

Oregon Board of Examiners for Speech-Language Pathology and Audiology (BSPA)

Guidance for Speech-Language Pathologists

Guide to utilizing and supervising Speech-Language Pathology Assistants (SLPAs)

Introduction: Speech-Language Pathology Assistants (SLPAs) support Speech-Language Pathologists (SLPs) in providing services. Both the state of Oregon, and the American Speech-Language & Hearing Association (ASHA), a professional organization that awards the ASHA CCCs, require that the SLP must be responsible for the evaluation, plan of care, IEP if in education, and services provided by any SLPA that is assisting them with their patients/clients/students. **These are responsibilities that the SLP cannot delegate to anyone.**

A benefit to utilizing SLPAs is allowing SLPs to work at the “top of their profession.” In working with SLPAs though, it is important that SLPs follow all statutes and regulations, including those covering ethics, recordkeeping, supervision, and welfare of clients. This document contains links to the applicable statutes and administrative rules. Copies of those statutes (ORS 676, ORS 681) and rules (OAR Chapter 335) are also included as an appendix to this document.

Who is allowed to utilize the services of, and supervise SLPAs in Oregon? You must have at least two years of professional experience, and that time can include your clinical fellowship. If you hold a Teacher Standards and Practices (TSPC) license with a communication disorders endorsement, then you may also utilize/supervise SLPAs as long as you have worked as an SLP for five of the last ten years.

Should I accept the assignment of supervising, and utilizing the assistance from SLPAs? If I own a private practice, can I save money by hiring SLPAs?

SLPs should not hire, or accept the duty of utilizing/supervising SLPAs without thoroughly studying Oregon statutes and rules. SLPs who are responsible to a manager need assurances that they too have studied and understand how to implement Oregon’s laws. Management must agree that the SLP’s schedule will allow time for the following: (1) the required one hour minimum monthly consultative supervision, (2) treating, or co-treating each of the patients/clients/students that are being seen by the SLPA, (3) reading and co-signing the SLPA’s daily treatment notes and reviewing the data.

What can I do to ensure that I’m following Oregon law?

When you applied for licensure and renewal, you provided your signature as validation that you studied all Oregon statutes and rules. Licensees are governed by [ORS Chapter 681](#) for speech-language pathologists, audiologists, and speech-language pathology assistants. Licensees are also governed generally with other health professionals by [ORS Chapter 676](#). Board rules can be found in [OAR division 335](#). In particular if you are utilizing assistance from and supervising SLPAs, you should study the sections on [SLPA](#), [Recordkeeping](#), and [Professional/Ethical standards](#). (See links, all of which can be found at the Board website: www.Oregon.gov/BSPA.)

What is the scope of work for an SLPA?

Below are the rules indicating what they are allowed, and not allowed to do in support of your caseload:

335-095-0060

Scope of Duties for the Speech-Language Pathology Assistant

(1) A speech-language pathology assistant may conduct the following tasks under supervision of the licensed Speech-Language Pathologist:

- (a) Conduct speech and language screenings without interpretation, utilizing screening protocols specified by the supervising speech-language pathologist.
- (b) Provide direct treatment assistance, excluding dysphagia. Provide feeding for nutritional purposes and provide direct treatment to medically fragile students/patients/clients, to meet communication needs in the areas of augmentative communication, cognitive rehabilitation, life skills, expressive and receptive communication, as deemed appropriate by the supervising speech-language pathologist.
- (c) Document patient/client progress, without interpretation of findings, toward meeting established objectives as stated in the treatment plan, and report this information to the supervising speech-language pathologist.
- (d) Assist the speech-language pathologist in collecting and tallying of data for assessment purposes, without interpretation.
- (e) Act as second-language interpreters during assessments.
- (f) Assist the speech-language pathologist with informal documentation during an intervention session (collecting and tallying data as directed by the speech-language pathologist), prepare materials, and assist with other clerical duties as specified by the supervising speech-language pathologist.
- (g) Schedule activities and prepare charts, records, graphs, or other displays of data.
- (h) Perform checks and maintenance of equipment.
- (i) Participate with the speech-language pathologist in research projects, in-service training, and public relations programs.
- (j) Initial each clinical entry and sign each page of records.
- (k) Provide treatment through telepractice as directed by the supervising speech-language pathologist.

(2) The speech-language pathology assistant may not perform the following tasks:

- (a) May not conduct swallowing screening, assessment, and intervention protocols, including modified barium swallow studies.
- (b) May not administer standardized or non-standardized diagnostic tests, formal or informal evaluations, or interpret test results.

- (c) May not participate in parent conferences, case conferences, Individualized Education Plan (IEP) meetings, Individualized Family Services Plan (IFSP) meetings or any interdisciplinary team without the presence of the supervising speech-language pathologist.
- (d) May not write, develop, or modify a patient/client's treatment plan in any way.
- (e) May not provide intervention for patients/clients without following the treatment plan prepared by the supervising speech-language pathologist.
- (f) May not sign any formal documents (e.g. treatment plans, reimbursement forms, individualized education plans (IEPs), individualized family services plans (IFSPs), determination of eligibility statements or reports.)
- (g) May not select patients/clients for services.
- (h) May not discharge patients/clients from services.
- (i) May not disclose clinical or confidential information either orally or in writing to anyone not designated by the speech-language pathologist.
- (j) May not make referral for additional service.
- (k) May not 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 speech-language pathologist.
- (l) May not represent him/herself as a speech-language pathologist.
- (m) May not write a formal screening, diagnostic, or discharge report.

Do you have a checklist for utilization and supervision of SLPAs?

Yes, please see the next page.

Checklist for Speech-Language Pathologists Who Utilize the Services of and Supervise Speech-Language Pathology Assistants

Before you begin to work with or supervise a SLPA:

- Make sure your own licensure in Oregon is valid. You must hold an Oregon license to practice from your home or a facility in Oregon, or if you are serving Oregon citizens.
- Complete a two hour SLPA supervision class as required by [OAR 335-095-0040\(4\)](#)
- [Check the Board \(BSPA\) database](#) to ensure that the SLPA is properly licensed in Oregon. Regularly licensed SLPAs hold the “SLPA Certificate” with the state of Oregon. If their license is listed as a “Provisional SLPA Certificate” that means they are licensed to complete their required 100 hours of fieldwork and are not yet licensed to work as a SLPA. If you are supervising a provisional certificate holder, note that the SLPA must be directly supervised 100% of the time.
- Fill out and sign the [supervision change form](#). Respond to any emails sent by the office or online registration system to complete acceptance of supervision.
- Study the Oregon Administrative rules and contact the Board if you have questions:
 - [Speech-Language Pathology Assistants](#)
 - [Recordkeeping](#)
 - [Professional and Ethical Standards](#)
- Work with management (or yourself if you are management) to ensure that:
 - Your assigned SLPA(s) will only be working with your assigned caseload or the caseload of another qualified SLP supervisor who is also on record with the Board as a supervisor. Conditional SLPs are not qualified or allowed to supervise, nor have SLPAs treat their caseloads.
 - Your schedule allows you to meet with the SLPA for [live consultative interactive supervision](#) at least one hour per month (the 60 minutes does not have to occur in one meeting, you may do two 30 minute sessions, etc).
 - Your schedule allows you to be available throughout the SLPA's work day in case they need assistance.
 - Your schedule allows you to personally treat, or co-treat with the SLPA, each and every person on your caseload that is being seen by the SLPA at least every 60 days. The Board suggests that you maintain a log to ensure that you meet

this every important rule. (See example – Appendix A). Your schedule will also need to allow for evaluations, assessments, reviewing and updating the plan of care as needed for each of the people on your caseload, attending meetings with parents/caregivers and reviewing and signing all treatment notes of the SLPA.

