

Document No. 5237  
**DEPARTMENT OF LABOR, LICENSING AND REGULATION**  
**BOARD OF EXAMINERS IN SPEECH/LANGUAGE PATHOLOGY AND AUDIOLOGY**  
 CHAPTER 115

Statutory Authority: 1976 Code Sections 40-1-70 and 40-67-70

- 115-2. Speech-Language Pathology Assistants.
- 115-4. Audiology License – Hearing Aid Dispensing.
- 115-6. Continuing Education.
- 115-7. Code of Ethics.

**Synopsis:**

The South Carolina Board of Examiners in Speech-Language Pathology and Audiology proposes to: amend R.115-2, R.115-4, R.115-6 and R.115-7.

The Notice of Drafting was published in the *State Register* on June 23, 2023.

**Instructions:**

Print the regulation as shown below. All other items remain unchanged.

**Text:**

115-2. Speech-Language Pathology Assistants.

(A) To be licensed as a Speech-Language Pathology Assistant an applicant must:

- (1) submit an application on forms approved by the board;
- (2) submit an application fee as prescribed by the board;
- (3) present evidence of a bachelor’s degree in Speech-Language Pathology from a regionally accredited institution; and
- (4) present evidence of a supervised clinical experience that consists of 100 clock hours of supervised clinical fieldwork with direct client contact/clinical practicum that meets the requirements in (C).

(B) A bachelor’s degree in Speech-Language Pathology from a regionally accredited institution must include as a minimum the following core curriculum of 36 semester hours:

(1)	Basic Area	
	Anatomy, physiology, mechanics, and function of the ear and vocal mechanism.	
	Semantics	
	Speech and Voice Science	
	Psychology of Speech	
	Introduction to Phonetics	
(2)	Speech-Language Pathology Courses	(12 Semester Hours)
	Stuttering	
	Articulation	

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	Voice Disorders	
	Cleft Palate	
	Aphasia	
	Cerebral Palsy	
	Speech-Language Disorders	
	Neurogenics	
(3)	Audiology	(3 Semester Hours)
	Testing of Hearing	
	Introduction to Audiology	
	Auditory Training	
	Speechreading	
	Speech for the Deaf or Hard of Hearing	
(4)	Psychology	(6 Semester Hours)
	Human Growth and Development	
	Psychology of Adjustment or	
	Abnormal Psychology	
(5)	Basic Course in Public Speaking	(3 Semester Hours)

### (C) Supervised Clinical Experience.

(1) Observation hours cannot be used to satisfy the required 100 hours of clinical fieldwork.

(2) Hours must be completed before the speech-language pathology assistant license can be issued by the Board.

(3) The supervised clinical experience may be obtained as follows:

(a) as part of an academic program that is acceptable to the Board; or

(b) an on-the-job training/work program completed in another state in accordance with that state's laws;  
or

(c) completion within a four (4) month period of a Board-approved plan to fulfill the 100 clinical clock hours under the supervision of a South Carolina licensed speech-language pathologist subject to the following:

(i) The plan to obtain the 100 clinical clock hours must be on a Board-approved form signed by the applicant and the South Carolina licensed speech-language pathologist providing the supervision; and

(ii) The plan must be submitted with a completed application for speech-language pathology assistant licensure that includes all required documentation; and

(iii) The plan must be approved by the Board before the applicant begins the clinical clock hours; and

(iv) If the plan is not completed within the four (4) month period, the applicant must submit a new plan to be approved by the Board.

(4) Applicant may submit an ASHA Speech-Language Pathology Assistant Certification as evidence of the 100 clinical clock hours obtained under (3)(a) or (3)(b).

(5) Family members or individuals related to an applicant may not serve as clinical supervisors.

### (D) General Guidelines.

(1) No speech-language pathology assistant may begin working in direct contact with clients/patients without the board's written approval of the supervisory agreement and on the job training plan.

(2) Only a speech-language pathologist with an active license in good standing and a minimum of three years of work experience may supervise speech-language pathology assistants.

