



## TELECONFERENCE BOARD MEETING NOTICE AND AGENDA

The Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board (Board) will hold a Board Meeting via WebEx Events on

***Thursday, August 12, 2021 beginning at 9:00 a.m., and continuing on Friday, August 13, 2021 beginning at 9:00 a.m.***

**NOTE:** Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-08-21, dated June 11, 2021, neither Board member locations nor a public meeting location are provided. Public participation may be through teleconferencing as provided above. If you have trouble getting on the WebEx event to listen or participate, please call 916-287-7915.

### **Important Notice to the Public:**

The Board will hold this public meeting via WebEx Events. Instructions to connect to this meeting can be found at the end of this agenda. To participate in the WebEx Events meeting, please log on to the following websites each day of the meeting:

#### **Thursday, August 12, 2021 WebEx Link:**

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mcb5fb68fd87bd506781a4940199ca21a>

#### **Friday, August 13, 2021 WebEx Link:**

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m567912c7c199249d929b854bad5cb5cf>

Due to potential technical difficulties, please consider submitting written comments by 5:00 pm, August 11, 2021, to [speechandhearing@dca.ca.gov](mailto:speechandhearing@dca.ca.gov) for consideration.

### **Action may be taken on any agenda item.**

#### **Board Members**

Marcia Raggio, Dispensing Audiologist, Board Chair  
Holly Kaiser, Speech-Language Pathologist, Vice Chair  
Tod Borges, Hearing Aid Dispenser  
Karen Chang, Public Member  
Gilda Dominguez, Speech-Language Pathologist  
Debbie Snow, Public Member  
VACANT, Dispensing Audiologist  
VACANT, Hearing Aid Dispenser  
VACANT, Otolaryngologist, Public Member

***Thursday, August 12, 2021***

#### **Audiology Practice Committee Meeting Agenda**

1. Call to Order / Roll Call / Establishment of Quorum

2. Public Comment for Items not on the Agenda (*The Committee may not discuss or take any action on any item raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting (Government Code Sections 11125, 11125.7(a))*)
3. Discussion and Possible Action Regarding Audiology Licensing Requirements Related to Supervised Clinical/Professional Experience (As Stated in Business and Professions Code Sections 2532.2 and 2532.25 and Title 16, California Code of Regulations (CCR) section 1399.152.2)
4. Discussion and Possible Action Regarding Continuing Professional Development Requirements for Audiologists (As Stated in Title 16, CCR sections 1399.160 through 1399.160.13)

### **Speech-Language Pathology Practice Committee Meeting Agenda**

1. Call to Order / Roll Call / Establishment of Quorum
2. Public Comment for Items not on the Agenda (*The Committee may not discuss or take any action on any item raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting (Government Code Sections 11125, 11125.7(a))*)
3. Discussion and Possible Action Regarding Continuing Professional Development Requirements for Speech-Language Pathologists and Speech-Language Pathology Assistants (As Stated in Title 16, CCR sections 1399.160 through 1399.160.13 and Title 16, CCR section 1399.170.14)
4. Discussion and Possible Action Regarding Maximum Number of Support Personnel of Speech-Language Pathologists (As Stated in Title 16, CCR section 1399.170.16)

### **Full Board Meeting Agenda**

#### **OPEN SESSION**

1. Call to Order / Roll Call / Establishment of Quorum
2. Public Comment for Items not on the Agenda (*The Board may not discuss or take any action on any item raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting (Government Code Sections 11125, 11125.7(a))*)

#### **2:00 p.m. – Petition Hearing**

3. Petition for Reduction of Penalty – Michael Trythall

#### **CLOSED SESSION**

4. Pursuant to Government Code Section 11126(c)(3), the Board will Meet in Closed Session to Discuss Disciplinary Matters Including the Above Petition, Proposed Decisions, Stipulated Decisions, Defaults, Petitions for Reductions in Penalty, Petitions for Reconsideration, and Remands.

**Friday, August 13, 2021**

**OPEN SESSION**

5. Call to Order / Roll Call / Establishment of Quorum
6. Public Comment for Items not on the Agenda *(The Board may not discuss or take any action on any item raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting (Government Code Sections 11125, 11125.7(a))*
7. Review and Possible Approval of the May 13-14, 2021, Board Teleconference Meeting Minutes
8. Board Chair's Report
  - a. 2021 Board and Committee Meeting Calendar
  - b. Board Committee Updates
9. Executive Officer's Report
  - a. Administration Update
  - b. Budget Report
  - c. Regulations Report
  - d. Licensing Report
  - e. Practical Examination Report
  - f. Enforcement Report
10. Overview of the Sunset Review Process and Timeline
11. DCA Update – DCA Board and Bureau Relations
12. Update on Speech and Hearing Related DCA Waivers related to the COVID-19 State of Emergency
  - a. Waivers Approved by DCA
    - i. Modification of Continuing Education Requirements for All Licensees
    - ii. Modification of Reactivation Requirements for Speech-Language Pathologists
    - iii. Modification of the Direct Monitoring Requirements for Required Professional Experience (RPE) Licenses and the Direct Supervision Requirements for Speech-Language Pathology Assistant (SLPA) Licenses
    - iv. Modification of the Limitations on Renewing of Hearing Aid Dispenser (HAD) Temporary Licenses and HAD Trainee Licenses
    - v. Modification of Limitations and Requirements for Extension of RPE Licenses
  - b. Waivers Denied by DCA
    - i. Modification of the 12-Month Fulltime Professional Experience Requirement for Licensure as an Audiologist
    - ii. Modification of Board Continuing Education Requirements to Waive Self-Study Restrictions

**11:00 a.m. – Panelist Discussion**

13. Discussion of Cognitive Screenings and Assessments and Audiologists' Scope of Practice

**BREAK FOR LUNCH (TIME APPROXIMATE)**

14. Regulatory Report: Update, Review, and Possible Action on Board Regulation Packages
  - a. Update and Discussion of Implementation of Speech-Language Pathology and Audiology Fees (As Stated in 16 CCR sections 1399.157, 1399.170.13, and 1399.170.14)

- b. Discussion and Possible Action Regarding Required Professional Experience Direct Supervision Requirements and Remote or Tele Supervision (As Stated in Title 16, California Code of Regulations (CCR), sections 1399.153 and 1399.153.3)
  - c. Discussion and Possible Action Regarding Speech-Language Pathology Assistants Requirements (As Stated in Title 16, CCR section 1399.170 through 1399.170.20.1)
  - d. Discussion and Possible Action to Adopt Uniform Standards Related to Substance-Abusing Licensees as Title 16, CCR section 1399.131.1 and 1399.155.1
  - e. Discussion and Possible Action Regarding Audiology Licensing Requirements Related to Supervised Clinical/Professional Experience (As Stated in Business and Professions Code Sections 2532.2 and 2532.25 and Title 16, CCR section 1399.152.2)
15. Legislative Report: Update, Review, and Possible Action on Proposed Legislation
- a. 2021 Legislative Calendar and Deadlines
  - b. Board-Sponsored Legislation for the 2021 Legislative Session
    - i. AB 435 (Mullin) Hearing aids: locked programming software: notice
  - c. Bills with Active Positions Taken by the Board
    - i. AB 29 (Cooper) State bodies: meetings
    - ii. AB 107 (Salas) Licensure: veterans and military spouses
    - iii. AB 225 (Gray) Department of Consumer Affairs: boards: veterans: military spouses: licenses
    - iv. AB 555 (Lackey) Special education: assistive technology devices
    - v. AB 885 (Quirk) Bagley-Keene Open Meeting Act: teleconferencing
    - vi. AB 1026 (Smith) Business licenses: veterans
    - vii. AB 1361 (Rubio) Childcare and developmental services: preschool: expulsion and suspension: mental health services: reimbursement rates
    - viii. SB 772 (Ochoa Bogh) Professions and vocations: citations: minor violations
  - d. Bills with Recommended Watch Status
    - i. AB 457 (Santiago) Protection of Patient Choice in Telehealth Provider Act
    - ii. AB 468 (Friedman) Emotional Support Dogs
    - iii. AB 486 (Committee on Education) Elementary and secondary education: omnibus bill
    - iv. AB 646 (Low) Department of Consumer Affairs: boards: expunged convictions
    - v. AB 1221 (Flora) Consumer Warranties: Service Contracts: Cancellation: Disclosures
    - vi. AB 1236 (Ting) Healing arts: licensees: data collection
    - vii. AB 1308 (Ting) Arrest and Conviction Record Relief
    - viii. SB 607 (Min) Professions and vocations
    - ix. SB 731 (Durazo) Criminal records: relief
16. Legislative Items for Future Meeting  
(The Board May Discuss Other Items of Legislation in Sufficient Detail to Determine Whether Such Items Should be on a Future Board Meeting Agenda and/or Whether to Hold a Special Meeting of the Board to Discuss Such Items Pursuant to Government Code Section 11125.4)

17. Future Agenda Items

**CLOSED SESSION**

18. The Board will Meet in Closed Session Pursuant to Government Code Section 11126(a)(1) to Conduct its Annual Evaluation of its Executive Officer

**OPEN SESSION**

19. Adjournment

Agendas and materials can be found on the Board's website at [www.speechandhearing.ca.gov](http://www.speechandhearing.ca.gov).

*Action may be taken on any item on the Agenda. The time and order of agenda items are subject to change at the discretion of the Board Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public. In the event a quorum of the board is unable to attend the meeting, or the board is unable to maintain a quorum once the meeting is called to order, the members present may, at the Chair's discretion, continue to discuss items from the agenda and make recommendations to the full board at a future meeting. Adjournment, if it is the only item that occurs after a closed session, may not be webcast.*

*The meeting facility is accessible to persons with a disability. Any person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Board office at (916) 287-7915 or making a written request to Cherise Burns, Assistant Executive Officer, 1601 Response Road, Suite 260, Sacramento, California 95815. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.*

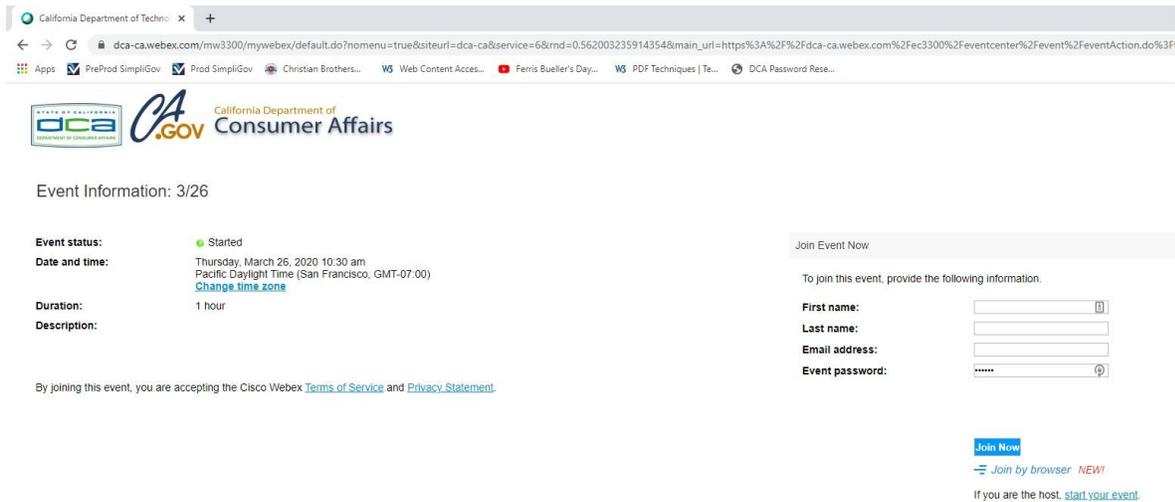
# HOW TO – Join – DCA WebEx Event

The following contains instructions on how to join a WebEx event hosted by the Department of Consumer Affairs (DCA).

1. Navigate to the WebEx event link provided by the DCA entity (an example link is provided below for reference) via an internet browser.

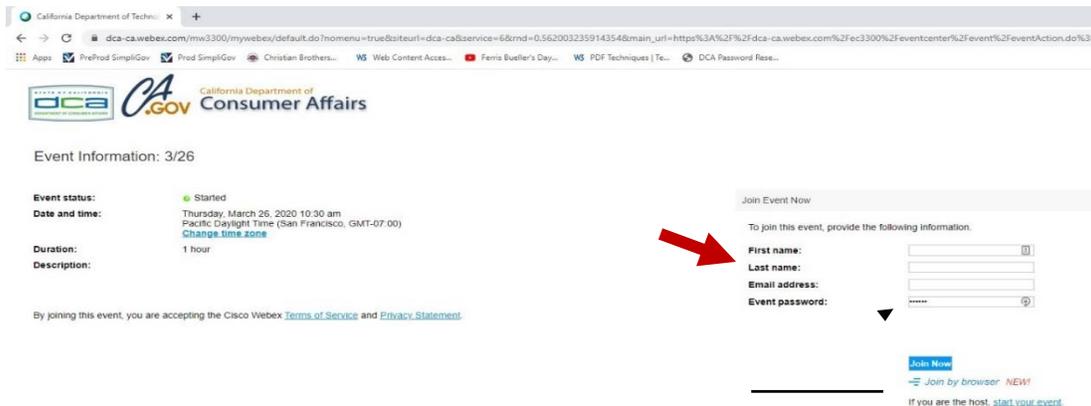
Example link:

<https://dca-ca.webex.com/dca-ca/onstage/g.php?MTID=eb0a73a251f0201d9d5ef3aaa9e978bb5>



2. The details of the event are presented on the left of the screen and the required information for you to complete is on the right.

*NOTE: If there is a potential that you will participate in this event during a Public Comment period, you must identify yourself in a manner that the event Host can then identify your line and unmute it so the event participants can hear your public comment. The 'First name', 'Last name' and 'Email address' fields do not need to reflect your identity. The department will use the name or moniker you provide here to identify your communication line should you participate during public comment.*



# HOW TO – Join – DCA WebEx Event

3. Click the 'Join Now' button.

*NOTE: The event password will be entered automatically. If you alter the password by accident, close the browser and click the event link provided again.*

Join Event Now

To join this event, provide the following information.

**First name:**

**Last name:**

**Email address:**

**Event password:**

**Join Now**

[Join by browser NEW!](#)

If you are the host, [start your event](#).

4. If you do not have the WebEx applet installed for your browser, a new window may open, so make sure your pop-up blocker is disabled. You may see a window asking you to open or run new software. Click 'Run'.



Depending on your computer's settings, you may be blocked from running the necessary software. If this is the case, click 'Cancel' and return to the browser tab that looks like the window below. You can bypass the above process.

# HOW TO – Join – DCA WebEx Event

- To bypass step 4, click 'Run a temporary application'.

## Starting Webex...



Still having trouble? [Run a temporary application](#) to join this meeting immediately.

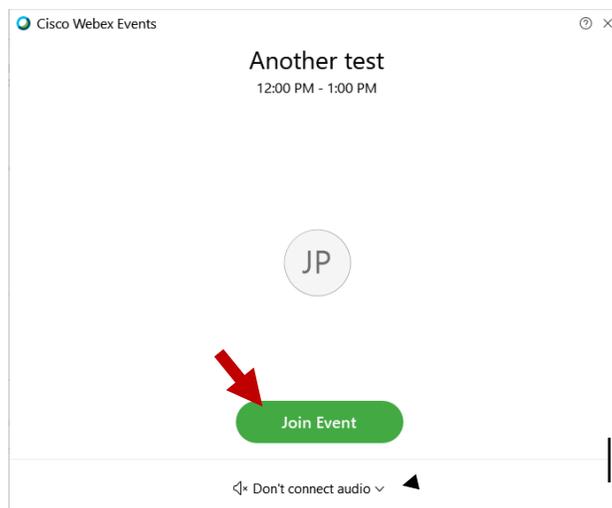
- A dialog box will appear at the bottom of the page, click 'Run'.



The temporary software will run, and the meeting window will open.

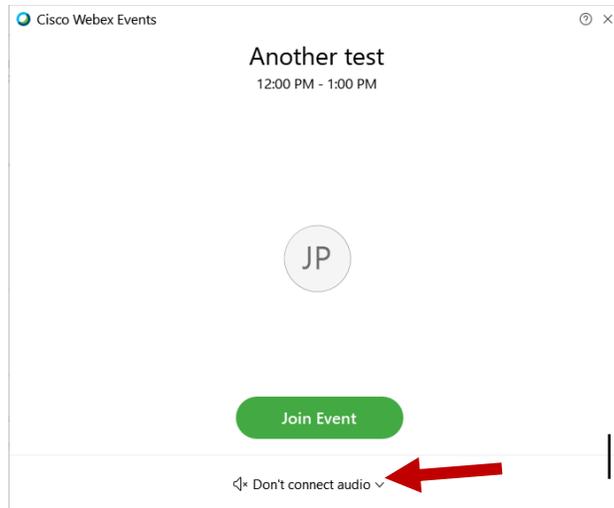
NOTE: The preferred audio connection to our event is via telephone conference or headset. Use of an open microphone and speakers through your computer could result in issue with audio clarity and potential feedback/echo.