- If insurance is to be billed to Medicaid or other insurance companies, ensure that you are fully aware that your NPI# and Oregon License numbers are being used for billing, and that you are taking responsibility for all billings and treatment whether provided by you or your SLPA. Even if office staff are coordinating the billing you are responsible for what is billed under your license.

Initial tasks to be completed:

- Rules require that within the first two weeks of working with a SLPA, you must meet and develop the annual supervision plan, which must include the following elements:
 - Date
 - Discussion of the SLPA's competencies
 - The plan for direct and consultative supervision
 - Signatures of both SLP and SLPA

Ongoing:

- Every month you must complete and log one hour of consultative supervision, which is defined as those activities other than direct observation and guidance conducted by a speech-language pathologist that may include consultation, record file or chart review, and intervention planning, lesson planning, and review and evaluation of audio-or videotaped sessions. Indirect Consultative supervision may be done in person or via live telephone or electronic communication modes such as live video-conferencing but excluding e-mail, texting and other non-dynamic communication modes.
- At least every 60 calendar days, you must personally treat or co-treat each person on your caseload who is being seen by the SLPA. That time may not be counted as consultative supervision listed above. We suggest that you keep a log (see Appendix A).
- The SLPA must write treatment notes for each session and you are required to review and sign them.
- If you are no longer utilizing & supervising a SLPA, make sure they have submitted, or submit yourself, the supervision change form.
- Both SLP and SLPA must keep the supervision plan and consultative supervision log on file.

- The supervision plan can be amended as needed, but at a minimum it must be reviewed, signed and dated by both SLP and SLPA annually.

For assistance, please contact the Board:

E-Mail (preferred method of reaching the board): bspa.speechaud.board@oregon.gov

Telephone: 971-673-0220

Website: www.Oregon.gov/BSPA

Executive Director: Erin Haag

E-mail: Erin.Haag@bspa.Oregon.gov

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Please note that this guide was prepared in May, 2021, and is intended to support, not replace Oregon Revised Statutes or Oregon Administrative Rules.

Oregon Revised Statutes (ORS) and Administrative Rules (OAR) pertaining to
Speech-Language Pathology Assistants (SLPAs)
September, 2021

Oregon Revised Statutes Chapter 681:

681.205(7) “Speech-language pathology assistant” means a person who provides speech-language pathology services under the direction and supervision of a speech-language pathologist licensed under ORS 681.250.

681.360 Certificate for speech-language pathology assistant; requirements; renewal; exception; grounds for denial, suspension or revocation; rules. (1) A person may not perform the duties of a speech-language pathology assistant or use the title speech-language pathology assistant without a certificate to do so issued under this section.

(2) To obtain a certificate to perform the duties of a speech-language pathology assistant, a person shall:

(a) Submit an application in the form prescribed by the State Board of Examiners for Speech-Language Pathology and Audiology;

(b) Pay the certificate fee established by the board;

(c) Demonstrate that the person meets the qualifications for certification established by the board; and

(d) Comply with all other requirements for certification established by the board.

(3) A certificate issued under this section expires every two years. To renew a certificate to perform the duties of a speech-language pathology assistant, a person shall:

(a) Submit the renewal application in the form prescribed by the board;

(b) Pay the renewal fee established by the board; and

(c) Comply with all other requirements for certificate renewal established by the board, including but not limited to submission of evidence of participation in professional development activities.

(4) A person may not employ or otherwise use the services of a speech-language pathology assistant unless the speech-language pathology assistant is certified under this section.

(5) The board may establish by rule qualifications and conditions under which a person not licensed under this chapter who holds a preliminary teaching license or professional teaching license in speech impaired or a preliminary teaching license, professional teaching license or distinguished teacher leader license in communication disorders issued by the Teacher Standards and Practices Commission may supervise a speech-language pathology assistant working in a school.

(6) The board may refuse to issue a certificate, or may suspend or revoke the certificate, of any certified speech-language pathology assistant pursuant to the provisions of ORS 681.350. [2001 c.626 §4; 2005 c.698 §14; 2011 c.133 §9; 2013 c.286 §13; 2015 c.647 §33]

681.370 Duties of speech-language pathologist using services of speech-language pathology assistant. A speech-language pathologist who employs or otherwise uses the services of a speech-language pathology assistant shall:

- (1) Be responsible for the extent, type and quality of services provided by each speech-language pathology assistant supervised by the speech-language pathologist;
- (2) Ensure that persons who receive services from a speech-language pathology assistant receive prior notification that services are to be provided by a speech-language pathology assistant; and
- (3) Verify that the speech-language pathology assistant is certified under ORS 681.360. [2001 c.626 §7]

681.375 Role of speech-language pathology assistants; rules. The State Board of Examiners for Speech-Language Pathology and Audiology shall adopt rules to define the role of speech-language pathology assistants, including but not limited to:

- (1) The responsibilities of speech-language pathologists for the supervision and instruction of speech-language pathology assistants, including the frequency, duration and documentation of direct, on-site supervision and the quantity and content of instruction.
- (2) The ratio of speech-language pathology assistants to speech-language pathologists.
- (3) The scope of duties and restrictions on responsibilities of speech-language pathology assistants.
- (4) The qualifications that must be met before a speech-language pathology assistant may be certified.
- (5) Clarification of the differences between the scope of duties of speech-language pathology assistants and of instructional assistants as described in ORS 681.360 (5). [2001 c.626 §8; 2005 c.698 §15; 2015 c.245 §52]

Oregon Administrative Rules Division 335

NOTE: See Division 95 “Speech Language Pathology Assistants”

Also see additional rules that apply to SLPAs and the SLPs they are assisting:

Division 5 – Professional and Ethical Standards

Division 10 - Recordkeeping

Chapter 335

Division 95

SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

335-095-0010

Definitions

- (1) Approved Training Program: A post secondary training program that has approval by the Oregon Board of Examiners for Speech-Language Pathology & Audiology to offer specific coursework and practica leading to licensure as a speech-language pathology assistant. One of the following degrees or certificates from a regionally-accredited program:
 - (a) Associate’s degree in speech-language pathology assisting or
 - (b) Bachelor’s degree in communication sciences and disorders or

(c) Post baccalaureate certificate in communication sciences and disorders.

(2) Assessment: A qualitative and quantitative process, conducted by a licensed SLP speech-language pathologist (SLP), that measures the degree of communication impairment including, but not limited to, screening, norm and criterion referenced testing, behavioral observations, and clinical interview.

