



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

NOTICE OF PUBLIC MEETING

Speech-Language Pathology Subcommittee

Tuesday, January 14, 2025 ~ 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/81880400592?pwd=DTZdJPnhRQog3fOAM7KZ7KArvlf6GI.1>

AUDIO ONLY BY TELEPHONE: (669) 900-6833

Meeting ID: 818 8040 0592 Passcode: 813514

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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 September 24, 2024 (for possible action)**
- 4. Review and Recommendation to the Board on Proposed Revisions to NAC 637B to Address SLP Assistant Licensing, Practice, and Supervision (for possible action)**
- 5. Discussion on Collaboration and Coordination with Stakeholders and Partners Related to SLP Assistant Licensing and Related Recommended Revisions to NRS 637B and NAC 637B (for possible action)**
- 6. Reports from Committee Chair and Members, and Recommendation to Delegate Approval of Final Meeting Minutes to Board and Dissolve Subcommittee (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 Office and Website: 6170 Mae Anne Avenue, Suite 1, Reno, Nevada 89523; 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 Subcommittee 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 September 24, 2024

The minutes of the SLP Subcommittee Meeting of September 24, 2024 are presented for approval.

Attachment on next page: *Minutes Not Yet Approved 9 24 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
September 24, 2024

Members Present:	Christy Fleck, Nancy Kuhles, Andrea Menicucci, Branden Murphy, Katrina Nicholas, Kim Reddig, Adrienne Williams
Members Absent:	Shawn Binn, Marvelee Clayworth
Staff Present:	Jennifer Pierce, Executive Director Stacey Whittaker, Licensing Coordinator Henna Rasul, Sr. Deputy Attorney General
Public Present:	Belz & Case "Note-Taking Bot"

Call to Order, Confirmation of Quorum

Subcommittee Chair Kim Reddig was present in the meeting by phone with an unstable connection, so Executive Director Pierce called the meeting to order at 5:01pm and a roll call confirmed a quorum was present. Shawn Binn, Marvelee Clayworth were noted as excused absent.

Public Comment

Ms. Pierce introduced the 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. There was no public comment.

Approval of the Minutes: Subcommittee Meeting of June 24, 2024

Ms. Pierce introduced the item and asked if there were any comments or corrections needed. Stacey Whittaker noted that a correction was needed to reflect that she was present in the June meeting, and Ms. Pierce called for a motion. Andrea Menicucci made a motion to approve the minutes with the correction to reflect Ms. Whittaker's attendance, and Nancy Kuhles seconded the motion. The motion passed unanimously.

Review and Recommendation to the Board on Proposed Revisions to NRS 637B and NAC 637B to Address SLP Assistant Licensing, Supervision and Telesupervision Provided by Supervising SLPs, and Related Sections

Ms. Pierce summarized the issues for review, summarizing the Subcommittee's June 2024 meeting actions where the Subcommittee recommended final NRS draft language to the Board, which was approved by the Board at its

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

July 2024 meeting. The Subcommittee also worked on draft additions and revisions to NAC 637B at its June meeting, with several sections finalized and three sections tabled for further discussion at this meeting. It is anticipated that this language will be finalized, and all recommended NAC revisions will be presented to the Board at its October 2024 meeting.

- Qualifications/Education to address reciprocity for SLPAs licensed in another state. The Subcommittee discussed options, noting that there are wide variations nationally for SLPA licensing standards, and the consensus was that the standard should not be less than a bachelor's degree in speech-language pathology or communication sciences and disorders. No NAC language was suggested, and no action was taken.
- Supervision to address "supervision provided by supervising speech-language pathologist" addressing training/orientation for new graduates in lieu of fieldwork included in education prior to licensing. The Subcommittee's work has revealed that new bachelor's level graduates from programs in Nevada, and possibly some other states, will not have completed any substantial fieldwork as part of the degree curriculum. At NSU for example, a new graduate will complete 25 observation and 0 clinical hours. Because of this, the Subcommittee's recommendation for licensing criteria in NRS 637B did not include a fieldwork component. Instead, the Subcommittee chose to consider how related guidelines could be added to NAC 637B for additional supervision or similar that could replicate fieldwork during the initial license period. There was discussion on fieldwork requirements established by other states and ASHA, and consensus that this should not be left up to the supervising SLP but instead standardized in some way. Christy Fleck suggested looking at a tool Texas uses called a "Clinical Deficiency Plan" that provides a structured plan for a licensee to acquire a required number of clinical observation and clinical experience hours if these hours cannot be completed within the educational program. There was agreement that a tool such as this could be used for SLP Assistants in Nevada, and Ms. Pierce agreed to draft related NAC language and a "plan" template for review at the next meeting. No action was taken.
- Applicability of Chapter/Alignment with NDE Assistants: This section was tabled for further discussion and related to the Subcommittee's prior recommendation for a revision to NRS 637B.080 that would remove the section allowing an exception from Board licensing for NDE employees holding an NDE endorsement. The Board approved moving forward with the recommended NRS revision at its July 2024 meeting. The NAC section under discussion was added as part of a revision to NAC 637B in 2020 included in LCB File No. R095-19, since codified as NAC 637B.014. Consensus in the Subcommittee was that it was appropriate to also recommend deletion of NAC 637B.014 as the Subcommittee believes the Board should not allow an exception from licensing for NDE personnel. Nancy Kuhles asked for clarification on the results of removing this section of NAC and the applicability language in NRS 637B.080. Ms. Pierce confirmed that both revisions would result in the requirement that any person wishing to practice audiology, speech-language pathology, or hearing aid dispensing in the state must hold a license issued by this Board, even if they already hold an NDE license or endorsement to practice in that setting. Ms. Pierce called for a motion and Andrea Menicucci made a motion to recommend the Board approve removal of NAC 637B.014 in future administrative rulemaking efforts to align with the Board's proposed BDR. Branden Murphy seconded the motion. The motion passed unanimously, however Nancy Kuhles noted for the record that she was "concerned" about the resulting requirement for NDE staff to hold both licenses.

Discussion on Collaboration and Coordination with Stakeholders and Partners Related to SLP Assistant Licensing and Related Recommended Revisions to NRS 637B and NAC 637B

Several members reported that most stakeholders are aware of the Board & Subcommittee's work on SLPA's. Nancy Kuhles shared the names of contacts at several school districts in support of SLPA licensing.

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

Reports from Subcommittee Chair and Members

There were no reports from the Subcommittee Chair or Members. The group discussed the schedule for future meetings and Ms. Pierce explained the proposed plan to disband the Subcommittee after the next meeting. As it was established as a temporary body by the Board to make recommendations on NRS and NAC revisions related to SLP Assistant licensing, one more meeting is sufficient to make final recommendations. The next meeting was scheduled for Tuesday, January 14, 2025 at 5:00pm and future agenda items will include 1) Final review and recommendation for possible revisions to NAC 637B regarding SLP Assistant licensing and collaboration and coordination with stakeholders and partners, and 2) Dissolution of the Subcommittee with delegation to the Board to approve final meeting minutes.

Public Comment

Ms. Pierce called for public comment and Nancy Kuhles expressed her thanks to Board staff and the Subcommittee members for the work everyone put into this process.

Adjournment

Ms. Pierce adjourned the meeting at 6:11pm.



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 Address SLP Assistant Licensing, Practice, and Supervision

At the June 2024 meeting the Subcommittee made recommendations on NRS draft language for the Board's review and approval of a final BDR draft in July 2024. Recommendations were also made on additions and revisions to NAC 637B, but work on several NAC sections was still ongoing. The recommended NRS revisions were approved by the Board at its July 2024 meeting and have been added to the Board's 2025 legislative bill, AB 199.

At the September 2024 meeting the Subcommittee continued work on drafting NAC revisions that will supplement the Board's NRS revisions in AB 199 once passed.