(3) A speech-language pathologist shall supervise no more than two full-time or three part-time speech-language pathology assistants, not to exceed more than three speech-language pathology assistants whether part-time or full-time. Full time is defined as a minimum of 30 work hours per week.

(4) If, for any reason, there is a change in supervising speech-language pathologist, it is the responsibility of the supervising speech-language pathologist to notify the board in writing within seven (7) working days that the supervisory agreement has been discontinued.

(5) The assistant's license shall become void when the authorized supervisor is no longer available for supervision. The license will be reactivated upon receipt and approval by the board of a new supervisory agreement and the change in supervising speech-language pathologist fee specified in Reg. 10-41(E).

(6) At the time of license renewal, supervising speech-language pathologists are to list the names of all those speech-language pathology assistants they are supervising.

(7) A speech-language pathology assistant may work part-time for more than one supervising speech-language pathologist provided that the board has approved supervisory agreements for each supervising speech-language pathologist.

(8) A licensed speech-language pathologist who supervises any speech-language pathology assistant must provide each speech-language pathology assistant with on the job training and must maintain responsibility for all services performed or omitted by such speech-language pathology assistant(s).

**(E) On-the-Job Training (OJT).**

At a minimum, on-the-job training (OJT) must include:

(1) Step-by-step instruction of each and every service or task the speech-language pathology assistant is to perform;

(2) Continuous visual observation by the supervising speech-language pathologist of the speech-language pathology assistant's performance of each service or task until the supervising speech-language pathologist establishes the speech-language pathology assistant's competence.

(3) The supervising speech-language pathologist must maintain a written record of each service or task indicating the activity, date, time, and location of the training demonstration and observations. This record must be signed by both the supervising speech-language pathologist and the speech-language pathology assistant and a copy must be provided to the speech-language pathology assistant. The supervising speech-language pathologist and the speech-language pathology assistant must maintain such records for a period of four (4) years and such records must be made available to the director or the designee upon request.

**(F) Supervision - General.**

Supervising speech-language pathologists are responsible for all the clinical services provided or omitted by the speech-language pathology assistant(s). When speech-language pathology assistants provide direct services, the supervising speech-language pathologist is responsible for:

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(1) Informing, in writing, all the clients (or their legal guardians), referring agencies, and third-party payers.

(2) It is the supervisor's responsibility to ensure that the assistant is clearly identified at all times as an assistant by means of a name tag or similar identification.

(3) At no time may a speech-language pathology assistant perform tasks when the supervising speech-language pathologist cannot be reached by personal contact, phone, e-mail, or other immediate or electronic means.

(4) The supervisor must make provisions, in writing, for emergency situations including designation of another licensed speech-language pathologist who has agreed to be available on an as needed basis to provide supervision and consultation to the assistant when the supervisor is not available.

(5) If for any reason (i.e., maternity leave, illness, change of job) a supervisor is not able to provide the level of supervision stipulated, the assistant may not perform client contact tasks.

### (G) Direct Supervision.

Following initial OJT, direct supervision of each speech-language pathology assistant must consist of a minimum of one of every seven therapy sessions per patient of direct, visual supervision of client contact to include a sampling of each assigned service or task.

(1) This direct supervision must be on-site, in person, and documented in writing.

(2) This documentation must be maintained by the supervising speech-language pathologist for a period of four years and must be made available to the director or the designee upon request.

### (H) Indirect Supervision.

In addition to direct supervision, indirect supervision is required a minimum of 5% (e.g., 2 hours per 40 hour work week) and must include review of written records and may include demonstrations, review and evaluation of audio- or video- taped sessions, and/or supervisory conferences.

### (I) Quarterly Reviews.

In addition to direct and indirect supervision, the supervising speech-language pathologist must conduct quarterly performance reviews of each speech-language pathology assistant's performance of each assigned service or task. Such quarterly reviews must document, on a form approved by the board, direct observation of each task or service assigned to the speech-language pathology assistant. These reviews must be:

(1) Signed by both the supervising speech-language pathologist and the speech-language pathology assistant;

(2) Maintained by the supervising speech-language pathologist for a period of four (4) years;

(3) Made available to the director or the designee upon request for an audit that the Board may conduct.