(3) Clinical Interaction: Interaction where the speech-language pathology assistant (SLPA), or clinical fieldwork participant (provisional speech-language pathology assistant certificate holder or practicum student) is actively participating in or leading a therapy session, or speech or hearing screenings.

(4) Supervision: A process in which two or more people participate in a joint effort to promote, establish, maintain and/or evaluate a level of performance. The speech-language pathologist is responsible for evaluation, monitoring of practice outcomes, and documentation to accomplish the goals and objectives.

(5) Direct Supervision: On-site, within sight and/or sound, or live videoconference observation and guidance by a speech-language pathologist while a speech-language pathology assistant performs a clinical interaction.

(6) Consultative Supervision: Those activities other than direct observation and guidance conducted by a speech-language pathologist that may include consultation, record file or chart review, and intervention planning, lesson planning, and review and evaluation of audio-or videotaped sessions. Indirect Consultative supervision may be done in person or via live telephone or electronic communication modes such as live video-conferencing but excluding e-mail, texting and other non-dynamic communication modes.

(7) Speech-Language Pathology Assistant: A person certified under ORS 681.360 who provides speech-language pathology services within the scope of duties outlined in OAR 335-095-0060 under the direction and supervision of a speech-language pathologist licensed under ORS 681.250.

(8) Medically fragile: Severe health condition and/or disability which requires ongoing monitoring and interpretation of signs, symptoms, and interventions.

Statutory/Other Authority: ORS 681.205, 681.360, 681.370, 681.375, 681.420 & 681.460

Statutes/Other Implemented: ORS 681.360, 681.370 & 681.375

History:

[SPA 1-2020, minor correction filed 02/06/2020, effective 02/06/2020](#)

[SPA 2-2019, amend filed 12/05/2019, effective 01/01/2020](#)

SPA 5-2013, f. & cert. ef. 11-13-13

SPA 4-2013(Temp), f. & cert. ef. 9-13-13 thru 12-28-13

SPA 1-2009, f. 6-9-09, cert. ef. 7-1-09

SPA 3-2008, f. & cert. ef. 4-10-08

SPA 3-2006, f. & cert. ef. 5-8-06

SPA 1-2003, f. & cert. ef. 5-7-03

335-095-0030

Certification of Speech-Language Pathology Assistants

Applicants must submit all of the following to be eligible for certification.

(1)(a) If applying on or before August 31, 2021, Official transcripts showing 45 quarter hours or 30 semester hours of speech-language pathology technical course work; and Official transcripts showing 45 quarter hours or 30 semester hours of general education credit, or,

(b) If applying after September 1, 2021, official transcripts showing successful conferral of a degree from an Approved Training Program as defined in 335-095-0010(1).

(2) Written evidence of completion of clinical fieldwork that builds skills and competencies needed to practice as a speech-language pathology assistant.

(a) During clinical fieldwork in Oregon, the fieldwork participant must be enrolled in a speech-language pathology practicum course at an accredited college or university, or hold an Oregon provisional speech-language pathology assistant certificate.

(b) Clinical fieldwork must consist of a minimum of 100 clock hours of clinical interaction and 8 hours of consultation and assessment over a recommended 8-12 week period. Clinical interaction must be face to face interaction with clients and directly supervised 100% of the time. Clinical interaction must consist of actively participating in or leading individual, small group, co-treatment, or classroom therapy sessions, and may include speech or hearing screenings. The fieldwork participant must also meet with the supervising speech-language pathologist for at least two hours for every 25 hours of clinical interaction to assess the participant's developing clinical skills and competencies, for a total of 8 hours of consultation and assessment. Tasks such as clerical tasks, passive observations, and materials preparation may not be included in clinical fieldwork hours. Meetings with the supervisor may not be included in the 100 hours of clinical interaction.

(c) Clinical interaction documentation must show the date, clinical activity, amount of time and the supervisor's initials for each activity, and be signed by both the supervisor and fieldwork participant. The clinical fieldwork supervisor must be licensed by the Board, or hold the ASHA Certificate of Clinical Competence during the fieldwork. Clinical interaction must be completed within seven years prior to the date the application for licensure is received by the Board.

(d) The supervising speech-language pathologist and the fieldwork participant must complete the Board's SLPA Competency Checklist during and at the completion of 100 hours of clinical interaction to document the fieldwork participant's developing skills and competencies. The fieldwork participant must be rated as meeting or exceeding all skills upon completion of the fieldwork to qualify for certification as a speech-language pathology assistant. If there is more than one fieldwork supervisor, each supervisor who supervises 15 or more hours of fieldwork must complete and sign the Board's Competency Checklist.

(e) In extenuating circumstances where the fieldwork participant is unable to obtain the signature of their clinical fieldwork supervisor, the Board may accept a Board SLPA Competency Checklist signed by another supervising speech-language pathologist who is licensed by the Board or holds the ASHA Certificate of Clinical Competence and is able to render a professional opinion of the applicant's level of competence.

(f) Applicants who completed fieldwork in another state must provide documentation of at least 100 clinical interaction hours and The Board's Competency Checklist which must be completed and signed by their supervising speech-language pathologist. The supervisor must have held the ASHA Certificate of Clinical Competence while supervising the applicant. The Board will review the fieldwork log and final assessment in accordance with its clinical interaction requirements and SLPA Competency Checklist. If the fieldwork is not deemed equivalent to Oregon standards, the applicant must obtain a provisional speech-language pathology assistant certificate to complete fieldwork requirements for certification in Oregon.

(3) Applicants whose academic instruction was not conducted in English may be required to submit scores from the following standardized tests to demonstrate English language proficiency:

(a) The internet-based Test of English as a Foreign Language (TOEFL) with minimum scores of 100 overall, 26 in writing, and 26 in speaking; or

(b) The paper-based TOEFL and Test of Spoken English (TSE) with minimum scores of 600 overall; 5 on the essay; and 50 on the TSE; or

(c) The computer-based TOEFL and TSE with minimum scores of 250 overall; 5 on the essay; and 50 on the TSE.

(4) Applicants must demonstrate current professional competence as follows:

(a) Completion of clinical interaction as described in OAR 335-095-0030(3) (2) within the 12 months prior to application; or

(b) Completion of 5 hours of professional development within the 12 months prior to application.

(c) Any hours completed in the current professional development period may also be counted towards meeting the professional development requirement for the next active license renewal.