- If using a headset plugged into your computer, click the 'Join Event' button.

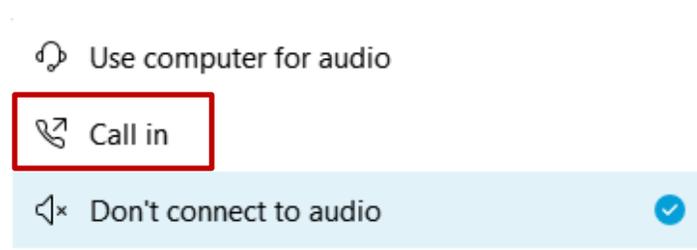


# HOW TO – Join – DCA WebEx Event

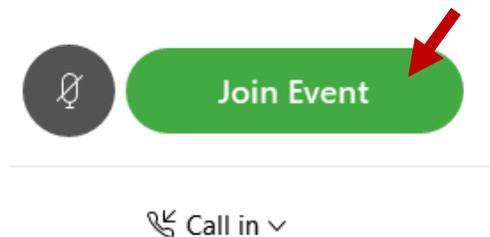
8. If using teleconference via your phone for audio, click the audio menu below the green 'Join Event' button.



9. When the audio menu appears click 'Call in'.

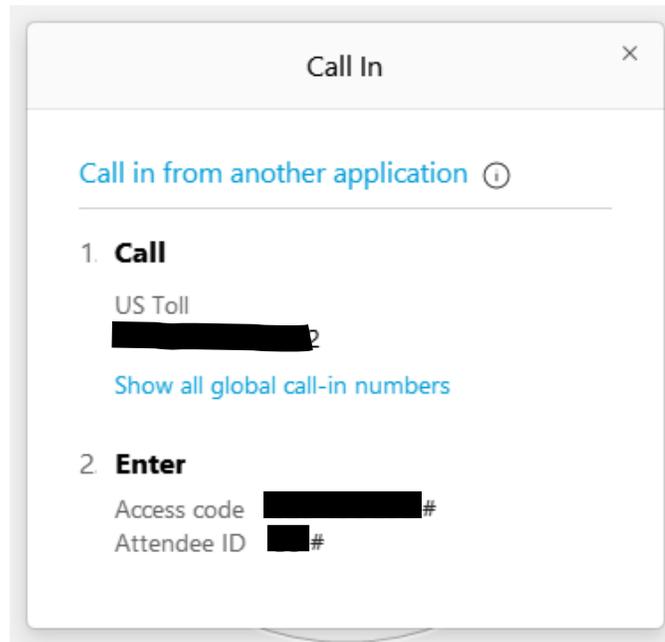


10. Click 'Join Event'. The audio conference call in information will be available after you join the Event.



# HOW TO – Join – DCA WebEx Event

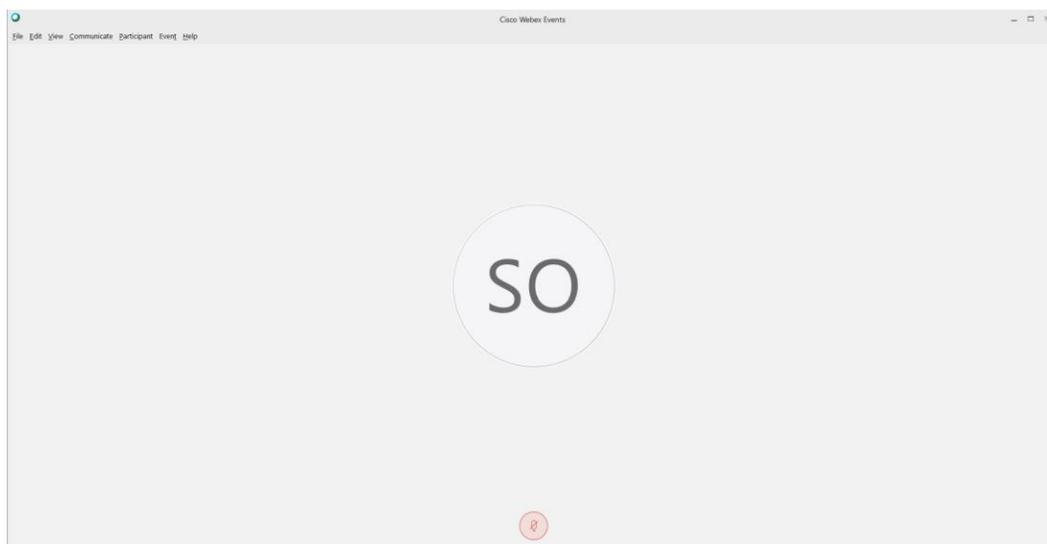
11. Call into the audio conference with the details provided.



*NOTE: The audio conference is the preferred method. Using your computer's microphone and speakers is not recommended.*

Once you successfully call into the audio conference with the information provided, your screen will look like the screen below and you have joined the event.

Congratulations!

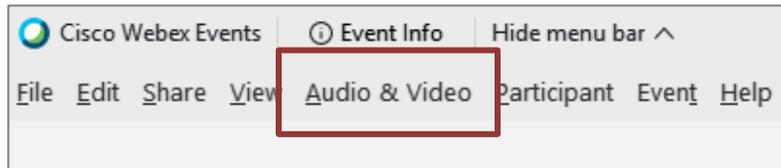


*NOTE: Your audio line is muted and can only be unmuted by the event host.*

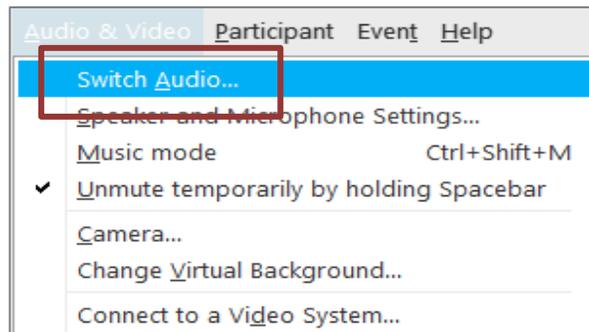
## Selecting Audio Connection After Joining

If you join the meeting using your computer's microphone and audio, or you didn't connect audio at all, you can still set that up while you are in the meeting.

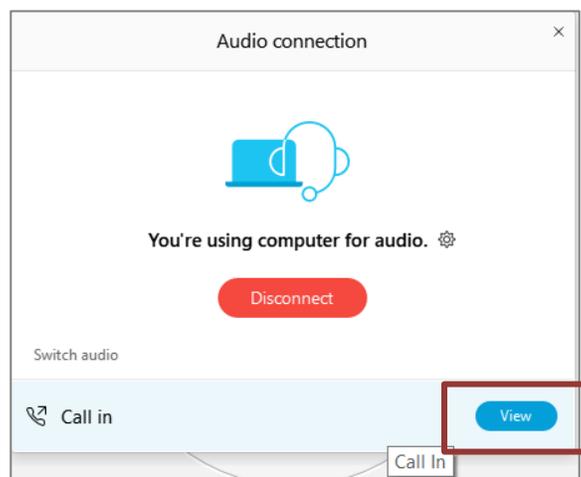
1. Select 'Audio & Video' from the menu bar at the top of your screen.



2. Select "Switch Audio" from the drop-down menu.



3. The 'Call In' information can be displayed by selecting 'View'



You will then be presented the dial in information for you to call in from any phone.

# HOW TO – Join – DCA WebEx Event

## Participating During a Public Comment Period

At certain times during the event, the facilitator may call for public comment.

### Using the Question & Answer feature (Q&A):

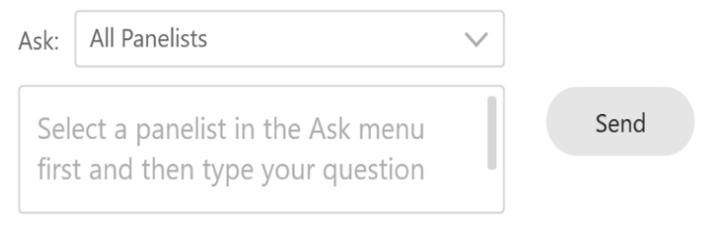
If you would like to make a public comment, click on the 'Q and A' button near the bottom, center of your WebEx session.



This will bring up the 'Q and A' chat box.

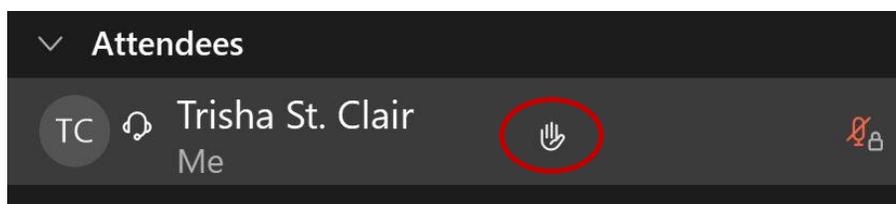
*NOTE: The 'Q and A' button will only be available when the event host opens it during a public comment period.*

Make sure the 'Ask' menu is set to 'All panelists' and type 'I would like to make a public comment'.



### Using the hand raise feature:

If the program elects to allow use of the hand raise feature and you would like to make a public comment, click on the hand icon next to your name.

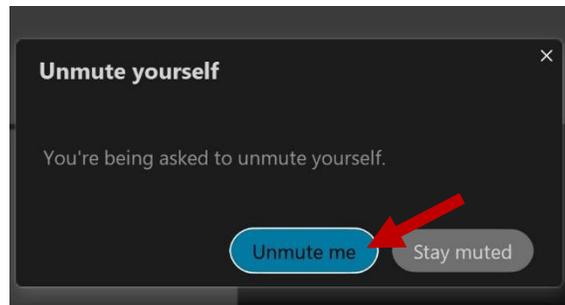


Please click on the hand icon again once your comment has been presented to lower your hand.

# HOW TO – Join – DCA WebEx Event

Attendee lines will be unmuted in the order the requests were received, and you will be allowed to present public comment.

When you are identified as the next commenter, the moderator will unmute your line, sending you a request to unmute yourself. Clicking “unmute me” on the pop-up window will open your microphone. You may then begin providing your public comment.



*NOTE: Your line will be muted at the end of the allotted public comment duration. You will be given a warning that your time is about to expire.*



# MEMORANDUM

DATE	August 3, 2021
TO	Audiology Practice Committee
FROM	Cherise Burns, Assistant Executive Officer
SUBJECT	Agenda Item 3: Discussion and Possible Action Regarding Audiology Licensing Requirements Related to Supervised Clinical/Professional Experience (As Stated in Business and Professions Code Sections 2532.2 and 2532.25 and Title 16, CCR sections 1399.152.2)

## **Background**

Business and Professions Code (BPC) Section 2532.25(b)(2) requires the submission of evidence of no less than 12 months of satisfactorily completed supervised professional full-time experience (RPE) or its part-time equivalent obtained under the supervision of a licensed audiologist. .... ” This experience shall be completed under the direction of a board-approved audiology doctoral program. The RPE shall follow completion of the didactic and clinical rotation requirements of the audiology doctoral program.

For current hearing and balance healthcare training this statutory requirement creates restrictive aspects for program completion, thereby creating hardships for audiology doctoral students and programs that may not support adequate consumer protection for audiology and balance services.

At the Board’s November 2020 Board Meeting, the Board approved a 2021 legislative proposal with the following statutory revisions to BPC Section 2532.25:

### **Business and Professions Code Section 2532.25**

(a) An applicant seeking licensure as an audiologist shall possess a doctorate in audiology earned from an educational institution approved by the board. The board may, in its discretion, accept qualifications it deems to be equivalent to a doctoral degree in audiology. The board shall not, however, accept as equivalent qualifications graduation from a master’s program that the applicant was enrolled in on or after January 1, 2008.

(b) In addition to meeting the qualifications specified in subdivision (a), an applicant seeking licensure as an audiologist shall do all of the following:

(1) Submit evidence of the satisfactory completion of supervised clinical practice with individuals representative of a wide spectrum of ages and audiological disorders. The board shall establish by regulation the required number of clock hours of supervised clinical practice necessary for the applicant. The clinical practice shall be under the direction of an educational institution approved by the board.

(2) Submit evidence of no less than 12 months of satisfactorily completed

supervised professional full-time experience or its part-time equivalent obtained under the supervision of a licensed audiologist or an audiologist having qualifications deemed equivalent by the board. This experience shall be completed under the direction of a board-approved audiology doctoral program and may be obtained by participation in supervised clinical rotations or experiences that are held throughout the duration of the program and during the Required Professional Experience. Acceptable types of the clinical rotations or experiences shall be defined by the board through regulation. ~~The required professional experience shall follow completion of the didactic and clinical rotation requirements of the audiology doctoral program.~~

(3) Pass an examination or examinations approved by the board. The board shall determine the subject matter and scope of the examination or examinations and may waive an examination upon evidence that the applicant has successfully completed an examination approved by the board. Written examinations may be supplemented by oral examinations as the board shall determine. An applicant who fails an examination may be reexamined at a subsequent examination upon payment of the reexamination fee required by this chapter.

(c) This section shall apply to applicants who graduate from an approved educational institution on and after January 1, 2008.

This legislative proposal will now be included as part of the Board's Sunset Review process in 2022. In order to begin preparing the regulatory package to follow the statutory changes above, the Audiology Practice Committee should begin discussions of the following issues with the relevant stakeholders to help inform what potential regulatory changes might be needed:

- What types of clinical rotations can be counted towards the "12 months of satisfactorily completed supervised professional full-time experience or its part-time equivalent"?
  - Should the types of clinical rotations that can be counted depend on the type and level of supervision received during the experience?
  - Should the experiences be limited to certain years of the program, such as the 2<sup>nd</sup> or 3<sup>rd</sup> year?
  - Should there be any limitations or caps for certain types of hours, or should this be at the discretion of program training directors?
- What types of clinical clock hours can be counted, i.e. direct patient contact hours, shift hours, audiology simulation hours?
- Are there any considerations for students from out-of-state programs or students with federal visas that should be taken into account?
- Do students need to hold an RPE license when accruing pre-graduation hours? Should this be clarified in regulations?

### **Action Requested**

Staff recommends the Audiology Practice Committee discuss the above issues with stakeholders so that the Audiology Practice Committee can consider the input and the associated regulatory changes related to that input at its next meeting.



# MEMORANDUM

DATE	August 4, 2021
TO	Audiology Practice Committee
FROM	Cherise Burns, Assistant Executive Officer
SUBJECT	Agenda Item 4: Discussion and Possible Action Regarding Continuing Professional Development Requirements (As Stated in Title 16, CCR sections 1399.160 through 1399.160.13)

## **Background**

In November of 2015, the Board approved revisions to the current Continuing Professional Development (CPD) Requirements. These revisions would allow up to half of the required CPD hours to be accrued through self-study courses. In May of 2016, the Board reviewed those regulations again and made additional changes (see Attachment A for final Board Approved CPD Regulatory Revisions).

Since that time, there has been considerable advancements in online self-study and online interactive (live) CE opportunities. Additionally, this issue became more pronounced during the COVID-19 pandemic, where CPD requirements have been temporarily waived through DCA waivers, but not the limitation on self-study hours which have been more difficult to obtain.

From a regulatory perspective, CPD requirements are intended to protect California consumers by ensuring that licensees continue to increase their professional knowledge, skills, and attitudes in order to maintain ethical and competent practice and enhance services provided to consumers. Considering that, should the Audiology Practice Committee (Committee) review the definition of self-study to ensure that going beyond the number of self-study hours previously approved by the Board does not compromise consumer protection?

Additionally, are there other CPD activities that other healing arts boards allow to count towards CPD requirements that the Committee believes will help maintain the competence and ethical practice of Audiologists and/or improve services provided to consumers? The Committee can review the document California CE/CPD Requirements –Doctoral Level Healing Arts Licensees (Attachment B) to see a variety of CE/CPD activities used by other healing arts boards in California.

After considering these broader questions, the Committee should review the previously approved CPD language and determine whether the current language best

protects California consumers or whether there are alternatives or additional changes that should be incorporated that would better ensure that licensees continue to increase their professional knowledge, skills, and attitudes in order to maintain ethical and competent practice and enhance services provided to consumers.

**Action Requested**

Staff recommends that the Audiology Practice Committees determine if additional revisions to the CPD requirements for Audiologists are merited.

Attachment A: Board Approved CPD Regulatory Revisions

Attachment B: California CE/CPD Requirements – Master’s and Doctoral Level  
Hearing Arts Licensees

**SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID  
DISPENSERS BOARD**

**Title 16, Division 13.4  
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY  
Article 11. Continuing Professional Development  
Proposed Language**

**Amend Sections 1399.160, 1399.160.1, 1399.160.2, 1399.160.3, 1399.160.4, and 1399.160.7 of Article 11 of Division 13.4 of Title 16 as follows:**

**§ 1399.160. Definitions.**

As used in this article:

(a) A continuing professional development “course” means a form of systematic learning at least one hour (60 minutes) in length including, but not limited to, academic studies, extension studies, lectures, conferences, seminars, workshops, and self-study courses.