This item focuses on the following NAC sections in the attachment that were addressed for follow up at the September meeting and slated for final review and recommendation at this meeting:

II. Qualifications/Education & IV. Supervision to include a plan for clinical training to address "deficient" fieldwork hours totaling less than 50 (25 observation & 25 assisting) held by any new graduate SLPA applicant holding a Bachelor's degree or higher and applying for first-time licensure in any state.

At the Subcommittee's request, regulation language and related forms from the [Texas Department of Licensing and Regulation \(TDLR\)](#) have been adapted and drafted for the Subcommittee's consideration and recommendation.

Related sample forms have also been developed and are attached to help illustrate how these regulations would operationalize in licensing and practice. These forms are presented as a draft only and any final decisions on use or final form would require Board approval at a later date following adoption of the regulation language.

The Board office received a written public comment and recommendation from ASHA on this item in October 2024, attached for review.

Attachments on next page:

1. *SLPA Draft Language for 1 14 2025*
2. *SLPA Clinical Training - DRAFT SAMPLE DOCUMENTS - Jan 2025*
3. *ASHA Public Comment on SLPA Regulations 10 28 2024*

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



NAC SECTIONS: FOR REVIEW + RECOMMENDATION – JANUARY 14, 2025

II. QUALIFICATIONS, EDUCATION, AND CLINICAL TRAINING EXAMINATION

A. NAC 637B.NEW Application: Clinical Training Experience		
<p>An applicant for a license to practice as a speech-language pathology assistant who is a new graduate holding a bachelor’s degree or master’s degree in speech-language pathology or communication sciences and disorders awarded by an educational institution and does not currently or has not previously held a license as a speech-language pathology assistant issued by the District of Columbia or any state or territory of the United States must provide one of the following with the application for licensure:</p> <p>a. Proof satisfactory of 50 hours of clinical training, made up of at least twenty-five (25) hours of clinical observation experience and twenty-five (25) hours of clinical assisting experience obtained while earning the degree as evidenced in the academic transcript or verified by the Registrar, Dean, or Department Head; or</p> <p>b. Proof satisfactory of 50 hours of clinical training, made up of at least twenty-five (25) hours of clinical observation experience and twenty-five (25) hours of clinical assisting experience obtained while earning Certification as a Speech-Language Pathology Assistant through the American Speech-Language-Hearing Association; or</p> <p>c. A Clinical Training Plan which outlines a program of on-the-job clinical observation and clinical assisting experience under the direct supervision of an identified supervising speech-language pathologist to obtain the requisite 50 hours of fieldwork experience, as prescribed in NAC 637B.XXX.</p> <p>1) In order to obtain these hours, the applicant shall first obtain the speech-language pathologist assistant license by submitting the forms, fees, documentation, and completed Clinical Training Plan prescribed in NRS 637B.XXX and NAC 637B.XXX; and</p> <p>2) The Board shall evaluate the documentation and fees submitted to determine if the assistant license shall be issued. Additional information or revisions may be required before approval is granted.</p> <p>3) Clinical training may not begin until the speech-language pathology assistant license is issued and the Clinical Training Plan is approved by the Board.</p>	<p>January 2025: FOR REVIEW</p> <p>September 2024: Recommend drafting language & adaptation of Texas Clinical Deficiency Plan.</p>	<p>Section c.: Note that ASHA SLPA Certification Education Pathway Option 2 requires a Bachelor’s degree in communication sciences and disorders from an accredited institution, so it is possible a person holds a Bachelor’s degree and has obtained fieldwork via this cert rather than the educational program.</p>
B. NAC 637B.NEW Clinical Training Plan		
<p>1. A Clinical Training Plan must include a proposed program of on-the-job clinical observation and clinical assisting experience for a speech-language pathology assistant applicant who is a new graduate and holding a bachelor’s degree or master’s degree in speech-language pathology or communication sciences and disorders awarded by an educational institution, but has not completed at least twenty-five (25) hours of clinical observation experience and twenty-five (25) hours of clinical assisting experience.</p>	<p>January 2025: FOR REVIEW</p> <p>September 2024: Rec drafting language & adaptation of Texas Clinical Deficiency Plan.</p>	

<div><div>c. Carry an assigned caseload or engage in any practice that does not involve observing and assisting with the caseload assigned to the identified supervising speech-language pathologist.</div><div>10. A speech-language pathology assistant practicing under a Clinical Training Plan must:<div><div>a. Notify the Board immediately if there is a change or end to employment or supervision from the identified speech-language pathologist and submit a revised Clinical Training Plan;</div><div>b. Notify the Board immediately once the Clinical Training Plan has been successfully completed;</div><div>c. Notify the Board immediately when the Clinical Training Plan expires unsuccessfully and complete a revised Plan as described in paragraph 7 of this section.</div></div></div><div>11. A supervising speech-language pathologist providing supervision to a speech-language pathology assistant practicing under a Clinical Training Plan must:<div><div>a. Provide direct supervision to the speech-language pathology assistant in accordance with NRS 637B and NAC 637B;</div><div>b. Determine the competency level of the speech-language pathology assistant to perform tasks relating to the practice of speech-language pathology;</div><div>c. Evaluate the work of the speech-language pathology assistant;</div><div>d. Document and maintain records of the training provided to and direct supervision of the speech-language pathology assistant;</div><div>e. Provide written notification to the Board immediately if:<div><div>(1) The speech-language pathology assistant is no longer under their supervision;</div><div>(2) They no longer have the same employer as the speech-language pathology assistant;</div><div>(3) The speech-language pathology assistant withdraws from or terminates their employment and/or clinical training;</div><div>(4) They wish to withdraw as the supervisor for the speech-language pathology assistant.</div></div></div></div></div></div>		
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RECIPROCITY	September 2024: No language recommended. June 2024: Tabled.	
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IV. SUPERVISION

C. NAC 637B.NEW Supervision provided by Speech-language pathology assistant or provisional licensee. Practice under supervision of supervising speech-language pathologist. (NRS NEW)		
1. A speech-language pathology assistant, provisional licensee, or student 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, provisional licensee, or student is practicing is not required of the speech-language pathologist.	June 2024 Reviewed + approved.	NV OT <u>NAC 640A.250(1)</u>
2. A supervising speech-language pathologist must develop a supervision plan with each speech-language pathology assistant, provisional licensee, or student they supervise that is reviewed and revised as the supervisee integrates skills and attains competency.		
3. When supervising provisional licensees or students, a supervising speech-language pathologist must follow applicable supervision guidelines that complies with the requirements of the clinical fellowship experience or educational program the supervisee is enrolled in.		

4. A supervising speech-language pathologist must develop a supervision plan with each speech-language pathology assistant,-provisional licensee, or student they supervise that is reviewed and revised as the supervisee integrates skills and attains competency. Supervision provided by the supervising speech-language pathologist shall be consistent with the: (a) Skill and experience demonstrated by the speech-language pathology assistant, provisional licensee, or student; (b) Clients’ needs; (c) Service setting; (d) Tasks assigned; and (e) Laws and regulations that govern speech-language pathology assistant, provisional licensee, and students.		ASHA Supervision Requirements
5. A supervising speech-language pathologist overseeing a speech-language pathology assistant working under a Clinical Training Plan to obtain on-the-job clinical observation and assisting training shall provide supervision in accordance with NRS 637B and NAC 637B.	January 2025: FOR REVIEW September 2024: Recrafting language & adaptation of Texas Clinical Deficiency Plan. June 2024 – Tabled	
6. To provide satisfactory supervision, a supervising speech-language pathologist shall: (a) Plan, develop, and supervise all client care and services delegated to and delivered by a speech-language pathology assistant, provisional licensee, or student; (b) Have first contact with every client before a speech-language pathology assistant, provisional licensee, or student 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, provisional licensee, or student 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, provisional licensee, or student they supervise for each client treated by the speech-language pathology assistant, provisional licensee, or student 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, provisional licensee, or student they supervise for each client treated by the supervisee; (g) Conduct ongoing competency evaluations of each speech-language pathology assistant, provisional licensee, or student they supervise; (h) Provide and encourage ongoing education and training opportunities for each speech-language pathology assistant, provisional licensee, or student 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, provisional licensee, or student they supervise; (j) Maintain an active interest in collaborating with and developing the competency of each speech-language pathology assistant, provisional licensee, or student they supervise;	June 2024 Reviewed + approved. (e) 30-60 days Reviewed 3.25.2024 with consensus to keep.	ASHA Supervision Requirements ASHA First Contact