Statutory/Other Authority: ORS 681.360, 681.375, 681.420 & 681.460

Statutes/Other Implemented: ORS 681.360 & 681.375

History:

[SPA 2-2021, temporary amend filed 08/11/2021, effective 08/11/2021 through 02/06/2022](#)

[SPA 2-2019, amend filed 12/05/2019, effective 01/01/2020](#)

SPA 5-2013, f. & cert. ef. 11-13-13

SPA 4-2013(Temp), f. & cert. ef. 9-13-13 thru 12-28-13

SPA 1-2013, f. 4-1-13, cert. ef. 5-1-13

SPA 2-2012, f. & cert. ef. 12-14-12

SPA 2-2011, f. & cert. ef. 10-10-11

SPA 1-2011, f. 1-28-11, cert. ef. 2-1-11

SPA 1-2010(Temp), f. & cert. ef. 8-11-10 thru 2-4-11

SPA 1-2009, f. 6-9-09, cert. ef. 7-1-09

SPA 3-2008, f. & cert. ef. 4-10-08

SPA 3-2006, f. & cert. ef. 5-8-06

SPA 2-2004, f. & cert. ef. 5-26-04

SPA 1-2004, f. & cert. ef. 2-6-04

SPA 1-2003, f. & cert. ef. 5-7-03

335-095-0040

Qualifications for Supervising Speech-Language Pathology Assistants

(1) All supervision of services provided by a speech-language pathology assistant must be performed by a speech-language pathologist who:

(a) Holds an active, valid license issued by the Board of Examiners for Speech-Language Pathology and Audiology; or

(b) Is exempt from licensure under ORS 681.230(1) and holds an active, valid basic or standard teaching license with an endorsement in speech impaired or an initial or continuing teaching license with an endorsement in communication disorders issued by the Teacher Standards and Practices Commission.

(2) The supervising speech-language pathologist must have the following professional work experience:

(a) At least two years of professional speech-language pathology work experience following completion of their graduate degree in speech-language pathology or communications disorders.. The clinical post-graduate fellowship year may be counted as one year of professional experience.

(b) If exempt from licensure under ORS 681.230(1), and initially licensed by the Teacher Standards and Practices Commission prior to 1999, a minimum of five years of professional work experience in speech-language pathology within the ten years preceding the provision of supervision. The supervising speech-language pathologist must have held an active basic or standard teaching license with an endorsement in standard speech impaired or an initial or continuing teaching license with an endorsement in communication disorders issued by the Teacher Standards and Practices Commission during qualifying work experience. Work experience while holding a restricted transitional license, conditional assignment permit, or other provisional license issued by the Teacher Standards and Practices Commission is excluded from qualifying work experience.

(3) The supervising speech-language pathologist must agree to supervise according to Board requirements, as outlined in OAR 335-095-0050.

(4) The supervising speech-language pathologist must have a minimum of two (2) hours of qualifying professional development regarding speech-language pathology assistant supervision on file with the Board office. All current supervisors must meet this rule within one year of the effective date of the rule.

Statutory/Other Authority: ORS 681.360, 681.375, 681.420 & 681.460

Statutes/Other Implemented: ORS 681.360 & 681.375

History:

[SPA 2-2019, amend filed 12/05/2019, effective 01/01/2020](#)

SPA 2-2012, f. & cert. ef. 12-14-12

SPA 2-2011, f. & cert. ef. 10-10-11

SPA 1-2011, f. 1-28-11, cert. ef. 2-1-11

SPA 1-2010(Temp), f. & cert. ef. 8-11-10 thru 2-4-11

SPA 3-2008, f. & cert. ef. 4-10-08

SPA 1-2003, f. & cert. ef. 5-7-03

335-095-0050

Requirements for Supervising Licensed Speech-Language Pathology Assistants

(1) The amount and type of supervision required will be based on the skills and experience of the speech-language pathology assistant. Speech-language pathologists and speech-language pathology assistants are equally responsible for developing a collaborative plan for supervision. The speech-language pathologist is ultimately responsible for the implementation of appropriate and adequate supervision, but the speech-language pathology assistant also has the responsibility to seek and obtain the appropriate supervision to ensure safe and effective speech and language therapy service delivery.

(a) A minimum of one hour per month of consultative supervision time must be documented per each speech-language pathology assistant.

(b) Every 60 days the speech-language pathologist must treat, or co-treat with the SLPA, every patient/client/student on the SLP's caseload.

(c) The supervising speech-language pathologist must be able to be reached throughout the work day. A temporary supervisor may be designated as necessary.

(d) If the supervising speech-language pathologist is on extended leave, an interim supervising speech-language pathologist who meets the requirements stated in 335-095-0040 must be assigned.

(e) The caseload belongs to the supervising speech-language pathologist who retains full legal and ethical responsibility for the individuals on the caseload. Speech-language pathology assistants may not have a caseload; and may not provide services to students/clients/patients of non-supervising speech-language pathologists. The supervising speech-language pathologist is responsible to make all diagnostic and treatment related decisions for all clients on the caseload, and to supervise any speech-language pathology assistants assigned to assist with that caseload.

(2) The supervising speech-language pathologist may not supervise more than the equivalent of two full-time speech-language pathology assistants.

(3) The supervising speech-language pathologist must co-sign each page of records.

(4) Supervision of speech-language pathology assistants must be documented. The supervising speech-language pathologist will document an annual supervision plan for each speech-language pathology assistant supervised. The supervision plan must include the following elements: date, discussion of speech-language pathology assistant's competencies, and the plan for direct and consultative supervision. The supervising speech-language pathologist and the speech-language pathology assistant will both sign the supervision plan annually. The supervision plan must be completed within two weeks of beginning supervision of a speech-language pathology assistant. The supervision plan may be amended as needed by the speech-language pathologist and the speech-language pathology assistant and must be kept on file with all associated documents at the site.

(a) Consultative documentation must include the following elements: date, focus of discussion, areas where the SLPA is doing well, areas where the SLPA needs support, specific student/client/patient discussion, data review and treatment planning, and direct or consultative supervision hours. Clinical logs documenting supervision must be completed and supervision hours calculated every 60 days. Each entry should be initialed by the supervising speech-language pathologist. Each page of documentation should include the supervising speech-language pathologist's signature and license numbers issued by this Board and the Teacher Standards and Practices Commission if applicable. Supervision documentation must be retained by the both the supervising speech-language pathologist and the speech-language pathology assistant for four (4) years.

(b) Documentation must be available for audit requests from the Board.

(5) A speech-language pathologist who employs or otherwise uses the services of a speech-language pathology assistant shall:

(a) Ensure that persons who receive services from a speech-language pathology assistant receive prior written notification that services are to be provided by a speech-language pathology assistant and that it is documented in the student/client/patient record;

(b) Verify that the speech-language assistant is certified with the Board under ORS 681.360.

(6) A speech-language pathology assistant who does not receive adequate supervision as required by this section for two consecutive months shall immediately (within 10 days) file a report with the Board explaining the lack of supervision.

(7) In remote geographic areas of the state or in other situations with severe shortages of licensed personnel, where Direct Supervision requirements cannot be met by an on-site Speech-Language

Pathologist, educational facilities may apply for a one year exemption from certain requirements for supervision of certified Speech-Language Pathology Assistants.

- (a) This exemption allows educational facilities to use the review and evaluation of audio- or video-taped records or live audio- or video-conferencing of clinical interactions, or a combination thereof, to provide a portion of the required Direct Supervision hours, up to a maximum of 75% of the required Direct Supervision hours.
- (b) During the exemption period, a licensed Speech-Language Pathologist may supervise up to four full-time equivalent certified Speech-Language Pathology Assistants.
- (c) This exemption will expire on July 31st of the year in which it is granted. An exemption shall only be granted for a maximum of two years out of each consecutive five year period.