(b) A “Self-study ~~course~~” means a form of systematic learning ~~performed at a licensee's residence, office, or other private location including~~ that does not offer participatory interaction between the licensee and the instructor during the instructional period. These include, but are not limited to, ~~viewing or listening to~~ recorded courses ~~or participating in “self-assessment testing” delivered via the Internet, or CD-ROM/DVD, correspondence, or home study and which require completing and passing an assessment or examination of the course content.~~ ~~(open-book tests that are completed by the licensee, submitted to the provider, graded, and returned to the licensee with correct answers and an explanation of why the answer chosen by the provider was the correct answer A self-study course does not mean a course taken at an accredited university towards a degree, nor does it include any interactive courses offered via electronic media where the course offering affords participants the opportunity to interact with an instructor and/or other course participants.~~

(c) A continuing professional development “provider” means an accredited institution of higher learning, a nonprofit education association, a nonprofit professional association, an individual, or other organization that offers continuing professional development courses and meets the requirements contained in this article.

(d) A “renewal period” means the ~~two-year~~ period that spans from a license's expiration date to the licensee's next expiration date.

(e) An “operational plan” means a detailed, written description, which contains information that explains how the provider intends to conduct business, advertise its courses, provide educational services, and meet the minimum standards established in this article.

(f) “Professional development” shall have the same meaning and effect as the term “continuing education” when interpreting the provisions in this Article.

Note: Authority cited: Sections 2531.95 and 2532.6(a), Business and Professions Code.

Reference: Section 2532.6(b), (c)(1), (e) and (f), Business and Professions Code.

**§ 1399.160.1. License Renewal Requirements.**

(a) Except as provided in Section 1399.160.2, a licensee ~~whose license expires in the year 2001,~~ shall certify in writing, when applying to renew their license for ~~license renewal~~ the first time, by signing a statement under penalty of perjury that during the preceding renewal period the licensee ~~has~~ completed twelve (12) hours of continuing professional development ~~courses~~.

- (b) Except as provided in Section 1399.160.2, a licensee who holds both a speech-language pathology license and an audiology license ~~that expire in the year 2001~~, shall certify in writing, when applying [to renew both licenses](#) for the [first time](#), by signing a statement under penalty of perjury that during the preceding renewal period the licensee ~~has~~ completed eight (8) hours of continuing professional development ~~courses~~ for each license for a total of sixteen (16) hours.
- (c) Except as provided in Section 1399.160.2, a licensee shall certify in writing, when applying for license renewal, by signing a statement under penalty of perjury that during the preceding renewal period the licensee ~~has~~ completed twenty-four (24) hours of continuing professional development ~~courses~~.
- (d) Except as provided in Section 1399.160.2, a licensee who holds both a speech-language pathology license and an audiology license, shall certify in writing, when applying [to renew both licenses for license renewal](#), by signing a statement under penalty of perjury that during the preceding renewal period the licensee ~~has~~ completed sixteen (16) hours of continuing professional development ~~courses~~ for each license for a total of thirty-two hours.
- (e) A licensee who falsifies or makes a material misrepresentation of fact when applying for license renewal or who cannot verify the completion of the continuing professional development requirement by producing a record of course completion, upon request by the Board, is subject to disciplinary action under Section 2533(e) of the Code.

Note: Authority cited: Sections 2531.95 and 2532.6(a), Business and Professions Code.  
Reference: Sections 2532.6(b), (c) (d) and 2533(e), Business and Professions Code.

### **§ 1399.160.2. Exemptions from Continuing Professional Development.**

~~(a) An initial licensee shall complete at least twelve (12) hours of continuing professional development, of which no more than four (4) hours may be earned through the following activities prior to his or her first license renewal:~~

~~(1) No more than (2) hours of self-study activities,~~

~~(2) No more than (2) hours from courses related to the discipline of speech-language pathology or audiology as defined in Section 1399.160.4(c)(4), or in indirect client care courses as defined in Section 1399.160.4(c)(3).~~

~~(b)~~ (a) A licensee is exempt from the continuing professional development requirement if his or her license is inactive pursuant to Sections 703 and 704 of the Code.

~~(c)~~ (b) A licensee may submit a written request for exemption from the continuing professional development requirement for any of the reasons listed below. The Board will notify the licensee, within thirty (30) working days after receipt of the request for exemption, whether the exemption was granted. If the request for exemption is denied, the licensee is responsible for completing the full amount of continuing professional development required for license renewal. The Board shall grant the exemption if the licensee can provide evidence, satisfactory to the Board, that:

(1) For at least one year during the licensee's previous license renewal period the licensee was absent from California due to military service;

(2) For at least one year during the licensee's previous license renewal period the licensee resided in another country; or

(3) During the licensee's previous renewal period, the licensee or an immediate family member, where the licensee has primary responsibility for the care of that family member, was suffering from or suffered a disability. A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. The disability shall be verified by a licensed physician or psychologist with special expertise in the area of disability. Verification of the disability shall include:

(A) the nature and extent of the disability;

- (B) an explanation of how the disability hinders the licensee from completing the continuing professional development requirement; and
- (C) the name, title, address, telephone number, professional license or certification number, and original signature of the licensed physician or psychologist verifying the disability.

Note: Authority cited: Sections 2531.95 and 2532.6(a), Business and Professions Code.  
Reference: Section 2532.6(d), Business and Professions Code.

### § 1399.160.3. Continuing Professional Development Requirements.

- (a) A licensee, ~~whose license expires in the year 2001~~ applying to renew their license for the first time, shall accrue at least twelve (12) hours of continuing professional development courses as defined in Section 1399.160.4. A licensee may accrue no more than ~~four (4) hours~~ six (6) of the required hours of continuing professional development ~~courses through~~ by way of self-study ~~courses~~ during this renewal period.
- (b) A licensee who holds both a speech-language pathology license and an audiology license, applying to renew both licenses for the first time, ~~that expire in the year 2001~~, shall accrue at least eight (8) hours of continuing professional development courses as defined in Section 1399.160.4 for each license. A licensee may accrue no more than ~~two (2)~~ four (4) of the required hours of continuing professional development ~~courses through~~ by way of self-study ~~courses~~ for each license.
- (c) A licensee who holds a speech-language pathology or non-dispensing audiology license (not applying for initial renewal) shall accrue at least twenty-four (24) hours ~~during a single renewal period~~ of continuing professional development per renewal period ~~courses~~ as defined in Section 1399.160.4. A licensee may accrue ~~no more than eight (8) hours of~~ continuing professional development ~~courses~~ through the following activities during ~~a single~~ each renewal period:
  - (1) No more than ~~six (6)~~ twelve (12) of the twenty-four (24) required hours by way of self-study ~~activities~~.
  - (2) No more than four (4) hours from courses related to the discipline of speech-language pathology or audiology, as defined in Section 1399.160.4(c)(4) or in indirect client care courses as defined in Section 1399.160.4(c)(3).
  - (3) Not more than 50% of the continuing professional development hours required of a licensed non-dispensing audiologist, may be in hearing aid courses, ~~but~~ and shall not be obtained from courses where the content focuses on equipment, devices, or other products of a particular manufacturer publisher, or company, ~~or corporation~~.
- (d) A licensee who holds both a speech-language pathology license and an audiology license shall accrue at least sixteen (16) hours of continuing professional development per renewal period ~~courses~~ as defined in Section 1399.160.4 for each license. A licensee may accrue ~~no more than five (5) hours of~~ continuing professional development through the following activities for each license
  - (1) No more than eight (8) of the required hours by way of self-study.
  - (2) No more than two and one-half (2.5) hours from courses related to the discipline of speech-language pathology or audiology, as defined in Section 1399.160.4(c)(4) or in indirect client care courses as defined in Section 1399.160.4(c)(3).
- (e) A licensed audiologist authorized to dispense hearing aids as provided by Section 2539.1 of the Code shall accrue at least twelve (12) hours of continuing professional development per annual renewal period as defined in Section 1399.160.4 ~~annually~~. A licensed audiologist authorized to dispense hearing aids may accrue ~~no more than (3) hours of~~ continuing professional development ~~courses~~ through the following activities during ~~a single~~ each renewal period:

- (1) No more than six (6) of the required hours by way of self-study activities,
- (2) No more than one and ~~a one-half~~ (1.5) hours from courses related to the discipline of audiology, as defined in Section 1399.160.4(c)(4) or in indirect client care courses as defined in Section 1399.160.4(c)(3).
- (3) Exactly 50% of the continuing professional development hours required of a licensed audiologist authorized to dispense hearing aids, shall be obtained from courses related to hearing aid dispensing but shall not be obtained from courses where the content focuses on the equipment, devices, or other products of a particular manufacturer or company. The remaining 50% of the continuing professional development hours required of a dispensing audiologist shall be relevant to the practice of audiology as defined in Section 2530.2(k) and shall not be obtained from hearing aid dispensing courses as provided for in this section.
- (f) A licensee who holds both a speech-language pathology license and a dispensing audiology license shall accrue:
- (1) At least sixteen (16) hours of continuing professional development courses in speech-language pathology biennially; ~~of which no more than four (4) hours of the continuing professional development and which~~ may be accrued through the following activities during a single each renewal period:
- (A) No more than ~~two and one-half (2.5)~~ eight (8) of the required hours by way of self-study activities.
- (B) No more than ~~one (1)~~ two and one-half (2.5) hours from courses related to the discipline of speech- language pathology as defined in Section 1399.160.4(c)(4) or in indirect client care courses as defined in Section 1399.160.4(c)(3).
- (2) At least eight (8) hours of continuing professional development courses in dispensing audiology as defined in Section 1399.160.4 and 1399.160.3(e)(3) annually, ~~of which no more than two (2) hours of continuing professional development courses and which~~ may be accrued through the following activities during a single each renewal period:
- (A) No more than ~~one (1)~~ four (4) of the required hours by way of self-study activities.
- (B) No more than one (1) hour from courses related to the discipline of speech-language pathology as defined in Section 1399.160.4(c)(4) or in indirect client care courses as defined in Section 1399.160.4(c)(3).
- (g) If a licensee teaches a course offered by a provider registered with the Board or an entity listed in Section 2532.6 of the Code, the licensee may claim credit for the same course ~~only~~ once per renewal period, receiving the same amount of hours of continuing professional development credit as a licensee who attended the course.
- (h) A licensee may not claim credit for the same course more than once per renewal period for hours of continuing professional development.
- (i) A licensee who takes a continuing professional development course as a condition of probation resulting from disciplinary action by the Board may not apply the course as credit towards the continuing professional development requirement.

Note: Authority cited: Sections 2531.95 and 2532.6(a), Business and Professions Code.  
Reference: Section 2532.6(b), (c) and (e), Business and Professions Code.

#### **§ 1399.160.4. Continuing Professional Development Course Content.**

- (a) A licensed speech-language pathologist shall determine that the content and learning outcomes of a course are relevant to the practice of speech-language pathology as defined in Section 2530.2(d).
- (b) A licensed audiologist shall determine that the content and learning outcomes of a course are relevant to the practice of audiology as defined in Section 2530.2(k).

- (c) The content of a course shall pertain to direct, related, or indirect patient/client care.
- (1) Examples of direct patient/client care courses for the practice of speech-language pathology include, but are not limited to: fluency disorders, voice disorders, motor disorders of speech, dysphagia, speech science, oral and written language disorders, aphasia and neurogenic disorders of language and cognition, augmentative and alternative communication, phonological/articulatory disorders, language science, and patient/client counseling to facilitate recovery from, or adjustment to, a communication disorder.
- (2) Examples of direct patient/client care courses for the practice of audiology include, but are not limited to: auditory and vestibular assessment, auditory habilitation/rehabilitation, hearing assistive technology, industrial audiology/hearing conservation, and hearing science.
- (3) Indirect patient/client care courses cover pragmatic aspects of speech-language pathology or audiology practice (e.g., legal or ethical issues, consultation, record-keeping, office management, managed care issues, research obligations, technological applications related to assessment/diagnosis or intervention).
- (4) Courses that are related to the discipline of speech-language pathology or audiology may cover general medical or educational offerings including, but not limited to, social interaction, cultural and linguistic diversity as it applies to service delivery for diverse populations, professional service delivery models, interdisciplinary case management issues, or medical pathologies related to neurological disorders that also result in communication difficulties.
- (d) A provider shall ensure that a course has specific objectives that are measurable.
- (e) Upon completion of a course, a licensee shall evaluate the course through some type of evaluation mechanism.
- (f) Courses considered outside the scope of continuing professional development include, but are not limited to, those in the following areas:
- (1) money management, the licensee's personal finances or personal business matters;
  - (2) general physical fitness or the licensee's personal health;
  - (3) presentations by political or public figures or other persons that do not deal primarily with the practice of either speech-language pathology or audiology;
  - (4) tort liability;
  - (5) courses that address increased office production or computerization, financial planning, employee benefits, marketing or motivational topics to increase productivity or profitability; and
  - (6) courses in which the primary beneficiary is the licensee, not the consumer.

Note: Authority cited: Sections 2531.95 and 2532.6(a), Business and Professions Code.  
Reference: Section 2532.6(b), (c) and (e), Business and Professions Code.

### **§ 1399.160.7. Board-Approved Providers.**

- (a) A continuing professional development provider shall meet the Board's course content and instructor qualifications criteria, as provided under this article, to qualify to become a Board - approved provider.
- (b) ~~An applicant for A~~ continuing professional development provider applicant shall submit a completed ~~Continuing Professional Development Provider A~~ application, on a form prescribed by the Board (form no. 77A-50, new 1/99), hereby incorporated by reference, remit the appropriate fees, submit a complete operational plan, and obtain a continuing professional provider number from the Board to become a Board-approved provider.
- (c) A provider approval issued under this section shall expire twenty-four months after the ~~approval~~ issue date. To renew an unexpired provider approval, the provider shall, on or before the expiration date of the approval, pay the biennial renewal fee set forth in Section 1399.157 of these regulations.

- (d) A provider approval that is not renewed by the expiration date may not be renewed, restored, reinstated, or reissued thereafter, but the provider may apply for a new approval.
- (e) Board-approved provider status is not transferable.

Note: Authority cited: Sections 2531.95 and 2532.6(a), Business and Professions Code.  
Reference: Section 2532.6(e)(1) and (e)(2), Business and Professions Code.

## California CE/CPD Requirements – Doctoral and Master’s Level Healing Arts Licensees

### CE/CPD Requirements for Doctoral Level Healing Arts Licensees

Board	License Type	Degree Required	CE/CPD Hours Required	Annual/Biennial	Self Study Limitations	Other Requirements
Osteopathic Medical Board of California	Physician and Surgeon	Doctoral	100 CME credit hours	Biennial	60 hours max (60%)	<ul style="list-style-type: none"> <li>• American Osteopathic Association (AOA) Category 1A or B (must complete minimum of 40 hours). Categories 1A or 1B includes:                             <ul style="list-style-type: none"> <li>○ AOA Approved Osteopathic CME;</li> <li>○ Scientific papers and publications</li> <li>○ Osteopathic medical teaching</li> <li>○ AOA-accredited/approved hospital committee and departmental conferences concerned with review and evaluation of patient care</li> <li>○ Life Support Courses</li> </ul> </li> <li>• Category 2A or 2B (max 60 hours)                             <ul style="list-style-type: none"> <li>○ Category 2A includes                                     <ul style="list-style-type: none"> <li>▪ ACGME-accredited Formal education programs, AAFP approved programs, and programs by AOA-accredited Category 1 CME.</li> </ul> </li> <li>○ Category 2B includes                                     <ul style="list-style-type: none"> <li>▪ Home study,</li> <li>▪ Reading medical journals (1 journal = 0.5 units)</li> <li>▪ Viewing non-osteopathic medical video and audio tapes and cassettes, CD’s and DVD’s</li> <li>▪ Journal type CME on the Internet (1 journal = 0.5 units)</li> <li>▪ Risk management programs that are administrative in nature.</li> </ul> </li> </ul> </li> </ul> <p>Source: <a href="https://www.ombc.ca.gov/licensees/cme.shtml">https://www.ombc.ca.gov/licensees/cme.shtml</a></p>
Naturopathic Medicine Committee	Naturopathic Doctor	Doctoral	60	Biennial	15 hours max (25%)	<ul style="list-style-type: none"> <li>• At least 20 hours shall be in pharmacotherapeutics.</li> <li>• Naturopathic or osteopathic or allopathic medical journals, or audio or videotaped presentations, slides, programmed instruction, or computer-assisted instruction or preceptorships (max 15 hours).</li> <li>• No more than 20 hours may be in any single topic.</li> <li>• Specialty certificate in naturopathic childbirth attendance (max 15 hours)</li> </ul> <p>Source: <a href="https://www.naturopathic.ca.gov/licensees/ce.shtml">https://www.naturopathic.ca.gov/licensees/ce.shtml</a> and Business and Professions Code (BPC) Section 3635</p>