(k) Retain legal and ethical responsibility for all clients served by each speech-language pathology assistant, provisional licensee, or student they supervise.		
7. 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: (a) Inform each speech-language pathology assistant or provisional licensee they supervise of the planned absence; (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 (c) Inform all clients, families, and caregivers if their speech-language services will be rescheduled.	June 2024 Reviewed + approved.	ASHA Supervision Requirements

NAC SECTIONS: APPROVED FOR RECOMMENDATION TO THE BOARD

LICENSING; SPEECH LANGUAGE PATHOLOGY ASSISTANTS

I. DEFINITIONS

A. 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, provisional licensee, or student 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.	June 2024 Reviewed + approved.	ASHA Definitions
B. 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, provisional licensee, or student 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.	June 2024 Reviewed + approved.	ASHA Definitions
C. 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.	March 2024 Reviewed - no change.	ASHA Definitions

D. 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.	March 2024 Reviewed - no change.	ASHA Definitions
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E. NAC NEW “Sensory-Based Feeding” defined. (NRS NEW)

“Sensory-Based Feeding” means interventions that utilize a set of sensory-based feeding steps to introduce new textures and flavors to help the client expand their food preferences and foster adequate nutrition and hydration.	June 2024 Reviewed + approved.	Childrens National Hospital
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III. SCOPE OF PRACTICE/PROHIBITED ACTIVITIES

A. NAC 637B.NEW Speech-language therapy assistant, provisional licensee, or student: 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 a speech-language pathology assistant, provisional licensee, or student and ensure these are consistent with the client’s plan of care.	June 2024 Reviewed + approved.	NV Speech-Hearing NAC 637B.003
1. Only a supervising speech-language pathologist may: (a) Determine services included in the client’s plan of care that are appropriate to delegate to a speech-language pathology assistant, provisional licensee, or student. (b) Delegate services to be delivered by a speech-language pathology assistant, provisional licensee, or student. (c) Instruct a speech-language pathology assistant, provisional licensee, or student regarding: (1) The specific program of intervention of a client; (2) Any precaution to be taken to protect a client; (3) Any special problem of a client (4) Any procedure which should not be administered to a client; and (5) Any other information required to treat a client.		NV OT NAC 640A.265(2)
2. A supervising speech-language pathologist shall not delegate responsibilities to a speech-language pathology assistant, provisional licensee, or student which are beyond the scope of the delegate’s training.		NV OT NAC 640A.250(5)
3. A supervising speech-language pathologist may only delegate activities to a student after consideration of clients’ needs, the service setting, the guidelines established by the educational program, and their assessment of the student’s training and competence.		
4. 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.		
5. A supervising speech-language pathologist may delegate the following activities to a speech-language pathology assistant or student after consideration of clients’ needs, the service setting, and their assessment of the speech-language pathology assistant or student’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 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.	March 2024: Reviewed & kept as-is. Discussion around “manual-dependent” and whether this captures site-specific scenarios. Consensus to leave as-is since Supervising SLP can ultimately determine what is appropriate.	ASHA SLPA Service Delivery (6) (1 & 2) (3) Suggested at 2.21.2024 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)	March 2024: Reviewed - no change.	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 sensory-based 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; (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.	June 2024 Reviewed + approved.	ASHA SLPA Service Delivery (19) (20)

<div>(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:<div>(1) Assisting the supervising speech-language pathologist with interpretation and translation during screening and assessment activities without providing clinical interpretation of results;</div><div>(2) Interpreting for clients, families, and caregivers; and</div><div>(3) Providing services in a client’s first language.</div></div>	March 2024: Reviewed – no change.	<u>ASHA Multiple Languages</u> (1) (2) (3)
<div>(j) Assisting with administrative tasks to include:<div>(1) Clerical duties and site operations such as scheduling, recordkeeping, and maintaining inventory of supplies and equipment;</div><div>(2) Performing safety checks and maintenance of equipment; and</div><div>(3) Preparing materials for screening, assessment, and treatment services.</div></div>		<u>ASHA Admin Support</u> (1) (2) (3)
<div>(k) Engaging in prevention, advocacy, and promotion activities related to communication, swallowing, and related disorders with oversight from the supervising speech-language pathologist.</div>		<u>ASHA Prevention & Advocacy</u> (1) (2) (3) (4) (5) (6) (7)

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

1. A speech-language pathology assistant shall not:	June 2024 Reviewed + approved.	NV PT <u>NAC 640.596</u>
(a) Interpret assessment tools for the purpose of diagnosing disability or determining eligibility or qualification for services;	March 2024: Reviewed – no change.	<u>ASHA SLPA Prohibited</u> (2)
(b) Administer, score, or interpret feeding, swallowing, or other screenings, checklists, or clinical assessment tools;		<u>ASHA SLPA Prohibited</u> (3)
(c) Interpret a client’s record or evaluation, identify any problem of a client, or share information with a client or their family;		<u>ASHA SLPA Prohibited</u> (15)
(d) Diagnose communication and feeding and swallowing disorders;		<u>ASHA SLPA Prohibited</u> (4)
(e) Write, develop, or revise a client’s treatment goal(s) or plan of care in any way;		<u>ASHA SLPA Prohibited</u> (7)
(f) Develop or determine feeding and swallowing strategies and precautions;		<u>ASHA SLPA Prohibited</u> (5)
(g) Provide vocal therapy treatment to a client;		
(h) 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;		<u>ASHA SLPA Prohibited</u> (6)
(i) Sign or initial any formal documents without the supervising speech-language pathologist’s co-signature;		<u>ASHA SLPA Prohibited</u> (16)
(j) Make referrals for additional services;		<u>ASHA SLPA Prohibited</u> (8)
(k) Provide services to a client without following the plan of care prepared by the supervising speech-language pathologist;		<u>ASHA SLPA Prohibited</u> (9)
(l) Provide services to clients without access to supervision;		<u>ASHA SLPA Prohibited</u> (10)
(m) Select an augmentative and alternative communication system or device for a client;		<u>ASHA SLPA Prohibited</u> (11)
(n) Treat a medically fragile client without direct supervision;	March 2024: Removed “100%” per existing definition of direct supervision.	<u>ASHA SLPA Prohibited</u> (12)
(o) Perform activities that require specialized knowledge and training;	March 2024: Reviewed – no change.	<u>ASHA SLPA Prohibited</u> (13)
(p) Provide input in a treatment meeting without the presence of or prior approval of the supervising speech-language pathologist;		<u>ASHA SLPA Prohibited</u> (14)

(q) Discharge a client from services;		ASHA SLPA Prohibited (17)
(r) 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
(s) 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
II. A speech-language pathology assistant must: (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 (b) Comply with federal, state, and local regulations including, but not limited to: (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. (c) Comply with the following responsibilities related to providing 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; (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.		a & b = ASHA SLPA Service Delivery (1) (2) c = ASHA Culturally Responsive Practices
III. 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. A student who performs any activity in this section is subject to administrative action for unlicensed practice pursuant to NRS 637B.290.	June 2024 Reviewed + approved.	

