Scholarships (i.e., a grant based on meeting certain specific qualifications, and requiring no work from the recipient), Fellowships (i.e., a grant based on meeting certain specific qualifications, and requiring some work from the recipient), or Graduate Assistantships (i.e., these do require a specified number of hours of work each week). In addition, you can apply for a work-study job that may be available somewhere on the NMSU campus. A work-study job will be like any other you might obtain outside the University, except the accommodations to your study schedule are usually easier to arrange.

A list of the funding sources available to CD Students within the SPED/CD Department is described below. Since this money usually comes from sources outside the University, such funding may not be a permanent fixture and may be available on an annual or semester basis only.

1. SPED/CD Graduate Assistantship (GA): GAs are part-time (e.g. 10-hours/week). Current funding rates are listed in the annual Graduate Catalog. Students who apply for a Graduate Assistantship will be considered for an award if they meet the eligibility criteria of: (a) completed registration and/or acceptance by the Graduate School and Department, (b) classification as a “regular” graduate student (or GRE aptitude scores above a point to be designated by the Graduate Dean), and (c) a continuing 3.0 GPA in all graduate work. Various grant funding for GAs is available and requirements will depend upon current grants in progress in the CD Program.

2. Scholarships available through NMSU Scholar Dollars. Applications for scholarships is available at this website: http://fa.nmsu.edu/scholarships/

3. 6.0 PROFESSIONAL ORGANIZATIONS

There are three organizations related to the CD Program that are usually of special interest to CD Students. You are invited to participate and experience an additional part of transitioning to professionalism.

NMSU National Student Speech-Language-Hearing Association (NSSLHA)

The local chapter consists of undergraduate and graduate students interested in human communication sciences and disorders and the professions of Speech-Language Pathology and Audiology. The purpose of NSSLHA is to provide a vehicle for student representation in matters of professional concern, and to encourage professional interest among college students in the study of normal and disordered human communication behavior. The local chapter is active socially and in community philanthropic projects, as well as money raising activities. Annual dues are paid by members. At NMSU, we have a special NSSLHA branch for graduate students, and this is called the GSO.
National Student Speech-Language-Hearing Association (NSSLHA).

Membership in the national NSSLHA (additional dues) offers students subscription opportunities to various professional journals (e.g., ASHA, JNSSLHA, AJSLP, and NSSLHA clinic series), and reduced registration fees for professional conventions and meetings. If you apply simultaneously for membership and certification during the calendar year in which your Master’s degree is granted, you will get a reduced rate for ASHA membership.

New Mexico Speech Language Hearing Association (NMSHA)

Membership in the state organization offers students a closer look at how professional organizations operate. Students can have an active role in NMSHA by presenting Poster Sessions at the annual convention, attending the annual convention, or being selected to be a student representative on the NMSHA Legislative Council.

7.0 CERTIFICATION AND LICENSURE

Certification in Speech-Language Pathology

Following successful completion of the Master’s degree in Communication Disorders at NMSU, a student is eligible to participate in a Clinical Fellowship (CF). The CF provides an important transitional phase between supervised graduate-level practicum and the independent delivery of services. Once a student completes the CF and successfully passes the PRAXIS examination, he or she is eligible for ASHA membership and certification. Copies of the ASHA Membership & Certification Handbook and an outline of specific requirements are available via:


Licensure in the State of New Mexico

Individuals who obtain a Clinical Fellowship position in Speech-Language Pathology, as well as individuals who work in the state of New Mexico as practicing Speech-Language Pathologists, must be licensed by the New Mexico Regulation and Licensing Department through the Speech, Language Pathology, Audiology and Hearing Aid Dispensers Board. Information regarding requirements for licensure may be obtained via the following website:

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APPENDIX A

ASHA STANDARDS FOR CERTIFICATION IN SPEECH-LANGUAGE PATHOLOGY Revised in 2014


The Standards for the Certificate of Clinical Competence in Speech-Language Pathology are shown in bold.

The Council For Clinical Certification implementation procedures follow each standard.

Standard I: Degree
The applicant for certification must have a master’s, doctoral, or other recognized post-baccalaureate degree.
Implementation: The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) has the authority to determine eligibility of all applicants for certification.

Standard II: Education Program
All graduate course work and graduate clinical experience required in speech-language pathology must have been initiated and completed in a speech-language pathology program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).
Implementation: If the program of graduate study is initiated and completed in a CAA-accredited program and if the program director or official designee verifies that all knowledge and skills required at that time for application have been met, approval of the application is automatic. Individuals educated outside the United States or its territories must submit documentation that course work was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants outside the United States or its territories must meet each of the standards that follow.

Standard III: Program of Study
The applicant for certification must have completed a program of study (a minimum of 36 semester credit hours at the graduate level) that includes academic course work and supervised clinical experience sufficient in depth and breadth to achieve the specified knowledge and skills outcomes stipulated in Standard IV-A through IV-G and Standard V-A through V-C.
Implementation: The minimum of 36 graduate semester credit hours must have been earned in a program that addresses the knowledge and skills pertinent to the ASHA Scope of Practice in Speech-Language Pathology.

Standard IV: Knowledge Outcomes
Standard IV-A
The applicant must have demonstrated knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences.
Implementation: Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). Acceptable courses in physical sciences should include physics or chemistry. Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. A stand-alone course in statistics is required. Research methodology courses in communication sciences and disorders (CSD) may not be used to satisfy the statistics requirement. A course in biological and physical sciences specifically related to CSD may not be applied for certification purposes to this category unless the course fulfills a university requirement in one of these areas.

**Standard IV-B**

The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

**Standard IV-C**

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

- Articulation
- fluency
- voice and resonance, including respiration and phonation
- receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
- hearing, including the impact on speech and language
- swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
- cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
- social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- augmentative and alternative communication modalities

Implementation: It is expected that course work addressing the professional knowledge specified in Standard IV-C will occur primarily at the graduate level.

**Standard IV-D**

For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

**Standard IV-E**

The applicant must have demonstrated knowledge of standards of ethical conduct.

Implementation: The applicant must have demonstrated knowledge of the principles and rules of the current ASHA Code of Ethics.

**Standard IV-F**

The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.

Implementation: The applicant must have demonstrated knowledge of the principles of basic and applied research and research design. In addition, the applicant must have demonstrated knowledge of how to access sources of research information and have demonstrated the ability to relate research to clinical practice.
Standard IV-G
The applicant must have demonstrated knowledge of contemporary professional issues.
Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues typically include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures.

Standard IV-H
The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.

Standard V: Skills Outcomes

Standard V-A
The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
Implementation: The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.

Standard V-B
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. Evaluation
   a. Conduct screening and prevention procedures (including prevention activities).
   b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
   c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
   d. Adapt evaluation procedures to meet client/patient needs.
   e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
   f. Complete administrative and reporting functions necessary to support evaluation.
   g. Refer clients/patients for appropriate services.

2. Intervention
   a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients’/patients’ needs. Collaborate with clients/patients and relevant others in the planning process.
   b. Implement intervention plans (involve clients/patients and relevant others in the intervention process).
   c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
   d. Measure and evaluate clients’/patients’ performance and progress.
   e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
   f. Complete administrative and reporting functions necessary to support intervention.
   g. Identify and refer clients/patients for services as appropriate.

3. Interaction and Personal Qualities
   a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
   b. Collaborate with other professionals in case management.
c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.

d. Adhere to the ASHA Code of Ethics and behave professionally.

Implementation: The applicant must have acquired the skills referred to in this standard applicable across the nine major areas listed in Standard IV-C. Skills may be developed and demonstrated by direct client/patient contact in clinical experiences, academic course work, labs, simulations, examinations, and completion of independent projects.

The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that he or she can demonstrate skills across the ASHA Scope of Practice in Speech-Language Pathology. Supervised clinical experience is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech-Language Pathology.

Supervisors of clinical experiences must hold a current ASHA Certificate of Clinical Competence in the appropriate area of practice during the time of supervision. The supervised activities must be within the ASHA Scope of Practice in Speech-Language Pathology to count toward certification.

Standard V-C

The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

Implementation: Guided observation hours generally precede direct contact with clients/patients. The observation and direct client/patient contact hours must be within the ASHA Scope of Practice in Speech-Language Pathology and must be under the supervision of a qualified professional who holds current ASHA certification in the appropriate practice area. Such supervision may occur simultaneously with the student’s observation or afterwards through review and approval of written reports or summaries submitted by the student. Students may use video recordings of client services for observation purposes.

Applicants should be assigned practicum only after they have acquired sufficient knowledge bases to qualify for such experience. Only direct contact with the client or the client’s family in assessment, intervention, and/or counseling can be counted toward practicum. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client’s family. Typically, only one student should be working with a given client at a time in order to count the practicum hours. In rare circumstances, it is possible for several students working as a team to receive credit for the same session, depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another interviews the parents, both students may receive credit for the time each spent in providing the service. However, if student A works with the client for 30 minutes and student B works with the client for the next 45 minutes, each student receives credit for only the time he/she actually provided services—that is, 30 minutes for student A and 45 minutes for student B. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.

Standard V-D

At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

Implementation: A minimum of 325 clock hours of clinical practicum must be completed at the graduate level. At the discretion of the graduate program, hours obtained at the undergraduate level may be used to satisfy the remainder of the requirement.
Standard V-E

Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision must be commensurate with the student’s knowledge, skills, and experience, must not be less than 25% of the student’s total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.

Implementation: Direct supervision must be in real time. A supervisor must be available to consult with a student providing clinical services to the supervisor’s client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student’s acquisition of essential clinical skills. The 25% supervision standard is a minimum requirement and should be adjusted upward whenever the student’s level of knowledge, skills, and experience warrants.

Standard V-F

Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

Implementation: The applicant must demonstrate direct client/patient clinical experiences in both assessment and intervention with both children and adults from the range of disorders and differences named in Standard IV-C.

Standard VI: Assessment

The applicant must have passed the national examination adopted by ASHA for purposes of certification in speech-language pathology.

Standard VII: Speech-Language Pathology Clinical Fellowship

The applicant must successfully complete a Speech-Language Pathology Clinical Fellowship (CF).

Implementation: The Clinical Fellowship may be initiated only after completion of all academic course work and clinical experiences required to meet the knowledge and skills delineated in Standards IV and V. The CF must have been completed under the mentorship of an individual who held the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) throughout the duration of the fellowship.

Standard VII-A: Clinical Fellowship Experience

The Clinical Fellowship must have consisted of clinical service activities that foster the continued growth and integration of knowledge, skills, and tasks of clinical practice in speech-language pathology consistent with ASHA’s current Scope of Practice in Speech-Language Pathology. The Clinical Fellowship must have consisted of no less than 36 weeks of full-time professional experience or its part-time equivalent.

Implementation: No less than 80% of the Fellow's major responsibilities during the CF experience must have been in direct client/patient contact (e.g., assessment, diagnosis, evaluation, screening, treatment, clinical research activities, family/client consultations, recordkeeping, report writing, and/or counseling) related to the management process for individuals who exhibit communication and/or swallowing disabilities. Full-time professional experience is defined as 35 hours per week, culminating in a minimum of 1,260 hours. Part-time experience of less than 5 hours per week will not meet the CF requirement and may not be counted toward completion of the experience. Similarly, work in excess of the 35 hours per week cannot be used to shorten the CF to less than 36 weeks.

Standard VII-B: Clinical Fellowship Mentorship

The Clinical Fellow must have received ongoing mentoring and formal evaluations by the CF mentor.

Implementation: Mentoring must have included on-site observations and other monitoring activities. These activities may have been executed by correspondence, review of video and/or audio recordings, evaluation of written reports, telephone conferences with the Fellow, and evaluations by professional colleagues with whom
the Fellow works. The CF mentor and Clinical Fellow must have participated in regularly scheduled formal
evaluations of the Fellow's progress during the CF experience.

**Standard VII-C: Clinical Fellowship Outcomes**

The Clinical Fellow must have demonstrated knowledge and skills consistent with the ability to practice independently.

Implementation: At the completion of the CF experience, the applicant will have acquired and demonstrated the ability to
- integrate and apply theoretical knowledge,
- evaluate his or her strengths and identify his or her limitations,
- refine clinical skills within the Scope of Practice in Speech-Language Pathology,
- apply the ASHA Code of Ethics to independent professional practice.