## California CE/CPD Requirements – Doctoral and Master’s Level Healing Arts Licensees

Board	License Type	Degree Required	CE/CPD Hours Required	Annual/Biennial	Self Study Limitations	Other Requirements
Dental Board of California	Dentist	Doctoral	50	Biennial	25 hours max (50%)	<ul style="list-style-type: none"> <li>• No more than 8 units per day can be applied to the total unit requirement.</li> <li>• Mandatory courses:                             <ul style="list-style-type: none"> <li>○ Basic Life Support (BLS) (max 4 credits) Online courses not accepted for the BLS requirement, course must include a live, in-person skills practice session, a skills test and a written examination.</li> <li>○ California Infection Control (minimum 2-units) taken through board approved provider.</li> <li>○ California Dental Practice Act (minimum 2-units) and be taken through board approved provider.</li> </ul> </li> </ul> <p>Source: <a href="https://www.dbc.ca.gov/licensees/continuing_education.shtml">https://www.dbc.ca.gov/licensees/continuing_education.shtml</a></p>
Medical Board of California	Physician and Surgeon	Doctoral	50	Biennial	None	<ul style="list-style-type: none"> <li>• All continuing medical education courses must contain curriculum that includes cultural and linguistic competency in the practice of medicine.</li> <li>• Teaching/presenting a course or approved program (max 1/3 of hours)</li> <li>• Passing a certifying or recertifying examination administered by a recognized specialty board (100 hours for 4 consecutive years)</li> <li>• Receiving the Physician's Recognition Award (60 hours max)</li> <li>• Courses must include educational activities that:                             <ul style="list-style-type: none"> <li>○ Have a scientific or clinical content with a direct bearing on the quality or cost-effective provision of patient care, community or public health, or preventive medicine.</li> <li>○ Concern quality assurance or improvement, risk management, health facility standards, or the legal aspects of clinical medicine.</li> <li>○ Concern bioethics or professional ethics.</li> <li>○ Are designed to improve the physician-patient relationship.</li> </ul> </li> </ul> <p>Source: <a href="https://www.mbc.ca.gov/Licensing/Physicians-and-Surgeons/Renew/Current-Status/Continuing-Medical-Education.aspx">https://www.mbc.ca.gov/Licensing/Physicians-and-Surgeons/Renew/Current-Status/Continuing-Medical-Education.aspx</a> and Business and Professions Code Section 2190.1 and 13 CCR sections 1336 and 1337</p>

## California CE/CPD Requirements – Doctoral and Master’s Level Healing Arts Licensees

Board	License Type	Degree Required	CE/CPD Hours Required	Annual/Biennial	Self Study Limitations	Other Requirements
Podiatric Medical Board of California	Podiatrist	Doctoral	50	Biennial	None	<ul style="list-style-type: none"> <li>● All courses must be scientific in content and relate directly to patient care</li> <li>● Mandatory 12 hours in subjects related to the lower extremity muscular skeletal system</li> <li>● A licensee must certify compliance with one of the following pathways for continued competence at each renewal:                             <ol style="list-style-type: none"> <li>1. Passage of a board administered exam (past 10 years).</li> <li>2. Passage of an approved specialty board administered exam (past 10 years).</li> <li>3. Current diplomate, eligible, or qualified status with an approved specialty board (past 10 years).</li> <li>4. Recertification by an approved specialty board (past 10 years).</li> <li>5. Completion of an approved residency/fellowship (past 10 years).</li> <li>6. Granting/renewing health care facility privileges (past 5 years).</li> <li>7. Successful completion of an extended course of study approved by the board (past 5 years).</li> <li>8. Passage of Part III exam administered by the National Boards (past 10 years).</li> </ol> </li> </ul> <p>Source: <a href="https://www.pmbc.ca.gov/forms_pubs/fsconted.shtml">https://www.pmbc.ca.gov/forms_pubs/fsconted.shtml</a>, BPC Section 2496 and 16 CCR sections 1399.669 et seq.</p>
California State Board of Optometry	Optometrist	Doctoral	50	Biennial	20 hours max (40%)	<ul style="list-style-type: none"> <li>● 35 hours must be in the diagnosis, treatment and management of ocular disease in any combination of the following areas: glaucoma, ocular infection; ocular inflammation; topical steroids; systemic medication; or pain medication.                             <ul style="list-style-type: none"> <li>○ For glaucoma certified optometrists, 10 of the above hours must be glaucoma specific CE.</li> </ul> </li> </ul> <p>Source: <a href="https://www.optometry.ca.gov/optometrist/contedu.shtml">https://www.optometry.ca.gov/optometrist/contedu.shtml</a></p>

## California CE/CPD Requirements – Doctoral and Master’s Level Healing Arts Licensees

Board	License Type	Degree Required	CE/CPD Hours Required	Annual/ Biennial	Self Study Limitations	Other Requirements
Board of Psychology	Psychologist	Doctoral	36	Biennial	27 hours max (75%)	<ul style="list-style-type: none"> <li>• Courses must be applicable to the practice of psychology</li> <li>• Licensees must keep abreast of Laws and Ethics each renewal cycle</li> <li>• Suicide prevention training, if not certified as part of graduate degree program a one-time 6-hour course in suicide risk assessment and intervention must be obtained after 2020</li> <li>• New CPD requirements going through regulatory process includes following categories of CPD and hours requirements, language available <a href="#">here</a>:                             <ul style="list-style-type: none"> <li>○ Must use minimum of two categories of CPD activities (below) for renewal except for Board Certification.</li> <li>○ <u>Additional Specified Course Subjects</u> including 4 hours of training in laws and ethics and 4 hours of Cultural Diversity and/or Social Justice training</li> <li>○ <u>Professional CPD Activities</u> includes peer consultation (max 18 hours), practice outcome monitoring (max 9 hours), professional services (max 12 hours), conference/convention attendance (max 6 hours), examination functions (max 12 hours), expert review/consultation (max 12 hours), attendance at Board Meetings (max 8 hours).</li> <li>○ <u>Academic CPD Activities</u> includes academic coursework (max 18 hours), academic/sponsor-approved CE instruction (max 18 hours), supervision (max 18 hours), publications (max 9 hours), self-directed learning (max 6 hours).</li> <li>○ <u>Sponsored Continuing Education CPD Activities</u> includes taking traditional CE courses (max 27 hours).</li> <li>○ <u>Board Certification CPD Activities</u> includes specialty certification in an area of psychology from American Board of Professional Psychology (36 hours or senior option for 18 hours).</li> </ul> </li> </ul> <p><i>Source: <a href="https://www.psychology.ca.gov/licensees/ce_faqs.shtml">https://www.psychology.ca.gov/licensees/ce_faqs.shtml</a></i></p>
Veterinary Medical Board of California	Veterinarian	Doctoral	36	Biennial	6 hours max (17%)	<ul style="list-style-type: none"> <li>• Courses can cover scientific knowledge and/or technical skills, direct patient/client care, or indirect patient/client care.</li> <li>• Practice management courses (max 24 hours)</li> <li>• Participating as an examination development Subject Matter Expert for the board (max 16 hours)</li> <li>• Academic Courses:                             <ul style="list-style-type: none"> <li>○ Taken: 1 semester unit = 15 CE hours; 1 quarter unit = 10 CE hours</li> <li>○ Taught: Board approved and meets CE guidelines</li> </ul> </li> </ul> <p><i>Source: <a href="https://www.vmb.ca.gov/licensees/mcefaq_1.shtml">https://www.vmb.ca.gov/licensees/mcefaq_1.shtml</a></i></p>

## California CE/CPD Requirements – Doctoral and Master’s Level Healing Arts Licensees

Board	License Type	Degree Required	CE/CPD Hours Required	Annual/Biennial	Self Study Limitations	Other Requirements
California State Board of Pharmacy	Pharmacist	Doctoral	30	Biennial	None	<ul style="list-style-type: none"> <li>• Coursework must pertain to the practice of pharmacy and be from a board recognized provider.</li> <li>• Continuing education courses shall be relevant to the practice of pharmacy and related to one or more of the following:                             <ul style="list-style-type: none"> <li>○ The scientific knowledge or technical skills required for the practice of pharmacy.</li> <li>○ Direct and/or indirect patient care.</li> <li>○ The management and operation of a pharmacy practice.</li> </ul> </li> <li>• May also take courses from providers approved by the Medical Board of California, the California Board of Podiatric Medicine, the California Board of Registered Nursing or the Dental Board of California.</li> <li>• 2 of the 30 hours must be a Law &amp; Ethics course</li> </ul> <p><i>Source: <a href="https://www.pharmacy.ca.gov/licensees/personal/ce.shtml">https://www.pharmacy.ca.gov/licensees/personal/ce.shtml</a> and 16 CCR section 1732.3 and 1732.5</i></p>
Physical Therapy Board of California	Physical Therapist	Doctoral	30	Biennial	None	<ul style="list-style-type: none"> <li>• Courses must be in subjects related to professional practice of physical therapy or patient/client management.</li> <li>• Required Courses: Basic Life Support (4 hours), and Ethics, Laws and Regulations (2 hours) each renewal</li> <li>• Courses can be traditional CE courses from approved providers, college coursework, or through an approved alternative pathway.</li> <li>• Approved alternative pathways include:                             <ul style="list-style-type: none"> <li>○ Publishing peer-reviewed articles, case studies or book chapter (max 16 hours);</li> <li>○ Developing/presenting college or CE courses (max 16 hours);</li> <li>○ Participating as SME for examination processes (max 16 hours);</li> <li>○ Serving on a board appointed task force (max 16 hours);</li> <li>○ Clinical instructor for fulltime students for at least 4 weeks (max 12 hours);</li> <li>○ Attending physical therapy related conference or FSBPT or APTA conference (max 8 hours);</li> <li>○ Attending a board meeting (max 8 hours);</li> <li>○ Completing FSBPT practice review tool (max 6 hours);</li> <li>○ Successful ABPT specialty certification or re-certification (max 6 hours);</li> <li>○ Completing training as expert consultant for the board (max 6 hours);</li> <li>○ Successful passage of board’s law examination (max 2 hours).</li> </ul> </li> </ul> <p><i>Source: <a href="https://www.ptbc.ca.gov/licensees/cont_comp.shtml">https://www.ptbc.ca.gov/licensees/cont_comp.shtml</a> and 16 CCR sections 1399.90 et seq.</i></p>

## California CE/CPD Requirements – Doctoral and Master’s Level Healing Arts Licensees

### CE/CPD Requirements for Master’s Level Healing Arts Licensees

Board	License Type	Degree Required	CE/CPD Hours Required	Annual/Biennial	Self Study Limitations	Other Requirements
Physician Assistant Board	Physician Assistant	Master’s	50 *	Biennial	None	<p>* 50 hours of approved CE required if they do not have active certification by the National Commission on Certification of Physician Assistants (certification requires 100 CME hours every 2 years, 50 of those hours must be Category 1, additional credits given for interactive types of CME)</p> <p>Source: <a href="https://www.pab.ca.gov/licensees/cmereqs.shtml">https://www.pab.ca.gov/licensees/cmereqs.shtml</a></p>
Board of Behavioral Sciences	<ul style="list-style-type: none"> <li>• Licensed Clinical Social Worker (LCSW)</li> <li>• Licensed Educational Psychologist (LEP)</li> <li>• Licensed Marriage and Family Therapist (LMFT)</li> <li>• Licensed Professional Clinical Counselors (LPCC)</li> </ul>	Master’s	36	Biennial	None	<ul style="list-style-type: none"> <li>• Courses must be relevant to the scope of practice of the license holder</li> <li>• 6 hours of Laws and Ethics coursework required every renewal cycle</li> <li>• Additional courses required for first renewal: HIV/AIDS (LMFT, LCSW, LPCC) (7 hours); Child Abuse Assessment and Reporting (LEP) (7 hours); 15 hours Alcoholism and Other Chemical Substance Dependency (LEP) (15 hours); Marriage and Family Therapy (LPCCs) (6 hours)</li> <li>• Suicide prevention training, if not certified as part of graduate degree program one-time 6-hour course in suicide risk assessment and intervention must be obtained after 2021</li> <li>• Other ways to earn CE credit:               <ul style="list-style-type: none"> <li>○ Teaching academic or CE courses (once per renewal cycle): 1 semester unit = 15 hours, 1 quarter unit = 10 hours</li> <li>○ Expert Witness for board enforcement (max 6 hours Law &amp; Ethics)</li> <li>○ SME for examination development (max 6 hours Law &amp; Ethics)</li> <li>○ Professional association law and ethics review committee participation (max 6 hours Law &amp; Ethics)</li> </ul> </li> </ul> <p>Source: <a href="https://www.bbs.ca.gov/licensees/cont_ed.html">https://www.bbs.ca.gov/licensees/cont_ed.html</a>,  <a href="https://www.bbs.ca.gov/pdf/forms/cechart.pdf">https://www.bbs.ca.gov/pdf/forms/cechart.pdf</a>,  <a href="https://www.bbs.ca.gov/pdf/publications/ceinfo_brochure.pdf">https://www.bbs.ca.gov/pdf/publications/ceinfo_brochure.pdf</a></p>

## California CE/CPD Requirements – Doctoral and Master’s Level Healing Arts Licensees

Board	License Type	Degree Required	CE/CPD Hours Required	Annual/Biennial	Self Study Limitations	Other Requirements
California Board of Registered Nursing	Advanced Practice Nurses: <ul style="list-style-type: none"> <li>• Nurse Practitioner</li> <li>• Nurse-Midwife</li> <li>• Psychiatric/Mental Health Nurse</li> </ul>	Master’s	30	Biennial	None	<ul style="list-style-type: none"> <li>• Courses must be related to the scientific knowledge and/or technical skills required for the practice of nursing or be related to direct and/or indirect patient/client care.</li> <li>• Continuing Medical Education (Category 1) count for CE.</li> <li>• Academic courses credited 1 quarter unit = 10 hours; 1 semester unit = 15 hours; course must be advanced level</li> </ul> <p>Source: <a href="https://www.rn.ca.gov/licensees/ce-renewal.shtml">https://www.rn.ca.gov/licensees/ce-renewal.shtml</a></p>
California Board of Occupational Therapy	Occupational Therapist	Master’s	24	Biennial	None	<ul style="list-style-type: none"> <li>• 50 % must be directly related to delivery of occupational therapy services</li> <li>• Professional Development Units (PDUs) can be accrued for: <ul style="list-style-type: none"> <li>○ Teaching: 1 academic unit = 10 PDUs, 1 CE unit = 10 PDUs</li> <li>○ Structured special interest/study groups with 3 or more participants (3 hours = 1 PDU, max 6)</li> <li>○ Structured mentoring (20 hours of mentoring = 3 PDUs, max 6)</li> <li>○ Structured mentoring of colleague to improve skills (20 hours of mentoring = 3 PDUs, max 6)</li> <li>○ Supervising fieldwork of Level I and Level II occupational therapist and occupational therapy assistant students: <ul style="list-style-type: none"> <li>(A) Level I student: 1 student = 1 PDU (max 12)</li> <li>(B) Level II student: 40 hours of supervision = 1 PDU (max 12) <ul style="list-style-type: none"> <li>▪ Supervision cannot be the primary responsibility of the licensee’s employment</li> <li>▪ Fieldwork supervision hours of a single student may be divided between licensees.</li> </ul> </li> </ul> </li> <li>○ Publications <ul style="list-style-type: none"> <li>▪ Article (non-peer reviewed): 1 article = 5 PDUs (max 10)</li> <li>▪ Article (peer-reviewed): 1 article = 10 PDUs (max 10)</li> <li>▪ Chapter(s) in occupational therapy/related professional textbook: 1 chapter = 10 PDUs (max 10)</li> </ul> </li> <li>○ Professional presentations at workshops, seminars, and conferences: 1 hour presenting = 2 PDUs (max 6)</li> <li>○ Attending board meeting: 1 meeting = 2 PDUs (max 6)</li> <li>○ Attending board outreach activities: 1 presentation = 2 PDUs (max 4)</li> </ul> </li> </ul> <p>Source: <a href="https://www.bot.ca.gov/licensees/cont_competency.shtml">https://www.bot.ca.gov/licensees/cont_competency.shtml</a> and 16 CCR section 4161</p>



After considering these broader questions, the Committee should review the previously approved CPD language and determine whether the current language best protects California consumers or whether there are alternatives or additional changes that should be incorporated that would better ensure that licensees continue to increase their professional knowledge, skills, and attitudes in order to maintain ethical and competent practice and enhance services provided to consumers.

**Action Requested**

Staff recommends that the Speech-Language Pathology Practice Committees determine if additional revisions to the CPD requirements for Speech-Language Pathologists are merited.

Attachment A: Board Approved CPD Regulatory Revisions

Attachment B: California CE/CPD Requirements – Master’s and Doctoral Level  
Hearing Arts Licensees

**SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID  
DISPENSERS BOARD**

**Title 16, Division 13.4  
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY  
Article 11. Continuing Professional Development  
Proposed Language**

**Amend Sections 1399.160, 1399.160.1, 1399.160.2, 1399.160.3, 1399.160.4, and 1399.160.7 of Article 11 of Division 13.4 of Title 16 as follows:**

**§ 1399.160. Definitions.**

As used in this article:

(a) A continuing professional development “course” means a form of systematic learning at least one hour (60 minutes) in length including, but not limited to, academic studies, extension studies, lectures, conferences, seminars, workshops, and self-study courses.