Statutory/Other Authority: ORS 681.360, 681.370, 681.375, 681.420 & 681.460

Statutes/Other Implemented: ORS 681.360, 681.370 & 681.375

History:

[SPA 2-2019, amend filed 12/05/2019, effective 01/01/2020](#)

SPA 2-2012, f. & cert. ef. 12-14-12

SPA 2-2011, f. & cert. ef. 10-10-11

SPA 1-2009, f. 6-9-09, cert. ef. 7-1-09

Reverted to SPA 3-2008, f. & cert. ef. 4-10-08

SPA 4-2008(Temp), f. & cert. ef. 8-13-08 thru 2-8-09

SPA 3-2008, f. & cert. ef. 4-10-08

SPA 1-2007, f. & cert. ef. 2-1-07

SPA 4-2006, f. & cert. ef. 11-3-06

SPA 1-2003, f. & cert. ef. 5-7-03

335-095-0060

Scope of Duties for the Speech-Language Pathology Assistant

- (1) A speech-language pathology assistant may conduct the following tasks under supervision of the licensed Speech-Language Pathologist:
 - (a) Conduct speech and language screenings without interpretation, utilizing screening protocols specified by the supervising speech-language pathologist.
 - (b) Provide direct treatment assistance, excluding dysphagia. Provide feeding for nutritional purposes and provide direct treatment to medically fragile students/patients/clients, to meet communication needs in the areas of augmentative communication, cognitive rehabilitation, life skills, expressive and receptive communication, as deemed appropriate by the supervising speech-language pathologist.
 - (c) Document patient/client progress, without interpretation of findings, toward meeting established objectives as stated in the treatment plan, and report this information to the supervising speech-language pathologist.
 - (d) Assist the speech-language pathologist in collecting and tallying of data for assessment purposes, without interpretation.
 - (e) Act as second-language interpreters during assessments.

(f) Assist the speech-language pathologist with informal documentation during an intervention session (collecting and tallying data as directed by the speech-language pathologist), prepare materials, and assist with other clerical duties as specified by the supervising speech-language pathologist.

(g) Schedule activities and prepare charts, records, graphs, or other displays of data.

(h) Perform checks and maintenance of equipment.

(i) Participate with the speech-language pathologist in research projects, in-service training, and public relations programs.

(j) Initial each clinical entry and sign each page of records.

(k) Provide treatment through telepractice as directed by the supervising speech-language pathologist.

(2) The speech-language pathology assistant may not perform the following tasks:

(a) May not conduct swallowing screening, assessment, and intervention protocols, including modified barium swallow studies.

(b) May not administer standardized or non-standardized diagnostic tests, formal or informal evaluations, or interpret test results.

(c) May not participate in parent conferences, case conferences, Individualized Education Plan (IEP) meetings, Individualized Family Services Plan (IFSP) meetings or any interdisciplinary team without the presence of the supervising speech-language pathologist.

(d) May not write, develop, or modify a patient/client's treatment plan in any way.

(e) May not provide intervention for patients/clients without following the treatment plan prepared by the supervising speech-language pathologist.

(f) May not sign any formal documents (e.g. treatment plans, reimbursement forms, individualized education plans (IEPs), individualized family services plans (IFSPs), determination of eligibility statements or reports.)

(g) May not select patients/clients for services.

(h) May not discharge patients/clients from services.

(i) May not disclose clinical or confidential information either orally or in writing to anyone not designated by the speech-language pathologist.

(j) May not make referral for additional service.

(k) May not 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 speech-language pathologist.

(l) May not represent him/herself as a speech-language pathologist.

(m) May not write a formal screening, diagnostic, or discharge report.

Statutory/Other Authority: ORS 681.370, 681.375, 681.420, 681.460 & ORS 681.360

Statutes/Other Implemented: ORS 681.370 & 681.375

History:

[SPA 2-2019, amend filed 12/05/2019, effective 01/01/2020](#)

SPA 2-2009, f. & cert. ef. 11-16-09

SPA 1-2009, f. 6-9-09, cert. ef. 7-1-09

SPA 3-2008, f. & cert. ef. 4-10-08

SPA 1-2007, f. & cert. ef. 2-1-07

SPA 4-2006, f. & cert. ef. 11-3-06

SPA 1-2003, f. & cert. ef. 5-7-03

335-095-0065

Scope of Duties for the Educational Assistant

(1) A speech-language pathologist may assign the following tasks to an educational assistant:

(a) Non-instructional activities such as materials preparation.

(b) Clerical duties such as scheduling of appointments, maintenance of equipment and the set-up of materials for diagnostic and intervention sessions.

(2) A speech-language pathologist may not assign the following tasks to an educational assistant:

(a) May not assign the task of speech and language screenings.

(b) May not assign provision of direct treatment assistance. This does not mean to imply that carryover and practice activities are restricted to speech-language pathologists and speech-language pathology assistants.

(c) May not assign documentation of patient/client progress.

(d) May not assign the task of assisting the speech-language pathologist in collecting and tallying of data for assessment purposes.

(e) May not assign the task of independently collecting formal or informal documentation toward speech/language intervention goals.

(f) May not assign the task of signing and recording initial treatment notes.

Statutory/Other Authority: ORS 681.360, 681.370, 681.375, 681.420 & 681.460

Statutes/Other Implemented: ORS 681.360, 681.370 & 681.375

History:

SPA 3-2008, f. & cert. ef. 4-10-08

SPA 1-2003, f. & cert. ef. 5-7-03 v1.9.2

Division 5
PROFESSIONAL AND ETHICAL STANDARDS

335-005-0010

Definitions

- (1) Misrepresentation includes any untrue statements or statements that are likely to mislead. Misrepresentation also includes the failure to state any information that is material and that reasonably ought to be considered.
- (2) Unprofessional Conduct includes:
- (a) Failure or refusal of an applicant for a license from the Board or of a licensee of the Board to cooperate fully in any investigation conducted by the Board.
 - (b) Making a false statement to the Board.
 - (c) Attempting to obtain a license from the Board by means of fraud, misrepresentation, or concealment of material facts.
 - (d) Sexual misconduct with a client.
 - (e) Any act of theft, dishonesty or misrepresentation involving a client, another practitioner, third party providers, or a government agency.
 - (f) Habitual or excessive use of intoxicants, drugs or controlled substances.
 - (g) Assisting or permitting any person to practice speech-language pathology or audiology without a license.
 - (h) Practicing speech-language pathology or audiology when impaired by drugs, alcohol or any other substance.
 - (i) Verbal or physical abuse of a client.
 - (j) Sexual harassment: Any unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:
 - (A) Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
 - (B) Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
 - (C) Such conduct unreasonably interferes with an individual's work performance or creates an intimidating, hostile, or offensive working environment.
 - (k) Violating an employer's ethics or conduct policy.

(l) Conviction of a crime or admitting to an act that even in the absence of a conviction would constitute a crime.

(m) Failing to report to this Board a misdemeanor or felony conviction or arrest for a felony crime within 10 days after the conviction or arrest.

(n) Failing to immediately report to the Board any adverse action taken against a license or certificate holder by a state or federal agency; or another state speech-language pathology or audiology licensing agency; or professional association.

(o) Unprofessional conduct as defined in ORS 676.150.

