



State of Nevada

Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board

NOTICE OF PUBLIC MEETING

Speech-Language Pathology Subcommittee

Monday, March 25, 2024 ~ 5:00pm

Location: Board Office ~ 6170 Mae Anne Avenue, Suite 1, Reno, Nevada 89523

Supporting materials relating to this meeting will be physically available but in an effort to reduce costs and preserve resources, attendees are encouraged to access electronic copies on the Board's website at <https://www.nvspeechhearing.org/about/Minutes.asp>

Teleconference Access

ZOOM VIDEO & AUDIO:

<https://us02web.zoom.us/j/84308678738?pwd=a2kvVmFtbDNzMHI4TmMzN0pieUxVQT09>

AUDIO ONLY BY TELEPHONE: (669) 900-6833

Meeting ID: 843 0867 8738 Passcode: 692118

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AGENDA

The **SPEECH-LANGUAGE PATHOLOGY SUBCOMMITTEE** of the **NEVADA SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY AND HEARING AID DISPENSING BOARD** may: (a) address agenda items out of sequence, (b) combine agenda items or (c) pull or remove items from the agenda at any time. The Subcommittee may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. (NRS 241.020, NRS 241.030). Action by the Committee on any item may be to approve, deny, amend, or table.

1. Call to Order, Confirmation of Quorum

2. Public Comment

No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

3. Approval of the Minutes: Subcommittee Meeting of February 21, 2024 (for possible action)

4. Review and Recommendation to the Board on Proposed Revisions to NRS 637B and NAC 637B to Include SLP Assistant Licensing and Telesupervision (for possible action)

5. Review and Recommendation to the Board on Possible Revision to NRS 637B.060 "Practice of speech-language pathology" defined to address Flexible Endoscopic Evaluation of Swallowing (FEES) Procedure (for possible action)

6. Reports from Committee Chair and Members

- a. Report from Committee Chair and Board Members *(for possible action)*
- b. Discussion on Future Meeting Schedule and Confirmation of Next Meeting Date *(for possible action)*
- c. Future Agenda Items *(for possible action)*

7. Public Comment

No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

8. Adjournment

(for possible action)

PUBLIC COMMENT

Public comment is welcomed by the Subcommittee. Public comment will be limited to five minutes per person and comments based on viewpoint will not be restricted. A public comment time will be available prior to action items on the agenda and on any matter not specifically included on the agenda as the last item on the agenda. At the discretion of the Subcommittee Chair, additional public comment may be heard when that item is reached. The Subcommittee Chair may allow additional time to be given a speaker as time allows and in their sole discretion. (NRS 241.020, NRS 241.030)

Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual, the Board may refuse to consider public comment. (NRS 233B.126).

ACCOMMODATIONS

Persons with disabilities who require special accommodations or assistance at the meeting should contact the Board office at (775) 787-3421 or email at board@nvspeechhearing.org no later than 48 hours prior to the meeting. Requests for special accommodations made after this time frame cannot be guaranteed.

AGENDA POSTING & DISSEMINATION

This meeting has been properly noticed and posted in the following locations:

- Nevada Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board
 - Board Office: 6170 Mae Anne Avenue, Suite 1, Reno, Nevada 89523
 - Board Website: www.nvspeechhearing.org
- State of Nevada Public Notices Website: www.notice.nv.gov

This agenda has been sent to all members of the Subcommittee and other interested persons who have requested an agenda from the Board. Persons who wish to continue to receive an agenda and notice must request so in writing on an annual basis.

SUPPORTING MATERIALS

Supporting material relating to public meetings of the Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board is available at the Board's administrative office located at 6170 Mae Anne Avenue, Suite 1, Reno, Nevada 89523 on the Board's website at <https://www.nvspeechhearing.org/about/Minutes.asp> or by contacting Jennifer R. Pierce, Executive Director by phone at (775) 787-3421 or email at board@nvspeechhearing.org.

Anyone desiring additional information regarding the meeting is invited to call the Board office at (775) 787-3421 or board@nvspeechhearing.org.



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

Speech-Language Pathology Subcommittee

AGENDA ITEM 1

Call to Order, Confirmation of Quorum

Call to Order, Confirmation of Quorum.

Action: Meeting Called to Order



State of Nevada
Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board
Speech-Language Pathology Subcommittee

AGENDA ITEM 2

Public Comment

No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020).

CHAIR: PLEASE READ PRIOR TO CALLING FOR PUBLIC COMMENT:

I will now review the instructions for providing public comment during this meeting:

Any person wishing to make public comment may attend this meeting and provide public comment in one of the following ways:

1. Attend the meeting and provide public comment in-person at the physical location; OR
2. Attend the meeting and provide public comment virtually through the Zoom teleconference video link listed on the agenda; OR
3. Attend the meeting and provide public comment telephonically through the Zoom telephone number listed on the agenda. Please see additional public comment instructions at the end of the agenda.

Public comment is welcomed by the Subcommittee.

- Public comment will be limited to five minutes per person and comments based on viewpoint will not be restricted.
- A public comment time will be available prior to action items on the agenda and on any matter not specifically included on the agenda as the last item on the agenda.
- At the discretion of the Subcommittee Chair, additional public comment may be heard when that item is reached.
- The Subcommittee Chair may allow additional time to be given a speaker as time allows and in their sole discretion.
- Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual, the Board may refuse to consider public comment.

Action: None – Informational Only



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

Speech-Language Pathology Subcommittee

AGENDA ITEM 3

Approval of the Minutes: Subcommittee Meeting of February 21, 2024

The minutes of the SLP Subcommittee Meeting of February 21, 2024 are presented for approval.

Attachment on next page: *Minutes Not Yet Approved 2 21 2024*

Action: Approve, Table, or Take No Action on the Matter

Minutes have not yet been approved and are subject to revision at the next meeting.



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

MINUTES OF PUBLIC MEETING
Speech-Language Pathology Subcommittee

February 21, 2024

Members Present: Shawn Binn, Marvelee Clayworth, Christy Fleck, Nancy Kuhles, Andrea Menicucci, Branden Murphy, Kim Reddig, Adrienne Williams

Members Absent: Katrina Nicholas

Staff Present: Jennifer Pierce, Executive Director
Stacey Whittaker, Licensing Coordinator
Henna Rasul, Sr. Deputy Attorney General

Public Present: Katie Allen, Karen Klopfer, Elyse Monroy, Belz & Case “Note-Taking Bot”

Call to Order, Confirmation of Quorum

Jennifer Pierce, Executive Director, began the meeting as this was the first meeting of the Subcommittee and a Chair had not yet been elected. Ms. Pierce called the meeting to order at 4:49pm and a roll call confirmed a quorum was present. Katrina Nicholas was noted as excused absent.

Public Comment

Ms. Pierce introduced this agenda item and read the following statement pursuant to AB219 (2023): “I will now review the instructions for providing public comment during this meeting: Any person wishing to make public comment may attend this meeting and provide public comment in one of the following ways: 1. Attend the meeting and provide public comment in-person at the physical location; OR 2. Attend the meeting and provide public comment virtually through the Zoom teleconference video link listed on the agenda; OR 3. Attend the meeting and provide public comment telephonically through the Zoom telephone number listed at the end of the meeting agenda with additional public comment instructions. Public comment is welcomed by the Board. Public comment will be limited to five minutes per person and comments based on viewpoint will not be restricted. A public comment time will be available prior to action items on the agenda and on any matter not specifically included on the agenda as the last item on the agenda. At the discretion of the Board Chair, additional public comment may be heard when that item is reached. The Board Chair may allow additional time to be given a speaker as time allows and in their sole discretion. Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual, the Board may refuse to consider public comment.”

Ms. Pierce then called for public comment. Nancy Kuhles shared her thanks to the Board for establishing the Subcommittee and convening this work, stating that she was grateful for the opportunity to participate.

Election of Subcommittee Chair

Ms. Pierce introduced the item and invited Subcommittee members to nominate any member or themselves for the Chair role, with an election vote to follow. Ms. Pierce called for nominations, and Nancy Kuhles nominated Kim Reddig to serve as the Subcommittee Chair. No other nominations were offered. Ms. Pierce confirmed with

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Ms. Reddig that she was willing to serve as the Chair. Ms. Pierce called for a motion and Nancy Kuhles made a motion to elect Kim Reddig as the Chair of the Subcommittee. Andrea Menicucci seconded the motion. The motion passed unanimously. Following the election, Ms. Reddig asked Ms. Pierce to continue managing the meeting as she was attending remotely and would take over at the next meeting.

Review and Recommendation to the Board on Proposed Revision to NRS 637B to Include SLP Assistant Licensing and Telesupervision

Ms. Pierce summarized the Board's prior action to pursue a licensing path for SLP Assistants (SLPAs) in its 2025 legislative work, establishing this Subcommittee to review and make recommendations on draft rules and regulations for SLPAs and telesupervision. Ms. Pierce also explained the Board's attention to aligning this effort with the Nevada Department of Education's (NDE) approved regulation changes that will sunset bachelor's-level SLP staff in October 2026.

Background information on the use of SLPAs nationally was provided to the Subcommittee along with the following list of factors for consideration in drafting bill language:

- NRS language/structure needed, including definitions, qualifications, education, certification, examination, reciprocity, scope of practice, applicability of chapter/alignment with NDE assistants, fees, supervision, telepractice/telesupervision, and continuing education.
- Collaboration, coordination, and alignment with stakeholders and partners, including NDE, higher education programs, Nevada Medicaid, healthcare providers, school districts, & ASHA/NSHA/NV Coalition.
- Fiscal considerations, including expenses for database enhancements, licensing activities, and oversight & discipline.

Ms. Pierce also shared that she met with NDE Office of Educator Development Director Jeff Briske the week prior to this meeting and confirmed that NDE would like to coordinate their work on future NDE regulations to establish SLP Assistants with the Board's effort. It was proposed that NDE would need to first ascertain the Board's decision on a SLPA Scope of Practice to inform their own draft regulations, which will need to be initiated in the spring to allow for LCB review and revision. As such, it was agreed that the Subcommittee would first address Scope of Practice during this meeting.

The Subcommittee reviewed ASHA's *Scope of Practice for the Speech-Language Pathology Assistant (SLPA)* as a starting place to consider specific allowable and prohibited SLPA activities. Specifically, five responsibility areas outlined by ASHA:

- Service Delivery: The Subcommittee discussed the 20 activities listed by ASHA, with specific discussion around not allowing "administering and scoring screenings/assessment tools", noting that "administering and scoring progress monitoring tools" and "conducting screenings" would usually be acceptable. The Subcommittee also noted concerns related to "screening or treating clients for swallowing disorders", noting that an SLPA should not engage in any activity involving swallowing, but that working with clients with feeding disorders would likely be acceptable. Suggestions were made for adding clarifying language around delegating to a SLPA such as "depending on the setting and when the SLPA has demonstrated competency."
- Culturally Responsive Practices: There were no concerns noted in this area, with a suggestion to keep this language general.
- Administrative Support: No concerns noted with ASHA's suggested allowable activities in this area.
- Prevention and Advocacy: No concerns noted with ASHA's suggested allowable activities in this area.
- Responsibilities Outside the Scope of Practice for Speech-Language Pathology Assistants: No concerns noted with ASHA's suggested prohibited activities.

The Subcommittee also discussed options for SLPA education & training requirements, reviewing national trends with examples of states requiring a Bachelor's degree but not requiring ASHA SLPA Certification. The Subcommittee came to a swift and unanimous consensus that a Bachelor's degree in speech-language pathology

Minutes have not yet been approved and are subject to revision at the next meeting.

or communication science disorders should be the minimum educational requirement for an SLPA in Nevada with no option for alternative training paths. Further discussion was held around possible examination and fieldwork requirements, as ASHA Certification requires 100 hours, and NSU and UNR currently provide 100 and 25 hours respectively. Discussion also briefly included reimbursement, as Medicare does not include SLPAs, and efforts to establish Medicaid reimbursement must include work with Nevada Medicaid to amend the state plan and billing guide and add modifiers for SLPAs.