(b) A “Self-study ~~course~~” means a form of systematic learning ~~performed at a licensee's residence, office, or other private location including that does not offer participatory interaction between the licensee and the instructor during the instructional period. These include~~, but ~~are~~ not limited to, ~~viewing or listening to~~ recorded courses ~~or participating in “self-assessment testing” delivered via the Internet, or CD-ROM/DVD, correspondence, or home study and which require completing and passing an assessment or examination of the course content.~~ ~~(open-book tests that are completed by the licensee, submitted to the provider, graded, and returned to the licensee with correct answers and an explanation of why the answer chosen by the provider was the correct answer A self-study course does not mean a course taken at an accredited university towards a degree, nor does it include any interactive courses offered via electronic media where the course offering affords participants the opportunity to interact with an instructor and/or other course participants.~~

(c) A continuing professional development “provider” means an accredited institution of higher learning, a nonprofit education association, a nonprofit professional association, an individual, or other organization that offers continuing professional development courses and meets the requirements contained in this article.

(d) A “renewal period” means the ~~two-year~~ period that spans from a license's expiration date to the licensee's next expiration date.

(e) An “operational plan” means a detailed, written description, which contains information that explains how the provider intends to conduct business, advertise its courses, provide educational services, and meet the minimum standards established in this article.

(f) “Professional development” shall have the same meaning and effect as the term “continuing education” when interpreting the provisions in this Article.

Note: Authority cited: Sections 2531.95 and 2532.6(a), Business and Professions Code.

Reference: Section 2532.6(b), (c)(1), (e) and (f), Business and Professions Code.

**§ 1399.160.1. License Renewal Requirements.**

(a) Except as provided in Section 1399.160.2, a licensee ~~whose license expires in the year 2001,~~ shall certify in writing, when applying ~~to renew their license~~ for ~~license renewal~~ the ~~first time~~, by signing a statement under penalty of perjury that during the preceding renewal period the licensee ~~has~~ completed twelve (12) hours of continuing professional development ~~courses~~.

- (b) Except as provided in Section 1399.160.2, a licensee who holds both a speech-language pathology license and an audiology license ~~that expire in the year 2001~~, shall certify in writing, when applying [to renew both licenses](#) for the [first time](#), by signing a statement under penalty of perjury that during the preceding renewal period the licensee ~~has~~ completed eight (8) hours of continuing professional development ~~courses~~ for each license for a total of sixteen (16) hours.
- (c) Except as provided in Section 1399.160.2, a licensee shall certify in writing, when applying for license renewal, by signing a statement under penalty of perjury that during the preceding renewal period the licensee ~~has~~ completed twenty-four (24) hours of continuing professional development ~~courses~~.
- (d) Except as provided in Section 1399.160.2, a licensee who holds both a speech-language pathology license and an audiology license, shall certify in writing, when applying [to renew both licenses for license renewal](#), by signing a statement under penalty of perjury that during the preceding renewal period the licensee ~~has~~ completed sixteen (16) hours of continuing professional development ~~courses~~ for each license for a total of thirty-two hours.
- (e) A licensee who falsifies or makes a material misrepresentation of fact when applying for license renewal or who cannot verify the completion of the continuing professional development requirement by producing a record of course completion, upon request by the Board, is subject to disciplinary action under Section 2533(e) of the Code.

Note: Authority cited: Sections 2531.95 and 2532.6(a), Business and Professions Code.  
Reference: Sections 2532.6(b), (c) (d) and 2533(e), Business and Professions Code.

### **§ 1399.160.2. Exemptions from Continuing Professional Development.**

~~(a) An initial licensee shall complete at least twelve (12) hours of continuing professional development, of which no more than four (4) hours may be earned through the following activities prior to his or her first license renewal:~~

~~(1) No more than (2) hours of self-study activities,~~

~~(2) No more than (2) hours from courses related to the discipline of speech-language pathology or audiology as defined in Section 1399.160.4(c)(4), or in indirect client care courses as defined in Section 1399.160.4(c)(3).~~

~~(b)~~ (a) A licensee is exempt from the continuing professional development requirement if his or her license is inactive pursuant to Sections 703 and 704 of the Code.

~~(c)~~ (b) A licensee may submit a written request for exemption from the continuing professional development requirement for any of the reasons listed below. The Board will notify the licensee, within thirty (30) working days after receipt of the request for exemption, whether the exemption was granted. If the request for exemption is denied, the licensee is responsible for completing the full amount of continuing professional development required for license renewal. The Board shall grant the exemption if the licensee can provide evidence, satisfactory to the Board, that:

(1) For at least one year during the licensee's previous license renewal period the licensee was absent from California due to military service;

(2) For at least one year during the licensee's previous license renewal period the licensee resided in another country; or

(3) During the licensee's previous renewal period, the licensee or an immediate family member, where the licensee has primary responsibility for the care of that family member, was suffering from or suffered a disability. A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. The disability shall be verified by a licensed physician or psychologist with special expertise in the area of disability. Verification of the disability shall include:

(A) the nature and extent of the disability;

- (B) an explanation of how the disability hinders the licensee from completing the continuing professional development requirement; and
- (C) the name, title, address, telephone number, professional license or certification number, and original signature of the licensed physician or psychologist verifying the disability.

Note: Authority cited: Sections 2531.95 and 2532.6(a), Business and Professions Code.  
Reference: Section 2532.6(d), Business and Professions Code.

### § 1399.160.3. Continuing Professional Development Requirements.

- (a) A licensee, ~~whose license expires in the year 2001~~ applying to renew their license for the first time, shall accrue at least twelve (12) hours of continuing professional development courses as defined in Section 1399.160.4. A licensee may accrue no more than ~~four (4) hours~~ six (6) of the required hours of continuing professional development ~~courses through~~ by way of self-study ~~courses~~ during this renewal period.
- (b) A licensee who holds both a speech-language pathology license and an audiology license, applying to renew both licenses for the first time, ~~that expire in the year 2001~~, shall accrue at least eight (8) hours of continuing professional development courses as defined in Section 1399.160.4 for each license. A licensee may accrue no more than ~~two (2)~~ four (4) of the required hours of continuing professional development ~~courses through~~ by way of self-study ~~courses~~ for each license.
- (c) A licensee who holds a speech-language pathology or non-dispensing audiology license (not applying for initial renewal) shall accrue at least twenty-four (24) hours ~~during a single renewal period~~ of continuing professional development per renewal period ~~courses~~ as defined in Section 1399.160.4. A licensee may accrue ~~no more than eight (8) hours of~~ continuing professional development ~~courses~~ through the following activities during ~~a single~~ each renewal period:
  - (1) No more than ~~six (6)~~ twelve (12) of the twenty-four (24) required hours by way of self-study ~~activities~~.
  - (2) No more than four (4) hours from courses related to the discipline of speech-language pathology or audiology, as defined in Section 1399.160.4(c)(4) or in indirect client care courses as defined in Section 1399.160.4(c)(3).
  - (3) Not more than 50% of the continuing professional development hours required of a licensed non-dispensing audiologist, may be in hearing aid courses, ~~but~~ and shall not be obtained from courses where the content focuses on equipment, devices, or other products of a particular manufacturer, publisher, or company, ~~or corporation~~.
- (d) A licensee who holds both a speech-language pathology license and an audiology license shall accrue at least sixteen (16) hours of continuing professional development per renewal period ~~courses~~ as defined in Section 1399.160.4 for each license. A licensee may accrue ~~no more than five (5) hours of~~ continuing professional development through the following activities for each license
  - (1) No more than eight (8) of the required hours by way of self-study.
  - (2) No more than two and one-half (2.5) hours from courses related to the discipline of speech-language pathology or audiology, as defined in Section 1399.160.4(c)(4) or in indirect client care courses as defined in Section 1399.160.4(c)(3).
- (e) A licensed audiologist authorized to dispense hearing aids as provided by Section 2539.1 of the Code shall accrue at least twelve (12) hours of continuing professional development per annual renewal period as defined in Section 1399.160.4 ~~annually~~. A licensed audiologist authorized to dispense hearing aids may accrue ~~no more than (3) hours of~~ continuing professional development ~~courses~~ through the following activities during ~~a single~~ each renewal period:

- (1) No more than six (6) of the required hours by way of self-study activities,
- (2) No more than one and ~~a one-half~~ (1.5) hours from courses related to the discipline of audiology, as defined in Section 1399.160.4(c)(4) or in indirect client care courses as defined in Section 1399.160.4(c)(3).
- (3) Exactly 50% of the continuing professional development hours required of a licensed audiologist authorized to dispense hearing aids, shall be obtained from courses related to hearing aid dispensing but shall not be obtained from courses where the content focuses on the equipment, devices, or other products of a particular manufacturer or company. The remaining 50% of the continuing professional development hours required of a dispensing audiologist shall be relevant to the practice of audiology as defined in Section 2530.2(k) and shall not be obtained from hearing aid dispensing courses as provided for in this section.
- (f) A licensee who holds both a speech-language pathology license and a dispensing audiology license shall accrue:
- (1) At least sixteen (16) hours of continuing professional development courses in speech-language pathology biennially; ~~of which no more than four (4) hours of the continuing professional development and which~~ may be accrued through the following activities during a single each renewal period:
- (A) No more than ~~two and one-half (2.5)~~ eight (8) of the required hours by way of self-study activities.
- (B) No more than ~~one (1)~~ two and one-half (2.5) hours from courses related to the discipline of speech- language pathology as defined in Section 1399.160.4(c)(4) or in indirect client care courses as defined in Section 1399.160.4(c)(3).
- (2) At least eight (8) hours of continuing professional development courses in dispensing audiology as defined in Section 1399.160.4 and 1399.160.3(e)(3) annually, ~~of which no more than two (2) hours of continuing professional development courses and which~~ may be accrued through the following activities during a single each renewal period:
- (A) No more than ~~one (1)~~ four (4) of the required hours by way of self-study activities.
- (B) No more than one (1) hour from courses related to the discipline of speech-language pathology as defined in Section 1399.160.4(c)(4) or in indirect client care courses as defined in Section 1399.160.4(c)(3).
- (g) If a licensee teaches a course offered by a provider registered with the Board or an entity listed in Section 2532.6 of the Code, the licensee may claim credit for the same course ~~only~~ once per renewal period, receiving the same amount of hours of continuing professional development credit as a licensee who attended the course.
- (h) A licensee may not claim credit for the same course more than once per renewal period for hours of continuing professional development.
- (i) A licensee who takes a continuing professional development course as a condition of probation resulting from disciplinary action by the Board may not apply the course as credit towards the continuing professional development requirement.

Note: Authority cited: Sections 2531.95 and 2532.6(a), Business and Professions Code.  
Reference: Section 2532.6(b), (c) and (e), Business and Professions Code.

#### **§ 1399.160.4. Continuing Professional Development Course Content.**

- (a) A licensed speech-language pathologist shall determine that the content and learning outcomes of a course are relevant to the practice of speech-language pathology as defined in Section 2530.2(d).
- (b) A licensed audiologist shall determine that the content and learning outcomes of a course are relevant to the practice of audiology as defined in Section 2530.2(k).

- (c) The content of a course shall pertain to direct, related, or indirect patient/client care.
- (1) Examples of direct patient/client care courses for the practice of speech-language pathology include, but are not limited to: fluency disorders, voice disorders, motor disorders of speech, dysphagia, speech science, oral and written language disorders, aphasia and neurogenic disorders of language and cognition, augmentative and alternative communication, phonological/articulatory disorders, language science, and patient/client counseling to facilitate recovery from, or adjustment to, a communication disorder.
- (2) Examples of direct patient/client care courses for the practice of audiology include, but are not limited to: auditory and vestibular assessment, auditory habilitation/rehabilitation, hearing assistive technology, industrial audiology/hearing conservation, and hearing science.
- (3) Indirect patient/client care courses cover pragmatic aspects of speech-language pathology or audiology practice (e.g., legal or ethical issues, consultation, record-keeping, office management, managed care issues, research obligations, technological applications related to assessment/diagnosis or intervention).
- (4) Courses that are related to the discipline of speech-language pathology or audiology may cover general medical or educational offerings including, but not limited to, social interaction, cultural and linguistic diversity as it applies to service delivery for diverse populations, professional service delivery models, interdisciplinary case management issues, or medical pathologies related to neurological disorders that also result in communication difficulties.
- (d) A provider shall ensure that a course has specific objectives that are measurable.
- (e) Upon completion of a course, a licensee shall evaluate the course through some type of evaluation mechanism.
- (f) Courses considered outside the scope of continuing professional development include, but are not limited to, those in the following areas:
- (1) money management, the licensee's personal finances or personal business matters;
  - (2) general physical fitness or the licensee's personal health;
  - (3) presentations by political or public figures or other persons that do not deal primarily with the practice of either speech-language pathology or audiology;
  - (4) tort liability;
  - (5) courses that address increased office production or computerization, financial planning, employee benefits, marketing or motivational topics to increase productivity or profitability; and
  - (6) courses in which the primary beneficiary is the licensee, not the consumer.

Note: Authority cited: Sections 2531.95 and 2532.6(a), Business and Professions Code.  
Reference: Section 2532.6(b), (c) and (e), Business and Professions Code.

### **§ 1399.160.7. Board-Approved Providers.**

- (a) A continuing professional development provider shall meet the Board's course content and instructor qualifications criteria, as provided under this article, to qualify to become a Board - approved provider.
- (b) ~~An applicant for A~~ continuing professional development provider applicant shall submit a completed ~~Continuing Professional Development Provider A~~ application, on a form prescribed by the Board (form no. 77A-50, new 1/99), hereby incorporated by reference, remit the appropriate fees, submit a complete operational plan, and obtain a continuing professional provider number from the Board to become a Board-approved provider.
- (c) A provider approval issued under this section shall expire twenty-four months after the ~~approval~~ issue date. To renew an unexpired provider approval, the provider shall, on or before the expiration date of the approval, pay the biennial renewal fee set forth in Section 1399.157 of these regulations.

- (d) A provider approval that is not renewed by the expiration date may not be renewed, restored, reinstated, or reissued thereafter, but the provider may apply for a new approval.
- (e) Board-approved provider status is not transferable.

Note: Authority cited: Sections 2531.95 and 2532.6(a), Business and Professions Code.  
Reference: Section 2532.6(e)(1) and (e)(2), Business and Professions Code.

## California CE/CPD Requirements – Doctoral and Master’s Level Healing Arts Licensees

### CE/CPD Requirements for Doctoral Level Healing Arts Licensees

Board	License Type	Degree Required	CE/CPD Hours Required	Annual/Biennial	Self Study Limitations	Other Requirements
Osteopathic Medical Board of California	Physician and Surgeon	Doctoral	100 CME credit hours	Biennial	60 hours max (60%)	<ul style="list-style-type: none"> <li>• American Osteopathic Association (AOA) Category 1A or B (must complete minimum of 40 hours). Categories 1A or 1B includes:                             <ul style="list-style-type: none"> <li>○ AOA Approved Osteopathic CME;</li> <li>○ Scientific papers and publications</li> <li>○ Osteopathic medical teaching</li> <li>○ AOA-accredited/approved hospital committee and departmental conferences concerned with review and evaluation of patient care</li> <li>○ Life Support Courses</li> </ul> </li> <li>• Category 2A or 2B (max 60 hours)                             <ul style="list-style-type: none"> <li>○ Category 2A includes                                     <ul style="list-style-type: none"> <li>▪ ACGME-accredited Formal education programs, AAFP approved programs, and programs by AOA-accredited Category 1 CME.</li> </ul> </li> <li>○ Category 2B includes                                     <ul style="list-style-type: none"> <li>▪ Home study,</li> <li>▪ Reading medical journals (1 journal = 0.5 units)</li> <li>▪ Viewing non-osteopathic medical video and audio tapes and cassettes, CD’s and DVD’s</li> <li>▪ Journal type CME on the Internet (1 journal = 0.5 units)</li> <li>▪ Risk management programs that are administrative in nature.</li> </ul> </li> </ul> </li> </ul> <p>Source: <a href="https://www.ombc.ca.gov/licensees/cme.shtml">https://www.ombc.ca.gov/licensees/cme.shtml</a></p>
Naturopathic Medicine Committee	Naturopathic Doctor	Doctoral	60	Biennial	15 hours max (25%)	<ul style="list-style-type: none"> <li>• At least 20 hours shall be in pharmacotherapeutics.</li> <li>• Naturopathic or osteopathic or allopathic medical journals, or audio or videotaped presentations, slides, programmed instruction, or computer-assisted instruction or preceptorships (max 15 hours).</li> <li>• No more than 20 hours may be in any single topic.</li> <li>• Specialty certificate in naturopathic childbirth attendance (max 15 hours)</li> </ul> <p>Source: <a href="https://www.naturopathic.ca.gov/licensees/ce.shtml">https://www.naturopathic.ca.gov/licensees/ce.shtml</a> and Business and Professions Code (BPC) Section 3635</p>