(p) During a declared emergency, unprofessional conduct includes failing to comply with any applicable provision of a Governor's Executive Orders or any provision of this rule. This includes, but is not limited to:

(A) Operating a business required by an Executive Order to be closed;

(B) Providing services at a business required by an Executive Order to be closed;

(C) Failing to comply with Oregon Health Authority (OHA) guidance implementing an Executive Order, including but not limited to:

(i) Failing to satisfy required criteria in OHA guidance prior to resuming elective and non-emergent procedures;

(ii) Failing to implement a measured approach when resuming elective and non-emergent procedures in accordance with OHA guidance;

(D) Failing to comply with any Oregon State agency guidance implementing an Executive Order;

(3) "Telepractice" is the application of telecommunications technology to delivery of professional services at a distance for assessment, intervention, and/or consultation. "Telepractice" means, but is not limited to, telehealth, telespeech, teleSLP, telehear, telerehab, teletherapy, teleswallow, teleaudiology when used separately or together.

(a) "Patient" or "client" means a consumer of telepractice services.

(b) "Telepractice service" means the application of telecommunication technology to deliver audiology and/or speech-language pathology services at a distance for assessment, intervention and/or consultation.

(c) "Client/patient site" means the location of the patient or client at the time the service is being delivered via telecommunications.

(d) "Clinician site" means the site at which the audiologist or speech-language pathologist delivering the service is located at the time the service is provided via telecommunications.

Statutory/Other Authority: ORS 681

Statutes/Other Implemented: ORS 681.330

History:

[SPA 1-2021, amend filed 02/17/2021, effective 02/17/2021](#)

SPA 2-2020, temporary amend filed 09/14/2020, effective 09/14/2020 through 03/12/2021

SPA 1-2019, amend filed 08/01/2019, effective 09/05/2019

SPA 2-2012, f. & cert. ef. 12-14-12

SPA 2-2011, f. & cert. ef. 10-10-11

SPA 1-2009, f. 6-9-09, cert. ef. 7-1-09

SPA 2-2008, f. & cert ef. 4-10-08

SPA 1-2001, f. & cert. ef. 3-12-01

335-005-0015

Welfare of Clients

(1) Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally.

(2) Individuals shall provide all services competently.

(3) Individuals shall use all appropriate resources, including referral when appropriate.

(4) Individuals shall not discriminate in the delivery of professional services on the basis of race or ethnicity, sex, age, religion, national origin, sexual orientation, or disability.

(5) Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed.

(6) Individuals shall evaluate the effectiveness of services rendered and of products dispensed and shall provide services or dispense products only when benefit can reasonably be expected.

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

(8) Individuals shall not evaluate or treat speech, language, or hearing disorders solely by correspondence.

(9) Individuals shall maintain adequate records of professional services and products dispensed and shall allow access to these records when appropriately authorized.

(10) Individuals shall not reveal, without authorization, any professional or personal information about the person served professionally, unless required by law to do so, or unless doing so is necessary to protect the welfare of the person or of the community.

(11) Individuals shall not charge for services not rendered, nor shall they misrepresent in any fashion, services rendered or products dispensed.

(12) Individuals shall use persons in research or as subjects of teaching demonstrations only with their informed consent.

(13) 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.

(14) Individuals who have reason to believe that the Professional and Ethical Standards have been violated shall inform the Board.

(15) Individuals shall not exploit persons in the delivery of professional services.

(16) Individuals shall maintain clinical records as required by the Board's rules to ensure the provision of competent and appropriate care for persons served.

Statutory/Other Authority: ORS 681

Statutes/Other Implemented: ORS 681.330

History:

SPA 2-2004, f. & cert. ef. 5-26-04

SPA 1-2001, f. & cert. ef. 3-12-01

335-005-0016

Tele-practice

(1) Audiologists and speech-language pathologists who hold an Oregon license can provide telepractice services through telephonic, electronic, or other means, including diagnosis, consultation, treatment, transfer of health care information. Telepractice, whether the service is rendered from Oregon or delivered to Oregon, constitutes the practice of audiology or speech-language pathology and shall require state licensure.

(2) Services delivered via telecommunication technology must be equivalent to the quality of services delivered face-to-face (i.e. in-person).

(3) The telepractitioner is responsible for assessing the client's candidacy for telepractice, including behavioral, physical, and cognitive abilities to participate in services provided via telecommunications.

(4) Telepractice services must conform to professional standards including but not limited to ethical practice, scope of practice, professional policy documents, and other relevant federal, state, and institutional policies and requirements.

(5) Telepractitioners must have the knowledge and skills to competently deliver services via telecommunication technology by virtue of education, training, and/or experience.

(6) The use of technology—e.g., equipment, connectivity, software, hardware must be appropriate for the service being delivered and must be able to address the unique needs of each client.

(7) Audio and video quality shall be sufficient to deliver services that are equivalent to in-person service delivery.

(8) Telepractice service delivery includes the responsibility to ensure calibration of clinical instruments in accordance with standard operating procedures and the manufacturer's specifications.

(9) Prior to the initiation of telehealth services, a Licensee shall obtain the patient/client and if applicable, their parent or guardian's consent to receive the services via telepractice. The consent may be verbal, written, or recorded and must be documented in the patient/client's permanent record. The notification will include, but not be limited to, the right to refuse telepractice services, options for service delivery to the extent compliant with applicable Federal laws and regulations, and instructions on filing and resolving complaints.

(10) Telepractitioners shall comply with all laws, rules, and regulations governing the maintenance of client records, including but not limited to HIPAA and FERPA, and client confidentiality requirements in the state

where the client is receiving services, regardless of the state where the records of any client within this state are maintained.

(11) Telepractice services may not be provided by correspondence only—e.g., mail, e-mail, fax—although these may be used in connection with telepractice.

(12) When providing services via telepractice, the Licensee shall have procedures in place to address remote medical or clinical emergencies at the patient/client's location.

Statutory/Other Authority: ORS 681

Statutes/Other Implemented: ORS 681.330, ORS 681.420 & ORS 681.460

History:

[SPA 1-2019, adopt filed 08/01/2019, effective 09/05/2019](#)

335-005-0020

Professional Competence

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

(2) Individuals shall continue their professional development throughout their careers.

(3) Individuals who supervise shall prohibit any of their professional staff from providing services that exceed the staff member's competence, considering the staff member's level of education, training, and experience.

(4) Individuals shall ensure that all equipment used in the provision of services is in proper working order and is properly calibrated.

(5) Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Professional and Ethical Standards.

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

(7) Individuals shall not discriminate in their relationships with colleagues, students, and members of allied professions on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.

(8) Licensees will provide current home and business addresses and telephone numbers, an electronic mail address, and proof of legal name and any name used professionally within thirty (30) days of the effective date of change.

(9) Individuals shall cooperate fully with the Board in every matter related to these Professional and Ethical Standards.

(10) Speech-Language Pathology Assistants and Conditional Licensees shall report a change in supervisor within thirty (30) days of the effective date of change.