### (J) Scope of Practice.

The supervising speech-language pathologist accepts full and complete responsibility for all services and tasks performed or omitted by the speech-language pathology assistant. Provided that education, training, supervision

and documentation are consistent with that defined in this chapter, the following tasks may be designated to the speech-language pathology assistant:

- (1) Conduct speech-language or hearing screenings (without interpretation) following specified screening protocols developed by the supervising speech-language pathologist.
- (2) Provide direct treatment assistance to patients/clients identified by the supervising speech-language pathologist.
- (3) Follow documented treatment plans or protocols developed by the supervising speech-language pathologist.
- (4) Document patient/client progress toward meeting established objectives as stated in the treatment plan.
- (5) Assist the supervising speech-language pathologist during assessment of patients/clients.
- (6) Assist with tallying patient/client responses, prepare therapy materials, schedule activities, prepare charts and assist with other clerical tasks as directed by the supervising speech-language pathologist.
- (7) Perform checks and maintenance of equipment on a regular basis, and verified calibration at least annually on audiometric equipment.
- (8) Assist the supervising speech-language pathologist in research projects, in-service training and public relations programs.
- (9) Sign treatment notes which must be reviewed and co-signed by the supervising speech-language pathologist.
- (10) Discuss with the client, the guardian or family members specifically observed behaviors that have occurred during treatment when such behaviors are supported by documented objective data.

(K) Prohibited Activities.

The speech-language pathology assistant must not:

- (1) Perform diagnostic tests of any kind, formal or informal evaluations, or interpret test results.
- (2) Participate in parent conferences, case conferences, or any interdisciplinary team meetings where diagnostic information is interpreted or treatment plans developed without the presence of the supervising speech-language pathologist or designated licensed speech-language pathologist.
- (3) Provide patient/client or family counseling.
- (4) Write, develop, or modify a patient/client's treatment plan in any way.
- (5) Assist with patients/clients without following a documented treatment plan which has been prepared by a licensed speech-language pathologist and for which the speech-language pathology assistant has not received appropriately documented OJT.
- (6) Sign any formal documents (e.g., treatment plans, reimbursement forms or reports) without the signature of the supervising speech-language pathologist.
- (7) Select patients/clients for services.

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(8) Discharge patients/clients from services.

(9) Disclose clinical or confidential information either orally or in writing to any one not designated in writing by the supervising speech-language pathologist.

(10) Make referrals for additional services.

(11) Provide any interpretation or elaboration of information that is contained in reports written by any licensed speech-language pathologist.

(12) Represent oneself to be a speech-language pathologist.

(13) Make advertisement or public announcement of services independent of the supervising speech-language pathologist.

(14) Participate in feeding or swallowing activities as set forth in the ASHA Speech-Language Pathology Assistant Scope of Practice.

(15) Treat a person who is medically fragile as defined by the ASHA Speech-Language Pathology Assistant Scope of Practice.

### 115-4. Audiology License - Hearing Aid Dispensing.

(A) An audiologist may determine through a comprehensive hearing assessment, inquiry, actual observation, or review of any other available information that a prospective hearing aid user has a condition of the ear or auditory system that would benefit from medical evaluation or intervention. An audiologist who fits and/or sells hearing aids must advise a prospective hearing aid user, or parent or guardian, if the prospective user is not 18 years old or older, that the best health interest would be served if there was a medical evaluation by a licensed physician (preferably a physician who specializes in diseases of the ear) before purchasing a hearing aid. The prospective user may waive the medical evaluation by signing a statement which indicates that the prospective user has been informed of the best health interest and does not wish to have a medical evaluation before purchasing a hearing aid.