## California CE/CPD Requirements – Doctoral and Master’s Level Healing Arts Licensees

Board	License Type	Degree Required	CE/CPD Hours Required	Annual/Biennial	Self Study Limitations	Other Requirements
Dental Board of California	Dentist	Doctoral	50	Biennial	25 hours max (50%)	<ul style="list-style-type: none"> <li>• No more than 8 units per day can be applied to the total unit requirement.</li> <li>• Mandatory courses:                             <ul style="list-style-type: none"> <li>○ Basic Life Support (BLS) (max 4 credits) Online courses not accepted for the BLS requirement, course must include a live, in-person skills practice session, a skills test and a written examination.</li> <li>○ California Infection Control (minimum 2-units) taken through board approved provider.</li> <li>○ California Dental Practice Act (minimum 2-units) and be taken through board approved provider.</li> </ul> </li> </ul> <p>Source: <a href="https://www.dbc.ca.gov/licensees/continuing_education.shtml">https://www.dbc.ca.gov/licensees/continuing_education.shtml</a></p>
Medical Board of California	Physician and Surgeon	Doctoral	50	Biennial	None	<ul style="list-style-type: none"> <li>• All continuing medical education courses must contain curriculum that includes cultural and linguistic competency in the practice of medicine.</li> <li>• Teaching/presenting a course or approved program (max 1/3 of hours)</li> <li>• Passing a certifying or recertifying examination administered by a recognized specialty board (100 hours for 4 consecutive years)</li> <li>• Receiving the Physician's Recognition Award (60 hours max)</li> <li>• Courses must include educational activities that:                             <ul style="list-style-type: none"> <li>○ Have a scientific or clinical content with a direct bearing on the quality or cost-effective provision of patient care, community or public health, or preventive medicine.</li> <li>○ Concern quality assurance or improvement, risk management, health facility standards, or the legal aspects of clinical medicine.</li> <li>○ Concern bioethics or professional ethics.</li> <li>○ Are designed to improve the physician-patient relationship.</li> </ul> </li> </ul> <p>Source: <a href="https://www.mbc.ca.gov/Licensing/Physicians-and-Surgeons/Renew/Current-Status/Continuing-Medical-Education.aspx">https://www.mbc.ca.gov/Licensing/Physicians-and-Surgeons/Renew/Current-Status/Continuing-Medical-Education.aspx</a> and Business and Professions Code Section 2190.1 and 13 CCR sections 1336 and 1337</p>

## California CE/CPD Requirements – Doctoral and Master’s Level Healing Arts Licensees

Board	License Type	Degree Required	CE/CPD Hours Required	Annual/Biennial	Self Study Limitations	Other Requirements
Podiatric Medical Board of California	Podiatrist	Doctoral	50	Biennial	None	<ul style="list-style-type: none"> <li>● All courses must be scientific in content and relate directly to patient care</li> <li>● Mandatory 12 hours in subjects related to the lower extremity muscular skeletal system</li> <li>● A licensee must certify compliance with one of the following pathways for continued competence at each renewal:               <ol style="list-style-type: none"> <li>1. Passage of a board administered exam (past 10 years).</li> <li>2. Passage of an approved specialty board administered exam (past 10 years).</li> <li>3. Current diplomate, eligible, or qualified status with an approved specialty board (past 10 years).</li> <li>4. Recertification by an approved specialty board (past 10 years).</li> <li>5. Completion of an approved residency/fellowship (past 10 years).</li> <li>6. Granting/renewing health care facility privileges (past 5 years).</li> <li>7. Successful completion of an extended course of study approved by the board (past 5 years).</li> <li>8. Passage of Part III exam administered by the National Boards (past 10 years).</li> </ol> </li> </ul> <p style="font-size: small; margin-top: 10px;">Source: <a href="https://www.pmbc.ca.gov/forms_pubs/fsconted.shtml">https://www.pmbc.ca.gov/forms_pubs/fsconted.shtml</a>, BPC Section 2496 and 16 CCR sections 1399.669 et seq.</p>
California State Board of Optometry	Optometrist	Doctoral	50	Biennial	20 hours max (40%)	<ul style="list-style-type: none"> <li>● 35 hours must be in the diagnosis, treatment and management of ocular disease in any combination of the following areas: glaucoma, ocular infection; ocular inflammation; topical steroids; systemic medication; or pain medication.               <ul style="list-style-type: none"> <li>○ For glaucoma certified optometrists, 10 of the above hours must be glaucoma specific CE.</li> </ul> </li> </ul> <p style="font-size: small; margin-top: 10px;">Source: <a href="https://www.optometry.ca.gov/optometrist/contedu.shtml">https://www.optometry.ca.gov/optometrist/contedu.shtml</a></p>

## California CE/CPD Requirements – Doctoral and Master’s Level Healing Arts Licensees

Board	License Type	Degree Required	CE/CPD Hours Required	Annual/ Biennial	Self Study Limitations	Other Requirements
Board of Psychology	Psychologist	Doctoral	36	Biennial	27 hours max (75%)	<ul style="list-style-type: none"> <li>• Courses must be applicable to the practice of psychology</li> <li>• Licensees must keep abreast of Laws and Ethics each renewal cycle</li> <li>• Suicide prevention training, if not certified as part of graduate degree program a one-time 6-hour course in suicide risk assessment and intervention must be obtained after 2020</li> <li>• New CPD requirements going through regulatory process includes following categories of CPD and hours requirements, language available <a href="#">here</a>:                             <ul style="list-style-type: none"> <li>○ Must use minimum of two categories of CPD activities (below) for renewal except for Board Certification.</li> <li>○ <u>Additional Specified Course Subjects</u> including 4 hours of training in laws and ethics and 4 hours of Cultural Diversity and/or Social Justice training</li> <li>○ <u>Professional CPD Activities</u> includes peer consultation (max 18 hours), practice outcome monitoring (max 9 hours), professional services (max 12 hours), conference/convention attendance (max 6 hours), examination functions (max 12 hours), expert review/consultation (max 12 hours), attendance at Board Meetings (max 8 hours).</li> <li>○ <u>Academic CPD Activities</u> includes academic coursework (max 18 hours), academic/sponsor-approved CE instruction (max 18 hours), supervision (max 18 hours), publications (max 9 hours), self-directed learning (max 6 hours).</li> <li>○ <u>Sponsored Continuing Education CPD Activities</u> includes taking traditional CE courses (max 27 hours).</li> <li>○ <u>Board Certification CPD Activities</u> includes specialty certification in an area of psychology from American Board of Professional Psychology (36 hours or senior option for 18 hours).</li> </ul> </li> </ul> <p><i>Source: <a href="https://www.psychology.ca.gov/licensees/ce_faqs.shtml">https://www.psychology.ca.gov/licensees/ce_faqs.shtml</a></i></p>
Veterinary Medical Board of California	Veterinarian	Doctoral	36	Biennial	6 hours max (17%)	<ul style="list-style-type: none"> <li>• Courses can cover scientific knowledge and/or technical skills, direct patient/client care, or indirect patient/client care.</li> <li>• Practice management courses (max 24 hours)</li> <li>• Participating as an examination development Subject Matter Expert for the board (max 16 hours)</li> <li>• Academic Courses:                             <ul style="list-style-type: none"> <li>○ Taken: 1 semester unit = 15 CE hours; 1 quarter unit = 10 CE hours</li> <li>○ Taught: Board approved and meets CE guidelines</li> </ul> </li> </ul> <p><i>Source: <a href="https://www.vmb.ca.gov/licensees/mcefaq_1.shtml">https://www.vmb.ca.gov/licensees/mcefaq_1.shtml</a></i></p>

## California CE/CPD Requirements – Doctoral and Master’s Level Healing Arts Licensees

Board	License Type	Degree Required	CE/CPD Hours Required	Annual/ Biennial	Self Study Limitations	Other Requirements
California State Board of Pharmacy	Pharmacist	Doctoral	30	Biennial	None	<ul style="list-style-type: none"> <li>• Coursework must pertain to the practice of pharmacy and be from a board recognized provider.</li> <li>• Continuing education courses shall be relevant to the practice of pharmacy and related to one or more of the following:                             <ul style="list-style-type: none"> <li>○ The scientific knowledge or technical skills required for the practice of pharmacy.</li> <li>○ Direct and/or indirect patient care.</li> <li>○ The management and operation of a pharmacy practice.</li> </ul> </li> <li>• May also take courses from providers approved by the Medical Board of California, the California Board of Podiatric Medicine, the California Board of Registered Nursing or the Dental Board of California.</li> <li>• 2 of the 30 hours must be a Law &amp; Ethics course</li> </ul> <p><i>Source: <a href="https://www.pharmacy.ca.gov/licensees/personal/ce.shtml">https://www.pharmacy.ca.gov/licensees/personal/ce.shtml</a> and 16 CCR section 1732.3 and 1732.5</i></p>
Physical Therapy Board of California	Physical Therapist	Doctoral	30	Biennial	None	<ul style="list-style-type: none"> <li>• Courses must be in subjects related to professional practice of physical therapy or patient/client management.</li> <li>• Required Courses: Basic Life Support (4 hours), and Ethics, Laws and Regulations (2 hours) each renewal</li> <li>• Courses can be traditional CE courses from approved providers, college coursework, or through an approved alternative pathway.</li> <li>• Approved alternative pathways include:                             <ul style="list-style-type: none"> <li>○ Publishing peer-reviewed articles, case studies or book chapter (max 16 hours);</li> <li>○ Developing/presenting college or CE courses (max 16 hours);</li> <li>○ Participating as SME for examination processes (max 16 hours);</li> <li>○ Serving on a board appointed task force (max 16 hours);</li> <li>○ Clinical instructor for fulltime students for at least 4 weeks (max 12 hours);</li> <li>○ Attending physical therapy related conference or FSBPT or APTA conference (max 8 hours);</li> <li>○ Attending a board meeting (max 8 hours);</li> <li>○ Completing FSBPT practice review tool (max 6 hours);</li> <li>○ Successful ABPT specialty certification or re-certification (max 6 hours);</li> <li>○ Completing training as expert consultant for the board (max 6 hours);</li> <li>○ Successful passage of board’s law examination (max 2 hours).</li> </ul> </li> </ul> <p><i>Source: <a href="https://www.ptbc.ca.gov/licensees/cont_comp.shtml">https://www.ptbc.ca.gov/licensees/cont_comp.shtml</a> and 16 CCR sections 1399.90 et seq.</i></p>

## California CE/CPD Requirements – Doctoral and Master’s Level Healing Arts Licensees

### CE/CPD Requirements for Master’s Level Healing Arts Licensees

Board	License Type	Degree Required	CE/CPD Hours Required	Annual/Biennial	Self Study Limitations	Other Requirements
Physician Assistant Board	Physician Assistant	Master’s	50 *	Biennial	None	<p>* 50 hours of approved CE required if they do not have active certification by the National Commission on Certification of Physician Assistants (certification requires 100 CME hours every 2 years, 50 of those hours must be Category 1, additional credits given for interactive types of CME)</p> <p>Source: <a href="https://www.pab.ca.gov/licensees/cmereqs.shtml">https://www.pab.ca.gov/licensees/cmereqs.shtml</a></p>
Board of Behavioral Sciences	<ul style="list-style-type: none"> <li>• Licensed Clinical Social Worker (LCSW)</li> <li>• Licensed Educational Psychologist (LEP)</li> <li>• Licensed Marriage and Family Therapist (LMFT)</li> <li>• Licensed Professional Clinical Counselors (LPCC)</li> </ul>	Master’s	36	Biennial	None	<ul style="list-style-type: none"> <li>• Courses must be relevant to the scope of practice of the license holder</li> <li>• 6 hours of Laws and Ethics coursework required every renewal cycle</li> <li>• Additional courses required for first renewal: HIV/AIDS (LMFT, LCSW, LPCC) (7 hours); Child Abuse Assessment and Reporting (LEP) (7 hours); 15 hours Alcoholism and Other Chemical Substance Dependency (LEP) (15 hours); Marriage and Family Therapy (LPCCs) (6 hours)</li> <li>• Suicide prevention training, if not certified as part of graduate degree program one-time 6-hour course in suicide risk assessment and intervention must be obtained after 2021</li> <li>• Other ways to earn CE credit:                             <ul style="list-style-type: none"> <li>○ Teaching academic or CE courses (once per renewal cycle): 1 semester unit = 15 hours, 1 quarter unit = 10 hours</li> <li>○ Expert Witness for board enforcement (max 6 hours Law &amp; Ethics)</li> <li>○ SME for examination development (max 6 hours Law &amp; Ethics)</li> <li>○ Professional association law and ethics review committee participation (max 6 hours Law &amp; Ethics)</li> </ul> </li> </ul> <p>Source: <a href="https://www.bbs.ca.gov/licensees/cont_ed.html">https://www.bbs.ca.gov/licensees/cont_ed.html</a>,  <a href="https://www.bbs.ca.gov/pdf/forms/cechart.pdf">https://www.bbs.ca.gov/pdf/forms/cechart.pdf</a>,  <a href="https://www.bbs.ca.gov/pdf/publications/ceinfo_brochure.pdf">https://www.bbs.ca.gov/pdf/publications/ceinfo_brochure.pdf</a></p>

## California CE/CPD Requirements – Doctoral and Master’s Level Healing Arts Licensees

Board	License Type	Degree Required	CE/CPD Hours Required	Annual/Biennial	Self Study Limitations	Other Requirements
California Board of Registered Nursing	Advanced Practice Nurses: <ul style="list-style-type: none"> <li>• Nurse Practitioner</li> <li>• Nurse-Midwife</li> <li>• Psychiatric/Mental Health Nurse</li> </ul>	Master’s	30	Biennial	None	<ul style="list-style-type: none"> <li>• Courses must be related to the scientific knowledge and/or technical skills required for the practice of nursing or be related to direct and/or indirect patient/client care.</li> <li>• Continuing Medical Education (Category 1) count for CE.</li> <li>• Academic courses credited 1 quarter unit = 10 hours; 1 semester unit = 15 hours; course must be advanced level</li> </ul> <p>Source: <a href="https://www.rn.ca.gov/licensees/ce-renewal.shtml">https://www.rn.ca.gov/licensees/ce-renewal.shtml</a></p>
California Board of Occupational Therapy	Occupational Therapist	Master’s	24	Biennial	None	<ul style="list-style-type: none"> <li>• 50 % must be directly related to delivery of occupational therapy services</li> <li>• Professional Development Units (PDUs) can be accrued for: <ul style="list-style-type: none"> <li>○ Teaching: 1 academic unit = 10 PDUs, 1 CE unit = 10 PDUs</li> <li>○ Structured special interest/study groups with 3 or more participants (3 hours = 1 PDU, max 6)</li> <li>○ Structured mentoring (20 hours of mentoring = 3 PDUs, max 6)</li> <li>○ Structured mentoring of colleague to improve skills (20 hours of mentoring = 3 PDUs, max 6)</li> <li>○ Supervising fieldwork of Level I and Level II occupational therapist and occupational therapy assistant students: <ul style="list-style-type: none"> <li>(A) Level I student: 1 student = 1 PDU (max 12)</li> <li>(B) Level II student: 40 hours of supervision = 1 PDU (max 12) <ul style="list-style-type: none"> <li>▪ Supervision cannot be the primary responsibility of the licensee’s employment</li> <li>▪ Fieldwork supervision hours of a single student may be divided between licensees.</li> </ul> </li> </ul> </li> <li>○ Publications <ul style="list-style-type: none"> <li>▪ Article (non-peer reviewed): 1 article = 5 PDUs (max 10)</li> <li>▪ Article (peer-reviewed): 1 article = 10 PDUs (max 10)</li> <li>▪ Chapter(s) in occupational therapy/related professional textbook: 1 chapter = 10 PDUs (max 10)</li> </ul> </li> <li>○ Professional presentations at workshops, seminars, and conferences: 1 hour presenting = 2 PDUs (max 6)</li> <li>○ Attending board meeting: 1 meeting = 2 PDUs (max 6)</li> <li>○ Attending board outreach activities: 1 presentation = 2 PDUs (max 4)</li> </ul> </li> </ul> <p>Source: <a href="https://www.bot.ca.gov/licensees/cont_competency.shtml">https://www.bot.ca.gov/licensees/cont_competency.shtml</a> and 16 CCR section 4161</p>



# MEMORANDUM

DATE	August 3, 2021
TO	Speech-Language Pathology Practice Committee
FROM	Cherise Burns, Assistant Executive Officer
SUBJECT	Agenda Item 4: Discussion and Possible Action regarding Maximum Number of Support Personnel of Speech-Language Pathologists (As Stated in Title 16, CCR section 1399.170.16)

## **Background**

The Board will be considering revisions to the Speech-Language Pathology Assistant (SLPA) regulations at its August 13, 2021 meeting. Since we are revising SLPA regulations, it seemed appropriate to discuss the current restrictions on the number of support personnel that a Speech-Language Pathologist (SLP) can supervise, specifically in relation to the restriction on the number of SLPAs allowed.

Title 16, California Code of Regulations (CCR) section 1399.170.16 states:

A supervisor shall not supervise more than three (3) support personnel, not more than two of which hold the title of speech-language pathology assistant. Support personnel includes speech-language pathology assistants and speech-language pathology aides.