It was agreed that the Subcommittee would continue discussing this item at the next meeting and Ms. Pierce stated that she would draft NRS language for review and discussion. No action was taken.

Review and Recommendation to the Board on Possible Revision to NRS 637B.060 “Practice of speech-language pathology” defined to Address Flexible Endoscopic Evaluation of Swallowing (FEES) Procedure

Ms. Pierce introduced the item and explained that this matter was identified for discussion as a result of guidance questions posed over the years to Board staff and news of other states enacting rules and regulations to outline parameters for the FEES procedure. The Board has taken no action to date on a decision to pursue a related NRS or NAC revision and has delegated this matter to the Subcommittee for a recommendation on whether specific revisions to NRS 637B or NAC 637B are advisable.

Ms. Pierce directed the Subcommittee members to the current SLP Scope of Practice in NRS 637B.060, which includes the following: *(5) The use of oral and nasal endoscopy for the purpose of vocal tract imaging and visualization.* Subcommittee members explained that the FEES procedure was included in this reference, as this is a general description of a number of ways to look at the same nasal structures related to swallowing. The FEES procedure is one of many tools used for this imaging. There was discussion on whether it was necessary to revise the current scope to be more specific. It was explained that there is no standardized training or certification to conduct the FEES procedure, and it is generally left to the practitioner to assess their own competence in doing so. It was also acknowledged that hospitals and treatment facilities will likely have internal policies guiding these procedures. The matter was tabled for further discussion in a future meeting and no action was taken.

Reports from Subcommittee Chair and Members

There were no reports from the Subcommittee Chair or Members. The group discussed the schedule for future meetings, noting that several members had schedule conflicts on Wednesdays. After discussion on possible dates, the next meeting was confirmed for Monday, March 25, 2024 at 5:00pm.

Public Comment

There was no public comment.

Adjournment

Jennifer Pierce adjourned the meeting at 6:32pm.



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board
Speech-Language Pathology Subcommittee

AGENDA ITEM 4

Review and Recommendation to the Board on Proposed Revisions to NRS 637B and NAC 637B to Include SLP Assistant Licensing and Telesupervision

This revision would create a new license type for SLP Assistants and has been an ongoing discussion by the Board, with attention to aligning this effort with the NDE plan to sunset bachelor's SLP staff. These revisions have been approved by the Board and the matter has been delegated to this Subcommittee for work & recommendation.

The following areas have been identified for review and recommendation:

- NRS language/structure needed, including definitions, qualifications, education, certification, examination, reciprocity, scope of practice, applicability of chapter/alignment with NDE assistants, fees, supervision, telepractice/telesupervision, and continuing education.
- Collaboration, coordination, and alignment with stakeholders and partners, including NDE, higher education programs, Nevada Medicaid, healthcare providers, school districts, & ASHA/NSHA/NV Coalition.
- Fiscal considerations, including database enhancements, licensing activities, and oversight & discipline.

At its February 21, 2024 meeting, the Subcommittee completed the following:

- Reviewed ASHA's *Scope of Practice for the Speech-Language Pathology Assistant (SLPA)* and made recommendations on specific allowable and prohibited SLPA activities.
- Discussion resulted in consensus that the SLPA minimum educational requirement should be a Bachelor's degree in speech-language pathology or communication science disorders without alternative training options.
- Discussed possible examination and fieldwork requirements; no recommendation.
- Discussed SLPA reimbursement with attention to working with Nevada Medicaid to amend the state plan and billing guide and add modifiers for SLPAs.

Following the February meeting, Board staff conducted research and drafted NRS and NAC language for review at this meeting, intended to provide a preliminary framework for discussion and revision based on the Subcommittee's recommendations.

The document is broken down into four sections that include both NRS and NAC drafted language, with references cited from ASHA, and current NRS/NAC from this and other Nevada Boards that currently license assistants. A references section follows at the end.

For best results in navigating the attachment, please use the navigation pane in the PDF to access section bookmarks.

Attachment on next page: *SLPA Draft Language_3 25 2024*

Action: Approve, Table, or Take No Action on the Matter



State of Nevada
Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board
 Speech-Language Pathology Subcommittee

I. DEFINITIONS

A. NRS NEW “Speech-Language Pathology Assistant” defined.

“Speech-language pathology assistant” means a person who is licensed pursuant to this chapter to assist in the practice of speech-language pathology under the direction of a supervising speech-language pathologist.

NV OT [NRS 640A.060](#)
 NV PT [NRS 640.0213](#)

B. NRS NEW “Supervising Speech-Language Pathologist” defined.

“Supervising speech-language pathologist” means a person holding a standard license to practice speech-language pathology pursuant to this chapter and who supervises a person licensed pursuant to this chapter as a speech-language pathology assistant or provisional speech-language pathologist.

NV PT [NRS 640.026](#)

C. NAC NEW “Direct Supervision” defined. (NRS NEW)

“Direct supervision means in-view observation and guidance provided, either in person or through telesupervision, by a supervising speech-language pathologist to a speech-language pathology assistant or provisional licensee while they perform an assigned activity. Direct supervision activities may include, but are not limited to observing, coaching, modeling, and providing real-time assistance and feedback.

[ASHA Definitions](#)

D. NAC NEW “Indirect Supervision” defined. (NRS NEW)

“Indirect Supervision” means the monitoring or reviewing by a supervising speech-language pathologist of activities performed by a speech-language pathology assistant or provisional licensee including, but not limited to demonstration, records review, review and evaluation of audio or video recorded sessions, and interactive conferences that may be conducted by telephone, email, or other forms of telecommunication.

[ASHA Definitions](#)

E. NAC NEW “Medically Fragile” defined. (NRS NEW)

“Medically Fragile” means the condition of a client who is acutely ill and in an unstable health condition.

[ASHA Definitions](#)

F. NAC NEW “Supervision” defined. (NRS NEW)

“Supervision” means the provision of direction and evaluation of the tasks assigned by a supervising speech-language pathologist to a speech-language pathology assistant or provisional licensee, including direct supervision, indirect supervision, and telesupervision.

[ASHA Definitions](#)

G. NAC NEW “Plan of Care” defined. (NRS NEW)

“Plan of Care ” means a written service plan developed and monitored by a supervising speech-language pathologist to meet the needs of a client, addressing needs for screening, observation, monitoring, assessment, treatment, and other services.	ASHA Definitions
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H. NAC NEW “Provisional Licensee” defined. (NRS NEW)

“Provisional licensee” means any person who holds a provisional speech-language pathology license pursuant to chapter 637B of NRS.	None
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I. NAC NEW “Telesupervision” defined. (NRS NEW)

“Telesupervision” means the real-time, distance observation of services delivered by a speech-language pathology assistant or provisional licensee by a supervising speech-language pathologist, with feedback or assistance provided by the supervising speech-language pathologist as needed. The supervising speech-language pathologist may view and communicate with the client and speech-language pathology assistant or provisional licensee in real time via virtual telecommunication software, webcam, telephone, and similar devices and services to provide immediate feedback.	ASHA Definitions
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II. QUALIFICATIONS/EDUCATION/EXAMINATION**A. NRS 637B.NEW Speech-language pathology assistants: Educational requirements.**

<ol style="list-style-type: none"> 1. Except as otherwise provided in subsection 2, an applicant for a license to practice as a speech-language pathology assistant must hold a bachelor’s degree or master’s degree in speech-language pathology or communication sciences and disorders awarded by an educational program accredited by the American Speech-Language-Hearing Association or its successor organization approved by the Board. 2. An applicant for a license to practice as a speech-language pathology assistant who holds a bachelor’s degree or master’s degree in speech-language pathology or communication sciences and disorders from a foreign school must prove to the satisfaction of the Board that their educational program: <ol style="list-style-type: none"> (a) Is substantially equivalent to the requirements set forth in subsection 1, as applicable; and (b) Is accredited by an accrediting agency approved by the Board. 3. Complete fieldwork..... 	<p>NV Speech-Hearing NRS 637B.196 (AUD + SLP Requirements)</p> <p>NV OT NRS 640A.120 (Program approved by the Board + 16 weeks supervised fieldwork)</p> <p>NV PT NRS 640.093 (2-year program/min 60 semester credits or Armed Forces program)</p>
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B. NRS 637B.NEW Speech-language pathology assistants: Regulations.

<p>The Board shall adopt regulations regarding speech-language pathology assistants, including, without limitation:</p> <ol style="list-style-type: none"> 1. The licensing of speech-language pathology assistants; 2. The educational and training requirements for speech-language pathology assistants; 3. The examination required for licensing as a speech-language pathology assistant; 4. The supervision of speech-language pathology assistants; and 5. The practice of speech-language pathology by speech-language pathology assistants. 	<p>Nevada Speech-Hearing NRS 637B.194 (HAS Apprentices)</p>
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C. NRS 637B.NEW Examination for licensure as a speech-language pathology assistant.

<p>1. The Board shall:</p> <p>(a) Approve an examination for licensing as a speech-language pathology assistant and</p> <p>(b) Establish the requirements to pass each examination.</p> <p>2. Each examination must be in writing and be designed to test an applicant's knowledge of:</p> <p>(a) The basic and clinical sciences relating to the practice of speech-language pathology;</p> <p>(b) The techniques and methods of speech-language pathology; and</p> <p>(c) Any other subjects the Board requires to determine the fitness of an applicant to practice as a speech-language pathology assistant.</p> <p>3. A person who has satisfied the requirements of NRS 637B.XXX may take the appropriate examination for licensing.</p>	NV OT NRS 640A.150
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III. SCOPE OF PRACTICE/PROHIBITED ACTIVITIES**A. NRS 637B.NEW Requirements for speech-language pathology assistant or provisional licensee to assist in practice of speech-language pathology.**

A person licensed as a speech-language pathology assistant or provisional licensee may assist in the practice of speech-language pathology only under the supervision of a supervising speech-language pathologist, as regulated by the Board and subject to the conditions and limitations of this chapter and any regulations adopted pursuant thereto.	NV PT NRS 640.094
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B. NAC 637B.NEW Speech-language therapy assistant or provisional licensee: Delegation of duties by supervising speech-language pathologist; limitations. (NRS NEW)

A supervising speech-language pathologist shall supervise any services delivered to a client by speech-language pathology assistant or provisional licensee and ensure these are consistent with the client's plan of care.	NV Speech-Hearing NAC 637B.003
<p>1. Only a supervising speech-language pathologist may:</p> <p>(a) Determine services include in the client's plan of care that are appropriate to delegate to a speech-language pathology assistant or provisional licensee;</p> <p>(b) Delegate services to be delivered by a speech-language pathology assistant or provisional licensee;</p> <p>(c) Instruct a speech-language pathology assistant or provisional licensee regarding:</p> <p>(1) The specific program of intervention of a client;</p> <p>(2) Any precaution to be taken to protect a client;</p> <p>(3) Any special problem of a client</p> <p>(4) Any procedure which should not be administered to a client; and</p> <p>(5) Any other information required to treat a client.</p>	NV OT NAC 640A.265(2)