(B) An audiologist must have a record of a comprehensive hearing assessment performed within the previous six months before fitting or selling a hearing aid to any person. This restriction does not apply to replacing a lost or damaged hearing aid that has a replacement warranty or insurance.

(C) If no waiver of medical evaluation has been signed by the prospective user, or if the prospective user is not 18 years old or older, by his or her parent or guardian, a written statement must be presented to the audiologist, signed by a licensed physician, stating that the patient's hearing loss has been medically evaluated within the previous six months and that the patient may be considered a candidate for a hearing aid.

(D) An audiologist who fits and sells hearing aids must provide in writing to each purchaser at the time of purchase a purchase agreement which clearly states all warranty terms and warranty periods, return privileges, refund information, payment schedule, hearing aid mode, and manufacturer, serial number, date of sale, the audiologist's license number, signatures of purchaser and seller. In the case of a reconditioned hearing aid, a statement that the hearing aid being purchased is reconditioned. If the hearing aid is being fit through a state or federal program and the prospective user is not making a purchase then no purchase agreement is required.

(E) All audiometers used by an audiologist must be calibrated at least annually. Records of such calibration must be maintained by the audiologist for a period of four years, and must be made available to the Director or the designee upon request.

115-6. Continuing Education.

(A) Courses used to meet the continuing education requirement must meet at least one of the following conditions:

(1) Courses offered by an American Speech-Language Hearing Association (ASHA) or American Academy of Audiology (AAA) Continuing Education Sponsor.

(2) Courses offered by one of the following organizations: South Carolina Academy of Audiology, South Carolina Speech-Language-Hearing Association, National Institute of Hearing Instruments Studies (NIHIS), Academy of Rehabilitative Audiology, American Auditory Society, Academy of Dispensing Audiology, National Black Association for Speech-Language and Hearing (NBASLH) or other organization approved by the board.

(3) Graduate level courses offered by a regionally accredited college or university within scope of practice (1 semester hour equals 15 hours for 1.5 CEUs).

(4) Courses offered by a state or federal agency provided the courses are within scope of practice.

(B) At least one-half of the continuing education requirement must pertain to clinical practice in the area of licensure.

(C) Not more than two (2) hours of the continuing education requirement may be met by independent study. All independent study must receive prior approval by the board sixty (60) days prior to implementation. Independent study is developing a plan encompassing a variety of activities, such as reading journal articles, observing a master clinician, or reviewing case files. The study shall include the licensee writing a critical review stating how the licensee will incorporate the newly acquired skills and knowledge into practice.

(D) Continuing education requirements may be met by online or electronic courses.

(E) Instructors may receive continuing education credit, equivalent to that received by participants, for preparing and teaching courses, including online and electronic courses, within the scope of practice, subject to once per course.

(F) Submission of false or misleading continuing education information is grounds for immediate revocation of the license to practice and such other disciplinary actions as the board deems appropriate.

(G) Required documentation and audit process:

(1) each licensee shall attest to completion of the required continuing education at the time of license renewal;

(2) each licensee shall maintain records of continuing education hours earned for a period of four (4) years, and such records must be made available to the director or the designee upon request.

(3) Upon audit, the licensee must report the course date, the sponsoring organization, the location, the activity or title of the course, and the number of continuing education hours claimed, including documentation of attendance or evidence of completion in addition to any other information required by the Board.

(4) Failure to comply with the Board's audit or demonstrate compliance with continuing education hour requirements shall be deemed a violation of the Practice Act and will result in disciplinary action.

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(5) If upon audit, the Board finds that any of the claimed continuing education hours completed by the licensee do not meet the requirements as set forth in this regulation, the licensee will be allowed a sixty (60) day period to remedy the deficiencies identified by the Board. A license will be deemed lapsed if the licensee fails to remedy the deficiencies within the sixty (60) day period.

115-7. Code of Ethics.

**PRINCIPLE 1:** Individuals shall provide professional services with honesty and compassion, and shall respect the dignity, worth and rights of those served.