At the February 21, 2020 Board Meeting, staff brought to the Board the concern expressed in a written public comment about whether the regulation be changed to allow the part-time equivalence of this limitation as it limits SLPAs employment flexibility and thus their ability to juggle other educational and life priorities such as obtaining a Master’s degree to pursue licensure as an SLP or childcare. This can also limit SLPs ability to meet the speech therapy needs of consumers by limiting the availability of SLPAs to provide services. The need for flexibility is expressed to staff frequently by both SLPs and SLPAs, and during the COVID-19 pandemic, the need for flexibility has become even more paramount when childcare became more inaccessible. Board staff recently discovered certain SLPs trying to be creative in their termination and additions of part-time SLPAs to try to accommodate their staffing needs or to help a part-time SLPA who needs to work but has been unable to find a supervisor due to the current limitation of two (2) SLPAs.

Additionally, the restriction that SLPs cannot supervise more than two (2) SLPAs may also decrease the flexibility of SLPs to meet the speech therapy needs of consumers. Speech-Language Pathology Aides do not have the same level of education and training that SLPAs do and thus should only be providing limited services in comparison to a SLPA. The current regulatory restrictions can create an inflexible system that may impede SLPs ability to provide necessary services to consumers.

The Board should also consider whether allowing greater flexibility and possibly increasing the number of support personnel supervised by a single SLP may potentially compromise consumer protection.

**Action Requested**

Board staff recommends the Speech-Language Pathology Committee discuss what the appropriate number of support personnel is and whether it is appropriate to allow greater flexibility to SLPs to meet the speech therapy needs of their consumers.



## MEMORANDUM

DATE	August 2, 2021
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Heather Olivares, Legislation/Regulation Analyst
SUBJECT	Agenda Item 7: Review and Possible Approval of the May 13-14, 2021 Board Meeting Minutes

### **Background**

Attached is a draft of the meeting minutes from the May 13-14, 2021 Board Teleconference Meeting.

### **Action Requested**

Please review and discuss whether there are necessary corrections or additional information needed. If not, make a motion to approve the May 13-14, 2021 Board Meeting minutes.

Attachment: May 13-14 2021 Board Meeting Minutes



**BOARD MEETING MINUTES – DRAFT**  
**Teleconference Meeting**  
**May 13-14, 2021**

For the sake of clarity, the meeting minutes are organized in numerical order to reflect their original order on the agenda; however, issues were taken out of order during the meeting.

1. Call to Order / Roll Call / Establishment of Quorum

Dr. Marcia Raggio, Board Chair, called the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board meeting to order at 1:00 p.m. Gilda Dominguez was sworn in as a new Board Member. Dr. Raggio called roll; six members of the Board were present and thus a quorum was established.

Board Members Present

Marcia Raggio, AuD, Board Chair  
Holly Kaiser, SLP, Vice Chair  
Tod Borges, HAD, Board Member  
Karen Chang, Public Board Member  
Gilda Dominguez, SLP, Board Member  
Debbie Snow, Public Board Member

Staff Present

Paul Sanchez, Executive Officer  
Cherise Burns, Assistant Executive Officer  
Lisa Snelling, Licensing Coordinator  
Tim Yang, Enforcement Analyst  
Heather Olivares, Legislation/Regulation Analyst  
Anthony Pane, DCA Legal Counsel  
Brian Clifford, DCA Executive Office  
Sean O'Connor, DCA Office of Information Services  
Matthew Wainwright, DCA Legislative Affairs  
Gloria Castro, Attorney General's Office  
Rosemary Luzon, Attorney General's Office

Guests Present

Linda Pippert  
Heather Rowan  
Mengting Shieh  
Shellie Bader  
MaryEllen Hood  
Sherwin Basil

Jody Winzelberg  
Berry Tsao  
Brywn Whatford  
Shannon Ricci  
Amy White  
Graciela Castillo-Krings  
Victoria Cesar  
April Dolan  
Christy Kirsch  
Linda Oliver  
Melanie Vaira  
Amit Gosalia  
Sarah Coulthurst  
Joanne Slater  
Jo Ann Linseisen  
Marissa McRay  
Heather Thompson  
Nick Brokaw

2. Public Comment for Items not on the Agenda

There were no comments from the public, outside agencies, or associations.

3. Petition for Penalty Relief: Termination of Probation – Christine Stanton

A petition for early termination of probation was heard with Administrative Law Judge Erlinda Shrenger presiding. The people were represented by Deputy Attorney General Latrice Hemphill. The petitioner, Christine Stanton, was represented by Marglyn Paseka. Shauna Burchett appeared as a witness.

4. Pursuant to Government Code Section 11126(c)(3), the Board will Meet in Closed Session to Discuss Disciplinary Matters Including the Above Petition, Proposed Decisions, Stipulated Decisions, Defaults, Petitions for Reductions in Penalty, Petitions for Reconsideration, and Remands.

The Board met in closed session and subsequently adjourned for the day.

5. Call to Order / Roll Call / Establishment of Quorum

Dr. Marcia Raggio, Board Chair, called the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board meeting to order at 8:59 a.m. Dr. Raggio called roll; six members of the Board were present and thus a quorum was established.

6. Public Comment for Items not on the Agenda

Dr. Amit Gosalia requested the Board reach out to him to work on the cognitive screening for audiologists issue.

7. Review and Possible Approval of the June 30, 2020 Board Teleconference Meeting Minutes

**M/S/C Kaiser/Borges**

**Motion to approve the June 30, 2020 and February 5, 2021 Board meeting minutes. The motion carried 6-0.**

8. Review and Possible Approval of the February 5, 2021 Board Teleconference Meeting Minutes

**M/S/C Kaiser/Borges**

**Motion to approve the June 30, 2020 and February 5, 2021 Board meeting minutes. The motion carried 6-0.**

9. Board Chair's Report

Dr. Marcia Raggio announced the appointment of Gilda Dominguez and welcomed her to the Board. Dr. Raggio provided the 2021 Board meeting dates and discussed the Board Committee assignments.

10. Executive Officer's Report  
a. Administration Update

Paul Sanchez welcomed Gilda Dominguez to the Board and recognized Dee Parker for her service to the Board.

Sean O'Connor with DCA Office of Information Services provided an overview of the Business Modernization Project. Holly Kaiser inquired which services will be rolled out first. Mr. Sanchez stated licensing functions will be the priority.

Mr. Sanchez announced the Board moved to its new location and stated the office is being staffed on a rotational basis. Mr. Sanchez reported the Board has one vacancy for a Legislation and Regulation position.

b. Budget Report

Paul Sanchez provided an overview of the budget report provided by the DCA Budget Office. Dr. Marcia Raggio inquired about the Board's expenses for travel. Mr. Sanchez stated subject matter experts and examiners are still traveling to participate in hearing

aid dispenser examination development workshops and the hearing aid dispensers practical examinations.

c. Regulations Report

Paul Sanchez provided an overview of the regulations report. Mr. Sanchez announced that the AB 2138 regulations were recently approved by the Office of Administrative Law.

d. Licensing Report

Paul Sanchez provided an overview of the licensing report. Mr. Sanchez stated the Board has been receiving applications on a steady flow.

e. Practical Examination Report

Paul Sanchez provided an overview of the practical exam report. Mr. Sanchez stated the Board needs more examiners.

f. Enforcement Report

Paul Sanchez provided an overview of the enforcement report. Dr. Marcia Raggio inquired about separating the speech-language pathology and audiology complaints. Mr. Sanchez stated Board staff will provide separated data in an end of the year report.

## 11. DCA Update – DCA Board and Bureau Relations

Brian Clifford with the DCA Executive Office provided a Department update including permanent changes based on the COVID-19 pandemic and the State's reopening plans, Board vacancies, and mandatory sexual harassment training.

## 12. Overview of the Disciplinary Process

Gloria Castro and Rosemary Luzon with the Attorney General's Office provided an overview of the disciplinary process including the laws and regulations governing the Board's disciplinary work and the stages of the disciplinary process.

Dr. Marcia Raggio inquired about the Board's role in the disciplinary process in regards to making a judgement about the lack of severity of the criminal act or violation of law. Ms. Luzon stated the Board's highest priority is public protection and the Board must look objectively at the legal standard and the guidance provided by the disciplinary guidelines.

Holly Kaiser inquired about DUI convictions. Ms. Luzon stated a DUI conviction can be disciplined under a charge of unprofessional conduct even after the first conviction.

Tod Borges inquired about the guidelines used in determining the length of a license suspension. Ms. Luzon stated the guidelines used by the Administrative Law Judge are the same disciplinary guidelines used by the Board.

Debbie Snow inquired about delays when rejecting a decision. Ms. Luzon stated the Board must balance acting expediently and ensuring due process.

### 13. Update on Speech and Hearing Related DCA Waivers related to the COVID-19 State of Emergency

Cherise Burns provided an update on the waivers approved by DCA including the modification of continuing education requirements for all licensees, modification of reactivation requirements for speech-language pathologists, modification of the direct monitoring requirements for Required Professional Experience (RPE) licenses and the direct supervision requirements for Speech-Language Pathology Assistant (SLPA) licenses, modification of the limitations on renewing of Hearing Aid Dispenser (HAD) temporary licenses and HAD trainee licenses, and modification of limitations and requirements for extension of RPE licenses. Ms. Burns stated as the State moves toward reopening, the Board will be working with DCA to unwind these waivers.

Ms. Burns reported two waivers were denied by DCA including modification of the 12-month fulltime professional experience requirement for licensure as an audiologist and modification of Board continuing education requirements to waive self-study restrictions. Ms. Burns stated the Board does not plan to request any new waivers.

Dr. Marcia Raggio inquired about the process for unwinding the waivers. Ms. Burns stated the process will be at DCA's discretion since the Board does not have authority to waive its own laws and regulations. Linda Pippert with CSHA stated there may be a challenge with meeting the RPE direct supervision requirements if parents do not send their children back to school in-person in the fall.

### 14. Legislative Report: Update, Review, and Possible Action on Proposed Legislation

#### a. 2021 Legislative Calendar and Deadlines

Heather Olivares provided an update on the legislative session thus far and on upcoming legislative deadlines.

#### b. Board-Sponsored Legislation for the 2021 Legislative Session

- AB 435 (Mullin) Hearing aids: locked programming software: notice

Ms. Olivares provided an overview of the bill's proposed requirements and where it is at in the legislative process. Ms. Olivares reported the bill has received support from many stakeholders including the California Academy of Audiology, California Speech Language Hearing Association, Hearing Healthcare Providers California, and the Hearing Loss Association of America-East Bay Chapter.

Karen Chang inquired about the consumer notice being translated into other languages. Ms. Olivares stated there is not a requirement to translate the notice. Dr. Marcia Raggio stated the idea is this notification would be included as part of the delivery receipt for hearing aid sales.

- Proposed Legislation to Revise Business and Professions Code Section 2532.25 Relative to Audiology Licensing Requirements

Ms. Olivares provided an overview of the proposed provisions and stated the Board was pursuing including these provisions in the Business and Professions omnibus bill. Ms. Olivares reported the provisions will not be included in an omnibus bill and will instead be included as part of the Board's Sunset Review process in 2022.

#### c. Board-Specific Legislation for the 2021 Legislative Session

- AB 486 (Committee on Education) Elementary and secondary education: omnibus bill

Ms. Olivares provided an overview of the bill's proposed requirements and where it is at in the legislative process. Ms. Olivares stated one of the bill's provisions, sponsored by CSHA, would update terminology to require a speech-language pathologist to determine that a pupil's difficulty in understanding or using spoken language results from speech sound disorder, voice disorder, fluency disorder, language disorder, or hearing impairment or deafness. Ms. Olivares reported Board staff is recommending a Watch position.

Holly Kaiser stated she notified CSHA that the bill should be amended to remove "spoken" from spoken language since speech-language pathologists work with symbolic, written, and spoken language.

- AB 555 (Lackey) Special education: assistive technology devices

Ms. Olivares provided an overview of the bill's proposed requirements and where it is at in the legislative process. Ms. Olivares reported Board staff is recommending an Oppose Unless Amended position due to concerns that the bill does not specify that the hearing aid must be fit by a licensed hearing aid dispenser, dispensing audiologist, or school personnel holding an appropriate CTC credential.

#### **M/S/C Kaiser/Chang**

**Motion to adopt an Oppose Unless Amended position on AB 555. The motion carried 6-0.**

- AB 1361 (Rubio) Childcare and developmental services: preschool: expulsion and suspension: mental health services: reimbursement rates

Ms. Olivares provided an overview of the bill's proposed requirements and where it is at in the legislative process. Ms. Olivares reported Board staff is recommending an Oppose Unless Amended position due to concerns with a provision authorizing a person with at least a master's degree in speech and language pathology to provide early childhood mental health consultation services. Ms. Olivares stated the bill does not require this person to hold a valid license or CTC credential and mental health services are outside of the scope of practice for speech-language pathology.

Holly Kaiser stated speech-language pathologists and occupational therapists have a role in serving as part of a mental health team. Ms. Olivares stated Board staff can include in the position letter that speech-language pathologists do have a role on teams while pointing out concerns regarding the scope of practice for speech-language pathology.

### **M/S/C Chang/Borges**

**Motion to adopt an Oppose Unless Amended position on AB 1361. The motion carried 6-0.**

d. Healing Arts Legislation for the 2021 Legislative Session

- AB 1236 (Ting) Healing arts: licensees: data collection

Ms. Olivares provided an overview of the bill's proposed requirements and where it is at in the legislative process. Ms. Olivares stated Board staff is recommending an Oppose position due to concerns with increased workload and costs for the Board.

Dr. Marcia Raggio inquired if the Board's Business Modernization Project would allow the Board to collect the required data. Cherise Burns stated the Business Modernization Project is not intended to collect the required data, but would make it easier to add-on a survey to an application or renewal. Ms. Olivares stated this bill is more of a concern for boards on an older IT system and not as much of a concern for boards on the BreEZe system.

Karen Chang inquired about other boards that have adopted an Oppose Unless Amended position. Ms. Olivares stated the Board of Pharmacy adopted an Oppose Unless Amended position and requested amendments that the Office of Statewide Health Planning and Development (OSHPD) collect the data and the Board of Pharmacy would include a notice with their renewals to respond to OSHPD's survey. Cherise Burns stated including a notice with the renewals would increase the Board's costs.

### **M/S/C Borges/Kaiser**

**Motion to adopt an Oppose position on AB 1236.**

Brian Clifford stated DCA has been working with OSHPD to share this data and suggested the Board not take an Oppose position on this bill because there should not be implementation concerns. Ms. Burns inquired if the bill's requirements would be implemented by DCA. Mr. Clifford stated he did not anticipate significant costs to implement this bill.

Tod Borges inquired if the Board takes an Oppose position at this time could the Board change their position at a later time. Ms. Olivares stated the Board would have an opportunity to adopt a new position at the August meeting. Board members decided to Watch the bill at this time and Mr. Borges withdrew his motion.

#### e. DCA-Wide Legislation for the 2021 Legislative Session

- AB 29 (Cooper) State bodies: meetings

Ms. Olivares provided an overview of the bill's proposed requirements and where it is at in the legislative process. Ms. Olivares stated Board staff is recommending an Oppose position due to concerns with limiting Board discussion and preventing some agenda items from being discussed. Cherise Burns stated this bill would limit bringing updated information to Board meetings.

#### **M/S/C Kaiser/Dominguez**

#### **Motion to adopt an Oppose position on AB 29. The motion carried 6-0.**

- AB 107 (Salas) Licensure: veterans and military spouses

Ms. Olivares provided an overview of the bill's proposed requirements and where it is at in the legislative process. Ms. Olivares stated Board staff is recommending an Oppose Unless Amended position due to concerns with the removal of a current provision that would allow a temporary license to become invalid if the application for permanent licensure is denied.

#### **M/S/C Kaiser/Snow**

#### **Motion to adopt an Oppose Unless Amended position on AB 107. The motion carried 6-0.**

- AB 225 (Gray) Department of Consumer Affairs: boards: veterans: military spouses: licenses

Ms. Olivares provided an overview of the bill's proposed requirements and where it is at in the legislative process. Ms. Olivares stated Board staff is recommending an Oppose Unless Amended position due to concerns with the removal of a current provision that would allow a temporary license to become invalid if the application for permanent licensure is denied.

### **M/S/C Dominguez/Kaiser**

**Motion to adopt an Oppose Unless Amended position on AB 225. The motion carried 5-0.**

- AB 646 (Low) Department of Consumer Affairs: boards: expunged convictions

Ms. Olivares provided an overview of the bill's proposed requirements and where it is at in the legislative process. Ms. Olivares reported Board staff is recommending a Watch position.

- AB 885 (Quirk) Bagley-Keene Open Meeting Act: teleconferencing

Ms. Olivares provided an overview of the bill's proposed requirements and where it is at in the legislative process. Ms. Olivares reported Board staff is recommending a Support position.

Dr. Marcia Raggio stated there are glitches with using the visual component. Cherise Burns stated other boards that used the visual features have experienced some members getting kicked off the meeting.

### **M/S/C Kaiser/Borges**

**Motion to adopt a Support position on AB 885. The motion carried 6-0.**

- AB 1026 (Smith) Business licenses: veterans

Ms. Olivares provided an overview of the bill's proposed requirements and where it is at in the legislative process. Ms. Olivares reported Board staff is recommending a Watch position.