In addition, upon completion of the CF, the applicant must have demonstrated the ability to perform clinical activities accurately, consistently, and independently and to seek guidance as necessary.

**Standard VIII: Maintenance of Certification**

Certificate holders must demonstrate continued professional development for maintenance of the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).

Implementation: Individuals who hold the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) must accumulate 30 certification maintenance hours of professional development during every 3-year maintenance interval. Intervals are continuous and begin January 1 of the year following award of initial certification or reinstatement of certification. A random audit of compliance will be conducted.

Accrual of professional development hours, adherence to the ASHA Code of Ethics, submission of certification maintenance compliance documentation, and payment of annual dues and/or certification fees are required for maintenance of certification.

# APPENDIX B

## STUDENT DOCUMENTATION AND MONITORING

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<td>CALIPSO DB</td>
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<td>CALIPSO Experience Record</td>
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Standard IV: Knowledge Outcomes

Standard IV-A
The applicant must have demonstrated knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences.

Implementation: Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). Acceptable courses in physical sciences should include physics or chemistry. Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. A stand-alone course in statistics is required. Research methodology courses in communication sciences and disorders (CSD) may not be used to satisfy the statistics requirement. A course in biological and physical sciences specifically related to CSD may not be applied for certification purposes to this category unless the course fulfills a university requirement in one of these areas.  

Standard IV-B
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

Standard IV-C
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- articulation CD 542
- fluency CD 584
- voice and resonance, including respiration and phonation CD 586
- receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing CD 525, CD 530, CD 542
- hearing, including the impact on speech and language CD 542, CD 422, CD 424
- swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology) CD 583
- cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning) CD 535, CD 586
- social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities) CD 525, CD 586, CD 530, CD 524
• augmentative and alternative communication modalities CD 545

Implementation: It is expected that course work addressing the professional knowledge specified in Standard IV-C will occur primarily at the graduate level.

Standard IV-D

For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates. CD 523, CD 583, CD 587

Standard IV-E

The applicant must have demonstrated knowledge of standards of ethical conduct.

Implementation: The applicant must have demonstrated knowledge of the principles and rules of the current ASHA Code of Ethics. CD 521

Standard IV-F

The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.

Implementation: The applicant must have demonstrated knowledge of the principles of basic and applied research and research design. In addition, the applicant must have demonstrated knowledge of how to access sources of research information and have demonstrated the ability to relate research to clinical practice. CD 505

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues typically include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures. CD 521

Standard IV-H

The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice. CD 521

I Hereby certify that the student _________________________________________ has obtained the above-listed Knowledge Outcomes.

(write your name)

Linda J. Spencer, Ph. D. CCC-SLP Program Director __________________________ Date
Standard V: Skills Outcomes


Standard V-A All of these skills will be part of your intern/externships CD 589

The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

Implementation: The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.

Standard V-B

The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. Evaluation
   a. Conduct screening and prevention procedures (including prevention activities).
   b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
   c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
   d. Adapt evaluation procedures to meet client/patient needs.
   e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
   f. Complete administrative and reporting functions necessary to support evaluation.
   g. Refer clients/patients for appropriate services.

2. Intervention
   a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients’/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
   b. Implement intervention plans (involve clients/patients and relevant others in the intervention process).
   c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
   d. Measure and evaluate clients’/patients' performance and progress.
   e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
f. Complete administrative and reporting functions necessary to support intervention.
g. Identify and refer clients/patients for services as appropriate.

3. Interaction and Personal Qualities
a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
b. Collaborate with other professionals in case management.
c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
d. Adhere to the ASHA Code of Ethics and behave professionally.

Implementation: The applicant must have acquired the skills referred to in this standard applicable across the nine major areas listed in Standard IV-C. Skills may be developed and demonstrated by direct client/patient contact in clinical experiences, academic course work, labs, simulations, examinations, and completion of independent projects.

The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that he or she can demonstrate skills across the ASHA Scope of Practice in Speech-Language Pathology. Supervised clinical experience is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech-Language Pathology.

Supervisors of clinical experiences must hold a current ASHA Certificate of Clinical Competence in the appropriate area of practice during the time of supervision. The supervised activities must be within the ASHA Scope of Practice in Speech-Language Pathology to count toward certification.


I Hereby certify that the student __________________________ has obtained the above-listed Skills Outcomes.

___________________________________                             __________________________

Tenecia T. Yeboah CCC-SLP Clinical Director                             Date
Certification Application
Speech-Language Pathology

Verification by Program Director (SAMPLE ONLY)

Please respond to each question. The applicant must have met each standard in order to apply for certification.

☐ Yes ☐ No  Has a master’s or doctoral degree. A minimum of 75 semester credit hours were completed in a course of study addressing the knowledge and skills pertinent to the field of speech-language pathology (Std. I)

☐ Yes ☐ No  Initiated and completed all graduate course work and graduate clinical practicum in an institution whose program was accredited by the CAA (Std. I)

☐ Yes ☐ No  Has completed a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes (Std. III)

☐ Yes ☐ No  Has demonstrated knowledge of the principles of biological sciences, physical sciences, mathematics, and social/behavioral sciences (Std. III-A)

☐ Yes ☐ No  Has demonstrated knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases (Std. III-B)

☐ Yes ☐ No  Has demonstrated knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the nine areas noted in the standard (Std. III-C)

☐ Yes ☐ No  Possesses knowledge of the principles and methods of prevention, assessment and intervention for people with communication and swallowing disorders (Std. III-D)

☐ Yes ☐ No  Has demonstrated knowledge of standards of ethical conduct (Std. III-E)

☐ Yes ☐ No  Has knowledge of processes used in research and the integration of research principles into Evidence-based clinical practice (Std. III-F)

☐ Yes ☐ No  Has demonstrated knowledge of contemporary professional issues (Std. III-G)

☐ Yes ☐ No  Has demonstrated knowledge about certification, specialty recognition, licensure, and other relevant professional credentials (Std. III-H)

☐ Yes ☐ No  Has completed a curriculum of academic and clinical education that follows an appropriate sequence of learning sufficient to achieve the skills outcomes in Std. IV-G (Std. IV-A)

☐ Yes ☐ No  Possesses skill in oral and written and other forms of communication sufficient for entry into professional practice (Std. IV-B)

☐ Yes ☐ No  Has completed a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology, including 25 hours in clinical observation and 375 hours in direct client/patient contact (Std. IV-C)

☐ Yes ☐ No  Has completed at least 325 clock hours while engaged in graduate study (Std. IV-D)
☐ Yes  ☐ No  Has been supervised by individuals holding a current ASHA Certificate of Clinical Competence in the appropriate area of practice. The amount of supervision was appropriate to the student's level of knowledge, experience, and competence and was sufficient to ensure the welfare of the client/patient populations (Std. IV-E)

☐ Yes  ☐ No  Has gained knowledge and experience with individuals from culturally/linguistically diverse back-grounds and with client/patient populations across the life span (Std. IV-F)

☐ Yes  ☐ No  The applicant has met the education program’s requirements for demonstrating satisfactory performance through ongoing formative assessment of knowledge and skills (Std. V-A)

The program director, or designee, verifies that the student met each standard.

Name of Program Director __________________________ Title __________________________

Signature __________________________ Date __________________________

Date Coursework and Clinical Practicum Requirements for ASHA Certification were completed _____________
### Class of 2012
### Clinical Competency III

#### Observation Hours: 111:30

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<td>Social aspects of communication</td>
<td>2:30</td>
<td>11:25</td>
<td>13:55</td>
</tr>
<tr>
<td>Communication Modalities</td>
<td>0:00</td>
<td>8:10</td>
<td>8:10</td>
</tr>
</tbody>
</table>

**Total Hours:** 276:25

**Clock hours needed:** 0:00

### Bilingual Program

|                          | 3:00  |

### Total Hours Earned in Different

- **School:** 132:25
- **Hospital - IP:** 94:15
- **Home Health:** 87:15
- **University Clinic:** 76:00
- **Hospital - Rehabilitation:** 46:55
- **Skilled Nursing Facility (SNF):** 24:00
- **Community Clinic:** 20:15

---

Revised Spring 2016
## APPENDIX C

### COMMUNICATION DISORDERS PROGRAM COMPETENCIES

**NEW MEXICO STATE UNIVERSITY**

**Communication Disorders Program Competencies**

Graduates of the Speech-Language Pathology graduate program will develop four areas of scholarship (discovery, teaching-learning, application, and leadership) and demonstrate 10 usable knowledge and skills competencies related to ASHA Standards through specific CD courses.

<table>
<thead>
<tr>
<th>STANDARDS</th>
<th>COMPETENCIES</th>
<th>CD COURSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>III-E</td>
<td>1. Professional Ethics/Standards – the highest standards of integrity and ethical principles in the responsible discharge of obligations in the profession of Speech-Language Pathology (i.e., ethical behavior as outlined in ASHA’s Code of Ethics and meeting the 2005 Standards for the Certificate of Clinical Competence in Speech-Language Pathology).</td>
<td>Addressed in all courses</td>
</tr>
<tr>
<td>IV-G.3d</td>
<td>2. Oral and Written Expression – verbal and nonverbal, oral and literate symbol systems for observing/gesturing, listening/speaking, reading/writing, and thinking constructively, solving problems, and making decisions. Competence involves using the obligatory communication forms in formal and informal, personal and professional contexts.</td>
<td>Addressed in all courses</td>
</tr>
<tr>
<td>IV-B.1, B.2</td>
<td>3. Typical and Atypical Development – the biological, physiological, psychological, and social aspects of human development and pathology across the age span.</td>
<td>Addressed in all courses</td>
</tr>
<tr>
<td>IV G.3a, 3b, 3c</td>
<td>4. Cultural Pluralism – ethnic, age, sex, gender, disability, socioeconomic, and community diversity of ideas, beliefs, behavior, and communication.</td>
<td>Addressed in all courses</td>
</tr>
</tbody>
</table>
| III-A     | 5. Service Delivery – reliably and efficiently identifying and managing individuals (and their primary care givers) who have disorders of speech (articulation/phonology, neuromotor production, voice, resonance, fluency), cognitive [metaskills, executive functions, attention, memory, discrimination, etc.], linguistic [semantics, syntax, morphology], and social [pragmatics] dimensions of language (comprehension/production, oral/literate, verbal/nonverbal) single word, sentence, discourse [conversation, narration, exposition] levels, hearing (sensitivity/perception), and swallowing.  
  5.1 Prevention – planning and implementing effective and efficient programs aimed at primary, secondary, and tertiary phases of prevention of disorders of speech, language, hearing, and swallowing.  
  5.2 Evaluation – screening/diagnostic, formal/informal, | CD 521, 523, 525, 530, 535, 542, 547, 583, 584, 585, 586, 587, 589 |
| III-B     | Focus: CD 521 |
| III-C.1-9 | Focus: CD 589 |
| IV-F      | Focus: CD 521, 589 |
| IV-G.3a   | Focus: CD 523 |
modular/synergistic, emic/etic paradigms.

5.3 **Intervention** – habilitation and rehabilitation programs that meet diverse communication needs through changing or augmenting existing patterns, or providing alternative ways to negotiate meaning.

5.4 **Case Management** – referring to or consulting with other resources.

5.5 **Education and in-service programs** – providing information about speech, language, hearing, and swallowing to various school, medical, and community groups.