Statutory/Other Authority: ORS 681

Statutes/Other Implemented: ORS 681.330

History:

SPA 1-2013, f. 4-1-13, cert. ef. 5-1-13

SPA 1-2009, f. 6-9-09, cert. ef. 7-1-09

SPA 2-2008, f. & cert ef. 4-10-08

SPA 1-2001, f. & cert. ef. 3-12-01

335-005-0025**Accurate Representation**

- (1) Individuals shall not misrepresent their credentials, competence, education, training, or experience.
- (2) Individuals shall not misrepresent the credentials of assistants and shall inform those they serve professionally of the name and professional credentials of persons providing services.
- (3) Individuals shall not transfer to a noncertified individual any responsibility which requires the unique skills, knowledge, and judgment that is within the scope of practice of that professional.
- (4) Individuals shall not misrepresent diagnostic information, services rendered, or products dispensed or engage in any scheme or artifice to defraud in connection with obtaining payment or reimbursement for such services or products.
- (5) Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, and about professional services.
- (6) Individuals' statements to the public advertising, announcing, and marketing their professional services, reporting research results, and promoting products shall adhere to prevailing professional standards and shall not contain misrepresentations.
- (7) Individuals shall not engage in any scheme or enter into any arrangement whereby clients are referred to or from any person or business entity in return for any remuneration of any kind, including referrals back to the person or business entity.
- (8) Individuals shall not engage in dishonesty, fraud, misrepresentation, or any form of conduct that adversely reflects on the individual's fitness to serve persons professionally.
- (9) Individuals' statements to colleagues about professional services, research results, and products shall contain no misrepresentations.
- (10) Audiology licensees may not consult with, contract with, or be employed by a business that dispenses hearing aids if the business holds itself out as having an audiologist on staff or providing audiology services unless audiology licensees provide audiological services as follows:
 - (a) The licensee, in combination with other audiology licensees or alone, performs audiology evaluations or hearing fitting services or both at each of the business locations that is advertised as having an audiologist on staff or providing audiology services;
 - (b) The licensee, or the licensee and other licensees, are physically present for at least 30 hours per month at each of the business locations that is advertised as having an audiologist on staff or providing audiology services; and

(c) The licensee keeps a record of the hours he or she spends at each of the business locations that is advertised as having an audiologist on staff or providing audiology services.

(11) (a), (b), (c) above does not apply if audiologist licensees are the sole providers of hearing aids at a business location.

(12) Except as described in section 13 of this rule, a licensee shall not sign, or authorize anyone else to sign on the licensee's behalf, letters or reports purporting to describe the function or condition of any person unless the licensee has personally performed testing of the person.

(13) If support personnel or a student in supervised practicum provide services, the name of the assistant or the student and a description of duties performed must be clearly referenced in any formal documents (e.g. letters, treatment plans, reports) signed by the licensee.

Statutory/Other Authority: ORS 681

Statutes/Other Implemented: ORS 681.330

History:

SPA 1-2009, f. 6-9-09, cert. ef. 7-1-09

SPA 1-2006, f. & cert. ef. 5-8-06

SPA 1-2005, f. & cert. ef. 9-13-05

SPA 2-2004, f. & cert. ef. 5-26-04

SPA 1-2004, f. & cert. ef. 2-6-04

SPA 1-2001, f. & cert. ef. 3-12-01

335-005-0026

Determination of Fitness; State and Nationwide Criminal Background Checks

(1) The purpose of these rules is to provide for the reasonable screening of applicants and licensees to determine if they have a history of criminal behavior such that they are not fit to be granted or hold a license that is issued by the Board.

(2) These rules are to be applied when evaluating the criminal history of an applicant or licensee and conducting fitness determinations based upon such history. The fact that an applicant or licensee has cleared the criminal history check does not guarantee the granting or renewal of a license.

(3) The Board may request applicants and licensees to undergo a state criminal history check and a national criminal history check, using fingerprint identification of applicants or licensees. State criminal records checks using the Law Enforcement Data System maintained by the Department of State Police and national checks using the Federal Bureau of Investigation system will be conducted in accordance with ORS Chapter 181 and applicable rules adopted and procedures established by the Department of State Police. Applicants and licenses are required to:

(a) Comply with Board requirements in completing these checks;

(b) Pay relevant fees as outlined in OAR 335-060-0010(1)(f).

(4) The Board will determine if an applicant or licensee is fit to practice, or whether they are subject to denial, suspension, or revocation or a license under ORS 681.350. If an applicant is determined to be unfit, the applicant may not be granted a license. If a licensee is determined to be unfit the licensee's license may not be renewed or it may be suspended or revoked. The Board may make a fitness determination conditional upon applicant's or licensee's acceptance of probation, conditions, limitations, or other restrictions upon licensure. To make this determination, the Board may consider:

- (a) A criminal records background check;
 - (b) Any false statements made by the applicant or licensee regarding their criminal history or other background;
 - (c) Any refusal to submit or consent to a criminal records check including fingerprint identification;
 - (d) Any other pertinent information provided by the applicant or licensee or obtained as part of an investigation.
- (5) Except as otherwise provided in section (2), in making the fitness determination the Board shall consider:
- (a) The nature of the crime;
 - (b) The facts that support the conviction or pending indictment or that indicate the making of the false statement;
 - (c) The relevancy, if any, of the crime or the false statement to the specific requirements of the applicant's or licensee's present or proposed license; and
 - (d) Intervening circumstances relevant to the responsibilities and circumstances of the license. Intervening circumstances include but are not limited to:
 - (A) The passage of time since the commission of the crime;
 - (B) The age of the applicant or licensee at the time of the crime;
 - (C) The likelihood of a repetition of offenses or of the commission of another crime;
 - (D) The subsequent commission of another relevant crime;
 - (E) Whether the conviction was set aside and the legal effect of setting aside the conviction; and
 - (F) A recommendation of an employer.
 - (e) Any other relevant information.
- (6) All background checks shall be requested to include available state and national data, unless obtaining one or the other is an acceptable alternative.
- (7) In order to conduct the Oregon and National Criminal Records Check and fitness determination, the Board may require additional information from the licensee or applicant as necessary, such as but not limited to, proof of identity; residential and employment history; names used while living at each residence; or additional criminal, judicial or other background information.
- (8) Criminal offender information is confidential. Dissemination of information received under this rule is part of the investigation of an applicant or licensee and as such is confidential pursuant to ORS 676.175.

(9) The Board will permit the individual for whom a fingerprint-based criminal records check was conducted to inspect the individual's own state and national criminal offender records and, if requested by the subject individual, provide the individual with a copy of the individual's own state and national criminal offender records.

(10) The Board may consider any conviction of any violation of the law for which the court could impose a punishment and in compliance with ORS 681.490. The Board may also consider any arrests and court records that may be indicative of an individual's inability to perform as a licensee with care and safety to the public.

(11) If an applicant or licensee is determined not to be fit for a license, the applicant or licensee is entitled to a contested case process pursuant to ORS 183.414–183.470. Challenges to the accuracy or completeness of information provided by the Oregon Department of State Police, Federal Bureau of Investigation and agencies reporting information must be made through the Oregon Department of State Police, Federal Bureau of Investigation, or reporting agency and not through the contested case process pursuant to ORS 183.

(12) If the applicant discontinues the application process or fails to cooperate with the criminal records check process, the application is considered incomplete.