IV. SUPERVISION

A. NAC 637B.NEW Authority and qualifications to act as a supervising speech-language pathologist; supervision ratios. (NRS NEW)		
1. A supervising speech-language pathologist may provide supervision, including telesupervision, to any of the following and within the scope of authority as described: a. In compliance with supervisory responsibilities prescribed in NRS 637B and NAC 637B to a person licensed by this Board pursuant to NRS 637B as a Speech-Language Pathology Assistant; b. In compliance with supervisory responsibilities prescribed in NRS 637B and NAC 637B and ASHA supervision requirements to a person licensed by this Board pursuant to NRS 637B as a provisional speech-language pathologist who is completing the clinical fellowship experience to earn the ASHA Certificate of Clinical Competence (CCC-SLP); c. In compliance with supervisory responsibilities prescribed in NRS 637B and NAC 637B and the guidelines established by the educational program for a student enrolled in a program accredited by the ASHA Council on Academic Accreditation or a successor organization approved by the Board to obtain a bachelor’s or master’s degree in speech-language pathology or communication science disorders.	June 2024 Reviewed + approved. Changed “c” from ASHA to ASHA Council on Academic Accreditation and “its” to “a” successor organization.	<ul style="list-style-type: none"> NV OT NAC 640A.0143 (Assistant & Provisional) NV PT NRS 640.026 (Assistant, Provisional, & Students)
2. To be eligible to act as a supervising speech-language pathologist, a speech-language pathologist must:		
a. Hold a standard license issued by this Board pursuant to NRS 637B that is on active status, in good standing, and with no record of disciplinary action;	June 2024 Reviewed + approved.	NV Speech Hearing NAC 637B.0396
b. Have experience as a speech-language pathologist for a minimum of 2 years post-award of the CCC-SLP;	March 2024 Reviewed with consensus to require 2 years.	<ul style="list-style-type: none"> 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)
c. Have completed 2 hours of professional development in clinical instruction/supervision; and	March 2024 Reviewed – no change.	ASHA Supervisor Training and Preparation <ul style="list-style-type: none"> NV Speech Hearing NAC 637B.0396 (HAS-A) ASHA Clinical Fellow Supervision
d. Share the same employer as any speech-language pathology assistant or provisional licensee they supervise.		
3. 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 supervising speech-language pathologist may not be the supervisor of record for a combined total of no more than three persons listed below at the same time: a. No more than two provisional licensees at the same time. b. No more than two speech-language pathology assistants at the same time. c. No more than two students at the same time.	June 2024 Reviewed + approved. Changed may not supervise” to “may not be the supervisor of record for”	<ul style="list-style-type: none"> ASHA Supervision Ratio (total = 3) NV Speech Hearing NAC 637B.0396 (total = 2) NV PT NAC 640.594 (total = 3)
4. A speech-language pathology assistant shall not have more than three supervising speech-language pathologists per employer at one time.	June 2024 Reviewed + approved.	<ul style="list-style-type: none"> ASHA Supervision Ratio (= “more than one”) NV Speech Hearing NAC 637B.0396 (= 2)

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

<div>1. A speech-language pathology assistant shall submit verification of their employment and supervision by a supervising speech-language pathologist to the Board within 30 days after a change in employment or supervisor. The verification must be submitted in a format approved by the Board.</div> <div>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.</div> <div>3. A speech-language pathology assistant must have at least one primary supervising speech-language pathologist and may have no more than two alternate supervising speech-language pathologists for each employer of record.</div>	<div>June 2024</div> <div>Reviewed + approved.</div> <div>Changed “3” from “may have one alternate...” to “may have no more than two alternate...”</div>	<div>NV OT <u>NAC 640A.260</u></div>
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C. Supervision – see above for revisions

D. NAC 637B.042 Professional responsibility.

<div>A licensee:</div> <div>14. Shall not authorize a person under the supervision of the licensee to perform services that are outside of the scope of the license, certificate, training or experience of the person performing the services, or allow such a person to hold himself or herself out as having expertise in a field or activity in which that person is not qualified.</div>	<div>June 2024</div> <div>Reviewed + approved.</div>	<div>NV Speech Hearing</div> <div><u>NAC 637B.042</u></div>
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V. CONTINUING EDUCATION

A. 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)		
1. Except as otherwise provided in subsection 2 of <u>NAC 637B.403</u> and <u>NAC 637B.430</u> , 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 10 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.	March 2024: #1 corrected following March 2024 meeting.	NV Speech Hearing <u>NAC 637B.400</u> No changes recommended
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.		

VI. FEES FOR APPLICATION, LICENSE, & RENEWAL

A. 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 an inactive or 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..... 250 Fee for converting to a different type of license..... 50 Fee for each additional license or endorsement.....50 Fee for obtaining license information..... 50	March 2024: Reviewed – no change. Board adopted these revisions in LCB File R108-23 following Public Hearing on 4/25/2024. Scheduled before Legislative Commission on 6/18/2024.	<u>NAC 637B.030</u> 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

A. NAC 637B Revision 2020: LCB File No. R095-19

<p>Sec. 2.</p> <p>1.—Except as otherwise provided in subsection 2, for the purposes of subsection 1 of NRS 637B.080, the provisions of chapter 627B of NRS do not apply to a person who holds a current credential issued by the Department of Education pursuant to chapter 391 of NRS and any regulations adopted pursuant thereto who engages in the practice of audiology or speech language pathology, as applicable, within the scope of that credential if the person:</p> <p>a.—Holds an active teacher’s license issued pursuant to chapter 391 of NRS and an endorsement to teach pupils who have hearing impairments or to teach pupils who have speech and language impairments;</p> <p>b.—Is employed by a public educational institution; and</p> <p>c.—Does not engage in the practice of audiology or speech language pathology as an independent contractor or provide services in the private practice of audiology or speech language pathology.</p> <p>2. If a person who holds a current credential issued by the Department of Education pursuant to chapter 391 of NRS and any regulations adopted pursuant thereto also holds a valid license to engage in the practice of audiology or the practice of speech language pathology pursuant to the provisions of chapter 637B of NRS and any regulations adopted pursuant thereto, such a person is subject to the provisions of chapter 637B of NRS and any regulations adopted pursuant thereto to the extent that he or she engages in the practice of audiology or speech language pathology as an independent contractor or provides services in the private practice of audiology or speech language pathology.</p>	<p>September 2024: Reviewed + approved per SLP Subcommittee recommendation & Board approval to remove NRS 637B.080(1) Applicability of chapter: The provisions of this chapter do not apply to any person who: <i>Holds a current credential issued by the Department of Education pursuant to <u>chapter 391</u> of NRS and any regulations adopted pursuant thereto or after and engages in the practice of audiology or speech language pathology within the scope of that credential;</i></p> <p>June 2024 – Tabled.</p>	<p><u>NAC 637B Revision 2020: LCB File No. R095-19</u></p>
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NRS SECTIONS: APPROVED BY BOARD 7 24 2024

I. DEFINITIONS

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

<p>“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.</p>	<p>March/May 2024: Reviewed - no change.</p>	<p>NV OT <u>NRS 640A.060</u> NV PT <u>NRS 640.0213</u></p>
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B. NRS NEW “Supervising Speech-Language Pathologist” defined.		
“Supervising speech-language pathologist” means a speech-language pathologist who supervises a speech-language pathologist assistant, a provisional speech-language pathologist, or a student who is completing a program for speech-language pathologists or speech-language pathologist assistants.	May 2024: Reviewed – keep all.	NV OT <u>NAC 640A.0143</u> (Asst & Provisional) NV PT <u>NRS 640.026</u> (Assistant, Provisional, & Students)
C. NRS NEW “Provisional Licensee” defined.		
“Provisional licensee” means any person who holds a provisional speech-language pathology license pursuant to chapter 637B of NRS.	March/May 2024: Reviewed - no change.	None
D. NRS NEW “Student” defined.		
“Student” means an unlicensed student enrolled in a bachelor’s or master’s degree program in speech-language pathology or communication science disorders at an educational institution that is accredited by a nationally recognized agency under the U.S. Department of Education. the American Speech-Language-Hearing Association or its successor organization approved by the Board.	May 2024: Reviewed – keep all.	NV PT <u>NAC 640.080</u> & <u>NAC 640.090</u>
E. NRS NEW “Supervision” defined.		
“Supervision” means the provision of direction and evaluation of the tasks assigned by a supervising speech-language pathologist to a speech-language pathology assistant, provisional licensee, or student, including direct supervision, indirect supervision, and telesupervision.	May 2024: Reviewed – keep all.	<u>ASHA Definitions</u>
F. NRS NEW “Telesupervision” defined.		
“Telesupervision” means the real-time, distance observation of services delivered by a speech-language pathology assistant, provisional licensee, or student 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, provisional licensee, or student in real time via virtual telecommunication software, webcam, telephone, and similar devices and services to provide immediate feedback.	May 2024: Reviewed – keep all.	<u>ASHA Definitions</u>