**Rule 1a:** Individuals shall not limit the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for the potential benefit from such services.

**Rule 1b:** Individuals shall not discriminate in the provision of services to individuals on the basis of gender, race, religion, national origin, sexual orientation, or general health.

**Rule 1c:** Individuals shall not engage in sexual activity with a patient or client or with a person who has been a patient or client to whom services were provided within the past two (2) years.

**Rule 1d:** Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.

**PRINCIPLE 2:** Individuals shall maintain high standards of professional competence in rendering services, providing only those professional services for which they are qualified by education and experience.

**Rule 2a:** Individuals shall use available resources including referrals to other specialists, collaborating with members of one's own profession and/or members of other professions, and shall not accept benefits or items of personal value for receiving or making referral.

**Rule 2b:** Individuals shall exercise all reasonable precautions to avoid injury to persons in the delivery of professional services.

**Rule 2c:** Individuals shall not provide services except in a professional relationship.

**Rule 2d:** Individuals shall provide appropriate supervision and assume full responsibility for services delegated to supportive personnel. Individuals shall not delegate any service requiring professional competence to unqualified persons.

**Rule 2e:** Individuals shall not permit personnel to engage in any practice that is a violation of the Code of Ethics.

**Rule 2f:** Individuals shall maintain professional competence, including participation in continuing education.

**Rule 2g:** Individuals shall use independent and evidence-based clinical judgment, keeping paramount the best interest of those being served.

**Rule 2h:** Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.

**PRINCIPLE 3:** Individuals shall maintain the confidentiality of the information and records of those receiving services.

Rule 3a: Individuals shall not reveal to unauthorized persons any professional or personal information obtained from the person served professionally, unless required by law.

PRINCIPLE 4: Individuals shall honor their responsibility to the public by promoting public understanding of the profession, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communication involving any aspect of the professions.

Rule 4a: Individuals shall not misrepresent their credentials, competence, education, training, or experience.

Rule 4b: Individuals shall not participate in professional activities that constitute a conflict of interest.

Rule 4c: 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.

Rule 4d: Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, and about professional services.

Rule 4e: 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.

PRINCIPLE 5: Individuals shall provide accurate information about the nature and management of communication disorders and about the services and products offered.

Rule 5a: Individuals shall provide persons served with the information a reasonable person would want to know about the nature and possible effects of services rendered, or products provided.

Rule 5b: Individuals may make a statement of prognosis, but shall not guarantee results, mislead, or misinform persons served.

Rule 5c: Individuals shall not carry out teaching or research activities in a manner that constitutes an invasion of privacy, or that fails to inform persons fully about the nature and possible effects of these activities, affording all persons informed free choice of participation.

Rule 5d: Individuals shall maintain documentation of professional services rendered.

PRINCIPLE 6: Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of allied professions, maintain harmonious interprofessional and intra professional relationships and adopt the professions' self-imposed standards.

Rule 6a: Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.

Rule 6b: Individuals shall not engage in dishonesty, fraud, deceit misrepresentation, or any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

Rule 6c: 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 contributors consent.

Rule 6d: Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

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Rule 6e: Individuals shall not discriminate in their relationships with colleagues, students and members of the allied professions on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation or disability.

Rule 6f: Individuals who have reason to believe that the Code of Ethics has been violated shall inform the board.

Rule 6g: Individuals shall cooperate fully with the board in its investigation and adjudication of matters related to the Code of Ethics.

### **Fiscal Impact Statement:**

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

### **Statement of Rationale:**

The updated regulation will correct scribes' errors and will clarify existing language by adding substantive language in certain sections, and restructuring the regulation by using a list format rather than a paragraph format in other sections. The regulation will provide additional instruction regarding compliance with continuing education audits. Finally, the regulation will add sections to the code of ethics regarding the prohibition on harassment, collaborating with other professionals, relying upon independent and evidence-based judgment, and the prohibition on a supervisor's requiring or permitting a professional to provide services or conduct clinical activities that compromise their objective professional judgment.