2. A supervising speech-language pathologist shall not delegate responsibilities to a speech-language pathology assistant or provisional licensee which are beyond the scope of the training of the assistant or provisional licensee.	NV OT NAC 640A.250(5)
3. A supervising speech-language pathologist may delegate any activity to a provisional licensee after consideration of clients' needs, the service setting, and their assessment of the provisional licensee's training and competence.	
4. A supervising speech-language pathologist may delegate the following activities to a speech-language pathology assistant after consideration of clients' needs, the service setting, and their assessment of the speech-language pathology assistant's training and competence:	ASHA SLPA Service Delivery (1-20) except (3) & (5)
(a) Assisting with client assessment, including, but not limited to setting up the testing environment, gathering and prepping materials, and taking notes;	ASHA SLPA Service Delivery (4)
(b) Administering and scoring progress monitoring tools with no clinical interpretation if all of the following conditions are met: (1) The speech-language pathology assistant or provisional licensee meets the examiner requirements specified in the examiner's manual; and (2) The supervising speech-language pathologist has verified their competence in administration of the tool; and (3) The supervising speech-language pathologist conducts the analysis of the results and signs off on the final score.	ASHA SLPA Service Delivery (6) (1 & 2) (3) Suggested at 2.21.204 meeting
(c) Implementing client care plans as developed and directed by the supervising speech-language pathologist as follows: (1) Providing direct therapy services, both in-person and through telepractice through a variety of service delivery models to clients to address treatment goal(s); (2) Adjusting and documenting the amount and type of support or scaffolding provided to the client in treatment to facilitate progress; (3) Developing and implementing activities and materials for teaching and practice of skills to address the client's treatment goal(s)	ASHA SLPA Service Delivery (7) (8) (9) (10) (11) (12)
(d) Documenting client performance and reporting this information to the supervising speech-language pathologist in a timely manner.	ASHA SLPA Service Delivery (13)
(e) Providing coaching to client caregivers for facilitation and carryover of skills.	ASHA SLPA Service Delivery (14)
(f) Sharing objective information without interpretation or recommendations as directed by the supervising speech-language pathologist regarding client performance to clients, caregivers, families, and other service providers	ASHA SLPA Service Delivery (15)
(g) Assisting clients with augmentative and alternative communication devices and materials as follows: (1) Programming augmentative and alternative communication devices; (2) Developing low-tech augmentative and alternative communication materials for clients; and (3) Providing training and technical assistance to clients, families, and caregivers in the use of augmentative and alternative communication devices.	ASHA SLPA Service Delivery (16) (17) (18)
(h) Supporting clients with feeding as directed by the supervising speech-language pathologist to include: (1) Demonstrating strategies included in the feeding plan developed by the supervising speech-language pathologist;	ASHA SLPA Service Delivery (19) (20)

<ul style="list-style-type: none"> (2) Sharing information in the feeding plan developed by the supervising speech-language pathologist with clients, families, and caregivers; and (3) Assisting clients with feeding skills developed and directed by the supervising speech-language pathologist when consuming food textures and liquid consistencies. 	
<ul style="list-style-type: none"> (i) Working with clients who communicate using a language other than English or who are developing English language skills when the supervising speech-language pathologist determines they have sufficient prior training and experiences in working with multilingual clients and the specific client's first language, including: <ul style="list-style-type: none"> (1) Assisting the supervising speech-language pathologist with interpretation and translation during screening and assessment activities without providing clinical interpretation of results; (2) Interpreting for clients, families, and caregivers; and (3) Providing services in a client's first language. 	ASHA Multiple Languages (1) (2) (3)
<ul style="list-style-type: none"> (j) Assisting with administrative tasks to include: <ul style="list-style-type: none"> (1) Clerical duties and site operations such as scheduling, recordkeeping, and maintaining inventory of supplies and equipment; (2) Performing safety checks and maintenance of equipment; and (3) Preparing materials for screening, assessment, and treatment services. 	ASHA Admin Support (1) (2) (3)
<ul style="list-style-type: none"> (k) Engaging in prevention, advocacy, and promotion activities related to communication, swallowing, and related disorders with oversight from the supervising speech-language pathologist. 	ASHA Prevention & Advocacy (1) (2) (3) (4) (5) (6) (7)

C. NAC 637B.NEW Speech-language pathology assistant prohibited from performing certain activities; disciplinary action. (NRS NEW)

1. A speech-language pathology assistant shall not:	NV PT NAC 640.596
(a) Interpret assessment tools for the purpose of diagnosing disability or determining eligibility or qualification for services;	ASHA SLPA Prohibited (2)
(b) Administer, score, or interpret feeding, swallowing, or other screenings, checklists, or clinical assessment tools;	ASHA SLPA Prohibited (3)
(c) Interpret a client's record or evaluation, identify any problem of a client, or share information with a client or their family;	ASHA SLPA Prohibited (15)
(d) Diagnose communication and feeding and swallowing disorders;	ASHA SLPA Prohibited (4)
(e) Write, develop, or revise a client's treatment goal(s) or plan of care in any way;	ASHA SLPA Prohibited (7)
(f) Develop or determine feeding and swallowing strategies and precautions;	ASHA SLPA Prohibited (5)
(g) Use or disclose clinical or confidential information by any method to recipients who have not been approved by the supervising speech-language pathologist, unless mandated by law;	ASHA SLPA Prohibited (6)
(h) Sign or initial any formal documents without the supervising speech-language pathologist's co-signature;	ASHA SLPA Prohibited (16)
(i) Make referrals for additional services;	ASHA SLPA Prohibited (8)
(j) Provide services to a client without following the plan of care prepared by the supervising speech-language pathologist;	ASHA SLPA Prohibited (9)
(k) Provide services to clients without access to supervision;	ASHA SLPA Prohibited (10)
(l) Select an augmentative and alternative communication system or device for a client;	ASHA SLPA Prohibited (11)
(m) Treat a medically fragile client without 100% direct supervision;	ASHA SLPA Prohibited (12)
(n) Perform activities that require specialized knowledge and training;	ASHA SLPA Prohibited (13)

(o) Provide input in a treatment meeting without the presence of or prior approval of the supervising speech-language pathologist;	ASHA SLPA Prohibited (14)
(p) Discharge a client from services;	ASHA SLPA Prohibited (17)
(q) Perform tasks when a supervising speech-language pathologist cannot be reached by personal contact, including, but not limited to phone, pager, or other immediate physical or electronic means.	ASHA Supervision Requirements
(r) Perform tasks when a supervising speech-language pathologist is no longer available or assigned to provide the level of supervision stipulated until a new supervising speech-language pathologist has been designated.	ASHA Supervision Requirements
<p>2. A speech-language pathology assistant must:</p> <p>(a) Clearly identify themselves as a speech-language pathology assistant or provisional licensee to clients, families, caregivers, and others both verbally and in writing; and</p> <p>(b) Comply with federal, state, and local regulations including, but not limited to:</p> <ol style="list-style-type: none"> (1) The Health Insurance Portability and Accountability Act (HIPAA); (2) The Family Educational Rights and Privacy Act (FERPA); (3) Reimbursement requirements; and (4) State statutes and rules regarding speech-language pathology assistant education, training, and scope of practice. <p>(c) Comply with the following responsibilities related to providing cultural and linguistic supports:</p> <ol style="list-style-type: none"> (1) Adjust communication style and expectations to meet the needs of clients, patients, and students from different cultural groups and to provide services in a culturally responsive manner; (2) Provide information to families and staff regarding the influence of first language on the development of communication and related skills in a second language (under the direction of the supervising Speech-language LP). (3) Develop an understanding of the family dynamic from a cultural perspective to effectively engage in meetings surrounding intake, discussions of the therapy plan of care and other communication scenarios surrounding practices for addressing communication concerns; and (4) Engage in continuing education and training opportunities focusing on the assessment and intervention process when working with individuals from culturally and linguistically diverse backgrounds. 	<p>a & b = ASHA SLPA Service Delivery (1) (2)</p> <p>c = ASHA Culturally Responsive Practices</p>
3. A speech-language pathology assistant is subject to disciplinary action if they perform any activity in violation of this section.	NV PT NAC 640.596

IV. SUPERVISION

A. NAC 637B.NEW Qualifications to act as a supervising speech-language pathologist; supervision ratios. (NRS NEW)

To be eligible to act as a supervising speech-language pathologist, a speech-language pathologist must:	
1. Hold a standard license issued by this Board pursuant to NRS 637B that is on active status;	NV Speech Hearing NAC 637B.0396
2. Have experience as a speech-language pathologist for a minimum of [3 years] [9 months] post-award of the CCC-SLP;	NV Speech Hearing NAC 637B.0396 (HAS Apprentice Sponsor = 3 years) ASHA Supervisor Qualifications (9 months + CCC-SLP; not rec'd as CCC not required for renewal)
3. Share the same employer as the speech-language pathology assistant or provisional licensee	NV Speech Hearing NAC 637B.0396 (HAS-A) ASHA Clinical Fellow Supervision
4. Have completed 2 hours of professional development in clinical instruction/supervision; and	ASHA Supervisor Training and Preparation
5. Be in good standing with the Board and have no record of disciplinary action.	NV Speech Hearing NAC 637B.0396
6. A supervising speech-language pathologist is responsible for determining the appropriate number of supervisees they can manage within their workload while maintaining the highest level of quality services provided. A speech-language pathologist may not supervise more than: (a) [Two] provisional licensees at the same time. (b) [Two] speech-language pathology assistants at the same time. (c) [Two] graduates of speech-language pathology at the same time. (d) [Two] students of speech-language pathology at the same time. (e) If supervising any combination of persons named in this section, a combined total of no more than [three] such persons at the same time.	ASHA Supervision Ratio (total = 3) NV Speech Hearing NAC 637B.0396 (total = 2) NV PT NAC 640.594 (total = 3)
7. A speech-language pathology assistant or provisional licensee shall not have more than [two] supervising speech-language pathologists at one time.	ASHA Supervision Ratio (= "more than one") NV Speech Hearing NAC 637B.0396 (= 2)

B. NAC 637B.NEW Speech-language pathology assistant or provisional licensee: Verification to Board of employment and supervision; notice of termination; number of primary supervisors required per employer of record. (NRS NEW)

1. A speech-language pathology assistant or provisional licensee shall submit verification of their employment and supervision by a supervising speech-language pathologist to the Board within 30 days after a change in the employment or supervisor. The verification must be submitted in a format approved by the Board.	NV OT NAC 640A.260
2. A supervising speech-language pathologist supervisor shall notify the Board within 30 days after the termination of their supervision of a speech-language pathology assistant or provisional licensee.	
3. A speech-language pathology assistant or provisional licensee must have at least one primary supervising speech-language pathologist and may have one alternate supervising speech-language pathologist for each employer of record.	