II. QUALIFICATIONS/EDUCATION/~~EXAMINATION~~

A. NRS 637B.NEW Speech-language pathology assistants: Educational requirements.

<div>1. Except as otherwise provided in subsection 2, an applicant for a license to practice as a speech-language pathology assistant must hold either:<div><div>d. A bachelor’s degree or master’s degree in speech-language pathology or communication sciences and disorders awarded by an educational institution that is accredited by a nationally recognized agency under the U.S. Department of Education.</div><div>e. A current endorsement issued on or before September 30, 2026 by the Nevada Department of Education pursuant to chapter 391 of NRS to teach students who have speech and language impairments.</div></div></div> <div>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:<div><div>(a) Is substantially equivalent to the requirements set forth in subsection 1, as applicable; and</div><div>(b) Is accredited by an accrediting agency approved by the Board.</div></div></div> <div>3. Complete fieldwork.....</div>	<div>#1 May 2024: Reviewed & recommended including (b) to capture current NDE staff. Connects to recommended removal of #1 in NRS 673B.080(1) Applicability of Chapter.</div> <div>#3 May 2024: Reviewed & removed with consensus that current structure is not sufficient to support fieldwork. Plan to build extended field orientation/training in NAC Supervision.</div>	<div>NV Speech-Hearing NRS 637B.196 (AUD + SLP Requirements)</div> <div>NV OT NRS 640A.120 (Program approved by the Board + 16 weeks supervised fieldwork)</div> <div>NV PT NRS 640.093 (2-year program/min 60 semester credits or Armed Forces program)</div>
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B. NRS 637B.NEW Speech-language pathology assistants: Regulations.

<div>The Board shall adopt regulations regarding speech-language pathology assistants, including, without limitation:</div> <div><div>1. The licensing of speech-language pathology assistants;</div><div>2. The educational, training, and fieldwork requirements for speech-language pathology assistants;</div><div>3. The examination required for licensing as a speech-language pathology assistant;</div><div>4. The supervision of speech-language pathology assistants; and</div><div>5. The practice of speech-language pathology by speech-language pathology assistants.</div></div>

#3: March 2024: Reviewed & removed. No current universal exam available; future Jurisprudence Exam can address this.

#2: May 2024: Reviewed & added with consensus that some fieldwork should be required, but there are not enough resources currently to provide fieldwork to students, so work sessions on this can continue and address this requirement through regulation

Nevada Speech-Hearing [NRS 637B.194](#) (HAS Apprentices)

~~C. NRS 637B.NEW Examination for licensure as a speech language pathology assistant.~~

1. The Board shall: (a) Approve an examination for licensing as a speech language pathology 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 the practice of speech language pathology; (b) The techniques and methods of speech language pathology; and (c) Any other subjects the Board requires to determine the fitness of an applicant to practice as a speech language pathology assistant. 3. A person who has satisfied the requirements of NRS 637B.XXX may take the appropriate examination for licensing.	March 2024: Reviewed & removed. See “B” above.	NV OT <u>NRS 640A.150</u>
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III. SCOPE OF PRACTICE/PROHIBITED ACTIVITIES

A. NRS 637B.NEW Requirements for speech-language pathology assistant, provisional licensee, or student to assist in practice of speech-language pathology.

A speech-language pathology assistant, provisional licensee, or student 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.	May 2024: Recommended.	NV PT <u>NRS 640.094</u>
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B. NRS 637B.244 Telepractice: Requirements for practice.

1. A person who engages in the practice of audiology or speech-language pathology by telepractice within this State and is a resident of this State or provides services by telepractice to any person in this State must: (a) Hold a license to engage in the practice of audiology or speech-language pathology, as applicable, in this State; (b) Be knowledgeable and competent in the technology used to provide services by telepractice; (c) Only use telepractice to provide services for which delivery by telepractice is appropriate; (d) Provide services by telepractice that, as determined by the Board, are substantially equivalent in quality to services provided in person; (e) Document any services provided by telepractice in the record of the person receiving the services; and (f) Comply with the provisions of this chapter and any regulations adopted pursuant thereto. 2. As used in this section, “telepractice” means engaging in the practice of audiology or speech-language pathology using equipment that transfers information electronically, telephonically or by fiber optics.	May 2024: Recommended keeping this intact with no clarification as Subcommittee believes this should allow SLPA Telepratice.	NV Speech Hearing <u>NRS 637B.244</u>
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IV. SUPERVISION

None in NRS – See NAC.

V. CONTINUING EDUCATION

None in NRS – See NAC.

VI. FEES FOR APPLICATION, LICENSE, & RENEWAL

A. 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] \$ 300	
License fee.....	[100] 200	
Fee for the renewal of a license.....	[100] 200	
Reinstatement fee.....	[100] 300	
Examination fee.....	[300] 500	
Fee for converting to a different type of license.....	50	
Fee for each additional license [or endorsement].....	50	
Fee for obtaining license information.....	[50] 200	
	March 2024: Reviewed – no change.	<u>NRS 637B.175</u> Fee Caps - No changes recommended as 2025 BDR will include increase in caps.
	Board is pursuing identified revisions in 2025 BDR.	

VII. APPLICABILITY OF CHAPTER/ALIGNMENT WITH NDE ASSISTANTS

A. 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 or after and engages in the practice of audiology or speech-language pathology within the scope of that credential;		<u>NRS 637B.080</u>
1. 2. Is employed by the Federal Government and engages in the practice of audiology or speech-language pathology within the scope of that employment;		
2. 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		
3. 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.	May 2024: Reviewed & removed with decision to add eligibility path for current NDE endorsement holders.	Both Nevada OT & PT NRS Chapters include similar applicability sections: <u>NRS 640.029</u> <u>NRS 640A.070</u>

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-Provence, 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.

October 28, 2024

Mr. Timothy Hunsaker, Vice Chair
Nevada Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board
Speech-Language Pathology Subcommittee
6170 Mae Avenue, Suite 1
Reno, NV 89523

RE: Speech-Language Pathology Assistant Regulations

Dear Mr. Hunsaker:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to share our recommendations for amending the regulations governing speech-language pathology assistants (SLPAs) and their supervisors.

ASHA is the national professional, scientific, and credentialing association for 234,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Over 1,100 ASHA members reside in Nevada.¹

ASHA supports the regulation of SLPAs via licensure and the use of telesupervision for SLPAs; however, we offer the following recommended amendments.

While ASHA supports the training and education for SLPAs, we noted that there is no clinical practicum experience required for the SLPA. We recommend requiring the following:

“100 hours of clinical practicum or on-the-job experience.”

III Scope of Practice/Prohibited Activities

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

ASHA recommends deleting (g) from restricted activities. ASHA's SLPA scope of practice does not prohibit voice treatment.²

IV Supervision

A. NAC 637B.NEW Authority and qualifications to act as a supervising speech-language pathologist; supervision ratios.

2.d. ASHA does not require the supervising SLP to share the same employer as the SLPA, as is required in this section. We recommend removing this requirement.

ASHA Comments
Page 2

Thank you for considering ASHA's comments on these proposed regulations. If you have any questions, please contact Eileen Crowe, ASHA's director of state association relations, at ecrowe@asha.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tena L. McNamara'.