(13) The Board may require current or prospective employees, Board members, volunteers, vendors or other contractors to undergo a criminal background check as described in this rule as a condition of employment or Board service.

Statutory/Other Authority: ORS 181.534, 676.303, 681.330 & 681.350

Statutes/Other Implemented: ORS 181.534, 676.175, 676.303, 681.260, 681.264, 681.320, 681.325, 681.350 & 681.360

History:

SPA 3-2014, f. & cert. ef. 11-17-14

SPA 2-2014(Temp), f. 5-6-14, cert. ef. 5-19-14 thru 11-15-14

335-005-0030

Statement to Prospective Hearing Aid Consumer; Contents; Copy Retained

(1) Prior to consummation of the sale of a hearing aid, the audiologist shall provide to the consumer a written statement that shall include but not be limited to all of the following:

(a) The name and address of the prospective hearing aid user;

(b) The date of the sale;

(c) The make, model, and serial number of the hearing aid or aids sold;

(d) A statement on the condition of the hearing aid: new, reconditioned, or used. A used hearing aid is a hearing aid that has been worn for any period of time, excepting hearing aids worn as part of hearing aid evaluations. A reconditioned hearing aid is a used hearing aid that has been rebuilt or is a hearing aid that consists of both old and new parts;

(e) The terms of any guarantee or expressed warranty with respect to the hearing aid or hearing aids;

(f) Statement of right to rescind the sale, length of trial period (minimum 30 days), procedure for extending trial period, procedure for rescinding sale, and the date by which the hearing aid(s) need to be returned to rescind the sale;

(g) The business address of the audiologist;

(h) The name, license number and signature of the audiologist selling the hearing aids;

(i) The procedure for filing a complaint which includes the address and telephone number of the Board and the internet address for the location of complaint forms on the Board's website;

(j) A statement acknowledging that the consumer has read and understands the information contained in the sales agreement, signed by the consumer and dated.

(2) A duplicate copy of the statement required under subsection (1) of this section is a clinical record and as such must be kept for seven years by the audiologist selling the hearing aid.

Statutory/Other Authority: ORS 681.420(5) & 681.460

Statutes/Other Implemented: ORS 681.420

History:

SPA 2-2007, f. & cert. ef. 2-9-07

SPA 5-2006, f. & cert. ef. 11-3-06

SPA 1-2006, f. & cert. ef. 5-8-06

335-005-0035

Right to Rescind Hearing Aid Purchase and Time Limit; Refund; Post Delivery Session

(1) Any monies paid by or on behalf on the consumer toward the purchase of a hearing aid shall be refunded to the payer if the delivery of the hearing aid to the consumer is cancelled.

(2) After delivery of the hearing aid to the consumer, the consumer shall have the right to rescind the hearing aid purchase for any reason within 30-days from the date of initial fitting by returning the hearing aid to the place of business either in person or by certified mail. Any hearing aid returned must be in good condition less normal wear and tear. If any hearing aid has been out of the consumer's possession for a period of 72 hours or more for any alteration or adjustment during the 30 day rescission period, the 30 day rescission period is restarted. The length of the rescission period may exceed 30 days by written agreement between the consumer and the audiologist.

(3) After delivery of the hearing aid(s) to the consumer, the audiologist may retain 10% of the purchase price or a maximum of \$250 per hearing aid when the consumer rescinds the sale during the rescission period. The purchaser shall incur no additional liability for the cancellation.

(4) The audiologist will conduct and document a minimum of one post-delivery follow-up session with the consumer before the expiration of the 30-day trial period. The audiologist must document in the clinical record if the consumer can not be located or fails to attend the follow-up session.

Statutory/Other Authority: ORS 681.420(5) & 681.460

Statutes/Other Implemented: ORS 681.420

History:

SPA 1-2006, f. & cert. ef. 5-8-06 v1.9.2

RECORD KEEPING

335-010-0050

Philosophy

Speech-language pathology and audiology professionals in all positions and settings are responsible for maintaining ongoing and complete documentation of the clinical services they provide. Record keeping creates and maintains a record of events pertaining to each client. Clear and comprehensive record keeping facilitates communication between care or treatment providers and interdisciplinary team members, protects both clients and providers, justifies the need for treatment, and documents the results of treatment.

Statutory/Other Authority: ORS 681.420(5) & 681.460

Statutes/Other Implemented: ORS 681.420

History:

SPA 2-2004, f. & cert. ef. 5-26-04

335-010-0060

Persons Responsible for Documentation

(1) A licensed speech-language pathology or audiology professional must sign each clinical document or clinical entry with their name and professional title. An electronic record must have an electronic signature. Stamped identification accompanied by an initial or signature is acceptable.

(2) The documentor must be:

(a) The licensed speech-language or audiology professional who directly renders the assessment, care, or treatment; or

(b) In supervision of non-licensed personnel, the speech-language or audiology professional who supervises the assessment, care, or treatment rendered by non-licensed personnel, shall co-sign for those services with their name and professional titles;

(c) In supervision of SLP assistants, refer to OAR 335-095-0050.

(3) The documentation may not be delegated except in emergency situations.

Statutory/Other Authority: ORS 681.420(5) & 681.460

Statutes/Other Implemented: ORS 681.420

History:

SPA 1-2007, f. & cert. ef. 2-1-07

SPA 4-2006, f. & cert. ef. 11-3-06

SPA 2-2004, f. & cert. ef. 5-26-04

335-010-0070

General Requirements for Record Keeping and Documentation

(1) Record keeping must conform and adhere to Federal, state, and local laws and regulations.

(2) Records must record history taken; procedures performed and tests administered; results obtained; conclusions and recommendations made. Documentation may be in the form of a "SOAP" (Subjective Objective Assessment Plan) note, or equivalent.

(3) Records and documentation must:

(a) Be accurate, complete, and legible;

(b) Be printed, typed or written in ink;

(c) Include the documentor's name and professional titles;

(d) Stamped identification must be accompanied by initial or signature written in ink.

(4) Corrections to entries must be recorded by:

(a) Crossing out the entry with a single line which does not obliterate the original entry, or amending the electronic record in a way that preserves the original entry; and

(b) Dating and initialing the correction.

(5) Documentation of clinical activities may be supplemented by the use of flowsheets or checklists, however, these do not substitute for or replace detailed documentation of assessments and interventions.

Statutory/Other Authority: ORS 681.420(5) & 681.460

Statutes/Other Implemented: ORS 681.420

History:

SPA 1-07, f. & cert. ef. 2-1-07

SPA 4-2006, f. & cert. ef. 11-3-06

SPA 2-2004, f. & cert. ef. 5-26-04

335-010-0080

Storage, Maintenance, and Retention of Records

(1) Clinical and billing records must be maintained for seven (7) years.

(2) All records, including clinical records, must be stored and maintained so that the records are safeguarded, readily retrievable, and open to inspection by the representatives of the Board of Examiners for Speech-Language Pathology and Audiology.

Statutory/Other Authority: ORS 681.420(5) & 681.460

Statutes/Other Implemented: ORS 681.420

History:

SPA 2-2004, f. & cert. ef. 5-26-04 v1.9.2