<table>
<thead>
<tr>
<th>STANDARDS</th>
<th>COMPETENCIES</th>
<th>CD COURSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV-G.1b, 1g, IV-G.2a, 2b, 2g, IV-G.3a, 3b, 3c</td>
<td>6. <strong>Teamwork</strong> – providing professional services collaboratively as a member of a school, clinical, or medical cross-disciplinary team; providing in-service programming for colleagues and other professionals.</td>
<td>Addressed in all courses</td>
</tr>
<tr>
<td>III-F, III-G, III-G</td>
<td>7. <strong>Technology</strong> – evaluating, selecting, and using electronic equipment and peripherals including audio- and videorecorders, computers (e.g., software programs, Internet), computer systems (e.g., Computerized Speech Lab, Visi-Pitch, Laryngograph, and Nasometer), AAC systems, audiometric instruments.</td>
<td>Addressed in all courses</td>
</tr>
<tr>
<td>III-F, III-G, III-H, IV-G.3d</td>
<td>8. <strong>Program Development, Administration, Supervision, Leadership, and Contemporary Issues</strong> – systematically and cooperatively organizing, implementing, and evaluating service delivery programs for a variety of worksites in order to meet the needs of individuals of all ages with disorders of speech, language, hearing, and swallowing; differentially observing, critiquing, and evaluating activities of assigned professionals, paraprofessionals, volunteers, and pre-service trainees; being on the forefront of influencing and directing others toward productive management of contemporary issues.</td>
<td>CD 521, 589</td>
</tr>
<tr>
<td>III-F</td>
<td>9. <strong>Research &amp; Evidence Based Practice</strong> – understanding, evaluating, conducting, and disseminating research, and applying the results of best practices to academic, clinical, supervisory, administrative, and leadership procedures.</td>
<td>Addressed in all courses</td>
</tr>
<tr>
<td>III-G</td>
<td>10. <strong>Certification, Specialty Recognition, Licensure, and other Credentialing</strong> - understanding state, federal, and ASHA regulations and policies related to the practice of speech-language pathology, areas of specialization, and credentials for professional practice.</td>
<td>CD 521, 589</td>
</tr>
</tbody>
</table>
## APPENDIX D

### COMMUNICATION DISORDERS PROGRAM OPTIONS

<table>
<thead>
<tr>
<th>Program</th>
<th>Page</th>
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<tbody>
<tr>
<td>Leveling Curriculum Sequence</td>
<td>45</td>
</tr>
<tr>
<td>Traditional Curriculum Sequence (thesis option)</td>
<td>46</td>
</tr>
<tr>
<td>English As A Second Language (ESL) Traditional Program</td>
<td>47</td>
</tr>
<tr>
<td>Bilingual Program</td>
<td>48</td>
</tr>
<tr>
<td>Independent Study form</td>
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The Leveling Program includes courses that are required of students who do not have an undergraduate degree in Communication Disorders.

<table>
<thead>
<tr>
<th>FALL</th>
<th>Cr</th>
<th>SPRING</th>
<th>Cr</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD 504 Speech and Language Disorders</td>
<td>3</td>
<td>CD 423* Neural Bases of Comm Disorders</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(will get a 500 number)</td>
<td></td>
</tr>
<tr>
<td>CD 507 Audiology</td>
<td>3</td>
<td>CD 508 Aural Rehabilitation</td>
<td>3</td>
</tr>
<tr>
<td>CD 501 Phonetics</td>
<td>3</td>
<td>CD 503 Speech Science</td>
<td>3</td>
</tr>
<tr>
<td>CD 502 Anat/Phys of Spch Mechanisms</td>
<td>3</td>
<td>CD 509 Language Acquisition</td>
<td>3</td>
</tr>
<tr>
<td>CD 506 Clinical Methods and Procedures</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(25 observation hours attained)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>15</strong></td>
<td></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>

Other courses may be required, depending on review of a student’s prior coursework.
Traditional Program with thesis option included

<table>
<thead>
<tr>
<th>Fall 1</th>
<th>CR</th>
<th>Spring 1</th>
<th>CR</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD 505 Research Methods</td>
<td>3</td>
<td>CD 535 Aphasia/Cog Ling</td>
<td>3</td>
</tr>
<tr>
<td>CD 523 Assessment</td>
<td>3</td>
<td>CD 586 Voice Disorders</td>
<td>3</td>
</tr>
<tr>
<td>CD 525 Pediatric Language Disorders</td>
<td>3</td>
<td>CD 584 Fluency Disorders</td>
<td>3</td>
</tr>
<tr>
<td>CD 542 Artic/Phonology (cleft included)</td>
<td>3</td>
<td>CD 590 Clinic Education</td>
<td>1</td>
</tr>
<tr>
<td>CD 590 Clinical Education</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CD 589 Clinical Practicum (Thesis)</td>
<td>2</td>
<td>CD 589 Practicum (Thesis)</td>
<td>2</td>
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<tr>
<td>Clinical hours – 2 clients</td>
<td>40</td>
<td>Clinical hours – 2-3 clients</td>
<td>40-60</td>
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</table>

Summer

CD 589 Practicum 6 CR = 80 hours

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<tr>
<th>Fall 2</th>
<th>CR</th>
<th>Spring 2</th>
<th>CR</th>
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</thead>
<tbody>
<tr>
<td>1 Electives (ASD, AAC, Reading, etc)</td>
<td>3</td>
<td>CD 521 Professional/Multicultural Issues ONLINE</td>
<td>3</td>
</tr>
<tr>
<td>CD 583 Dysphagia (cleft)</td>
<td>3</td>
<td>CD 589 Clinical Externship</td>
<td>6</td>
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<tr>
<td>CD 585 Motor Speech Disorders</td>
<td>3</td>
<td></td>
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</tr>
<tr>
<td>CD 589 Clinical Practicum</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CD 530 School Age Language Dis (Thesis)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical hours - 2-3 clients</td>
<td>40-60</td>
<td>Clinical hours - FULL TIME</td>
<td>150</td>
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</tbody>
</table>

CAA Academic minimum 36 CR = NMSU at 38 CR (includes Clinical Education but not clinical Practicum)
CAA 400 clinical hrs > no CR number suggested > NMSU Practicum 16-19 CR (range if thesis track)

Total program = 54-57 CR

12 content courses for students to complete
## NMSU COMMUNICATION DISORDERS
### ESL Program GRADUATE CURRICULUM

#### ESL TRACK

<table>
<thead>
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<th>Fall 1</th>
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</thead>
<tbody>
<tr>
<td>CD 505 Research Methods</td>
<td>3</td>
<td>CD 535 Aphasia/Cog Ling</td>
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</tr>
<tr>
<td>CD 523 Assessment</td>
<td>3</td>
<td>CD 586 Voice Disorders</td>
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<td>CD 525 Pediatric Language Disorders</td>
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<td>CD 584 Fluency Disorders</td>
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</tr>
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<td>CD 592 Clinic Education</td>
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<td>CD 589 Practicum</td>
<td>2</td>
</tr>
<tr>
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<td>1</td>
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<td>Clinical hours – 2-3 clients</td>
<td>40-60</td>
</tr>
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</table>

### Summer

**SHS*589 ONLINE UNM 3 CR**

**CD 589 Practicum 6 CR = 80 hours**

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<tr>
<th>Fall 2</th>
<th>CR</th>
<th>Spring 2</th>
<th>CR</th>
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<tbody>
<tr>
<td>Electives (ASD, AAC, Reading, etc.)</td>
<td>3</td>
<td>CD 521 Professional/Multicultural Issues ONLINE CD 589 Clinical Externship</td>
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<tr>
<td>CD 548 Bilingual Assessment online</td>
<td>3</td>
<td>CD 583 Dysphagia (cleft)</td>
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<td>CD 585 Motor Speech Disorders</td>
<td>3</td>
<td>CD 589 Clinical Practicum</td>
<td>0-3</td>
</tr>
<tr>
<td>CD 589 Clinical Practicum (Thesis)</td>
<td>1</td>
<td>CD 530 School Age Language Dis</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical hours – 2-3 clients</td>
<td>40-60</td>
<td>Clinical hours – FULL TIME</td>
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## GRADUATE CURRICULUM  BILINGUAL TRACK to transition into Fall 2016

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<th>Spring 1</th>
<th>CR</th>
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<tr>
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<td>3</td>
<td>CD 586 Voice Disorders</td>
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<td>CD 525 Pediatric Language Disorders</td>
<td>3</td>
<td>CD 584 Fluency Disorders</td>
<td>3</td>
</tr>
<tr>
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<td>CD 589 Clinical Practicum (Thesis)</td>
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</tr>
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<td>Clinical hours – 2 clients</td>
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<td>40-60</td>
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</tbody>
</table>

### Summer

**SHS*589 ONLINE UNM 3 CR**

**SPAN 590 Online 3 credits**

**CD 589 Practicum 6 CR = 80 hours**

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<table>
<thead>
<tr>
<th>Fall 2</th>
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<th>Spring 2</th>
<th>CR</th>
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<tr>
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<td>Externship</td>
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<tr>
<td>CD 563 Dysphagia (cleft)</td>
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<td>CD 585 Motor Speech Disorders</td>
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<td>CD 589 Clinical Practicum</td>
<td>0-3</td>
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<td></td>
</tr>
<tr>
<td>Clinical hours - 2-3 clients</td>
<td>40-60</td>
<td>Clinical hours - FULL TIME</td>
<td>150</td>
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</tbody>
</table>
DEPARTMENT OF SPECIAL EDUCATION/COMMUNICATION DISORDERS
INTERNSHIP/INDEPENDENT STUDY/RESEARCH TYPE COURSE ENROLLMENT FORM
AND
STUDENT-FACULTY COURSE CONTRACT AGREEMENT*

All students taking the following numbered courses with SPED or CD prefixes must fill out this form with the faculty member supervising the course. Failure to do so will result in a failing grade in the course unless other arrangements have been made in writing and filed in the departmental office.

TERM: FALL, 20xx
COURSE NUMBER: CD 591- M01
STUDENT'S FULL NAME: ___________________________________________________________

Last Name  First Name  M.I.  Banner ID#

STUDENT'S MAILING ADDRESS:
STUDENT'S TELEPHONE No:  DEGREE SOUGHT: MA Communication Disorders
EXPECTED DATE OF GRADUATION: May, 2014
FACULTY SUPERVISOR'S NAME: Dr. Alfred Valdez  COURSE No: CD 591-M01  CREDITS: 2
COURSE TITLE: Special Topics  Course Subtitle: Topics in Statistical Analysis

******************************  CONTRACT AGREEMENT  ******************************

DESCRIPTION OF PROJECT: The purpose of this project is to support the student’s skill at scholarly writing. Toward this end the student will conduct a secondary data analysis using existing data and report the findings of their analysis in the following form: Introduction/purpose, methods, results and conclusion. The grade for this course (S/U option, see page 20 of the graduate catalogue) will be based solely on the quality of the final paper. The paper will be graded by a committee of three faculty members in the SPED/CD department as acceptable (grade of S), acceptable with revisions, or unacceptable (grade of U). Revisions must be satisfactorily completed within 7 days for the student to receive a grade of S in this course. Briefly the student will do the following:

- Identify a research question
- Conduct brief literature review
- Pose research hypotheses/questions
- Decide on appropriate analysis
- Conduct analysis
- Write results as final research paper

ADDITIONAL COMMENTS, AGREEMENTS, AND STIPULATIONS:
Student will meet weekly (see attached schedule) with supervisor to discuss assigned readings and progress on the paper assignment.

STUDENT'S SIGNATURE: ________________________________  Date: _________

SUPERVISOR’S SIGNATURE: ________________________________  Date: _________

OTHER APPROPRIATE SIGNATURES:
DEPT. HEAD: ________________________________  Date: _________

*(Two COPIES, ONE TO DEPARTMENT SECRETARY AND ONE TO SUPERVISOR)
DOCUMENTING YOUR SERVICE ACTIVITIES

NMSU CD DEPARTMENT
DOCUMENTATION of SERVICE ACTIVITIES

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DATE</th>
<th>NAME OF PERSON TO VERIFY</th>
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</table>

Date of Submission: ____________________
Name: ____________________
Email: ____________________
APPENDIX E

COMMUNICATION DISORDERS PROGRAM MATERIALS

ASL Documents ........................................ Pages 54-62
Clinician Levels ......................................... Page 63
Graduate Assistant Evaluation Form .............. Pages 64-67
Application for Professional Liability Insurance . Pages 68-72
Scope of Practice in Speech-Language Pathology Pages 73
Code of Ethics of ASHA ................................ Pages 115-119
Department of SPED/CD Independent Study Agreement Form Page 1
### ASL

1. conduct speech-language and hearing screenings
2. conduct treatment programs/procedures planned or designed by the supervising SLP
3. prepare written daily plans based on the program selected by the supervising SLP
4. record or chart data relative to client's performance and report performance to supervising SLP
5. maintain daily service/delivery treatment notes and complete daily charges as requested by SLP
6. report BUT NOT INTERPRET data relative to client's performance to teachers, family, etc. (i.e. do not report as "did well", but achieved 25/30 correct responses)
7. assist the supervising SLP during the assessment of clients that are difficult to test
8. perform clerical duties for the supervising SLP
9. participate with supervising SLP in research, in-service training or public relations programs