C. NAC 637B.NEW Speech-language pathology assistant or provisional licensee: Practice under supervision of supervising speech-language pathologist. (NRS NEW)

<p>1. A speech-language pathology assistant or a provisional licensee shall not practice speech-language pathology without the general supervision of a supervising speech-language pathologist. Immediate physical presence or constant presence on the premises where the speech-language pathology assistant or provisional licensee is practicing is not required of the speech-language pathologist.</p>	<p>NV OT NAC 640A.250(1)</p>
<p>2. A supervising speech-language pathologist must develop a supervision plan with each speech-language pathology assistant or provisional licensee they supervise that is reviewed and revised as the speech-language pathology assistant or provisional licensee integrates skills and attains competency. Supervision provided by the supervising speech-language pathologist shall be consistent with the:</p> <ul style="list-style-type: none"> (a) Skill and experience demonstrated by the speech-language pathology assistant or provisional licensee; (b) Clients' needs; (c) Service setting; (d) Tasks assigned; and (e) Laws and regulations that govern speech-language pathology assistants and provisional licensees. 	<p>ASHA Supervision Requirements</p> <p>ASHA First Contact</p>
<p>3. To provide satisfactory supervision, a supervising speech-language pathologist shall:</p> <ul style="list-style-type: none"> (a) Plan, develop, and supervise all client care and services delegated to and delivered by a speech-language pathology assistant or provisional licensee; (b) Have first contact with every client before a speech-language pathology assistant or provisional licensee is allowed to provide services to the client independently, including, but not limited to establishing rapport, gathering baseline data, and obtaining documentation; (c) Assign clients to each speech-language pathology assistant or provisional licensee they supervise based on the supervising speech-language pathologist's assessment of the supervisee's competence, skills, and experience; (d) Review every plan of care as needed for timely implementation of modifications and make all case management decisions; (e) Provide direct supervision to each speech-language pathology assistant or provisional licensee they supervise for each client treated by the speech-language pathology assistant or provisional licensee at least [every 30–60 days], depending on the setting and frequency of sessions. (f) Provide indirect supervision at regular intervals to each speech-language pathology assistant or provisional licensee they supervise for each client treated by the speech-language pathology assistant or provisional licensee; (g) Conduct ongoing competency evaluations of each speech-language pathology assistant or provisional licensee they supervise; (h) Provide and encourage ongoing education and training opportunities for each speech-language pathology assistant or provisional licensee they supervise that are consistent with the competencies and skills required to meet the needs of the clients served; (i) Accurately document and regularly record all; supervisory activities, including but not limited to direct, indirect, and telesupervision provided to each speech-language pathology assistant or provisional licensee they supervise; 	<p>ASHA Supervision Requirements</p>

<p>(j) Maintain an active interest in collaborating with and developing the competency of each speech-language pathology assistant or provisional licensee they supervise;</p> <p>(k) Retain legal and ethical responsibility for all clients served by each speech-language pathology assistant or provisional licensee they supervise.</p>	
<p>4. A supervising speech-language pathologist who will not be able to supervise a speech-language pathology assistant or provisional licensee for more than [1 week] must:</p> <p>(a) Inform each speech-language pathology assistant or provisional licensee they supervise of the planned absence;</p> <p>(b) Notify the employer or site administrator that other arrangements must be made while the supervising speech-language pathologist is unavailable for each speech-language pathology assistant or provisional licensee they supervise; and</p> <p>(c) Inform all clients, families, and caregivers if their speech-language services will be rescheduled.</p>	<p>ASHA Supervision Requirements</p>

V. CONTINUING EDUCATION

NAC 637B.400 Requirements for renewal of standard or provisional license; records; audits; excess credits may not be carried forward. ([NRS 637B.132](#), [637B.191](#))

<ol style="list-style-type: none"> 1. Except as otherwise provided in subsection 2 of NAC 637B.403 and NAC 637B.430, as a prerequisite for each renewal of a standard license or provisional license, a licensee must complete, during the annual period immediately preceding the renewal, at least 15 hours of continuing education approved by the Board that directly pertains to the profession in which he or she holds a license issued by the Board, including at least 1 hour of continuing education relating to ethics, cultural competence, cultural humility, culturally responsive practices or diversity equity and inclusion. If the licensee is a dispensing audiologist, at least 3 of the 10 hours of continuing education must directly relate to the practice of fitting and dispensing hearing aids. 2. Legible copies of all receipts, records of attendance, certificates and any other evidence of a licensee's completion of a course of continuing education must be retained by the licensee and made available to the Board for inspection for not less than 3 years after the completion of the course. 3. The Board will conduct random audits of licensees to ensure compliance with the requirements of this section. 4. If a licensee completes more than the required number of hours of continuing education during one licensing period, the licensee is not allowed to credit the excess hours toward the required education for a subsequent period. 5. For the purposes of subsection 1, a course approved by the International Institute for Hearing Instruments Studies of the International Hearing Society, American Academy of Audiology, American Speech-Language-Hearing Association, Academy of Doctors of Audiology or Educational Audiology Association is deemed to be approved by the Board. 	<p>NV Speech Hearing NAC 637B.400 No changes recommended</p>
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VI. FEES FOR APPLICATION, LICENSE, & RENEWAL

NRS 637B.175 Fees.

1. The Board shall charge and collect only the following fees whose amounts must be determined by the Board, but may not exceed:	
Application fee.....	\$150
License fee.....	100
Fee for the renewal of a license.....	100
Reinstatement fee.....	100
Examination fee.....	300
Fee for converting to a different type of license.....	50
Fee for each additional license or endorsement.....	50
Fee for obtaining license information.....	50
	NRS 637B.175 Fee Caps - No changes recommended as 2025 BDR will include increase in caps.

NAC 637B.030 Schedule of fees. ([NRS 637B.132](#), [637B.175](#))

The Board will charge and collect the following fees:	
Application fee.....	\$150
Fee for a standard license or provisional license.....	100
Fee for a temporary license.....	50
Fee for a limited license.....	25
Fee for renewal of a standard license or provisional license.....	100
Fee for renewal of a temporary license.....	50
Reinstatement fee for a standard license or provisional license expired 30 days or more	100
Reinstatement fee for a standard license or provisional license expired less than 30 days.....	75
Examination fee.....	200
Fee for converting to a different type of license.....	50
Fee for each additional license or endorsement.....	50
Fee for obtaining license information.....	50
	NAC 637B.030 Any recommended change should be to NAC. Other NV Boards that license Assistants charge less, though this Board has historically not charged less for HAS Apprentices.

VII. APPLICABILITY OF CHAPTER/ALIGNMENT WITH NDE ASSISTANTS

NRS 637B.080 Applicability of chapter.

The provisions of this chapter do not apply to any person who:	
1. Holds a current credential issued by the Department of Education pursuant to chapter 391 of NRS and any regulations adopted pursuant thereto and engages in the practice of audiology or speech-language pathology within the scope of that credential;	
2. Is employed by the Federal Government and engages in the practice of audiology or speech-language pathology within the scope of that employment;	
3. Is a student enrolled in a program or school approved by the Board, is pursuing a degree in audiology or speech-language pathology and is clearly designated to the public as a student; or	
4. Holds a current license issued pursuant to chapters 630 to 637 , inclusive, 640 to 641D , inclusive, or 653 of NRS,	
↳ and who does not engage in the private practice of audiology or speech-language pathology in this State.	NAC 637B.080 No changes recommended.

VIII. REFERENCES

[ASHA Scope of Practice for the Speech-Language Pathology Assistant](#)

Minimum Requirements for an SLPA

An SLPA must complete an approved course of academic study, complete a supervised clinical experience, successfully pass the ASHA Assistants Certification Exam, meet credentialing requirements for the state in which they practice, and receive orientation as well as on-the-job training of SLPA responsibilities specific to the setting.

The minimum educational, clinical, and examination requirements for all SLPAs are outlined in the subsections below:

Three Educational Options

An SLPA has three educational options:

1. Completion of an SLPA program from a regionally accredited institution (e.g., an associate degree, a technical training program, a certificate program). OR
2. Receipt of a bachelor's degree in communication sciences and disorders from a regionally accredited institution AND completion of [ASHA education modules](#). OR
3. Receipt of a bachelor's degree in a field other than communication sciences and disorders AND completion of [ASHA education modules](#) AND successful completion of coursework from a regionally or nationally accredited institution in all of the following areas:
 - introductory or overview course in communication disorders
 - phonetics
 - speech sound disorders
 - language development
 - language disorders
 - anatomy and physiology of speech and hearing mechanisms

Additional Requirements

In addition to having satisfied one of the above three educational options, the SLPA must also meet all the following three requirements: Completion of a supervised clinical experience that consists of a minimum of one hundred (100) hours under the direct supervision of an ASHA certified SLP. The supervising SLP must meet all [ASHA certification and supervising requirements](#) and state credentialing requirements.

Achieve a passing score on the [ASHA Assistants Certification Exam](#).

Meet all [state credentialing requirements](#).

Expectations of an SLPA

The following list details of the roles and performance expectations of an ASHA-certified SLPA:

- Adhere to all applicable state laws and rules regulating the practice of speech-language pathology.
- Adhere to the responsibilities for SLPAs specified in this scope of practice document and in state requirements.
- Avoid performing tasks or activities that are the exclusive responsibility of the SLP.
- Perform only those tasks approved by the supervising SLP.
- Work only in settings for which the SLPA has been trained and in which state regulations allow for SLPA employment.
- Deliver services only with an ASHA-certified and state licensed SLP providing direct and indirect supervision on a regular and systematic basis. Frequency and type of supervision should be based on the SLPA's competencies, and the caseload need, both of which are determined by the supervising SLP.
- Conduct oneself ethically within the [ASHA Assistant's Code of Conduct](#) (ASHA, 2020b) and state ethical codes.
- Self-advocate for needed supervision and training and for adherence to this SLPA scope of practice and other requirements.
- Provide culturally responsive services while communicating and collaborating with students, patients, clients, the supervising SLP, colleagues, families, caregivers, and other stakeholders.
- Actively pursue continuing education and professional development activities.
- Obtain information regarding availability and need for liability insurance.

Responsibilities Within SLPA Scope

Service Delivery

1. The SLPA should engage in the following activities when performing necessary tasks related to speech-language service provision:
2. Self-identifying (e.g., verbally, in writing, signage, titles on name badges, etc.) as an SLPA to students, patients, clients, families, staff, and others.
3. Exhibiting compliance with federal, state, and local regulations including: The Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA); reimbursement requirements; and state statutes and rules regarding SLPA education, training, and scope of practice.
4. ~~Administering and scoring screenings for clinical interpretation by the SLP.~~
5. Assisting the SLP during assessment of students, patients, and clients (e.g., setting up the testing environment, gathering and prepping materials, taking notes as advised by the SLP, etc.).
6. ~~Administering and scoring assessment tools that (a) the SLPA meets the examiner requirements specified in the examiner's manual and (b) the supervising SLP has verified the SLPA's competence in administration, exclusive of clinical interpretation.~~
7. Administering and scoring progress monitoring tools exclusive of clinical interpretation if (a) the SLPA meets the examiner requirements specified in the examiner's manual and (b) the supervisor has verified the SLPA's competence in administration.
8. Implementing documented care plans or protocols (e.g., individualized education plan [IEP], individualized family service plan [IFSP], treatment plan) developed and directed by the supervising SLP.
9. Providing direct therapy services addressing treatment goals developed by the supervising SLP to meet the needs of the student, patient, client, and family.

10. Adjusting and documenting the amount and type of support or scaffolding provided to the student, patient, or client in treatment to facilitate progress.
11. Developing and implementing activities and materials for teaching and practice of skills to address the goals of the student, patient, client, and family per the plan of care developed by the supervising SLP.
12. Providing treatment through a variety of service delivery models (e.g., individual, group, classroom-based, home-based, co-treatment with other disciplines) as directed by the supervising SLP.
13. Providing services via telepractice to students, patients, and clients who are selected by the supervising SLP.
14. Documenting student, patient, or client performance (e.g., collecting data and calculating percentages for the SLP to use; preparing charts, records, and graphs) and report this information to the supervising SLP in a timely manner.
15. Providing caregiver coaching (e.g., model and teach communication strategies, provide feedback regarding caregiver-child interactions) for facilitation and carryover of skills.
16. Sharing objective information (e.g., accuracy in speech and language skills addressed, participation in treatment, response to treatment) regarding student, patient, and client performance to students, patients, clients, caregivers, families and other service providers without interpretation or recommendations as directed by the SLP.
17. Programming augmentative and alternative communication (AAC) devices.
18. Providing training and technical assistance to students, patients, clients, and families in the use of AAC devices.
19. Developing low-tech AAC materials for students, patients, and clients.
20. Demonstrating strategies included in the feeding and **swallowing** plan developed by the SLP and share information with students, patients, clients, families, staff, and caregivers.
21. Assisting students, patients, and clients with feeding and **swallowing** skills developed and directed by the SLP when consuming food textures and liquid consistencies.