Tena L. McNamara, AuD, CCC-A/SLP
2024 ASHA President

¹ American Speech-Language-Hearing Association. (2023). *Nevada* [Quick Facts].

<https://www.asha.org/siteassets/advocacy/state-fliers/nevada-state-flyer.pdf>

² American Speech-Language-Hearing Association. (n.d.). *Scope of Practice for the Speech-Language Pathology Assistant (SLPA)*. <https://www.asha.org/policy/slpa-scope-of-practice/>



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

SLPA Clinical Training Plan | Overview & Instructions

Purpose & Instructions

Per NRS 673B.XXX, an applicant for a license to practice as a Speech-Language Pathology Assistant (SLPA) must hold either:

- a. A bachelor's degree or master's degree in speech-language pathology or communication sciences and disorders awarded by an educational institution that is accredited by a nationally recognized agency under the U.S. Department of Education.
- b. A current endorsement issued on or before September 30, 2026 by the Nevada Department of Education pursuant to [chapter 391](#) of NRS to teach students who have speech and language impairments.

Per NAC 637B.XXX, an applicant for a license to practice as a Speech-Language Pathology Assistant (SLPA) who is a new graduate and holding a bachelor's degree or master's degree in speech-language pathology or communication sciences and disorders awarded by an educational institution must provide one of the following with the application for licensure:

- a. Proof satisfactory of 50 hours of clinical training, made up of at least twenty-five (25) hours of clinical observation experience and twenty-five (25) hours of clinical assisting experience obtained while earning the degree as evidenced in the academic transcript or verified by the Registrar, Dean, or Department Head of the issuing institution; or
- b. Proof satisfactory of 50 hours of clinical training, made up of at least twenty-five (25) hours of clinical observation experience and twenty-five (25) hours of clinical assisting experience obtained while earning Certification as a Speech-Language Pathology Assistant through and verified by the American Speech-Language-Hearing Association; or
- c. A Clinical Training Plan which outlines a program of on-the-job clinical observation and clinical assisting experience under the direct supervision of an identified Supervising SLP to obtain the requisite 50 hours of fieldwork experience. The plan must be completed within 60 days of issuance of the SLPA license, or a revised plan may be submitted to request an additional 60 days. If the training is not complete after 120 days further extensions may be considered and granted upon review by the Board

Supervising SLP Qualifications & Responsibilities

Per NAC 637B.XXX, a Supervising SLP must meet all of the following criteria:

- Hold a standard license issued by this Board pursuant to NRS 637B that is on active status, in good standing, and with no record of disciplinary action;
- Have experience as a speech-language pathologist for a minimum of 2 years post-award of the CCC-SLP;
- Have completed 2 hours of professional development in clinical instruction/supervision; and
- Share the same employer as any speech-language pathology assistant or provisional licensee they supervise.

The Supervising SLP must:

- Provide direct supervision to the speech-language pathology assistant in accordance with NRS 637B and NAC 637B;

- Determine the competency level of the speech-language pathology assistant to perform tasks relating to the practice of speech-language pathology;
- Evaluate the work of the speech-language pathology assistant;
- Document and maintain records of the training provided to and direct supervision of the speech-language pathology assistant;
- Provide written notification to the Board immediately if:
 - The speech-language pathology assistant is no longer under their supervision;
 - They no longer have the same employer as the speech-language pathology assistant;
 - The speech-language pathology assistant withdraws from or terminates their employment and/or clinical training;
 - They wish to withdraw as the supervisor for the speech-language pathology assistant.
- No later than 3 business days following completion of the Clinical Training Plan hours, the supervising speech-language pathologist identified in the Plan shall notify the Board of completion and submit required documentation attesting to the following:
 - The total number of clinical observation and clinical assisting experience hours worked by the licensed speech-language pathology assistant under the direct supervision of the licensed supervising speech-language pathologist.
 - The licensed speech-language pathology assistant's competency in all areas of clinical observation and clinical assisting.

The Speech-Language Pathology Assistant may not:

- Practice and/or engage in training hours until the supervising speech-language pathologist has personally verified that the assistant license has been issued and this Clinical Training Plan has been submitted and approved by the Board;
- Practice and/or engage in training hours at any time there is not an approved Clinical Training Plan in place, including transition between employers, supervising speech-language pathologists, or while waiting for plan approval or a Board review for a plan extension;
- Carry an assigned caseload or engage in any practice that does not involve observing and assisting with the caseload assigned to the identified supervising speech-language pathologist.

The Speech-Language Pathology Assistant must:

- Notify the Board immediately if there is a change or end to employment or supervision from the identified speech-language pathologist and submit a revised Clinical Training Plan;
- Notify the Board immediately once the Clinical Training Plan has been successfully completed;
- Notify the Board immediately when the Clinical Training Plan expires unsuccessfully and complete a revised Plan as described in paragraph 7 of this section.
- Clinical Training Plan hours must be successfully completed within 60 days of the issuance of the speech-language pathology assistant license.

Plan Review & Approval

The Board will review the application, documentation, clinical training plan to determine if the SLPA license may be issued. Additional information or revisions may be required before approval is granted.

Without exception, the clinical training plan must be approved by the Board and the SLPA license issued before any clinical observation or clinical assisting experience clock hours may begin.

Training & Supervision Requirements

1. **Clinical Observation Experience: Twenty-five (25) hours of clinical observation** of actual practice by a licensed Speech-Language Pathologist. *Each observation activity must be preceded by a preparation period to ensure the SLPA is informed of the planned session procedures & goals.*
2. **Clinical Assisting Experience: Twenty-five (25) hours of clinical assisting** of actual practice by a licensed Speech-Language Pathologist. *The SLPA must be provided with experience that is consistent with the role of assisting the Supervising SLP in the performance of their professional role.*

The SLPA may not practice independently and should have a clear understanding of allowable and prohibited activities. The SLPA must adhere to federal, state, and local laws and regulations and professional ethical responsibilities.

Clinical training observation and assisting activities must be designed and provided by the Supervising SLP. The Board may request more information or require revisions before approving or disapproving the Plan.

Documentation of Training

Supervision Logs should be completed and maintained by the Supervising SLP to 1) document the date the hours were acquired, 2) provide a brief description of the training that was conducted during each session, and 3) comments on the SLPA's performance.

Supervision logs do not have to be automatically submitted to the Board for review, but may be requested if selected for a supervision audit.

Completion of Training

- The Clinical Training Plan must be completed **within sixty (60) days** of the issue date of the SLPA license.
- If not completed within 60 days, the plan may be revised and submitted for one additional sixty-day period. Any plan not completed within the second (60) day period **may require review by the Board.**
- Upon completion of the Clinical Training Plan, the SLPA and Supervising SLP must complete and submit the *SLPA Completion of Clinical Training Plan & Competency Evaluation* form.