### Graduate Clinician

1. administer and interpret diagnostic tests under supervision of supervising SLP
2. provide treatment and analyze client performance under the supervision of supervising SLP
3. select and/or discharge clients under the direction of supervising SLP
4. compose and sign diagnostic reports under the direction of supervising SLP
5. provide family/caregiver/client counseling under the direction of supervising SLP
6. develop IEP/IFSP/goals and therapy plans under the direction of supervising SLP
7. share pertinent information with other professionals following HIPPA guidelines
8. refer client to other professionals under supervision of supervising SLP
9. conduct research under the direction of supervisor

### ASL CAN...

1. conduct speech-language and hearing screenings
2. conduct treatment programs/procedures planned or designed by the supervising SLP
3. prepare written daily plans based on the program selected by the supervising SLP
4. record or chart data relative to client's performance and report performance to supervising SLP
5. maintain daily service/delivery treatment notes and complete daily charges as requested by SLP
6. report BUT NOT INTERPRET data relative to client's performance to teachers, family, etc.
7. assist the supervising SLP during the assessment of clients that are difficult to test
8. perform clerical duties for the supervising SLP
9. participate with supervising SLP in research, in-service training or public relations programs

### ASL MUST NOT...

1. administer diagnostic tests
2. interpret data into diagnostic statements, strategies or procedures
3. select or discharge clients for service
4. interpret clinical information including impressions relative to client performance
5. treat clients without following the individualized treatment plan
6. independently compose clinical reports (other than progress notes)
7. refer a client to other professionals or agencies
8. provide client or family counseling
9. develop/modify treatment plans without SLP approval
10. disclose confidential information
11. sign any formal documentation without supervising SLP co-signature
12. represent self as a speech-language pathologist
SLPA/ASL Policies

1) First semester clinicians may not take an SLPA/ASL position. Upon completion of the first semester, it is possible for graduate clinicians to attain an SLPA/ASL position with the stipulation that they cannot have a workload of more than 10 hours per week (including paperwork and travel)

2) SLPAs/ASLs may count up to 50 hours of their work towards clinical clock hours; however, it will require the approval of the Department Head and Coordinator of Clinical Services.

The following must also be completed:
   a. A current Affiliation Agreement must be in place with the site
   b. Coordinator of Clinical Services must receive a Letter of Supervision
   c. Supervisor must submit copies of state licensure as well as ASHA

The site would be considered as an externship, in which case the supervisor would have to provide documentation and follow supervision requirements of an externship supervisor as deemed by the NMSU CD and Clinic as well as ASHA Policies.

3) If you are employed as a SLPA/ASL, it is mandatory to join ASHA as an associate affiliate. Please see the link below for more information.

Associates Program Requirements

Here are the requirements you must meet to become an ASHA Associate. The Associates Program is open to individuals who are:

Currently employed in support positions providing audiology or speech-language pathology assistant services, working under the supervision of an ASHA certified audiologist (CCC-A) or speech-language pathologist (CCC-SLP). Potential applicants are required to obtain the signature of their ASHA certified supervisors in order to become ASHA Associates.
# Graduate Practicum—PLAN GP

<table>
<thead>
<tr>
<th>Clinical Responsibilities</th>
<th>Graduate Practicum in an ASL Site**</th>
</tr>
</thead>
</table>
| The purpose of this plan is to allow a student who is employed by an agency as an ASL to count >50 clock hours of graduate student clinical practicum responsibilities that are supervised according to ASHA guidelines. | **Scope of Graduate Practicum Student Responsibilities (with approval and guidance of supervising SLP):**
- Conduct Speech-Language screenings.
- Perform standardized or non-standardized diagnostic tests, formal or informal evaluations, and interpret test results.
- Write, develop, or modify a patient/client’s treatment plan.
- Document patient/client progress.
- Assist SLP with assessment.
- Complete informal documentation, prepare materials, and other clerical duties.
- Schedule activities, prepare charts, records, graphs, or otherwise display data.
- Perform checks and maintenance of equipment.
- Participate with SLP in research projects, in-service training, and PR.
- Participate in parent conferences, case conferences, or any interdisciplinary team as approved by supervising SLP.
- Provide patient/client or family counseling.
- Select patients/clients for services.
- Discharge a patient/client from services.
- Make referrals.

**Responsibilities OUTSIDE of Graduate Practicum Student Clinician scope:**
- Sign any formal documents; ASL should sign or initial informal treatment notes for review and co-sign with SLP.
- Disclose clinical or confidential information.
- Communicate with the patient/client, family, or others regarding any aspect of the patient/client status or service without the specific consent of the supervising SLP.
- Represent self as a Speech-Language Pathologist.

<table>
<thead>
<tr>
<th>Supervision Requirements</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision must be provided by individuals who hold the CCCs in the appropriate area of practice. The amount of supervision must be appropriate to the student’s level of knowledge, experience, and competence. Supervision must be sufficient to ensure the welfare of the client/patient.</td>
<td></td>
</tr>
<tr>
<td>Direct supervision must be in real time and must never be less than 25% of the student’s total contact with each client/patient receiving intervention services or 50% of the time for evaluation services.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Clock Hours Accepted Toward 400 Required Conditions</th>
<th>All acquired clock hours that meet Clinical Responsibilities and Supervision Requirements. (Typical Extern practicum Clock Hours acquisition = 100+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students must follow the guidelines in the Advising Manual for completing an external Graduate Practicum in an ASL site.</td>
<td></td>
</tr>
</tbody>
</table>
- Submit a proposal to the Coordinator of Clinical Services.
- Complete an evaluation of the Extern experience at term’s end.
- Do only one extern Graduate Practicum.
- Follow other guidelines listed in reference below. |

## ASL Practicum - PLAN AP

<table>
<thead>
<tr>
<th>Clinical Responsibilities</th>
<th>Extern Practicum as an ASL*</th>
</tr>
</thead>
<tbody>
<tr>
<td>The purpose of this plan is to allow a student who is employed by an agency as an ASL to count 50 hours of restricted ASHA-defined ASL clinical responsibilities that are supervised according to ASHA guidelines, during one academic term.</td>
<td><strong>Scope of ASL Responsibilities:</strong></td>
</tr>
<tr>
<td></td>
<td>• Conduct Speech-Language screenings.</td>
</tr>
<tr>
<td></td>
<td>• Provide direct treatment; follow treatment plans or protocols developed by supervising SLP.</td>
</tr>
<tr>
<td></td>
<td>• Document patient/client progress.</td>
</tr>
<tr>
<td></td>
<td>• Assist SLP with assessment.</td>
</tr>
<tr>
<td></td>
<td>• Assist with informal documentation, prepare materials, and other clerical duties.</td>
</tr>
<tr>
<td></td>
<td>• Schedule activities, prepare charts, records, graphs, or otherwise display data.</td>
</tr>
<tr>
<td></td>
<td>• Perform checks and maintenance of equipment.</td>
</tr>
<tr>
<td></td>
<td>• Participate with SLP in research projects, in-service training, and PR.</td>
</tr>
<tr>
<td></td>
<td><strong>Responsibilities OUTSIDE of ASL scope:</strong></td>
</tr>
<tr>
<td></td>
<td>• Perform standardized or non-standardized diagnostic tests, formal or informal evaluations, or interpret test results.</td>
</tr>
<tr>
<td></td>
<td>• Participate in parent conferences, case conferences, or any interdisciplinary team without presence of supervising SLP or other ASHA-certified SLP designated by the supervising SLP.</td>
</tr>
<tr>
<td></td>
<td>• Provide patient/client or family counseling.</td>
</tr>
<tr>
<td></td>
<td>• Write, develop, or modify a patient/client’s treatment plan in any way.</td>
</tr>
<tr>
<td></td>
<td>• Assist with patients/clients without following the treatment plan prepared by the SLP or without access to supervision (see Supervision Guidelines).</td>
</tr>
<tr>
<td></td>
<td>• Sign any formal documents, ASL should sign or initial informal treatment notes for review and co-sign with SLP.</td>
</tr>
<tr>
<td></td>
<td>• Select patients/clients for services.</td>
</tr>
<tr>
<td></td>
<td>• Discharge a patient/client from services.</td>
</tr>
<tr>
<td></td>
<td>• Disclose clinical or confidential information.</td>
</tr>
<tr>
<td></td>
<td>• Make referrals.</td>
</tr>
<tr>
<td></td>
<td>• Communicate with the patient/client, family, or others regarding any aspect of the patient/client status or service without the specific consent of the supervising SLP.</td>
</tr>
<tr>
<td></td>
<td>• Represent self as a Speech-Language Pathologist.</td>
</tr>
</tbody>
</table>

### Supervision Requirements
- A total of at least 20% direct (i.e., on site, in-view observation & guidance) and 10% indirect supervision (e.g., demonstration, record review, audio/video review of sessions, telephone supervision conferences) is required and must be documented for the first 90 workdays. (12 hours of direct and indirect supervision for a 40-hr. workweek.)
- During each week, data on every patient/client seen by the ASL must be reviewed by the Supervisor.
- The 20% direct supervision should include all patients/clients seen by the ASL.
- After the initial 90-day work period, the amount of supervision may be adjusted depending on the competency of the ASL, the needs of the patients/clients, and the nature of the tasks. The minimum amount of supervision is 20%, with no less than 10% being direct supervision. (8 hours of direct and indirect supervision in 40-hour workweek.)

### Clinical Clock Hours Accepted Toward 400 Required
- Maximum of 50 hours that meet Clinical Responsibilities and Supervision Requirements

### Conditions
- Students must follow the guidelines in the Advising Manual for completing an external practicum.
  - Submit a proposal to the Coordinator of Clinical Services.
  - Complete an evaluation of the ASL Extern experience at term’s end.
  - Do only one ASL Practicum.
  - Follow other guidelines listed in the reference below.


Revised Spring 2016
ASHA's Associate Affiliation Category

Associates Program Overview

Are you currently working in a support role to a speech-language pathologist or audiologist? Are you eligible to be employed as an assistant in your state? If so, ASHA wants you to know about an offer that can help you to become the best assistant you can be in the field of communication sciences and disorders!

What is the offer?

ASHA has created a place in our organization designed especially for qualified SLP and audiology support personnel. It's called the Associate Program and officially launched in September 2011.

How does this new Associate category work?

- In July 2011, ASHA extended a special pre-launch offer to assistants in SLP and audiology who were interested in participating in a "try it before you buy it" Associates Program free trial, which lasted until September 2011.
- Now ASHA has begun processing applications for interested individuals who meet the qualifications to join ASHA as an Associate. The Associates Program Application [PDF] can be downloaded, filled out via the "fillable" blanks in the PDF, printed out to obtain the appropriate signatures, and then mailed with the payment to the address listed on the application.

Associates Program Requirements

Here are the requirements you must meet to become an ASHA Associate.

The Associates Program is open to individuals who are:

- Currently employed in support positions providing audiology or speech-language pathology assistant services, working under the supervision of an ASHA certified audiologist (CCC-A) or speech-language pathologist (CCC-SLP). Potential applicants are required to obtain the signature of their ASHA certified supervisors in order to become ASHA Associates.

OR

- If applicants are not employed as audiology assistants or speech-language pathology assistants at the time they apply for the Associates Program, they need to obtain the signature of their program director (or training program instructor) certifying that they are qualified to provide services under the direction of an ASHA certified audiologist or speech-language pathologist.
In addition to obtaining the appropriate signature(s), potential Associates also have to meet the following requirements:

- Applicants have to agree to follow all ASHA policies related to the responsibilities of support personnel.
- Applicants have to agree to work only under the supervision of ASHA certified SLPs or audiologists.
- Applicants have to pay annual fees to maintain their affiliation.
- Applicants have to be qualified to practice in their state and follow the state licensure rules (if any) that are applicable to them.

Associates Program Benefits

What do you get as an ASHA Associate?

Some of the outstanding benefits for Associates include the following:

- Networking opportunities with other Associates both in online discussion forums and at the Schools Conference and the Annual Convention
- Affinity benefits such as insurance of all types, credit card offers, car rental, etc.
- Consultation provided by ASHA's professional practices staff
- Listing and search capabilities on ASHA's online Member and Affiliate Directory
- Opportunity to participate in advocacy efforts
- Opportunity to participate in mentoring programs
- Reduced registration fees for educational programs and products
- Online Career Center
- Subscription to The ASHA Leader and access to The ASHA Leader Online (ALO)
- Access to four online scholarly journals
- Subscription to Associates e-newsletter
- Associates e-Group (listserv/forum/social network)
- Professional Development Hours (PDHs) for Associates

©1997-2012 American Speech-Language-Hearing Association
1. Personal Information

Title: ☐ Miss ☐ Mr ☐ Mrs ☐ Ms
First Name: ___________________________ Middle Name: ___________________________
Last Name: ___________________________ Previous Name: ___________________________
Mailing Address: ______________________
City: ______________ State/Province: ___ Zip/Postal: _____ __________
Phone/Cell Number: ___________________________ E-mail Address: ___________________________

Check one.
☐ I am applying as a speech-language pathology Associate
☐ I am applying as an audiology Associate.