Culturally Responsive Practices - Responsibilities for SLPs and SLPAs

All practitioners have the following responsibilities related to cultural and linguistic supports:

1. Adjust communication style and expectations to meet the needs of clients, patients, and students from different cultural groups and to provide services in a culturally responsive manner. For more information, see the ASHA Practice Portal on *Cultural Responsiveness* [ASHA, n.d.-b].
2. Provide information to families and staff regarding the influence of first language on the development of communication and related skills in a second language (under the direction of the supervising SLP).
3. Develop an understanding of the family dynamic from a cultural perspective to effectively engage in meetings surrounding intake, discussions of the therapy plan of care and other communication scenarios surrounding practices for addressing communication concerns
4. Engage in continuing education and training opportunities focusing on the assessment and intervention process when working with individuals from culturally and linguistically diverse backgrounds.

Responsibilities for Practitioners Who Use Multiple Languages

Based on prior training and experiences in working with multilingual students, patients or clients and their families, the SLPA may engage in the following tasks:

1. Assist the SLP with interpretation and translation in the student's, patient's, or client's first language during screening and assessment activities exclusive of clinical interpretation of results. For more information, see *Issues in Ethics: Cultural and Linguistic Competence* (ASHA 2017) and the ASHA Practice Portal Page on *Bilingual Service Delivery* (ASHA, n.d.-a)
2. Interpret for students, patients, clients, and families who communicate using a language other than English, when the provider has received specialized training with interpreting skills in the student's, patient's, or client's first language. For more information, see *Issues in Ethics: Cultural and Linguistic Competence* (ASHA 2017) and the ASHA Practice Portal Page on *Bilingual Service Delivery* (ASHA, n.d.-a)
3. Provide services in another language for individuals who communicate using a language other than English or for those who are developing English language skills. Such services are based on the provider's skills and knowledge of the language spoken by the student, patient, or client. For more information, see *Issues in Ethics: Cultural and Linguistic Competence* (ASHA 2017) and the ASHA Practice Portal Page on *Bilingual Service Delivery* (ASHA, n.d.-a).

Administrative Support

Depending on the setting, adequate training, and guidance from the supervising SLP, the SLPA may:

1. Assist with clerical duties and site operations (e.g., scheduling, recordkeeping, maintaining inventory of supplies and equipment);
2. Perform safety checks and maintenance of equipment, and
3. Prepare materials for screening, assessment, and treatment services.

Prevention and Advocacy

Depending on the setting, adequate training, and guidance from the supervising SLP, the SLPA may

1. Present primary prevention information to individuals and groups known to be at risk for communication and swallowing disorders;
2. Promote early identification and early intervention activities;
3. Advocate for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication—including addressing the social determinants of health and health disparities;
4. Provide information to emergency response agencies for individuals who have communication, swallowing, and/or related disorders;
5. Advocate at the local, state, and national levels for improved public policies affecting access to services and research funding;
6. Support the supervising SLP in research projects, in-service training, marketing, and public relations programs; and
7. Participate actively in professional organizations.

Responsibilities Outside SLPA Scope

There is potential for misuse of an SLPA's services, particularly when responsibilities are delegated by other staff members (e.g., administrators, nursing staff, physical therapists, occupational therapists, psychologists, etc.) without the approval of the supervising SLP. It is highly recommended that this *ASHA SLPA Scope of Practice* as well as the *ASHA Code of Ethics* (ASHA, 2016a) and the *ASHA Assistants Code of Conduct* (ASHA, 2020b) be reviewed with all personnel involved when employing an SLPA. It should be emphasized that an individual's communication and/or related disorders and/or other factors may preclude the use of services from anyone other than an ASHA-certified and/or licensed SLP. The SLPA should not perform any task without the approval of the supervising SLP. The student, patient, or client should be informed that they are receiving services from an SLPA under the supervision of an SLP.

The SLPA should *NOT* engage in any of the following activities:

1. Representing themselves as the SLP;
2. Interpreting assessment tools for the purpose of diagnosing disability, determining eligibility or qualification for services;
3. Administering or interpreting feeding and/or swallowing screenings, checklists, and assessments;
4. Diagnosing communication and feeding/swallowing disorders;
5. Developing or determining the feeding and/or swallowing strategies or precautions for students, patients, and clients;
6. Disclosing clinical or confidential information (e.g., diagnosis, services provided, response to treatment) either orally or in writing to individuals who have not been approved by the SLP to receive information unless mandated by law;
7. Writing, developing, or modifying a student's, patient's, or client's plan of care in any way;
8. Making referrals for additional services;
9. Assisting students, patients, and clients without following the individualized plan of care prepared by the ASHA certified SLP;
10. Assisting students, patients, and clients without access to supervision;
11. Selecting AAC systems or devices;
12. Treating medically fragile students, patients, and clients without 100% direct supervision;
13. Performing procedures that require specialized knowledge and training (e.g., vocal tract prosthesis shaping or fitting, vocal tract imaging);
14. Providing input in care conferences, case conferences, or any interdisciplinary team meeting without the presence or prior approval of the supervising SLP or other designated SLP;
15. Providing interpretative information to the student, patient, client, family, or others regarding the student's, patient's, or client's status or service;
16. Signing or initialing any formal documents (e.g., plans of care, reimbursement forms, reports) without the supervising SLP's co-signature;
17. Discharging a student, patient, or client from services.

Practice Settings

Under the specified guidance and supervision of an ASHA-certified and/or state-credentialed SLP, SLPAs may provide services in a wide variety of settings, which may include, but are not limited to, the following:

- public, private, and charter elementary and secondary schools
- early intervention settings (e.g., homes, preschools, daycare settings)
- hospitals (inpatient and outpatient)
- residential health care settings (e.g., long-term care and skilled nursing facilities)
- nonresidential health care settings (e.g., adult daycare, home health services, and clinics)
- private practice settings
- university/college clinics
- research facilities
- corporate and industrial settings
- student's, patient's, or client's residences

Ethical Considerations

ASHA strives to ensure that its members and certificate holders preserve the highest standards of integrity and ethical practice. ASHA maintains two separate documents that set forth the fundamentals of ethical conduct in the professions. The [ASHA Code of Ethics](#) (2016a) sets forth the fundamental principles and rules deemed essential for SLPs. This code applies to every individual who is (a) an ASHA member, whether certified or not, (b) a nonmember holding the ASHA Certificate of Clinical Competence, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification.

The [ASHA Assistants Code of Conduct](#) (2020b) sets forth the principles and fundamentals of ethical practice for SLPAs. The Assistants Code of Conduct applies to all ASHA-certified audiology and speech-language pathology assistants, as well as applicants for assistant certification. It defines the SLPA's role in the provision of services under the SLP's supervision and provides a framework to support decision-making related to the SLPA's actions. The Assistants Code of Conduct holds assistants to the same level of ethical conduct as the supervising SLP with respect to responsibilities to people served professionally, the public, and other professionals; however, it does not address ethics in supervision and other duties that are outside the SLPA Scope of Practice.

Liability Issues

Individuals who engage in the delivery of services to persons with communication and swallowing disorders are potentially vulnerable to accusations of engaging in unprofessional practices. Therefore, ASHA recommends that SLPAs secure liability insurance as a protection for malpractice. SLPAs should consider the need for liability coverage. Some employers provide it for all employees. Other employers defer to the employee to independently acquire liability insurance. Some universities provide coverage for students involved in practicum and fieldwork. Obtaining or verifying liability insurance coverage is the SLPA's responsibility and needs to be done prior to providing services.

SLPA Supervision

Supervisor Qualifications

The [ASHA Scope of Practice for the SLPA](#) recommends that the supervising speech-language pathologist (SLP):

- Holds the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) from ASHA and/or possesses the necessary state credentials
- Has completed a minimum of 9 months of experience after being awarded ASHA certification (i.e., completion of the 9-month Clinical Fellowship followed by 9 months of experience)
- Has completed a minimum of 2 hours of professional development in clinical instruction/supervision
- Adheres to state guidelines for supervision of the SLPA

It is also recommended that the professional development course taken in clinical instruction or supervision include content related to the supervision of SLPAs.

Expectations for the Supervising SLP

In addition to the minimum qualifications listed above, the following additional roles and behavior are expected of the supervising SLP:

- Adhere to the principles and rules of the [ASHA Code of Ethics](#)
- Adhere to applicable licensure laws and rules regulating the practice of speech-language pathology
- Conduct ongoing competency evaluations of the SLPAs
- Provide and encourage ongoing education and training opportunities for the SLPA that are consistent with the competencies and skills required to meet the needs of the students, patients, and clients served
- Develop, review, and modify treatment plans for students, patients, and clients that the SLPA implements under the SLP's supervision
- Make all case management decisions
- Adhere to the supervisory responsibilities for SLPs
- Retain legal and ethical responsibility for all students, patients, and clients served
- Maintain an active interest in collaborating with SLPAs

SLP-to-SLPA Ratio

The supervising SLP should determine the appropriate number of assistants whose practice can be supervised within their workload. Although **more than one SLP may provide supervision of an SLPA, it is recommended that the SLP not supervise or be listed as a supervisor for more than three full-time equivalent (FTE) SLPAs in any setting.** The number of SLPAs who can be appropriately supervised by a single SLP will depend on a variety of factors including caseload characteristics, SLPA experience, and SLP experience. The SLP is responsible for determining how many SLPAs can be supervised while maintaining the highest level of quality for services provided. When multiple SLPs supervise a single SLPA, it is critical that the supervisors coordinate and communicate with each other so that they collectively meet minimum supervisory requirements and ensure that they maintain the highest quality of services.

Frequency and Amount of Supervision

Supervision requirements may vary based on a variety of factors. The amount and type of supervision required must be consistent with (a) the SLPA's skills and experience; the needs of the students, patients, and clients; (c) the service setting; (d) the tasks assigned; and (e) the laws and regulations that govern SLPAs. To ensure adequate and appropriate supervision, the supervising SLP should outline their expectations in collaboration with the SLPA. As the relationship continues to develop over time, the SLP/SLPA team can decide how and to what extent supervision is needed.

Before the SLPA begins to provide support independently, the supervising SLP must have first contact with all individuals on the caseload. "First contact" includes establishing rapport, gathering baseline data, and securing other necessary documentation to begin (or continue) the plan of care for the student, patient, or client. As the SLP/SLPA team dynamic continues to develop beyond the initial onboarding, minimum ongoing supervision must always include documentation of direct supervision provided by the SLP for each student, patient, or client **at least every 30–60 days (depending on frequency of visits/sessions and setting)**.

The SLP can adjust the amount of supervision if they determine that the SLPA has met appropriate competencies and skill levels in treating students, patients, and clients who have a variety of communication disorders. Data on every student, patient, and client serviced by the SLPA should be reviewed by the supervisor in regular intervals and can be considered "indirect supervision." Supervisors should arrange designated days and times of day (morning or afternoon) in such a way that all students, patients, and clients receive direct contact with the supervising SLP.

The supervising SLP must accurately document and regularly record all supervisory activities, both direct and indirect. Further, 100% direct supervision (synchronous or "live" telesupervision is acceptable) of SLPAs for medically fragile students, patients, or clients is required. The supervising SLP is responsible for designing and implementing a supervisory plan, which ensures that the SLP maintains the highest standard of quality care for students, patients, and clients. A written supervisory plan is a tangible way to document progress and outline the practices of the supervising SLP and the SLPA. Care of the student, patient, or client remains the supervisor's responsibility.

Direct supervision means in-view observation and guidance while the SLPA is performing a clinical activity. This can include the supervising SLP viewing and communicating with the SLPA via telecommunication technology as the SLPA provides clinical services, this scenario allows the SLP to provide ongoing immediate feedback. Direct supervision does not include reviewing an audio or video recorded session later.