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

SLPA Clinical Training Plan & Agreement

SLPA Applicant

Assistant Name: _____ Last 4 of SSN: _____

Address: _____

Phone: _____ Email: _____

Employer: _____

Work Phone: _____ Work Email: _____

Supervising SLP

Supervisor Name: _____ NV License #: _____

Employer: _____

Work Phone: _____ Work Email: _____

Plan Type (check only one)

☐ New **Date of Request:** _____

☐ Revised Plan: Change in Supervising SLP **Date of Request:** _____

☐ Revised Plan: Change in Supervising SLP and Employer **Date of Request:** _____

☐ Revised Plan: Plan Not Completed within 60 Days **Date of Request:** _____

Please describe why the plan has not been completed and the circumstances requiring an additional 60 days:

☐ Revised Plan: Additional 60 Days Requested **Date of Request:** _____

Please describe why the plan has not been completed and the circumstances requiring an additional 60 days:

☐ Request for Board Review: Extension Beyond 120 Days **Date of Request:** _____

Please describe why the plan has not been completed and the circumstances requiring extension beyond 120

days:

Partial Training Experience

Please indicate the number of hours of clinical observation and assisting training already obtained:

Activity	Total Hours	Location/Source of Training
Clinical Observation		
Clinical Assisting		

Proposed Training Plan

The following clinical observation and clinical assisting training will be conducted under the direct supervision of the proposed Supervising SLP:

Clinical Activities	Observation Hours	Assisting Hours
Partial Training Hours Already Completed		
The following tasks may be either observed or assisted by the SLPA and are tasks that may be delegated to the SLPA once the Clinical Training Plan has been successfully completed:		
Assisting with client assessment, including, but not limited to setting up the testing environment, gathering and prepping materials, and taking notes.		
Administering and scoring progress monitoring tools with no clinical interpretation if all of the following conditions are met: <ul style="list-style-type: none"> The speech-language pathology assistant meets the examiner requirements specified in the examiner's manual; and The supervising speech-language pathologist has verified their competence in administration of the tool; and The supervising speech-language pathologist conducts the analysis of the results and signs off on the final score. 		
Documenting client performance and reporting this information to the supervising speech-language pathologist in a timely manner.		
Providing coaching to client caregivers for facilitation and carryover of skills.		
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		
Assisting clients with augmentative and alternative communication devices and materials as follows: <ul style="list-style-type: none"> Programming augmentative and alternative communication devices. Developing low-tech augmentative and alternative communication materials for clients. Providing training and technical assistance to clients, families, and caregivers in the use of augmentative and alternative communication devices. 		
Supporting clients with sensory-based feeding as directed by the supervising speech-language pathologist to include: <ul style="list-style-type: none"> Demonstrating strategies included in the feeding plan developed by the supervising speech-language pathologist. 		

Clinical Activities	Observation Hours	Assisting Hours
<ul style="list-style-type: none"> Sharing information in the feeding plan developed by the supervising speech-language pathologist with clients, families, and caregivers. Assisting clients with feeding skills developed and directed by the supervising speech-language pathologist when consuming food textures and liquid consistencies. 		
<p>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:</p> <ul style="list-style-type: none"> Assisting the supervising speech-language pathologist with interpretation and translation during screening and assessment activities without providing clinical interpretation of results. Interpreting for clients, families, and caregivers. Providing services in a client's first language. 		
<p>Assisting with administrative tasks to include:</p> <ul style="list-style-type: none"> Clerical duties and site operations such as scheduling, recordkeeping, and maintaining inventory of supplies and equipment. Performing safety checks and maintenance of equipment. Preparing materials for screening, assessment, and treatment services. 		
Engaging in prevention, advocacy, and promotion activities related to communication, swallowing, and related disorders with oversight from the Supervising SLP.		
Other (please describe):		
Interpreting assessment tools for the purpose of diagnosing disability or determining eligibility or qualification for services.		<p>The SLPA may assist with these tasks under 100% direct supervision. These tasks may ONLY be observed by the SLPA and may NOT be delegated to any SLPA.</p>
Administering, scoring, or interpreting feeding, swallowing, or other screenings, checklists, or clinical assessment tools.		
Interpretation of a client's record or evaluation, identification of any problem of a client, or sharing information with a client or their family.		
Diagnosing communication and feeding and swallowing disorders.		
Writing, developing, or revising a client's treatment goal(s) or plan of care.		
Developing or determining feeding and swallowing strategies and precautions.		
Providing vocal therapy treatment to a client.		
Selecting an augmentative and alternative communication system or device for a client.		
Treating a medically fragile client.		
Performing activities that require specialized knowledge and training;		
Providing input in a treatment meeting.		
Making referrals for additional services.		
Discharging a client from services.		
TOTAL HOURS (each must total at least 25)		

SLPA Applicant Clinical Training Plan Agreement

Please sign below to indicate your understanding and agreement with the Clinical Training Plan and your related responsibilities:

- I may not:
 - Practice and/or engage in training hours until the supervising speech-language pathologist has personally verified that the assistant license has been issued and this Clinical Training Plan has been submitted and approved by the Board;
 - Practice and/or engage in training hours at any time there is not an approved Clinical Training Plan in place, including transition between employers, supervising speech-language pathologists, or while waiting for plan approval or a Board review for a plan extension;
 - Carry an assigned caseload or engage in any practice that does not involve observing and assisting with the caseload assigned to the identified supervising speech-language pathologist.
- I must:
 - Notify the Board immediately if there is a change or end to employment or supervision from the identified speech-language pathologist and submit a revised Clinical Training Plan;
 - Notify the Board immediately once the Clinical Training Plan has been successfully completed;
 - Notify the Board immediately when the Clinical Training Plan expires unsuccessfully and complete a revised Plan as described in paragraph 7 of this section.
- I understand that this plan must be completed within 60 days of issuance of my SLPA license or one of the following will occur:
 - If an initial clinical training plan is not successfully completed after 60 days, a revised plan may be submitted describing the need for the extension and requesting an additional 60 days; or
 - If a revised plan is not successfully completed after 120 days, a revised plan may be submitted describing the need for the extension and requesting review by the Board to consider further extension; or
 - If I am experiencing extenuating circumstances, I may request a conversion of my license to inactive status and suspend the clinical training plan until the license is converted back to active status; or
 - The Board may place my license on inactive status and prohibit practice if:
 - I am required to but has not completed a clinical training plan; and
 - I do not have an active training plan in place; and/or
 - I do not have an assigned to a supervising speech-language pathologist.

My signature below certifies that I have read and will comply with all applicable provisions of Chapter 637B of the Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC). I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am applying for and may result in disciplinary or administrative action.

SLPA Applicant Signature

Date

Supervising SLP Clinical Training Plan Agreement

Please sign below to indicate your understanding and agreement with the Clinical Training Plan and your related responsibilities:

I certify that I meet the requirements established in NAC 637B.XXX to serve as a Supervising SLP and agree to:

- Provide direct supervision to the speech-language pathology assistant in accordance with NRS 637B and NAC 637B;
- Determine the competency level of the speech-language pathology assistant to perform tasks relating to the practice of speech-language pathology;
- Evaluate the work of the speech-language pathology assistant;

- Document and maintain records of the training provided to and direct supervision of the speech-language pathology assistant;
- Provide written notification to the Board immediately if:
 - The speech-language pathology assistant is no longer under their supervision;
 - They no longer have the same employer as the speech-language pathology assistant;
 - The speech-language pathology assistant withdraws from or terminates their employment and/or clinical training;
 - They wish to withdraw as the supervisor for the speech-language pathology assistant.
- Notify the Board no later than 3 business days following completion of the Clinical Training Plan of completion and submit required documentation attesting to the following:
 - The total number of clinical observation and clinical assisting experience hours worked by the licensed speech-language pathology assistant under the direct supervision of the licensed supervising speech-language pathologist.
 - The licensed speech-language pathology assistant's competency in all areas of clinical observation and clinical assisting.

My signature below certifies that I have read and will comply with all applicable provisions of Chapter 637B of the Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC). I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am applying for and may result in disciplinary or administrative action.

Supervising SLP Signature

Date

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

SLP Assistant

Last First Middle Suffix License Number

Supervising SLP

Last	First	Middle	Suffix	License Number
Smith	John	David	MD	12345

REMINDER: Clinical Deficiency Plan experience may not begin until the SLPA license has been issued.

[illegible]

I have provided 100%, in-person, direct supervision of the licensed SLPA and the licensed SLPA only observed and assisted with my assigned caseload.