2. Employment Status

NOTE: Though your state may use different terms, such as technician, aide, associate or other title, the use of “assistant” throughout this application is meant to include all titles of support personnel in audiology or speech-language pathology.

Check one.
☐ I am employed as a speech-language pathology assistant or as an audiology assistant. Note: if you are employed, you must complete Section 5a.
☐ I am not currently employed as a speech-language pathology assistant or as an audiology assistant. Note: If you are not employed, you must complete Section 5b.

3. Licensure, Registration or Certification Status

Check one.
☐ I am licensed, registered or certified to work as a speech-language pathology assistant or as an audiology assistant.

State issuing license, registration or certificate: _____
License, registration or certification number, if applicable: ______

☐ I am not licensed, registered or certified to work as a speech-language pathology assistant or as an audiology assistant.

4. Qualifications

Check one.
☐ My education or training background meets the requirements of my state for speech-language pathology assistants or audiology assistants.
☐ My state does not set education requirements for speech-language pathology assistants or audiology assistants.

What is the highest level of education you have completed?
☐ Bachelor’s degree ☐ Associate’s degree
☐ High school diploma ☐ Course or other relevant training

Area of degree (e.g., Communication Sciences & Disorders (CSD), SLPA, Biology, Psychology, etc.):

Name of course or other relevant training:
5. One Verifying Signature Required

5a. If you are employed as a speech-language pathology assistant or as an audiology assistant, you must obtain the signature of the ASHA-certified professional who supervises your work.

NOTE TO SUPERVISING SPEECH-LANGUAGE PATHOLOGIST OR AUDIOLOGIST: By signing this application you are verifying that you supervise this applicant in accordance with ASHA Guidelines for the Training, Use and Supervision of Speech-Language Pathology Assistants or Support Personnel in Audiology: Position Statement and Guidelines, and that in your opinion, this applicant is qualified to perform the assigned tasks of either a speech-language pathology assistant or an audiology assistant.

Signature of Supervising Speech-Language Pathologist or Audiologist          Date

First Name:                               Last Name:
Employer:
City                                      State/Province: _____
ASHA ID NUMBER:                          (optional)

5b. If you are not employed as a speech-language pathology assistant or as an audiology assistant, you must obtain the signature of the program director or instructor of your speech-language pathology or audiology training or education program.

NOTE TO PROGRAM DIRECTOR OR INSTRUCTOR: By signing below, you are verifying that this applicant has received training from you toward becoming a speech-language pathology assistant or audiology assistant, and that, in your opinion, this applicant is qualified to perform either the assigned tasks of a speech-language pathology assistant or an audiology assistant.

Signature of Program Director             Date

First Name:                               Last Name:
Employer:
City:                                     State/Province: _____
ASHA ID NUMBER:                           (optional)

6. One Verifying Signature Required

As an ASHA Associate, I will agree to:

• Perform my job solely within the appropriate scope of responsibilities described in the ASHA Guidelines for the Training, Use and Supervision of Speech-Language Pathology Assistants or Support Personnel in Audiology: Position Statement and Guidelines.
• Perform only those tasks assigned by a supervising speech-language pathologist or audiologist.
• Work only under the supervision of an ASHA certified speech-language pathologist or audiologist.
• Adhere to all applicable state (province) laws and rules regulating the professions listed above.

I have read and agree to the above. Further, I agree that the information provided on this application is true and accurate.

Signature of Applicant                   Date

Revised Spring 2016
Payment by Check

☐ Fees enclosed ($75).
(Payment must be made in US dollars. Make checks payable to ASHA. Payments are not refundable and must be paid in full at the time of application.)

Payment By Credit Card

☐ Please charge $75 to my: ☐ Visa ☐ MasterCard ☐ Discover

Credit Card Number / Expiration Date (MM/YYYY)

Signature

American Speech-Language-Hearing Association
PO Box 1160 #210
Rockville, MD 20849

We cannot process incomplete applications. If you have questions about this application, contact the ASHA Action Center at 800-498-2071 or actioncenter@asha.org.
NMSU Program in Communication Disorders

CLINICIAN LEVELS

LEVEL I
First-Year Graduate Students-Fall and Spring terms
- Work independently in ERG Speech and Hearing Center
  - Intervention (Fall/Spring)
  - Evaluation (Fall/Spring)
  - Audiology Clinic (Fall/Spring)
- Work with support in externship placement in the spring semester
- Develop clinical knowledge & skills
  - Design personal Learning Outcomes
  - Develop session plans, client treatment goals and complete treatment logs
- Attend Clinical Practicum Meeting (CD 589)
- Attend Disposition Meetings
- Complete all EOT documentation; monitor clinical clock hours acquired and needed in CALIPSO
- Complete 100 clinical hours by end of year

LEVEL II
First-Year Graduate Students Summer I and Summer II terms
- ERG Speech and Hearing Center
  - Intervention
  - Evaluation
- Develop clinical knowledge & skills
  - Design personal Learning Outcomes
  - Develop session plans, client treatment goals and complete treatment logs
- Attend Clinical Meetings
- Complete a minimum of **100 clock hours** (supervised following ASHA direct observation requirements) by the end of Summer II
- Complete all EOT documentation; monitor clinical clock hours acquired and needed in CALIPSO

LEVEL III
Second-Year Graduate Students-Fall and Spring terms
- ERG Speech and Hearing Center
  - Intervention
  - Evaluation
  - Audiology
- External Placements
  - Intervention
  - Evaluation
- Attend Clinical Staff Meetings
- Attend Disposition Meetings
- Complete all appropriate clinic documentation; monitor clinical clock hours acquired and needed in CALIPSO
NEW MEXICO STATE UNIVERSITY
COMMUNICATION DISORDERS PROGRAM

GRADUATE ASSISTANT EVALUATION

Student___________________________________________________________

_________ Term_______________________________________________

Evaluator(s)________________________________________

Responsibilities________________________________________________

Use this form to evaluate each CD graduate assistant. For each factor, select a rating that best describes your judgment of the student and circle the appropriate point value. If a factor does not apply to the GA’s responsibilities, circle the N/A rating in the factor cell. When you have rated the student on all factors, add the points, divide by the number of factors that were used and record the average. Please use the scale below to determine the assigned overall rating.

RATING SCALE AND DEFINITION OF RATING TERMS:

8:56 - 10.00 Outstanding—consistently exceeds expectations for the position
6.56 - 8.55 Commendable—accomplishments exceed expected level or essential requirements
4.56 - 6.55 Satisfactory—performance meets standards of job requirements
2.56 - 4.55 Needs Improvement—performance does not meet all essential requirements of job; work requires frequent guidance and checking. Improvement is expected
1.00 - 2.55 Unsatisfactory—performance substandard, requires a high degree of supervision and direction. Deficiencies are clearly evident and specific; remedial action is required

<table>
<thead>
<tr>
<th>Factor</th>
<th>OUTSTANDING</th>
<th>COMMENDABLE</th>
<th>SATISFACTORY</th>
<th>NEEDS IMPROVEMENT</th>
<th>UNSATISFACTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Knowledge of job</td>
<td>10 9</td>
<td>8 7</td>
<td>6 5</td>
<td>4 3</td>
<td>2 1</td>
</tr>
<tr>
<td>Consider extent of GA's knowledge of present job. Consider</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>extent of GA’s knowledge of departmental and relevant NMSU policies and procedures</td>
<td>N/A</td>
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<tr>
<td>2.</td>
<td>Quality of Work</td>
<td></td>
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<td></td>
<td>Consider GA’s ability to produce work that meets high standards of quality. Consider accuracy and neatness of work. How frequent and serious are errors?</td>
<td></td>
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<td></td>
<td>N/A</td>
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<tr>
<td>3.</td>
<td>Time and Task Management</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Consider ability of GA to plan and utilize working time to complete tasks required of position.</td>
<td></td>
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<tr>
<td></td>
<td>N/A</td>
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<tr>
<td>4.</td>
<td>Attendance and Punctuality</td>
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<tr>
<td></td>
<td>Does GA display responsibility regarding absences and tardiness? Does GA call to report absences or tardiness?</td>
<td></td>
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<tr>
<td></td>
<td>N/A</td>
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<tr>
<td>5.</td>
<td>Work Relations</td>
<td></td>
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<tr>
<td></td>
<td>Consider the GA’s willingness to work cooperatively with and for others.</td>
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<td></td>
<td>N/A</td>
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</tr>
<tr>
<td>6.</td>
<td>Judgment</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Consider GA’s ability to obtain necessary facts before making decisions. Does GA know when to seek advice/request information?</td>
<td></td>
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<td></td>
<td>N/A</td>
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<tr>
<td>7.</td>
<td>Dependability</td>
<td></td>
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<tr>
<td></td>
<td>Can GA be relied upon to complete</td>
<td></td>
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<tr>
<th></th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
</table>

Revised Spring 2016 63
assignments satisfactorily and on a schedule? Consider GA’s initiative.
N/A

<table>
<thead>
<tr>
<th>8. Adaptability</th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider GA’s ability to adjust to new situations, changes in technology, tasks or unexpected situations.</td>
<td>N/A</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Department/NMSU Representative</th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider GA’s ability to properly represent NMSU and the CD Program when in contact with others, within and outside the NMSU community.</td>
<td>N/A</td>
<td></td>
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</tr>
</tbody>
</table>

TOTAL POINTS____________      AVERAGE SCORE____________
ASSIGNED RATING________________________
Professional Liability Insurance exclusively for ASHA Members

As an ASHA professional, you know you’re responsible for the duties and services you provide to your clients. Make sure you’re protected.

Program Selections

Employee Program
An “employee” is one who is paid a specified salary or wage from which the employer deducts Federal Income and Social Security Taxes and one who does not engage in any private practice.

Business Self-Employed Program
A person who is “self-employed” receives fees for services from which Federal Income and Social Security Taxes are not deducted. These services may be provided on either a full-time or a part-time basis. A “self-employed” person may practice as an individual or as part of a firm.

Student Program
As a student, you’re responsible for the results of your own actions. This insurance coverage is particularly important during your educational activities. Students may only apply for the $1,000,000/$3,000,000 Limit of Liability.

Professional Liability Plan Information
- Premium savings available for individuals with CCC or ACE Certifications.
- Your choice of three plans with up to $5,000,000 in annual coverage.
- Pays all legal defense costs for all covered suits.
- Pays reasonable expenses up to $11,000 per incident/occurrence for lost wages and expenses due to your participation in the investigation of a covered suit.
- Supplemental Liability for non-business activities—included for individually insured professionals only.
- Deposit fee and expense reimbursement up to $7,500 of aggregate coverage, when you are not named in a suit.
- Medical payments for non-business activities for persons injured in or around your personal residence—$5,000 per person up to $75,000 for all persons.
- Licensing board reimbursement coverage up to $6,000 per incident/$10,000 ($25,000 for groups) annual aggregate for attorney’s fees and other costs pertaining to licensing board/governmental regulatory body hearings.
- First party assault coverage of up to $5,000 per assault with a $10,000 annual aggregate which includes traveling to and from work.
- First aid reimbursement ($2,500 annual aggregate).

Who May Apply
If you or any of your employees (if applying as a group practice) currently practice or intend to practice within the next 12 months, any amount of electromyographic (EMG) inoperative services, you are no longer eligible for the standard professional liability program. Please contact us at (800) 503-9230 to discuss coverage options.

All members of the American Speech-Language-Hearing Association are eligible to apply for Professional Liability Insurance—whether a student, employee, employer or self-employed.

Use the enclosed application.
1. Complete and sign the application.
2. Determine your premium.
3. Return the application and your check or credit card authorization in the enclosed envelope. If approved, your insurance will go into effect on the date your application is approved and premium is received.

Coverage will become effective upon approval of your application and receipt of your premium payment.