Supervision feedback should provide information about the quality of the SLPA's performance of assigned tasks and should verify that clinical activity is limited to tasks specified in the list of an SLPA's ASHA-approved responsibilities. Information obtained during direct supervision may include, but is not limited to, data relative to (a) agreement (reliability) between the SLPA and the supervisor on correct or incorrect recording of target behavior, (b) accuracy implementing assigned treatment procedures, (c) accuracy recording data, and (d) ability to interact effectively with the student, patient, or client during presentation and implementation of assigned procedures or activities.

Indirect supervision does not require the SLP to be physically present or available via telecommunication while the SLPA is providing services. Indirect supervisory activities may include (a) reviewing demonstration videos; (b) reviewing student, client, or patient files; (c) reviewing and evaluating audio or video recorded sessions; and/or (d) conducting supervisory conferences either in person or via telephone and/or live, secure virtual meetings. The SLP will review each care plan as needed for timely implementation of modifications.

An SLPA may not perform tasks when a supervising SLP cannot be reached by personal contact, that is, phone, pager, or other immediate or electronic means. If, for any reason (i.e., maternity leave, illness, change of jobs) the supervisor is no longer available to provide the level of supervision stipulated, then the SLPA may not perform assigned tasks until an ASHA-certified and/or state-licensed SLP with experience and training in supervision has been designated as the new supervising SLP.

Any supervising SLP who will not be able to supervise an SLPA for more than 1 week will need to (a) inform the SLPA of the planned absence, (b) notify the employer or site administrator that other arrangements for the SLPA's supervision of services need to be made while the SLP is unavailable, and (c) inform the students, patients, or clients that their speech-language services will be rescheduled.

In some instances, multiple SLPs may supervise the SLPA. Those doing so must give special consideration to, and think carefully about, the impact that this supervisory arrangement may have on service providers. It is recommended that the SLPA not be supervised by more than three SLPs.

First Contact

Before the SLPA begins to provide support independently, the supervising SLP must have first contact with all individuals on the caseload. “First contact” includes establishing rapport, gathering baseline data, and securing other necessary documentation to begin (or continue) the plan of care for the student, patient, or client. As the SLP/SLPA team dynamic continues to develop beyond the initial onboarding, minimum ongoing supervision must always include documentation of direct supervision provided by the SLP for each student, patient, or client **at least every 30–60 days (depending on the frequency of visits and sessions and depending on the setting)**.

The SLP may adjust the amount of supervision if they determine that the SLPA has met appropriate competencies and skill levels. The supervisor should review, in regular intervals, data on every student, patient, and client served by the SLPA ; this can be considered “indirect supervision.” Supervisors should arrange designated days and times of day (morning or afternoon) in such a way that all students, patients, and clients receive direct contact with the supervising SLP.

Medically Fragile Students, Patients, and Clients

According to the [ASHA Scope of Practice for the SLPA](#), “medically fragile” is a term used to describe an individual who is acutely ill and in an unstable health condition. If an SLPA treats such an individual, that treatment requires 100% direct supervision by an SLP. States, health care providers, payers, and facilities may also define the term “medically fragile” based on medical diagnosis and needed support. ASHA maintains two separate policy documents that set forth the fundamentals of ethical conduct in the professions. Both documents address considerations for supervision.

Telesupervision

Telesupervision occurs when a qualified professional observes, from a distance, the delivery of services and provides feedback or assistance as needed. With telesupervision, the SLP can view and communicate with the patient and SLPA in real time via telecommunication software (e.g., virtual platforms), webcam, telephone, and similar devices and services to supervise the SLPA. This enables the SLP to give immediate feedback. Telesupervision does not include reviewing a recorded session later. See ASHA's Practice Portal on [Telepractice](#) for information on licensure and teacher certification, international considerations, and reimbursement and other topics. The page also includes a comprehensive list of resources—including checklists and videos to inform practice.

Laws and Regulations

The use of telesupervision as an alternative to in-person supervision may depend on the policies, regulations, and/or laws of various stakeholders such as universities, clinical settings, ASHA, state licensure boards, and state and federal laws and regulations. Increasingly, state licensure laws may or may not include guidance or regulation regarding telesupervision. States may vary in terms of whether they specifically address the issue of supervising students from a distance. See practice policy [for your state](#). In some cases, providers and clients, patients, students may not reside in the same state or country. [Serving Students in Other States and Countries Through Telepractice](#) provides information and guidance when this occurs.

Ethical Responsibilities

The supervisor has an ethical responsibility to determine if telesupervision is appropriate in view of the type of setting, client population, and level of competence of the individual delivering the service. When implementing telesupervision practice and policies, consider the security of the telesupervision transmission, keeping in mind relevant state and federal laws such as Health Insurance Portability and Accountability Act (HIPAA) and Family Education Rights and Privacy Act (FERPA). Policies about safety, liability, and whether a certified and/or licensed professional needs to be on site are important considerations. [Considerations for Group Speech-Language Pathology Treatment in Telepractice](#) addresses service delivery, documentation, privacy and confidentiality of telepractice across settings.

Knowledge and Skills

Delivering supervision services from a distance requires knowledge and skills for managing technology, complying with licensure and security requirements, providing feedback, and so forth. Training may be necessary to ensure that the quality and effectiveness of the telesupervision is equivalent to in-person supervision.

Tips And Considerations for Telesupervision

Conduct a trial prior to the scheduled observation to identify and resolve technical and logistical issues (e.g., connectivity location of the microphone and camera).

Always have an alternate means for the telesupervisor and clinician to communicate in case there is a problem with connectivity or equipment.

The telesupervisor should share their web camera when being introduced to the client, student, or patient at the beginning of the session but may stop sharing the web camera after introductions in order to minimize distractions.

Providing the background case information as well as an outline for the test plan or lesson plan in advance helps to plan camera and microphone placement so that the telesupervisor can have an optimal view of the client, student, or patient and their materials. If the supervisor is providing online feedback or instructions during the session, the telesupervisee can receive communications via an earpiece to avoid distracting the client, student, or patient.

Definitions

accountability—refers to being legally responsible and answerable for actions and inactions of self or others during the performance of a task by the SLPA.

aide/technician—individual who has completed on-the-job training, workshops, and other related tasks and who works under the direct supervision of an ASHA-certified SLP. See also *speech-language pathology aide/technician*.

assessment—procedures implemented by the SLP for the differential diagnosis of communication and swallowing disorders, which may include, per the [ASHA Speech-Language Pathology Scope of Practice](#) [PDF], “culturally and linguistically appropriate behavioral observation and standardized and/or criterion-referenced tools; use of instrumentation; review of records, case history, and prior test results; and interview of the individual and/or family to guide decision making” (ASHA, 2016b, p. 11). *Assessments* may also be referred to as *evaluations*, *tests*, and so forth.

cultural responsiveness—provides individuals with “a broader perspective from which to view our behaviors as they relate to our actions with individuals across a variety of cultures that are different from our own”. (Hyter and Salas-Provance, 2019, p. 7)

culturally responsive practices—Care that takes the client’s cultural perspectives, beliefs, and values into consideration in all aspects of education and/or service provision. Leininger (2002) defines this term as “the explicit use of culturally based care and health knowledge in sensitive, creative, and meaningful ways”.

direct supervision—in-view observation and guidance by an SLP while the SLPA performs an assigned activity. Direct supervision activities performed by the supervising SLP may include, but are not limited to, the following: observing a portion of the screening or treatment procedures performed by the SLPA, coaching the SLPA, and modeling for the SLPA. The supervising SLP must be present during all services provided to a medically fragile client by the SLPA (e.g., on-site or via synchronous telesupervision). The SLP can view and communicate with the student, patient, or client and SLPA via “real-time” telecommunication technology to supervise the SLPA, giving the SLP the opportunity to provide immediate feedback. This does not include reviewing a recorded session later.

indirect supervision—the monitoring or reviewing of an SLPA’s activities outside of observation and guidance during direct services provided to a student, patient, or client. Indirect supervision activities performed by the supervising SLP may include, but are not limited to, demonstration, records review, review and evaluation of audio or video recorded sessions, and interactive conferences that may be conducted by telephone, email, or other forms of telecommunication (e.g., virtual platforms).

interpretation—summarizing, integrating, and using of data for the purpose of clinical decision making, which may only be done by SLPs. SLPAs may summarize objective data from a session to the family or team members.

medically fragile—a term used to describe an individual who is acutely ill and in an unstable health condition. If an SLPA treats such an individual that treatment requires 100% direct supervision by an SLP.

plan of care—a written service plan developed and monitored by the supervising SLP to meet the needs of an individual student, patient, or client. The plan may address needs for screening, observation, monitoring, assessment, treatment, and other services. Examples of care plans include Individualized Education Plans (IEPs), Individualized Family Service Plans (IFSPs), rehabilitation services plans, and so forth.

progress monitoring—a process of collecting, graphing, and reviewing data on an individual's target skills to assess their response to treatment and then comparing their growth to a target trend line or goal to determine whether sufficient progress is being made. Definition adapted from Progress Monitoring webpage. (*National Center on Intensive Intervention*, n.d.)

screening—a pass-fail procedure to identify, without interpretation, students, patients, or clients who may require further assessment following specified screening protocols developed by and/or approved by the supervising SLP.

social determinants of health—the conditions in which people are born, grow, live, work, and age, including the health system. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities—the unfair and avoidable differences in health status seen within and between countries. (World Health Organization, n.d.)

speech-language pathology aides/technician—an individual who has completed on-the-job training, workshops, and other related tasks and who works under the direct supervision of an ASHA-certified SLP; this is another type of support personnel that may not meet the requirements as an ASHA certified SLPA. See also aide/technician

speech-language pathology assistant—an individual who, following academic coursework, clinical practicum, and credentialing can perform tasks prescribed, directed, and supervised by ASHA-certified SLPs.

supervising speech-language pathologist—an SLP who holds a Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) from ASHA and/or a state licensure (where applicable), has an active interest and desire to collaborate with support personnel, has a minimum of 9 months of experience after being awarded ASHA certification, has completed the 2-hour supervision requirement per the [ASHA Certification Standards](#) (ASHA, 2020a) and adheres to state credentialing guidelines for supervision of the SLPA, and who is licensed and/or credentialed by the state (where applicable).

supervision—the provision of direction and evaluation of the tasks assigned to an SLPA. Methods for providing supervision include direct supervision, indirect supervision, and telesupervision.

support personnel—these individuals perform speech-language tasks as prescribed, directed, and supervised by ASHA-certified SLPs. There are different levels of support personnel based on training and scope of responsibilities. The term support personnel includes SLPAs and speech-language pathology aides/technicians. ASHA is operationally defining these terms for ASHA resources. Some states use different terms and definitions for support personnel (e.g., *assistant speech-language pathologist*, *speech-language pathologist paraprofessional*, and *SLP assistant*, among others).

telepractice—applying telecommunications technology to the delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation (ASHA, n.d.).

telesupervision—the SLP can view and communicate with the patient and SLPA in real time via telecommunication software (e.g., virtual platforms), webcam, telephone, and similar devices and services to supervise the SLPA. This enables the SLP to give immediate feedback. Telesupervision does not include reviewing a recorded session later.

Nevada Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board

[NRS 637B](#)[NAC 637B](#)**NRS 637B.160 Qualifications of applicants.**

Except as otherwise provided in [NRS 637B.195](#), [637B.200](#), [637B.201](#), [637B.203](#) and [637B.204](#), to be eligible for licensing by the Board, an applicant for a license to engage in the practice of audiology, speech-language pathology or fitting and dispensing hearing aids must:

1. Be a natural person of good moral character;
2. Pass an examination prescribed by the Board pursuant to [NRS 637B.191](#) or [637B.194](#), as applicable;
3. Pay the fees provided for in this chapter; and
4. Submit all information required to complete an application for a license.