Date: _____

Activity Codes

Assisting or Observing	
1	Assisting with client assessment, including, but not limited to setting up the testing environment, gathering and prepping materials, and taking notes.
2	Administering and scoring progress monitoring tools with no clinical interpretation if all of the following conditions are met: <ul style="list-style-type: none"> • The speech-language pathology assistant meets the examiner requirements specified in the examiner's manual; and • The supervising speech-language pathologist has verified their competence in administration of the tool; and • The supervising speech-language pathologist conducts the analysis of the results and signs off on the final score.
3	Documenting client performance and reporting this information to the supervising speech-language pathologist in a timely manner.
4	Providing coaching to client caregivers for facilitation and carryover of skills.
5	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 .
6	Assisting clients with augmentative and alternative communication devices and materials including Programming augmentative and alternative communication devices; Developing low-tech augmentative and alternative communication materials for clients; and Providing training and technical assistance to clients, families, and caregivers in the use of augmentative and alternative communication devices.
7	Supporting clients with sensory-based feeding as directed by the supervising speech-language pathologist to include: <ul style="list-style-type: none"> • Demonstrating strategies included in the feeding plan developed by the supervising speech-language pathologist. • Sharing information in the feeding plan developed by the supervising speech-language pathologist with clients, families, and caregivers. • Assisting clients with feeding skills developed and directed by the supervising speech-language pathologist when consuming food textures and liquid consistencies.
8	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: Assisting the supervising speech-language pathologist with interpretation and translation during screening and assessment activities without providing clinical interpretation of results; Interpreting for clients, families, and caregivers; and Providing services in a client's first language.
9	Assisting with administrative tasks to include: Clerical duties and site operations such as scheduling, recordkeeping, and maintaining inventory of supplies and equipment; Performing safety checks and maintenance of equipment; and Preparing materials for screening, assessment, and treatment services.
10	Engaging in prevention, advocacy, and promotion activities related to communication, swallowing, and related disorders with oversight from the Supervising SLP.
11	Other
Observation Only	
12	Interpreting assessment tools for the purpose of diagnosing disability or determining eligibility or qualification for services.
13	Administering, scoring, or interpreting feeding, swallowing, or other screenings, checklists, or clinical assessment tools.
14	Interpretation of a client's record or evaluation, identification of any problem of a client, or sharing information with a client or their family.
15	Diagnosing communication and feeding and swallowing disorders.
16	Writing, developing, or revising a client's treatment goal(s) or plan of care.
17	Developing or determining feeding and swallowing strategies and precautions.
18	Providing vocal therapy treatment to a client.
19	Selecting an augmentative and alternative communication system or device for a client.
20	Treating a medically fragile client.
21	Performing activities that require specialized knowledge and training;
22	Providing input in a treatment meeting.
23	Making referrals for additional services.
24	Discharging a client from services.



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

Speech-Language Pathology Assistant Academic Clinical Observation and Assisting Experience Verification

Per NAC 637B.XXX, an applicant for a license to practice as a Speech-Language Pathology Assistant (SLPA) who is a new graduate and holding a bachelor's degree or master's degree in speech-language pathology or communication sciences and disorders awarded by an educational institution must provide proof satisfactory of 50 hours of clinical training, made up of at least twenty-five (25) hours of clinical observation experience and twenty-five (25) hours of clinical assisting experience obtained while earning the degree as evidenced in the academic transcript or verified by the Registrar, Dean, or Department Head of the issuing academic institution.

If the applicant has not completed the required 50 hours they may submit a Clinical Training Plan with the application that outlines a program of on-the-job clinical observation and clinical assisting experience under the direct supervision of an identified Supervising SLP to obtain the requisite 50 hours of fieldwork experience. Clinical observation and clinical assisting hours completed while earning the degree and evidenced in the academic transcript or verified by the Registrar, Dean, or Department Head of the issuing institution may be incorporated into the Clinical Training Plan and combined with planned future activities to achieve the required 50 hours of training.

TO BE COMPLETED BY REGISTRAR, DEAN, OR DEPARTMENT HEAD OF ISSUING ACADEMIC INSTITUTION

Student Last Name	First Name	Middle Name	Suffix
Name of College/University		City/State	
Institutional Student ID#:		Last 4 of SSN	
Degree Awarded		Date Awarded	

Please indicate the number of clinical training hours earned in speech-language pathology or communication sciences and disorders (enter "0" if none accrued):

Clinical Observation Hours Earned: _____

Clinical Assisting Hours Earned: _____

Name of Person Completing Form	Registrar / Dean / Department Head Title (circle one)
--------------------------------	--

Signature

Date



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

SLPA Completion of Clinical Training Plan & Competency Evaluation

SLP Assistant

Last First Middle Suffix License Number

Supervising SLP

Last First Middle Suffix License Number

Code	Activity Description	Total Assisting Minutes	Rating	
			Needs Improvement	Competent
1	Assisting with client assessment, including, but not limited to setting up the testing environment, gathering and prepping materials, and taking notes.			
2	Administering and scoring progress monitoring tools with no clinical interpretation if all of the following conditions are met: <ul style="list-style-type: none"> The speech-language pathology assistant meets the examiner requirements specified in the examiner's manual; and The supervising speech-language pathologist has verified their competence in administration of the tool; and The supervising speech-language pathologist conducts the analysis of the results and signs off on the final score. 			
3	Documenting client performance and reporting this information to the supervising speech-language pathologist in a timely manner.			
4	Providing coaching to client caregivers for facilitation and carryover of skills.			
5	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.			
6	Assisting clients with augmentative and alternative communication devices and materials including Programming augmentative and alternative communication devices; Developing low-tech augmentative and alternative communication materials for clients; and Providing training and technical assistance to clients, families, and caregivers in the use of augmentative and alternative communication devices.			
7	Supporting clients with sensory-based feeding as directed by the supervising speech-language pathologist to include: Demonstrating strategies included in the feeding plan developed by the supervising speech-language pathologist; Sharing information in the feeding plan developed by the supervising speech-language pathologist with clients, families, and caregivers; and Assisting clients with feeding skills developed and directed by the supervising speech-language pathologist when consuming food textures and liquid consistencies.			
8	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: Assisting the supervising speech-language pathologist with interpretation and translation during screening and assessment activities without providing clinical interpretation of results; Interpreting for clients, families, and caregivers; and Providing services in a client's first language.			
9	Assisting with administrative tasks to include: Clerical duties and site operations such as scheduling, recordkeeping, and maintaining inventory of supplies and equipment; Performing safety checks and maintenance of equipment; and Preparing materials for screening, assessment, and treatment services.			

10	Engaging in prevention, advocacy, and promotion activities related to communication, swallowing, and related disorders with oversight from the Supervising SLP.			
11	Other (please describe):			

Acknowledgement and Declaration of SLP Assistant

I declare, under penalty of perjury, all the information supplied herein is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to my training or experience or my fitness to practice as a Speech Language Pathology Assistant.

SLP Assistant Signature

Date

Supervisor Certification of Experience & Supervision Provided

I have provided 100%, in-person, direct supervision of the licensed SLPA and the licensed SLPA only observed and assisted with my assigned caseload.

Clinical Training Plan Start Date: _____

Clinical Training Plan End Date: _____

Supervising SLP Signature

Date



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

Speech-Language Pathology Subcommittee

AGENDA ITEM 5

Discussion on Collaboration and Coordination with Stakeholders and Partners Related to SLP Assistant Licensing and Related Recommended Revisions to NRS 637B and NAC 637B

As the Committee finalizes recommendations, it will be helpful to identify opportunities for collaboration and advocacy with NDE, higher education programs, Nevada Medicaid, healthcare providers, school districts, & ASHA/NSHA/NV Coalition.

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 and Recommendation to Delegate Approval of Final Meeting Minutes to Board and Dissolve Subcommittee

- a. **Report from Committee Chair and Board Members**
- b. **Recommendation to Delegate Approval of Final Meeting Minutes to Board and Dissolve Subcommittee**
It is appropriate at this time to dissolve the Subcommittee as it was established as a temporary workgroup to make recommendations to the Board regarding licensing for SLP Assistants and has done so regarding both NRS and NAC revisions.

The Subcommittee must also delegate approval of these final meeting minutes to the Board.

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