Your opinion matters to us. Please complete a customer satisfaction survey at www.seaburychicago.com/survey.

This is a membership service of:
Administered By:

MARSH

Affinity Group Services
a service of Seabury & Smith

75 Remittance Drive, Suite 1788
Chicago, IL 60675-1788

1-800-503-9230
www.proliability.com
CA-0633005

Underwritten by:

Chicago Insurance Company,
one of the Fireman’s Fund Insurance Companies.

All costs for this program are paid by the administrator
and Insurance Company.

The ASHA Professional Liability Plan has been organized
as a risk purchasing group, located and domiciled in
Illinois to take advantage of legislation enacted by
Congress known as the Federal Liability Risk Retention
Act of 1986. Coverage will be provided to the purchasing
group by the Chicago Insurance Company, one of the
Fireman’s Fund Insurance Companies. This application
is subject to underwriter’s approval. Your completion of
this application and premium payment does not bind
coverage or obligate the insurance company to issue
insurance coverage to you. Receipt of an approved
application and premium payment will entitle you to
immediate membership in the ASHA Purchasing Group
Association and the insurance coverage outlined through
the group on an annual term.

PLP-ASHA

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Application for Employed Individuals and Student Members
PROFESSIONAL LIABILITY INSURANCE PROGRAM
for ASHA and NSSLHA Members

HOW TO APPLY:
1. Complete application below.
2. Note the premium below for the policy you selected.
   All premiums are annual.
3. Return your completed application, along with your annual
   premium, to the address provided.
All coverages elected must be under the same policy limits.
Coverage is effective the date your application is approved and
payment is received. Please allow three to four weeks for delivery
of your certificate. Please print all information.

If you currently practice or intend to practice within the next 12 months, any amount of electromyodiagnostic (EMG) intra-operative services, you are no longer eligible for the standard professional liability program. Please contact us at (800) 503-9230 to discuss coverage options.

LAST NAME
FIRST NAME
INITIAL

ADDRESS
CITY
STATE
ZIP CODE

BUSINESS PHONE
HOME PHONE
EMAIL ADDRESS

DATE OF BIRTH FOR IDENTIFICATION
ASHA OR NSSLHA MEMBERSHIP #

CHECK ONE:
☐ $2,000,000 per incident/occurrence
   $5,000,000 annual aggregate
☐ $1,000,000 per incident/occurrence
   $5,000,000 annual aggregate
☐ $1,000,000 per incident/occurrence
   $3,000,000 annual aggregate
(If you are a student, this is the only coverage
you are eligible for)

CHECK ONE:
☐ I am an employee and do not engage in any private practice.
☐ I am a student member.

CHECK ONE:
☐ I currently hold the CCC.
☐ I have the ACE.
☐ I have both CCC and ACE.
☐ I have neither CCC nor ACE.

ANNUAL COST
Limits of Liability

<table>
<thead>
<tr>
<th>Limits of Liability</th>
<th>Cost</th>
<th>With 5% CCC Credit</th>
<th>With 10% ACE Credit*</th>
<th>With 15% CCC/ACE Credit**</th>
<th>Student Cost</th>
</tr>
</thead>
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*5% credit in New York
**10% credit in New York

Underwritten by Chicago Insurance Company,
one of the Primary's Fund Insurance Companies.

S.C. WWW

BE SURE TO SIGN ON REVERSE
PLEE-ASHA

Revised Spring 2016
67
1. Have you or any of your employees ever had the following revoked, suspended, refused, denied renewal, placed on probation, cancelled, or voluntarily surrendered by you or any of your employees or is such an action pending? (If YES, explain on a separate sheet of paper, please include dates and allegations.)
   State License or Certification  □ YES □ NO
   Malpractice Insurance** □ YES □ NO
   **Notice to Missouri Residents: This question does not apply.

2. Has any claim or suit ever been brought against you or any of your employees or are you or any of your employees aware of any incident that might reasonably lead to a claim or suit? (If YES, explain on a separate sheet of paper, please include dates, allegations and amounts.)  □ YES □ NO

3. My primary occupation is  □ Audiology □ Speech-Language Pathology

I certify that I am a current member of ASHA or NSILHA and am not self-employed or an employer of others on a full or part-time basis.

I understand that I am not covered by this insurance if I render or fail to render any professional services as the following: physician, surgeon, dentist, sonographer, color therapist, nurse midwife, nurse anesthetist, chiropractor, podiatrist, osteopath, cytotechnologist, perfusionist, electroencephalographic technologist or psychiatrist. I understand these professional occupations are excluded from coverage.

I understand that this insurance will not apply to any partner, principal, or owner of a residential/overnight facility. The insurance described herein is subject to the terms, conditions and exclusions of the insurance certificate. This insurance is excess when other insurance applies to a loss. In order to enhance the stability of this professional liability insurance program, coverage has been organized through a purchasing group, pursuant to legislation, known as the Federal Liability Risk Retention Act of 1986, enacted by Congress. Coverage is provided to the purchasing group by the Chicago Insurance Company, one of the Fireman’s Fund Insurance Companies. Once the completed application has been approved and the premium has been received, you will automatically become a member of the ASHA Purchasing Group Association located and domiciled in Illinois and obtain the insurance coverage afforded through the Group Policy on an annual term. This application is subject to the underwriter’s approval. Your completion of this application and premium payment does not bind coverage or obligate the insurance company to issue you insurance coverage. Coverage will be effective upon receipt of your acceptable application and premium payment. Your application cannot be processed unless it is completed in its entirety. The application is subject to the company’s underwriting rules. I declare the information contained in the application is true and that no material facts have been suppressed or misstated. I understand that incorrect information could void the protection. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Notice to New York Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

YOU MUST SIGN AND DATE THIS APPLICATION

Signature ___________________________________________ Date __________________________

Enclosed is my check for $ ____________________________ Effective Date Desired*__________________________
Make check payable to Mersh and return your check and this application in the envelope provided.

*May not be earlier than the date the administrator receives and approves this application.

I authorize Seabury & Smith to charge my: □ VISA □ MasterCard Amount $ ________________ Credit Card Number ___________________________ Expiration Date ________________
Print name exactly as it appears on card ____________________________________________________________
Signature __________________________________________________________________________________
Transparency and Disclosure

Thank you for expressing your interest in the professional liability plans administered through Marsh Affinity. In order to place insurance with insurers, Marsh typically enters into agreements commonly called "agency agreements" which authorize Marsh Affinity to solicit the sale of the insurers' products and sets forth the terms of trade between Marsh Affinity and the insurers.

As part of Marsh Affinity's best practice we are disclosing the following information regarding our compensation on your professional liability policy.

If you elected to complete your application and the application is approved by underwriting and issued by the carrier, Marsh Affinity will be compensated 27.5% based on your total premium. The base rate filed by the carrier with the applicable state agencies is the same rate provided to you.

Illinois Only

Illinois Medical Professional Liability Law PA94-677, Senate Bill 475, requires insurers to implement a quarterly premium payment installment plan as prescribed by the Secretary of the Illinois Department of Financial and Professional Regulation (IDFPR).

If you practice in the state of Illinois and your annual medical professional liability premium is above $500, please visit www.proliability.com/illinall for information regarding installment payment options.

10/3/06
Scope of Practice in Speech-Language Pathology

Ad Hoc Committee on the Scope of Practice in Speech-Language Pathology


Index terms: scope of practice

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About This Document

This scope of practice document is an official policy of the American Speech-Language-Hearing Association (ASHA) defining the breadth of practice within the profession of speech-language pathology. This document was developed by the ASHA Ad Hoc Committee on the Scope of Practice in Speech-Language Pathology. Committee members were Kenn Apel (chair), Theresa E. Bartolotta, Adam A. Brickell, Lynne E. Hewitt, Ann W. Kummer, Luis F. Riquelme, Jennifer B. Watson, Carole Zangari, Brian B. Shulman (vice president for professional practices in speech-language pathology), Lemmietta McNeilly (ex officio), and Diane R. Paul (consultant). This document was approved by the ASHA Legislative Council on September 4, 2007 (LC 09-07).

Introduction

The Scope of Practice in Speech-Language Pathology includes a statement of purpose, a framework for research and clinical practice, qualifications of the speech-language pathologist, professional roles and activities, and practice settings. The speech-language pathologist is the professional who engages in clinical services, prevention, advocacy, education, administration, and research in the areas of communication and swallowing across the life span from infancy through geriatrics. Given the diversity of the client population, ASHA policy requires that these activities are conducted in a manner that takes into consideration the impact of culture and linguistic exposure/acquisition and uses the best available evidence for practice to ensure optimal outcomes for persons with communication and/or swallowing disorders or differences.

As part of the review process for updating the Scope of Practice in Speech-Language Pathology, the committee made changes to the previous scope of practice document that reflected recent advances in knowledge, understanding, and research in the discipline. These changes included acknowledging roles and responsibilities that were not mentioned in previous iterations of the Scope of Practice (e.g., funding issues, marketing of services, focus on emergency responsiveness, communication wellness). The revised document also was framed squarely on two guiding principles: evidence-based practice and cultural and linguistic diversity.

Statement of Purpose

The purpose of this document is to define the Scope of Practice in Speech-Language Pathology to

1. delineate areas of professional practice for speech-language pathologists;
2. inform others (e.g., health care providers, educators, other professionals, consumers, payers, regulators, members of the general public) about professional services offered by speech-language pathologists as qualified providers;
3. support speech-language pathologists in the provision of high-quality, evidence-based services to individuals with concerns about communication or swallowing;
4. support speech-language pathologists in the conduct of research;
5. provide guidance for educational preparation and professional development of speech-language pathologists.
This document describes the breadth of professional practice offered within the profession of speech-language pathology. Levels of education, experience, skill, and proficiency with respect to the roles and activities identified within this scope of practice document vary among individual providers. A speech-language pathologist typically does not practice in all areas of the field. As the ASHA Code of Ethics specifies, individuals may practice only in areas in which they are competent (i.e., individuals' scope of competency), based on their education, training, and experience.

In addition to this scope of practice document, other ASHA documents provide more specific guidance for practice areas. Figure 1 illustrates the relationship between the ASHA Code of Ethics, the *Scope of Practice*, and specific practice documents. As shown, the ASHA Code of Ethics sets forth the fundamental principles and rules considered essential to the preservation of the highest standards of integrity and ethical conduct in the practice of speech-language pathology.

Speech-language pathology is a dynamic and continuously developing profession. As such, listing specific areas within this *Scope of Practice* does not exclude emerging areas of practice. Further, speech-language pathologists may provide additional professional services (e.g., interdisciplinary work in a health care setting, collaborative service delivery in schools, transdisciplinary practice in early intervention settings) that are necessary for the well-being of the individual(s) they
are serving but are not addressed in this Scope of Practice. In such instances, it is both ethically and legally incumbent upon professionals to determine whether they have the knowledge and skills necessary to perform such services.

This scope of practice document does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. It may serve, however, as a model for the development or modification of licensure laws.

The overall objective of speech-language pathology services is to optimize individuals' ability to communicate and swallow, thereby improving quality of life. As the population profile of the United States continues to become increasingly diverse (U.S. Census Bureau, 2005), speech-language pathologists have a responsibility to be knowledgeable about the impact of these changes on clinical services and research needs. Speech-language pathologists are committed to the provision of culturally and linguistically appropriate services and to the consideration of diversity in scientific investigations of human communication and swallowing. For example, one aspect of providing culturally and linguistically appropriate services is to determine whether communication difficulties experienced by English language learners are the result of a communication disorder in the native language or a consequence of learning a new language.

Additionally, an important characteristic of the practice of speech-language pathology is that, to the extent possible, clinical decisions are based on best available evidence. ASHA has defined evidence-based practice in speech-language pathology as an approach in which current, high-quality research evidence is integrated with practitioner expertise and the individual's preferences and values into the process of clinical decision making (ASHA, 2005). A high-quality basic, applied, and efficacy research base in communication sciences and disorders and related fields of study is essential to providing evidence-based clinical practice and quality clinical services. The research base can be enhanced by increased interaction and communication with researchers across the United States and from other countries. As our global society is becoming more connected, integrated, and interdependent, speech-language pathologists have access to an abundant array of resources, information technology, and diverse perspectives and influence (e.g., Lombardo, 1997). Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders can be a means to strengthen research collaboration and improve clinical services.