NRS 637B.193 Hearing aid specialists: Qualifications of applicants.

An applicant for a license to engage in the practice of fitting and dispensing hearing aids must:

1. Successfully complete a program of education or training approved by the Board which requires, without limitation, that the applicant:
 - (a) Hold an associate's degree or bachelor's degree in hearing instrument sciences; or
 - (b) Hold a high school diploma or its equivalent or an associate's degree or bachelor's degree in any field other than hearing instrument sciences, and successfully complete a training program in hearing instrument sciences as prescribed by regulation of the Board.
2. Except as otherwise provided in [NRS 637B.201](#), be certified by the National Board for Certification in Hearing Instrument Sciences.
3. Pass the examination prescribed pursuant to [NRS 637B.194](#).
4. Comply with the regulations adopted pursuant to [NRS 637B.194](#).
5. Include in his or her application the complete street address of each location from which the applicant intends to engage in the practice of fitting and dispensing hearing aids.

NRS 637B.194 Hearing aid specialists and apprentices: Regulations.

The Board shall adopt regulations regarding the practice of fitting and dispensing hearing aids, including, without limitation:

1. The licensing of hearing aid specialists and apprentices;
2. The educational and training requirements for hearing aid specialists and apprentices;
3. The examination required pursuant to [NRS 637B.160](#), [637B.193](#), [637B.205](#) and [637B.238](#) concerning the practice of fitting and dispensing hearing aids; and
4. A program of in-service training for apprentices.

NRS 637B.196 Speech-language pathologists and audiologists: Educational requirements.

1. Except as otherwise provided in subsection 2:
 - (a) An applicant for a license to engage in the practice of speech-language pathology must satisfy the academic requirements of an educational program accredited by the American Speech-Language-Hearing Association or its successor organization approved by the Board.
 - (b) An applicant for a license to engage in the practice of audiology must satisfy the academic requirements of an educational program accredited by the:

- (1) American Speech-Language-Hearing Association or its successor organization approved by the Board; or
- (2) Accreditation Commission for Audiology Education or its successor organization approved by the Board.
- 2. An applicant for a license to engage in the practice of audiology or speech-language pathology who receives an education in audiology or speech-language pathology from a foreign school must prove to the satisfaction of the Board that his or her educational program:
 - (a) Is substantially equivalent to the requirements set forth in subsection 1, as applicable; and
 - (b) Is accredited by an accrediting agency approved by the Board.

NAC 637B.003 "Client" defined. ([NRS 637B.132](#))

"Client" means a person who receives services from an audiologist, speech-language pathologist or hearing aid specialist.

NAC 637B.0396 Qualifications to act as sponsor of apprentice; limitation on number of apprentices or sponsors.

([NRS 637B.132](#), [637B.194](#), [637B.235](#))

- 1. To be eligible to act as a sponsor of an apprentice, a hearing aid specialist or dispensing audiologist must:
 - (a) Hold a standard license that is on active status;
 - (b) Have experience as a hearing aid specialist or dispensing audiologist for a minimum of 3 years; and
 - (c) Be in good standing with the Board and have no record of disciplinary action.
- 2. A hearing aid specialist or dispensing audiologist shall not sponsor more than two apprentices at one time, and an apprentice shall not have more than two sponsors at one time.

NAC 637B.0398 Duties of sponsor; review of work; direct supervision not required for certain duties; prohibition on operating office or satellite office without approval of Board. ([NRS 637B.132](#), [637B.194](#), [637B.235](#))

- 1. A sponsor of an apprentice shall:
 - (a) Except as otherwise provided in subsection 3, provide direct supervision to the apprentice;
 - (b) Determine the competency level of the apprentice to perform tasks relating to fitting and dispensing hearing aids;
 - (c) Evaluate the work of the apprentice;
 - (d) Document the training provided to and the direct supervision of the apprentice; and
 - (e) Provide written notification to the Board if:
 - (1) The apprentice is no longer under the sponsorship of the sponsor;
 - (2) The apprentice withdraws from or terminates his or her in-service training;
 - (3) The sponsor withdraws as a sponsor for the apprentice;
 - (4) The apprentice has completed 1 year of in-service training under the direct supervision of the sponsor and the sponsor believes that the apprentice is competent to work without physical on-site supervision; or
 - (5) The apprentice successfully completes all the requirements for in-service training.
- 2. All work completed by an apprentice must be reviewed daily and signed by the sponsor and the apprentice.
- 3. An apprentice is not required to be under the direct supervision of a sponsor when performing any of the duties that may be delegated to an office assistant, aide or technician pursuant to subsection 1 of [NAC 637B.0442](#).
- 4. An apprentice shall not maintain, run or operate an office or a satellite office in which hearing aids are fitted and dispensed without the approval of the Board.

5. As used in this section, “direct supervision” means:
 - (a) During the first year of the in-service training of an apprentice, being physically on-site at the same location as the apprentice.
 - (b) After the first year of the in-service training of an apprentice and upon attaining the approval of the Board, daily communication with the apprentice without the requirement of being physically on-site at the same location as the apprentice.

Nevada Occupational Therapy**NRS 640A.060 “Occupational therapy assistant” defined.**

“Occupational therapy assistant” means a person who is licensed pursuant to this chapter to practice occupational therapy under the general supervision of an occupational therapist.

NRS 640A.120 Qualifications for license.

Except as otherwise provided in NRS 640A.165 and 640A.166, to be eligible for licensing by the Board as an occupational therapist or occupational therapy assistant, an applicant must:

1. Be a natural person of good moral character.
2. Except as otherwise provided in NRS 640A.130, have satisfied the academic requirements of an educational program approved by the Board. The Board shall not approve an educational program designed to qualify a person to practice as an occupational therapist or an occupational therapy assistant unless the program is accredited by the Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association, Inc., or its successor organization.
3. Except as otherwise provided in NRS 640A.130, have successfully completed:
 - (a) If the application is for licensing as an occupational therapist, 24 weeks; or
 - (b) If the application is for licensing as an occupational therapy assistant, 16 weeks,
 - ↳ of supervised fieldwork experience approved by the Board. The Board shall not approve any supervised experience unless the experience was sponsored by the American Occupational Therapy Association, Inc., or its successor organization, or the educational institution at which the applicant satisfied the requirements of subsection 2.
4. Except as otherwise provided in NRS 640A.160 and 640A.170, pass an examination approved by the Board.

NRS 640A.140 Application for license.

1. Except as otherwise provided in [NRS 640A.165](#) and [640A.166](#), a person who desires to be licensed by the Board as an occupational therapist or occupational therapy assistant must:
 - (a) Submit an application to the Board on a form furnished by the Board; and
 - (b) Provide evidence satisfactory to the Board that he or she possesses the qualifications required pursuant to subsections 1, 2 and 3 of [NRS 640A.120](#).
2. The application must include all information required to complete the application.

NRS 640A.150 Examination for license.

1. The Board shall:
 - (a) Approve an examination for licensing as an occupational therapist and an examination for licensing as an occupational therapy assistant; and
 - (b) Establish the requirements to pass each examination.

2. Each examination must be in writing and be designed to test an applicant's knowledge of:
 - (a) The basic and clinical sciences relating to occupational therapy;
 - (b) The techniques and methods of occupational therapy; and
 - (c) Any other subjects the Board requires to determine the fitness of an applicant to practice occupational therapy.
3. A person who has satisfied the requirements of [NRS 640A.140](#) may take the appropriate examination for licensing.

NRS 640A.160 Issuance of license without examination.

The Board may issue, without examination, a license as an occupational therapist or occupational therapy assistant to a person who has the qualifications required pursuant to subsections 1, 2 and 3 of NRS 640A.120 and who is certified by the National Board for Certification in Occupational Therapy or its successor organization.

NAC 640A.012 "Certified occupational therapy assistant" defined. ([NRS 640A.110](#))

"Certified occupational therapy assistant" means a person who is certified as an occupational therapy assistant by the National Board for Certification in Occupational Therapy, Inc., or its successor organization.

NAC 640A.0165 "Supervision" defined. ([NRS 640A.110](#))

"Supervision" means a collaborative process for the responsible, periodic review and inspection of all aspects of any occupational therapy services provided.

NAC 640A.250 Occupational therapy assistant or provisional licensee: Practice under general supervision of occupational therapist. ([NRS 640A.110](#), [640A.230](#))

1. An occupational therapy assistant or a provisional licensee shall not practice occupational therapy without the general supervision of an occupational therapist. Immediate physical presence or constant presence on the premises where the occupational therapy assistant or provisional licensee is practicing is not required of the occupational therapist. To provide satisfactory general supervision, the treating occupational therapist shall:
 - (a) Provide an initial program of intervention, and any subsequent changes to the initial program, for patients assigned to the occupational therapy assistant or provisional licensee.
 - (b) Not less than 1 hour for each 40 hours of work performed by the occupational therapy assistant or provisional licensee and, in any event, not less than 1 hour each month, engage in:
 - (1) Clinical observation of the occupational therapy assistant or provisional licensee; or
 - (2) Direct communication with the occupational therapy assistant or provisional licensee. The mode and frequency of that communication is dependent upon the setting for the practice of the occupational therapy assistant or provisional licensee. Direct communication may consist of, without limitation:
 - (I) Direct or joint treatment of a patient;
 - (II) Personal supervision of the occupational therapy assistant or provisional licensee while providing services;
 - (III) Conversation, in person or by telephone;
 - (IV) Exchange of written comments;

- (V) Review of patient records; or
 - (VI) Conferences, or other face-to-face meetings.
- (c) Establish the patient workload of the occupational therapy assistant or provisional licensee based on the competency of the occupational therapy assistant or provisional licensee as determined by the occupational therapist.
- (d) Review written documentation prepared by the occupational therapy assistant or provisional licensee during the course of treatment of a patient. The completion of this review by the occupational therapist may be evidenced by:
 - (1) Preparation of a separate progress note; or
 - (2) The occupational therapist signing and dating the document prepared by the occupational therapy assistant or provisional licensee.
- 2. The treating occupational therapist and the occupational therapy assistant or provisional licensee shall jointly:
 - (a) Document, in a manner other than the mere signing of service records prepared by another person, the supervision required pursuant to this section by preparing, without limitation:
 - (1) Daily or weekly treatment or intervention schedules;
 - (2) Logs of supervision, which must include, without limitation, the time and date of supervision, the type of supervision provided and the subject matter covered during the supervision; and
 - (3) Patient records.
 - (b) Ensure that the record regarding a patient treated by the occupational therapy assistant or provisional licensee is signed, dated and reviewed at least monthly by the occupational therapy assistant or provisional licensee and the occupational therapist. In reviewing the record, the occupational therapist and the occupational therapy assistant or provisional licensee shall verify, without limitation:
 - (1) The accuracy of the record; and
 - (2) That there is continuity in the services received by the patient pursuant to the program of intervention.
- 3. An occupational therapy assistant or provisional licensee may assist an occupational therapist in:
 - (a) Preparing and disseminating any written or oral reports, including, without limitation, the final evaluation and discharge summary of a patient;
 - (b) Unless the treatment is terminated by a patient or his or her provider of health care, determining when to terminate treatment; and
 - (c) Delegating duties to an occupational therapy aide or technician.
- 4. An occupational therapy assistant or provisional licensee shall document all treatment provided to a patient by the occupational therapy assistant or provisional licensee.
- 5. An occupational therapist shall not delegate responsibilities to an occupational therapy assistant or provisional licensee which are beyond the scope of the training of the occupational therapy assistant or provisional licensee.
- 6. The provisions of this section do not prohibit an occupational therapy assistant or provisional licensee from responding to acute changes in a patient's condition that warrant immediate assistance or treatment.
- 7. As used in this section, "sign" means to inscribe by handwriting or electronic means one's name, initials or license number.