The World Health Organization (WHO) has developed a multipurpose health classification system known as the International Classification of Functioning, Disability and Health (ICF; WHO, 2001). The purpose of this classification system is to provide a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the breadth of the role of...
the speech-language pathologist in the prevention, assessment, and habilitation/rehabilitation, enhancement, and scientific investigation of communication and swallowing. It consists of two components:

- **Health Conditions**
  - Body Functions and Structures: These involve the anatomy and physiology of the human body. Relevant examples in speech-language pathology include craniofacial anomaly, vocal fold paralysis, cerebral palsy, stuttering, and language impairment.
  - Activity and Participation: Activity refers to the execution of a task or action. Participation is the involvement in a life situation. Relevant examples in speech-language pathology include difficulties with swallowing safely for independent feeding, participating actively in class, understanding a medical prescription, and accessing the general education curriculum.

- **Contextual Factors**
  - Environmental Factors: These make up the physical, social, and attitudinal environments in which people live and conduct their lives. Relevant examples in speech-language pathology include the role of the communication partner in augmentative and alternative communication, the influence of classroom acoustics on communication, and the impact of institutional dining environments on individuals’ ability to safely maintain nutrition and hydration.
  - Personal Factors: These are the internal influences on an individual’s functioning and disability and are not part of the health condition. These factors may include, but are not limited to, age, gender, ethnicity, educational level, social background, and profession. Relevant examples in speech-language pathology might include a person’s background or culture that influences his or her reaction to a communication or swallowing disorder.

The framework in speech-language pathology encompasses these health conditions and contextual factors. The health condition component of the ICF can be expressed on a continuum of functioning. On one end of the continuum is intact functioning. At the opposite end of the continuum is completely compromised functioning. The contextual factors interact with each other and with the health conditions and may serve as facilitators or barriers to functioning. Speech-language pathologists may influence contextual factors through education and advocacy efforts at local, state, and national levels. Relevant examples in speech-language pathology include a user of an augmentative communication device needing classroom support services for academic success, or the effects of premorbid literacy level on rehabilitation in an adult post brain injury. Speech-language pathologists work to improve quality of life by reducing impairments of body functions and structures, activity limitations, participation restrictions, and barriers created by contextual factors.

**Qualifications**

Speech-language pathologists, as defined by ASHA, hold the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), which requires a master's, doctoral, or other recognized postbaccalaureate degree. ASHA-certified speech-language pathologists complete a supervised postgraduate professional experience and pass a national examination as described in the ASHA certification standards. Demonstration of continued professional development is
mandated for the maintenance of the CCC-SLP. Where applicable, speech-language pathologists hold other required credentials (e.g., state licensure, teaching certification).

This document defines the scope of practice for the field of speech-language pathology. Each practitioner must evaluate his or her own experiences with preservice education, clinical practice, mentorship and supervision, and continuing professional development. As a whole, these experiences define the scope of competence for each individual. Speech-language pathologists may engage in only those aspects of the profession that are within their scope of competence.

As primary care providers for communication and swallowing disorders, speech-language pathologists are autonomous professionals; that is, their services are not prescribed or supervised by another professional. However, individuals frequently benefit from services that include speech-language pathologist collaborations with other professionals.

Speech-language pathologists serve individuals, families, and groups from diverse linguistic and cultural backgrounds. Services are provided based on applying the best available research evidence, using expert clinical judgments, and considering clients' individual preferences and values. Speech-language pathologists address typical and atypical communication and swallowing in the following areas:

- speech sound production
  - articulation
  - apraxia of speech
  - dysarthria
  - ataxia
  - dyskinesia
- resonance
  - hypernasality
  - hyponasality
  - cul-de-sac resonance
  - mixed resonance
- voice
  - phonation quality
  - pitch
  - loudness
  - respiration
- fluency
  - stuttering
  - cluttering
- language (comprehension and expression)
  - phonology
  - morphology
  - syntax
  - semantics
  - pragmatics (language use, social aspects of communication)
  - literacy (reading, writing, spelling)
  - prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)
  - paralinguistic communication

Professional Roles and Activities
Scope of Practice in Speech-Language Pathology

• cognition
  • attention
  • memory
  • sequencing
  • problem solving
  • executive functioning
• feeding and swallowing
  • oral, pharyngeal, laryngeal, esophageal
  • orofacial myology (including tongue thrust)
  • oral-motor functions

Potential etiologies of communication and swallowing disorders include
• neonatal problems (e.g., prematurity, low birth weight, substance exposure);
• developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention deficit disorder);
• auditory problems (e.g., hearing loss or deafness);
• oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral-motor dysfunction);
• respiratory compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease);
• pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence);
• laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis, tracheostomy);
• neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebral vascular accident, dementia, Parkinson's disease, amyotrophic lateral sclerosis);
• psychiatric disorder (e.g., psychosis, schizophrenia);
• genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome).

The professional roles and activities in speech-language pathology include clinical/educational services (diagnosis, assessment, planning, and treatment), prevention and advocacy, and education, administration, and research.

Clinical Services

Speech-language pathologists provide clinical services that include the following:
• prevention and pre-referral
• screening
• assessment/evaluation
• consultation
• diagnosis
• treatment, intervention, management
• counseling
• collaboration
• documentation
• referral

Examples of these clinical services include
1. using data to guide clinical decision making and determine the effectiveness of services;
2. making service delivery decisions (e.g., admission/eligibility, frequency, duration, location, discharge/dismissal) across the lifespan;
3. determining appropriate context(s) for service delivery (e.g., home, school, telepractice, community);
4. documenting provision of services in accordance with accepted procedures appropriate for the practice setting;
5. collaborating with other professionals (e.g., identifying neonates and infants at risk for hearing loss, participating in palliative care teams, planning lessons with educators, serving on student assistance teams);
6. screening individuals for hearing loss or middle ear pathology using conventional pure-tone air conduction methods (including otoscopic inspection), otoacoustic emissions screening, and/or screening tympanometry;
7. providing intervention and support services for children and adults diagnosed with speech and language disorders;
8. providing intervention and support services for children and adults diagnosed with auditory processing disorders;
9. using instrumentation (e.g., videofluoroscopy, electromyography, nasendoscopy, stroboscopy, endoscopy, nasometry, computer technology) to observe, collect data, and measure parameters of communication and swallowing or other upper aerodigestive functions;
10. counseling individuals, families, coworkers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication and swallowing;
11. facilitating the process of obtaining funding for equipment and services related to difficulties with communication and swallowing;
12. serving as case managers, service delivery coordinators, and members of collaborative teams (e.g., individualized family service plan and individualized education program teams, transition planning teams);
13. providing referrals and information to other professionals, agencies, and/or consumer organizations;
14. developing, selecting, and prescribing multimodal augmentative and alternative communication systems, including unaided strategies (e.g., manual signs, gestures) and aided strategies (e.g., speech-generating devices, manual communication boards, picture schedules);
15. providing services to individuals with hearing loss and their families/caregivers (e.g., auditory training for children with cochlear implants and hearing aids; speechreading; speech and language intervention secondary to hearing loss; visual inspection and listening checks of amplification devices for the purpose of troubleshooting, including verification of appropriate battery voltage);
16. addressing behaviors (e.g., perseverative or disruptive actions) and environments (e.g., classroom seating, positioning for swallowing safety or attention, communication opportunities) that affect communication and swallowing;
17. selecting, fitting, and establishing effective use of prosthetic/adaptive devices for communication and swallowing (e.g., tracheoesophageal prostheses, speaking valves, electrolarynges; this service does not include the selection or fitting of sensory devices used by individuals with hearing loss or other auditory perceptual deficits, which falls within the scope of practice of audiologists; ASHA, 2004);
Scope of Practice

18. Providing services to modify or enhance communication performance (e.g., accent modification, transgender voice, care and improvement of the professional voice, personal/professional communication effectiveness).

Prevention and Advocacy

Speech-language pathologists engage in prevention and advocacy activities related to human communication and swallowing. Example activities include:
1. Improving communication wellness by promoting healthy lifestyle practices that can help prevent communication and swallowing disorders (e.g., cessation of smoking, wearing helmets when bike riding);
2. Presenting primary prevention information to individuals and groups known to be at risk for communication disorders and other appropriate groups;
3. Providing early identification and early intervention services for communication disorders;
4. Advocating for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal, cultural, and linguistic barriers;
5. Advising regulatory and legislative agencies on emergency responsiveness to individuals who have communication and swallowing disorders or difficulties;
6. Promoting and marketing professional services;
7. Advocating at the local, state, and national levels for improved administrative and governmental policies affecting access to services for communication and swallowing;
8. Advocating at the local, state, and national levels for funding for research;
9. Recruiting potential speech-language pathologists into the profession;
10. Participating actively in professional organizations to contribute to best practices in the profession.

Education, Administration, and Research

Speech-language pathologists also serve as educators, administrators, and researchers. Example activities for these roles include:
1. Educating the public regarding communication and swallowing;
2. Educating and providing in-service training to families, caregivers, and other professionals;
3. Educating, supervising, and mentoring current and future speech-language pathologists;
4. Educating, supervising, and managing speech-language pathology assistants and other support personnel;
5. Fostering public awareness of communication and swallowing disorders and their treatment;
6. Serving as expert witnesses;
7. Administering and managing clinical and academic programs;
8. Developing policies, operational procedures, and professional standards;
9. Conducting basic and applied/translational research related to communication sciences and disorders, and swallowing.

Practice Settings

Speech-language pathologists provide services in a wide variety of settings, which may include but are not exclusive to:
1. Public and private schools;
2. early intervention settings, preschools, and day care centers;
3. health care settings (e.g., hospitals, medical rehabilitation facilities, long-term care facilities, home health agencies, clinics, neonatal intensive care units, behavioral/mental health facilities);
4. private practice settings;
5. universities and university clinics;
6. individuals' homes and community residences;
7. supported and competitive employment settings;
8. community, state, and federal agencies and institutions;
9. correctional institutions;
10. research facilities;
11. corporate and industrial settings.

References

Resources
**ASHA Cardinal Documents**

**General Service Delivery Issues**
**Admission/Discharge Criteria**

**Autonomy**

**Culturally and Linguistically Appropriate Services**

**Definitions and Terminology**
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Clinical Services and Populations

Apraxia of Speech

Auditory Processing

Augmentative and Alternative Communication (AAC)

Aural Rehabilitation

Autism Spectrum Disorders
Cognitive Aspects of Communication

Deaf and Hard of Hearing

Dementia

Early Intervention

**Fluency**


**Hearing Screening**


**Language and Literacy**


**Mental Retardation/Developmental Disabilities**


**Orofacial Myofunctional Disorders**


**Prevention**

**Severe Disabilities**

**Social Aspects of Communication**

**Swallowing**


Voice and Resonance


Health Care Services

Business Practices in Health Care Settings


**Multiskilling**

**Neonatal Intensive Care Unit**

**Sedation and Anesthetics**

**Telepractice**

**School Services Collaboration**

**Evaluation**
Facilities

Inclusive Practices

Roles and Responsibilities for School-Based Practitioners

“Under the Direction of” Rule

Workload
Summary of Scope of Practice in Speech-Language Pathology (2001)

1. Providing prevention, screening, consultation, assessment and diagnosis, treatment, intervention, management, counseling, and follow-up services for disorders of:
   • **speech** (i.e., articulation, fluency, resonance, and voice including aeromechanical components of respiration);
   • **language** (i.e., phonology, morphology, syntax, semantics, and pragmatic/social aspects of communication) including comprehension and expression in oral, written, graphic, and manual modalities; language processing; preliteracy and language-based literacy skills, including phonological awareness;
   • **swallowing** or other upper aerodigestive functions such as infant feeding and aeromechanical events (evaluation of esophageal function is for the purpose of referral to medical professionals);
   • **cognitive** aspects of communication (e.g., attention, memory, problem solving, executive functions).

   • **sensory awareness** related to communication, swallowing, or other upper aerodigestive functions.

2. Establishing augmentative and alternative communication techniques and strategies including developing, selecting, and prescribing of such systems and devices (e.g., speech generating devices).

3. Providing services to individuals with hearing loss and their families/caregivers (e.g., auditory training; speechreading; speech and language intervention secondary to hearing loss; visual inspection and listening checks of amplification devices for the purpose of troubleshooting, including verification of appropriate battery voltage).

4. Screening hearing of individuals who can participate in conventional pure-tone air conduction methods, as well as screening for middle ear pathology through screening tympanometry for the purpose of referral of individuals for further evaluation and management.

5. Using instrumentation (e.g., videofluoroscopy, EMG, nasendoscopy, stroboscopy, computer technology) to observe, collect data, and measure parameters of communication and swallowing, or other upper aerodigestive functions in accordance with the principles of evidence-based practice.

6. Selecting, fitting, and establishing effective use of prosthetic/adaptive devices for communication, swallowing, or other upper aerodigestive functions (e.g., tracheoesophageal prostheses, speaking valves, electrolarynges). This does not include sensory devices used by individuals with hearing loss or other auditory perceptual deficits.

7. Collaborating in the assessment of central auditory processing disorders and providing intervention where there is evidence of speech, language, and/or other cognitive communication disorders.

8. Educating and counseling individuals, families, co-workers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication, swallowing, or other upper aerodigestive concerns.

9. Advocating for individuals through community awareness, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal barriers.

10. Collaborating with and providing referrals and information to audiologists, educators, and health professionals as individual needs dictate.

11. Addressing behaviors (e.g., perseverative or disruptive actions) and environments (e.g., seating, positioning for swallowing safety or attention, communication opportunities) that affect communication, swallowing, or other upper aerodigestive functions.

12. Providing services to modify or enhance communication performance (e.g., accent modification, transendered voice, care and improvement of the professional voice, personal/professional communication effectiveness).

13. Recognizing the need to provide and appropriately accommodate diagnostic and treatment services to individuals from diverse cultural backgrounds and adjust treatment and assessment services accordingly.
Code of Ethics
Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

Rules of Ethics

A. Individuals shall provide all services competently.
B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
C. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity; gender expression, age, religion, national origin, sexual orientation, or disability.
D. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.
E. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
F. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.

G. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.

H. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.

I. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

J. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.

K. Individuals shall not provide clinical services solely by correspondence.

L. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.

M. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.

N. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.

O. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.

P. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.

Q. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

R. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

**Principle of Ethics II**

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.
Rules of Ethics
A. [Deleted effective June 1, 2014] Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.
B. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.
C. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.
D. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member’s competence, level of education, training, and experience.
E. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

Principle of Ethics
III
Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.

Rules of Ethics
A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.
B. Individuals shall not participate in professional activities that constitute a conflict of interest.
C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.
D. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.
E. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.
F. Individuals’ statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
G. Individuals’ statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

Principle of Ethics
IV
Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.
Rules of Ethics

A. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

B. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.

C. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.

D. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.

E. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

F. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.

G. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.

H. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.

I. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

J. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.

K. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.

L. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprise, as a means of addressing personal animosity, or as a vehicle for retaliation.

M. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.

N. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.
DEPARTMENT OF SPECIAL EDUCATION/COMMUNICATION DISORDERS

INTERNSHIP/INDEPENDENT STUDY/RESEARCH TYPE COURSE ENROLLMENT FORM

AND

STUDENT-FACULTY COURSE CONTRACT AGREEMENT*

ALL STUDENTS TAKING THE FOLLOWING NUMBERED COURSES WITH SPED OR CD PREFIXES MUST FILL OUT THIS FORM WITH THE
FACULTY MEMBER SUPERVISING THE COURSE. FAILURE TO DO SO WILL RESULT IN A FAILING GRADE IN THE COURSE UNLESS OTHER
ARRANGEMENTS HAVE BEEN MADE IN WRITING AND FILED IN THE DEPARTMENTAL OFFICE.

PLEASE SELECT:  FALL  SPRING  SUMMER I  SUMMER II  YEAR _____________

COURSES NUMBERED:

| CD  | 452, 453, 456, 464, 470, 479, 480, 481, 490, 491, 491H, 493, 495; 501, 502, 503, 505, 510, 512, 519,
|     | 521, 530, 555, 540, 544, 550, 560, 561, 562, 563, 564, 565, 566, 574, 575, 579, 580, 581, 582, 583,
|     | 584, 585, 592, 591, 593, 594, 595, 596, 599, 599 |
| SPED | 458, 459, 463, 466, 467, 470, 481, 482, 489, 495, 495H, 501, 502, 503, 505, 509, 510, 513, 515,
|     | 517, 520, 522, 523, 525, 531, 537, 548, 550, 556, 590, 598, 599, 600, 605, 607, 640, 693, 698,
|     | 699 (EDUC 700) |

STUDENT’S FULL NAME: ____________________________________________

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<th>FIRST NAME</th>
<th>M.I.</th>
<th>BANNER ID#</th>
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STUDENT’S MAILING ADDRESS: __________________________________________

STUDENT’S TELEPHONE NO: ( ) ____________________ DEGREE SOUGHT __________________________

EXPECTED DATE OF GRADUATION: __________________________

FACULTY SUPERVISOR’S NAME: ___________________________ COURSE NO: ________ CREDITS: ________

COURSE TITLE: ___________________________ SUBTITLE (IF APPLICABLE): ___________________________

*-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------*

CONTRACT AGREEMENT

DESCRIPTION OF STUDY, PRACTICUM, PROJECT, RESEARCH, INTERNSHIP, THESIS, OR DISSERTATION: ____________________________

ADDITIONAL COMMENTS, AGREEMENTS, AND STIPULATIONS: ______________________________________________________________

_______________________________________________________________

Student’s Signature: ___________________________ Date: ___________________________

Supervisor’s Signature: ___________________________ Date: ___________________________

OTHER APPROPRIATE SIGNATURES: ___________________________ Date: ___________________________

*(TWO COPIES, ONE TO DEPARTMENT SECRETARY AND ONE TO SUPERVISOR)
APPENDIX F

GRADUATION MATERIALS

Graduation Checklist Page 3

Application for Admission to Candidacy for Master’s Students Pages 4-5

Verification of Completion of Comprehensive Exam Page 6
GRADUATION CHECKLIST

Name_____________________________________________  Date______________

Permanent Address/Phone No._______________________________________________

_________________________________________________________(______________)

Phone

**Before you take your Master’s Comprehensive Examination in Speech-Language Pathology, you need to:**

_____Verify with your academic advisor that you are within 25 hours of completing the 400 clock hours required by ASHA. Attach to this form the most current copy of your official Clock Hours Record printout PLUS a list of hours accrued subsequent to that record PLUS a plan of how the remainder of your hours will be obtained.

(Academic Advisor initials)

**Before you graduate, you need to:**

_____Complete the Speech-Language Pathology academic curriculum.

(Academic Advisor initials)

_____Pass the Master’s Comprehensive Examination in Speech-Language Pathology.

(Program Director initials)

_____Complete a minimum of 400 clock hours according to ASHA standards.

(Program Director initials)

_____Return all Speech Building keys to the Speech & Hearing Center Secretary.

(Secretary initials)

_____Return all books, personal materials and equipment to faculty and staff.

(Academic Advisor initials)

_____Return all diagnostic and treatment materials, and equipment to the Speech & Hearing Center.

(Secretary Initials)

Date of Graduation_______________________
NEW MEXICO STATE UNIVERSITY
Graduate School
MSC 3G P.O. Box 30001
Application for Admission to Candidacy for Master's Students
(Master's Program of Study Form)

Students should submit this form after completion of 12 graduate credit hours

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Course of Study

Please list the list of Course#, Course Title, Credit hour, Grade (*if incomplete or not yet taken)

Courses Completed at NMSU:

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<th>Credit hour:</th>
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Courses to be Completed at NMSU:

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</table>
NEW MEXICO STATE UNIVERSITY
Graduate School
MSC 3G P.O. Box 30001
Application for Admission to Candidacy for Master's Students
(Master’s Program of Study Form)

Transfer Course Work:

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Approval Signatures:

1. Department Head: ________________________________
2. Student's Advisor: ____________________________
3. Minor Faculty: ________________________________
4. Student: ________________________________
5. Graduate School Dean: ________________________________

Page 2 of 2
**VERIFICATION OF COMPREHENSIVE EXAM**

Advising Form (place in academic file)

Special Education/Communication Disorders  
MSC 3SPE  
New Mexico State University  
P.O. Box 30001  
Las Cruces, NM 88003-8001

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**MEMORANDUM**

TO: Graduate School  
Educational Services Building, MSC 3G

FROM: Dr. Linda Spencer, Director  
Masters of Communication Disorders Program  
Room 245, Speech Building - MSC 3SPE

RE: Final Examination Results

The required final written examinations of the Spring 2016 candidates for the degree of Masters of Arts in Communication Disorders have been completed.

Written Exam (If student fails they must take oral exam)  Date: April 1, 2016

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Oral Exam  Date:  

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<th>Failed</th>
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Comments:  

Dr. Linda Spencer  
PhD CCC-slp  
Communication Disorders, Director

Advisor  

committee member  

committee member
APPENDIX G

KEY CONCEPTS ACROSS COURSES
KEY CONCEPTS ACROSS COURSES

Words...are a kind of natural resource and it is impossible to have too many of them—Robert Clairborne

**Term (compared/contrasted with)**

Accreditation (certification, licensure)

Antecedent events (consequent events, model, respond, stimulus, response)

Articulation (phonology)

Assessment/assess (evaluation, test, diagnostic)

Best practices (evidence-based practice, treatment validity)

Certification (accreditation, licensure)

Clinical Reasoning

Cluttering (dysfluency, stuttering)

Cognition

Communication (speech, language, literacy)

Confidentiality (HIPAA)

Conversation (discourse, narration, exposition)

Consequent events (antecedent events, model, respond, stimulus, response)

Culture (ethnicity, race)

Decision trees

Deixis

Diagnostic/diagnosis (evaluation, test)

Discourse (conversation, narration, exposition)

Diversity

Dysfluency (stuttering, cluttering)
Dynamic assessment (mediated learning, scaffolding)

Elicited (spontaneous)

Ethnicity (culture, race)

Executive Functions (meta-cognition)

Evaluation/evaluate (diagnostic/test)

Evidence-Based Practice (treatment validity, best practices)

Exposition (conversation, discourse, narration)

Functional

Grammar (syntax, morphology)

Group (team)

HIPAA (confidentiality)

Incidence (prevalence)

Intervention (therapy, treatment)

Know (learn, think, understand)

Language (communication, literacy, speech)

Lateral Thinking (Vertical Thinking, Radiant Thinking)

Learn (know, think, understand)

Learning outcomes (goals, objectives)

Levels of Evidence

Licensure

Literacy (reading)

Literate (non-verbal, oral, verbal)

Mediated learning (dynamic assessment)

Meta-cognition (Executive Functions)

Meta-communication (meta-cognition, meta-linguistics, meta-pragmatics)
Meta-linguistics (meta-cognition, meta-pragmatics, meta-communication)

Meta-pragmatics (meta-cognition, meta-linguistics, meta-communication)

Meta-Skills (meta-cognition, meta-linguistics, meta-pragmatics, meta-communication)

Model (antecedent events, consequent events, respond, stimulus, response)

Modular assessment (synergistic assessment)

Morphology (grammar, syntax)

Multicultural

Narration (conversation, discourse, exposition)

Non-verbal (literate, oral, verbal)

Oral (literate, non-verbal, verbal)

Percent (percentile)

Percentile (percent)

Phonology (articulation)

Professional Reasoning

Preferred Practice Patterns (WHO International Classification of Functioning)

Pragmatics

Prevalence (incidence)

Professional(ism)

Race (culture, ethnicity)

Radiant Thinking (Vertical Thinking, Lateral Thinking)

Reading (literacy)

Respond (antecedent events, consequent events, model, stimulus, response)

Scholar (student)

Scope of Practice (ASHA)

Semantics (lexicon, vocabulary)
Speech (communication, language, literacy)

Speech-Language Pathologist (therapist)

Spontaneous (elicited)

Standard Score

Student (scholar)

Stuttering (cluttering, dysfluency)

Synergistic assessment (modular assessment)

Syntax (grammar)

Team (group)

Test (diagnostic, evaluation)

Therapist (speech-language pathologist)

Therapy (intervention, treatment)

Think (know, learn, understand)

Treatment validity (best practices, evidence-based practices)

Understand (know, learn, think)

Verbal (literate, non-verbal, oral)

Vertical Thinking (Lateral Thinking, Radiant Thinking)

WHO International Classification of Functioning (Preferred Practice Patterns)


Knowledge comes, but wisdom lingers
—Alfred Lord Tennyson