NAC 640A.255 Occupational therapy assistant or provisional licensee: Review and approval of supervisory logs by primary supervisor; general supervision by treating occupational therapist. (NRS 640A.110)

- 1. A primary supervisor of an occupational therapy assistant or a provisional licensee shall review and approve monthly supervisory logs maintained by both the treating occupational therapist and the occupational therapy assistant or provisional licensee.

2. A treating occupational therapist shall provide general supervision, as described in [NAC 640A.250](#), to an occupational therapy assistant or provisional licensee to whom he or she delegated duties for the provision of care to a patient.

NAC 640A.260 Occupational therapy assistant or provisional licensee: Verification to Board of employment and supervision; notice of termination; number of primary supervisors required per employer of record. ([NRS 640A.110](#))

1. An occupational therapy assistant or provisional licensee shall submit verification of his or her employment and supervision by a primary supervisor to the Board within 30 days after a change in the employment or primary supervisor. The verification must be submitted in a format approved by the Board.
2. An occupational therapist who is a primary supervisor shall notify the Board within 30 days after the termination of his or her supervision of an occupational therapy assistant or provisional licensee.
3. An occupational therapy assistant or provisional licensee must have at least one primary supervisor and may have one alternate primary supervisor for each employer of record.

NAC 640A.265 Occupational therapy assistant or provisional licensee: Delegation of duties by treating occupational therapist; limitations. ([NRS 640A.110](#), [640A.230](#))

1. A treating occupational therapist shall supervise any program of intervention which is delegated to an occupational therapy assistant or provisional licensee.
2. Only an occupational therapist may:
 - (a) Interpret the record of a patient who is referred to the occupational therapist by a provider of health care;
 - (b) Interpret the evaluation of a patient and identify any problem of the patient;
 - (c) Develop a plan of care for a patient based upon the initial evaluation of the patient, which includes the goal of the treatment of the patient;
 - (d) Determine the appropriate portion of the program of intervention and evaluation to be delegated to an occupational therapy assistant;
 - (e) Delegate the treatment to be administered by the occupational therapy assistant;
 - (f) Instruct the occupational therapy assistant regarding:
 - (g) The specific program of intervention of a patient;
 - (h) Any precaution to be taken to protect a patient;
 - (i) Any special problem of a patient;
 - (j) Any procedure which should not be administered to a patient; and
 - (k) Any other information required to treat a patient;
 - (l) Review the program of intervention of a patient in a timely manner;
 - (m) Record the goal of treatment of a patient; and
 - (n) Revise the plan of care when indicated.
3. A treating occupational therapist may delegate to an occupational therapist who holds a provisional license any of the activities identified in subsection 2.
4. Except as otherwise provided in [NAC 640A.267](#), a licensee shall not knowingly delegate to a person who is less qualified than the licensee any program of intervention which requires the skill, common knowledge and judgment of the licensee.

Nevada Physical Therapy

NRS 640.0213 “Physical therapist assistant” defined.

“Physical therapist assistant” means a person who assists in the practice of physical therapy under the supervision of a licensed physical therapist and who is licensed under the provisions of this chapter.

NRS 640.026 “Supervising physical therapist” defined.

“Supervising physical therapist” means a physical therapist who supervises a physical therapist assistant, a physical therapist technician, a student who is completing a program for physical therapists or physical therapist assistants or a graduate of such a program.

NRS 640.092 Qualifications of applicant for licensure as physical therapist assistant.

Except as otherwise provided in [NRS 640.145](#) and [640.146](#), to be eligible for licensing by the Board as a physical therapist assistant, an applicant must:

1. Be at least 18 years old.
2. Be of good moral character.
3. Have completed a program of professional education approved by the Board for a physical therapist assistant.
4. Pass an examination designated by the Board or be entitled to licensing without examination as provided in [NRS 640.120](#).

NRS 640.093 Requirements for program of professional education for physical therapist assistant.

1. For the purposes of [NRS 640.092](#), the Board shall not approve any program of professional education for a physical therapist assistant unless the program includes elementary or intermediate courses in clinical, anatomical, biological and physical sciences and is:
 - (a) At least a 2-year program requiring a minimum of 60 academic semester credits at a college accredited by a recognized accrediting agency; or
 - (b) A program which is provided by the Armed Forces of the United States.
2. The Board may refuse to approve any program of professional education for physical therapist assistants if the program does not include such courses in theory and procedures as determined by the Board to be necessary for these assistants.

NRS 640.094 Requirements for physical therapist assistant to assist in practice of physical therapy.

A person licensed as a physical therapist assistant may assist in the practice of physical therapy only under the supervision of a supervising physical therapist, as regulated by the Board and subject to the conditions and limitations of this chapter and any regulations adopted pursuant thereto.

NAC 640.596 Physical therapist’s assistant prohibited from performing certain activities; disciplinary action. ([NRS 640.050](#))

2. A physical therapist’s assistant shall not:

- (a) Perform any activity which requires the unique skills, knowledge and judgment of a physical therapist, whether or not the activity is delegated to him or her by the physical therapist.
 - (b) Perform any procedures or activities of physical therapy on more than two patients at the same time during the time the supervising physical therapist is not on the premises.
 - (c) Have less than 2,000 hours of experience as a physical therapist's assistant during which the supervising physical therapist is on the premises when any procedures or activities of physical therapy are performed by the physical therapist's assistant, before working in any setting without such supervision.
 - (d) Supervise another physical therapist's assistant or a physical therapist's technician in the performance of a treatment related to physical therapy.
- 3. A physical therapist's assistant is subject to disciplinary action if he or she performs any activity in violation of this section.
 - 4. As used in this section, "treatment" does not include secretarial, clerical or housekeeping activities, the transportation of a patient or the dressing or undressing of a patient.

NAC 640.592 Supervision of physical therapist's assistant. (NRS 640.050, 640.290)

- 1. A physical therapist who supervises a physical therapist's assistant who provides treatment to a patient:
 - (a) Shall contact the patient initially to evaluate the patient and write a plan of care for that patient.
 - (b) Shall formulate and document, on the medical record of the patient, the treatment goals and plan of care for the patient based upon the evaluation. This information must be communicated verbally or in writing by the supervising physical therapist to the physical therapist's assistant before initiation of treatment by the physical therapist's assistant.
 - (c) Must be accessible for communication by telephone during the time that the physical therapist's assistant is treating the patient, if the physical therapist's assistant has at least 2,000 hours of experience as a physical therapist's assistant.
 - (d) Shall provide the required treatment and reevaluate the patient not less than every seventh day of treatment or within 21 days, whichever occurs first.
 - (e) Shall provide an evaluation before the patient is discharged, based upon the availability of the patient.
- 2. A physical therapist who supervises a physical therapist's assistant pursuant to subsection 1 shall make a record of each reevaluation of the patient conducted by the physical therapist in accordance with paragraph (d) of subsection 1. The record must include, but not be limited to:
 - (a) A functional assessment of the patient;
 - (b) A review of the daily activities performed by the patient;
 - (c) A reassessment of the plan of care, including short-term and long-term goals; and
 - (d) A reassessment of the resources used by the physical therapist's assistant.

NAC 640.593 Supervision of physical therapist's assistant and student enrolled in curriculum approved by Board for physical therapist's assistant. (NRS 640.050, 640.290)

- 1. A physical therapist's assistant may participate in the clinical instruction of a student who is enrolled in a curriculum approved by the Board for a physical therapist's assistant if the physical therapist's assistant and the student are under the direct supervision of a licensed physical therapist.
- 2. As used in this section, "direct supervision" means the direction or assistance provided to a licensed physical therapist's assistant and such a student by a licensed physical therapist who is present and immediately available on the premises where the physical therapy is performed.

NAC 640.594 Supervision of unlicensed person; limitation on number of persons supervised. (NRS 640.050, 640.290, 640.310)

1. Except as otherwise provided in [NRS 640.310](#), a physical therapist supervising a person who is not licensed pursuant to the provisions of [chapter 640](#) of NRS must be physically present and immediately available on the premises when any procedures or activities of physical therapy are performed by that person.
2. A physical therapist may not supervise more than:
 - (a) Two physical therapist's assistants at the same time.
 - (b) Two physical therapist's technicians at the same time.
 - (c) Two students of physical therapy at the same time.
 - (d) Two graduates of physical therapy at the same time.
 - (e) If supervising any combination of graduates of physical therapy, students of physical therapy, physical therapist's assistants and physical therapist's technicians, a combined total of three such persons at the same time.



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board
Speech-Language Pathology Subcommittee

AGENDA ITEM 5

Review and Recommendation to the Board on Possible Revision to NRS 637B.060 “Practice of speech-language pathology” defined to Address Flexible Endoscopic Evaluation of Swallowing (FEES) Procedure

The Board has taken no action to date on a decision to pursue a related NRS or NAC revision and has delegated this matter to the Subcommittee for a recommendation on possible revisions to NRS 637B or NAC 637B.

At its February 21, 2024 meeting, the Subcommittee discussed the matter and reviewed the current SLP scope of practice in NRS 637B.060, which includes the following: **(5) The use of oral and nasal endoscopy for the purpose of vocal tract imaging and visualization.** There was discussion on whether it was necessary to revise the current scope to be more specific, as the FEES procedure is one of many tools used for the referenced imaging. The matter was tabled for further discussion in a future meeting and no action was taken.

Per ASHA, [34 states define swallowing or voice](#), and [18 states have laws, regulations, or policies that related to the use of instrumental assessment](#). Should the Subcommittee elect to recommend a revision to NRS 637B or NAC 637B, the following state examples are provided for consideration:

Alabama	(f) Using instrumental technology to diagnose and treat disorders of communication and swallowing (e.g., videofluoroscopy, nasendoscopy, ultrasonography, stroboscopy.)
Arkansas	E. using instrumentation (e.g., videofluoroscopy, EMG, nasendoscopy, stroboscopy, computer technology) to observe, collect data, and measure parameters of communication and swallowing, or other upper aerodigestive functions in accordance with the principles of evidence-based practice.
Colorado	(IV) Using instrumentation such as videofluoroscopy, endoscopy or stroboscopy to observe, collect data and measure parameters of communication and swallowing;
Michigan	(4) Limited diagnostic testing, such as endoscopic videolaryngostroboscopy, shall only be performed by a licensee in collaboration with or under the supervision of a person licensed in the practice of medicine or osteopathic medicine and surgery.
Missouri	(f) Uses instrumental technology to diagnose and treat disorders of communication and swallowing, such as videofluoroscopy, nasendoscopy, ultrasonography and stroboscopy.
Pennsylvania	(iii) Using instrumentation to observe, collect data and measure parameters of communication and swallowing or other upper aerodigestive functions.
South Dakota	36-37-2. “...using instrumentation to observe, collect data, and measure parameters of communication and swallowing, selecting, fitting, and establishing effective use of prosthetic or adaptive devices for communication, swallowing, or other upper aerodigestive functions...

Action: Approve, Table, or Take No Action on the Matter



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

Speech-Language Pathology Subcommittee

AGENDA ITEM 6

Reports from Committee Chair and Members

- a. Report from Committee Chair and Board Members
- b. Discussion on Future Meeting Schedule and Confirmation of Next Meeting Date
- c. Future Agenda Items

Action: Approve, Table, or Take No Action on the Matter



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

Speech-Language Pathology Subcommittee

AGENDA ITEM 7

Public Comment

No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

Action: None – Informational Only



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

Speech-Language Pathology Subcommittee

AGENDA ITEM 8

Adjournment

Action: Meeting Adjourned