Dr. Marcia Raggio inquired if there is a reason to not adopt a Support position on this bill. Ms. Olivares stated a Watch position is recommended due to the revenue loss to the Board; however, since the Board has a small licensing population of military personnel and spouses the revenue loss would be minimal. Paul Sanchez inquired if the Board has received an estimate of the IT costs. Cherise Burns stated IT costs are usually minimal one-time costs.

Tod Borges expressed support for military veterans and families and recommended the Board consider adopting a Support position. Holly Kaiser, Dr. Marcia Raggio, Gilda Dominguez, and Debbie Snow also expressed support for military veterans.

### **M/S/C Borges/Chang**

**Motion to adopt a Support position on AB 1026. The motion carried 6-0.**

- SB 607 (Roth) Professions and vocations

Ms. Olivares provided an overview of the bill's proposed requirements and where it is at in the legislative process. Ms. Olivares reported the bill was recently amended to authorize Board members to attend a teleconference from an undisclosed location. Ms. Olivares stated in light of these amendments, the Board may wish to adopt a Support or Support If Amended position to specify that only application fees are waived.

Board members expressed concerns about the vagueness of which fees the Board would be required to waive. Paul Sanchez suggested the Board could Watch the bill and direct Board staff to reach out to legislative staff to clarify the fee waiver. The Board decided to Watch the bill.

- SB 731 (Durazo) Criminal records: relief

Ms. Olivares provided an overview of the bill's proposed requirements and where it is at in the legislative process. Ms. Olivares reported Board staff is recommending a Watch position.

Dr. Marcia Raggio expressed concerns about the Board not having access to these criminal records. Karen Chang inquired why Board staff is recommending a Watch position. Cherise Burns stated it is a moot point to Oppose this legislation since AB 2138 which passed a couple of years ago already prohibits using these criminal records to deny an application.

- SB 772 (Ochoa Bogh) Professions and vocations: citations: minor violations

Cherise Burns provided an overview of the bill's proposed requirements and where it is at in the legislative process. Ms. Burns stated the Board often uses cite and fine as part of its enforcement efforts and administrative fines serve the purpose of preventing future violations, protecting consumers, and supporting the cost of the investigation leading up to the citation. Ms. Burns reported Board staff is recommending an Oppose position.

Marcia Raggio inquired about the maximum fine. Paul Sanchez stated the Board can cite up to \$5,000.

### **M/S/C Borges/Snow**

**Motion to adopt an Oppose position on SB 772. The motion carried 6-0.**

### 15. Legislative Items for Future Meeting

Heather Olivares stated Board staff are watching additional bills internally, but at this time there are no additional bills to bring to the Board's attention. Ms. Olivares stated this is also an opportunity for Board members to discuss any legislative items.

## 16. Discussion and Possible Action regarding Required Professional Experience Direct Supervision Requirements and Remote or Tele Supervision

Heather Olivares provided an overview of necessary changes to the definition of required professional experience. Ms. Olivares stated the current definition of required professional experience includes an inaccurate reference to the requirement for applicants to submit evidence of supervised professional experience. Ms. Olivares also stated the definition doesn't include a reference to Business and Professions Code section 2532.25, which provides the licensure requirements for audiologists that became effective January 1, 2008 when a doctorate degree became required for the practice of audiology. Ms. Olivares reviewed the changes to the definition of required professional experience and the changes to the reference citations in the regulatory text.

### **M/S/C Borges/Kaiser**

**Motion to approve the technical changes to the regulatory language. The motion carried 6-0.**

The Board approved the regulatory language regarding the telesupervision of RPEs, but this is the first step in the process and not the final approval. The regulatory proposal still needs to go through the formal rulemaking process set forth in the Administrative Procedure Act.

## 17. Discussion and Possible Action Regarding Audiology Licensing Requirements (As Stated in Business and Professions Code Sections 2532.2 and 2532.25 and Title 16, CCR section 1399.152.2)

Cherise Burns stated the Board already approved legislative language regarding the requirement for 12 months of experience in Business and Professions Code section 2532.25(b)(2). Ms. Burns stated this legislative change will be part of the Board's sunset review process. Ms. Burns recommended the Audiology Practice Committee should review and discuss possible regulatory changes to clinical clock hours and clinical rotations.

## 18. Regulatory Report: Update, Review, and Possible Action on Board Regulation Packages

Heather Olivares provided an update on the Speech-Language Pathology and Audiology Fees regulatory proposal. Ms. Olivares stated the regulatory package has been submitted to the Office of Administrative Law (OAL) and the Board is currently waiting for OAL to complete their review.

Ms. Olivares provided an update on the AB 2138 Licensing Boards: Denial of Application: Revocation or Suspension of Licensure: Criminal Conviction regulatory proposal. Ms. Olivares reported OAL approved this regulation on May 7, 2021.

19. Discussion and Possible Action Regarding Continuing Education/Continuing Professional Development Requirements (As Stated in Title 16, CCR sections 1399.140 et seq. and 1399.160 et seq.)

Cherise Burns stated the hearing aid dispenser and dispensing audiologist continuing education requirements are in section 1399.140 et seq. and the audiology and speech-language pathology continuing education requirements are in section 1399.160 et seq.

Ms. Burns stated the Board approved revisions to the continuing education requirements for speech-language pathologists and audiologists in 2015; however, since that time there have been considerable advancements in online self-study and online interactive continuing education opportunities. Board staff recommends the current continuing education requirements be reviewed by the relevant Practice Committees to determine if additional changes to the requirements are merited.

Holly Kaiser inquired if all of the continuing education requirements can be reviewed or only the changes already proposed in the regulatory proposal. Ms. Burns stated all of the requirements can be reviewed by the Practice Committees.

Ms. Burns read a number of written public comments received by the Board in support of revising the continuing education requirements. Melanie Vaira stated this is an important issue for speech-language pathologists and thanks the Board for addressing this issue. Linda Pippert stated the quality of online continuing education opportunities has greatly improved. Joanne Slater stated the live requirements in California are among the most stringent. Dr. Marcia Raggio requested the written public comments be included in the materials for the Committee meetings.

20. Future Agenda Items and Potential Dates for Standalone Committee Meetings

Karen Chang requested the Board discuss cognitive screenings for audiologists at the next meeting.

Holly Kaiser requested the Board discuss foreign-trained applicants at a future meeting. Paul Sanchez stated the process should be reviewed prior to being agendaized.

21. Pursuant to Government Code Section 11126(c)(3), the Board Will Meet in Closed Session to Deliberate on Disciplinary Matters, Including Proposed Decisions, Stipulated Decisions, Defaults, Petitions for Reductions in Penalty, Petitions for Reconsideration, and Remands.

The Board previously discussed the closed session matters.

22. Adjournment

The meeting adjourned at 3:15 p.m.

**a. 2021 Board Meeting Calendar**

MEETING CALENDAR/ AGENDAS/ MINUTES					
Meeting Date	Location	Agenda	Meeting Materials	Minutes	Webcast
<b>2021</b>					
November 5, 2021 Board Meeting	Teleconference				
October 7-8, 2021 Board Meeting	Teleconference				
August 12-13, 2021 Board Meeting	Teleconference	<a href="#">Agenda</a>			
May 13-14, 2021 Board Meeting	Teleconference	<a href="#">Amended Agenda</a>	<a href="#">Materials Hand Carry - Agenda Item 9</a> <a href="#">Hand Carry - Attachment Agenda Item 21</a>		<a href="#">Webcast Part 1</a> <a href="#">Webcast Part 2</a>
February 5, 2021 Board Meeting	Teleconference	<a href="#">Agenda</a>	<a href="#">Materials Hand Carry Materials</a>	<a href="#">Minutes</a>	<a href="#">Webcast</a>

## b. Board Committee Updates

### STANDING COMMITTEES

Standing Committee composition and leadership are determined by the Board President and are fully within the scope of the Open Meetings Act. Standing Committee meetings are often held in conjunction with regularly scheduled Board Meetings.

<i>Addresses changes in practice patterns and recommends position statements</i>		
<b>Name</b>	<b>Position</b>	<b>Profession</b>
Holly Kaiser	Chair	SLP
Gilda Dominguez	Member	SLP
Debbie Snow	Member	Public
<i>Addresses changes in practice patterns and recommends position statements</i>		
<b>Name</b>	<b>Position</b>	<b>Profession</b>
Marcia Raggio	Chair	DAU
VACANT	Member	DAU
VACANT	Member	ORL/Public
Karen Chang	Member	Public
<i>Provides policy and regulatory guidance with respect to HAD practices and recommends scope of practice amendments for consideration.</i>		
<b>Name</b>	<b>Position</b>	<b>Profession</b>
Tod Borges	Chair	HAD
VACANT	Member	HAD
Marcia Raggio	Member	DAU
VACANT	Member	DAU
VACANT	Member	ORL/Public
Karen Chang	Member	Public

### AD HOC COMMITTEES

Ad Hoc Committees may be established by the Board President as needed. Composition and leadership will be appointed by the Board President. Ad Hoc Committees may include the appointment of non-Board members at the Board President's discretion. Ad Hoc Committees are not fully within the scope of the Open Meetings act, however all recommendations made by Ad Hoc Committees must be reviewed and voted on by the Board in a public Board Meeting.

<b>SUNSET REVIEW AD HOC COMMITTEE</b> <i>Develop for the Board's review the Board's Sunset Review Report to the California Legislature</i>		
<b>Name</b>	<b>Position</b>	<b>Profession</b>
Marcia Raggio	Chair	AU
Holly Kaiser	Member	SLP
<b>ENFORCEMENT AD HOC COMMITTEE</b> <i>Review and recommend to the Board proposed revisions to the laws, regulations, and policies related to the Board's enforcement of the Boards Practice Act.</i>		
<b>Name</b>	<b>Position</b>	<b>Profession</b>
Debbie Snow	Chair	Public
Holly Kaiser	Member	SLP
<b>LEGISLATIVE AD HOC COMMITTEE</b> <i>Review and recommend to the Board proposed positions on legislation impacting the Board, its licensees, and the Board's Practice Act</i>		
<b>Name</b>	<b>Position</b>	<b>Profession</b>
Karen Chang	Chair	Public
Marcia Raggio	Member	DAU

**Legend:**

DAU - Dispensing Audiologist  
 SLP - Speech-Language Pathologist  
 ORL/ENT - Otolaryngologist/Ear, Nose & Throat  
 HAD - Hearing Aid Dispenser  
 AU - Dispensing Audiologist



# MEMORANDUM

DATE	August 3, 2021
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Agenda Item 9: Executive Officer Report

This report and the statistical information provided by staff is to update you on the current operations of the Board.

## a) Administration Update

### ***Board Projects***

Business Modernization – The Business Modernization Project is a collaborative effort with DCA’s Organizational Improvement Office, to provide the Board with an information technology solution that will transition the Board from its existing legacy databases to a new system that will provide access for licensees and applicants to apply for licensure and complete online transactions. The system will also allow consumers to submit complaints directly to the Board through the online portal and improve the Board’s ability to track enforcement investigations and actions.

Based on updated funding reports and increased Board operating costs, we are reviewing the development and scope of the project to ensure fiscal viability and continued progress.

### ***Administration/Personnel/Staffing***

COVID-19 Plan and Response – Board management continues to monitor COVID-19 related public health updates and requirements and implements safety measures in the office as necessary. Board management will continue to ensure the operations of the Board are maintained in as safe and effective manner as possible.

Staffing – Since our last Board meeting, the Board office has had three vacant positions, one enforcement analyst, one licensing analyst, and a vacancy in

administration for a legislation/regulations analyst. One of these was an existing vacancy, while the other two were caused be staff promoting within DCA.

In July the Board filled the enforcement and legislation/regulations analysts positions. We are in the process of also filling the licensing analyst position with the hopes of being fully staffed by September 2021.

**b) Budget Report**

Included in your Board materials is the most recent Expenditure Projection Report (Item 9b). This report reflects fiscal activity through May 31, 2021 and is based on data provided by DCA’s Budgets Office. Based on this report, and our conservative projections, we project that the Board is on course to expend most of its budget. This year there were higher operational costs due to enforcement, facilities-Board move, and unanticipated personnel costs. The year-end fiscal reports will provide us with final numbers as we close out the fiscal year.

**c) Regulations Report**

Below is a table with the Board’s pending rulemaking files that are either in the DCA Initial Review Process or in the Official Rulemaking Process with the Office of Administrative Law. A separate detailed report (Item 14) is provided in your materials and will be discussed during the full Board meeting.

<b>Rulemaking File</b>	<b>Final OAL Filing Date</b>	<b>Status</b>	<b>Comments</b>
AB 2138: Criminal Conviction Substantial Relationship and Rehabilitation Criteria	3/5/2021	5/7/2021 – Approved by OAL 11/18/2020 – Submitted to OAL 10/12/2020 – Submitted for Agency review 10/8/2020 – Submitted for DCA review 7/6/2020 – 15-day comment period 6/30/2020 – Board approved modified text 3/6/2020 – Initial 45-day comment period 12/31/2019 – Submitted for Agency review 7/30/2019 – Submitted for DCA review 4/30/2019 – Submitted for Legal review 4/11/2019 – Board approved language	Regulations effective 5/7/2021

<b>Rulemaking File</b>	<b>Final OAL Filing Date</b>	<b>Status</b>	<b>Comments</b>
Speech-Language Pathology and Audiology Fees	8/6/2021	6/29/21 – Approved by OAL 4/7/2021 – Submitted to OAL 12/28/2020 – Submitted for Agency review 12/18/2020 – Submitted for DCA review 8/7/2020 – Initial 45-day comment period 6/1/2020 – Submitted for Agency review 1/23/2020 – Submitted for DCA review 10/8/2019- Submitted for Legal review 7/19/2019 – Board approved language	Regulations effective 7/1/2021
Required Professional Experience (RPE) Direct Supervision Requirements and Tele Supervision		5/17/2021 – Submitted for Legal review 5/14/2021 – Board approved language	

**d) Licensing Report**

Licensing Cycle Times – The chart below provides a snapshot of Board’s current and past licensing cycle times. Due to unplanned leaves of absence and state employee furloughs, licensing application processing timeframes have increased. Board staff have worked overtime hours to prevent a backlog in licensing. Expected timeframes are regularly updated on the Board’s website.

<b>Licensing Cycle Times</b>	<b>6/1/20</b>	<b>10/1/20</b>	<b>2/1/21</b>	<b>6/1/21</b>	<b>Current</b>
Speech-Language Pathologists (SLP) and Audiologists (AUD) Complete Licensing Applications	3 weeks	5 weeks	6 weeks	5 weeks	7 weeks
Review and Process SLP and AUD Supporting Licensing Documents	1 weeks	10 weeks	1 weeks	3 weeks	5 weeks

Licensing Cycle Times	6/1/20	10/1/20	2/1/21	6/1/21	Current
Review and Process RPE Applicant's Verification Forms for Full Licensure	2 weeks	2 weeks	5 weeks	5 weeks	8 weeks
Hearing Aid Dispensers (HAD) Applications	Current	Current	Current	Current	Current

**e) Practical Examination Report**

Practical Examinations have been conducted in March, April, and July of 2021. Below are tables for the examinations that were conducted on were held on March 12, 13, and 20, 2021 and on April 16 and 17, 2021. The table below contains results for the HAD practical examinations held in March 2021. Results for April examinations are pending and will be reported at the next Board meeting. The next practical examinations will be held on July 23 and 24, 2021.

<b>HAD Practical Examination Results for April 16-17, 2021</b>					
<b>Candidate Type</b>	<b>Number of Candidates</b>	<b>Passed</b>	<b>%</b>	<b>Failed</b>	<b>%</b>
<b>Applicants with Supervision (Temporary Trainee License)</b>					
Hearing Aid Dispensers	17	6	35%	11	65%
Audiologists	1	1	100%		
Required Professional Experience Aide					
<b>Applicants Licensed in Another State (Temporary License)</b>					
Heaing Aid Dispenser	2	1	50%	1	50%
Audiologist					
<b>Applicants without Supervision</b>					
Hearing Aid Dispensers	8	2	25%	6	75%
Audiologists					
Required Professional Experience					
<b>Total Number of Candidates</b>					
	28	10	36%	18	64%

**f) Enforcement Report**

The Board received 135 complaints and subsequent arrest notifications in the 2020-21 fiscal year. During this same period the Board issued seven (7) citations and fines. There are currently 15 formal discipline cases pending with the Attorney General’s Office. The Board is currently monitoring 17 probationers of which two (2) probationers require drug or alcohol testing and five (5) are in a tolled status. Included in your Board materials (Item 9d) is the Board’s statistical Enforcement report. Below is a breakdown of complaints and convictions received by license type for the 2020-21 fiscal year:

2020-21 Fiscal Year Breakdown of Enforcement Statistics			
License Type	Complaints/ Convictions Received	Citations Issued	Formal Discipline
Audiologists	19	1	0
Speech-Language Pathologists	32	1	3
Speech-Language Pathology Assistants	17	1	0
RPE Temporary License	2	0	0
Aides	1	0	0
Unlicensed/Applicant	29	0	0
Hearing Aid Dispensers	10	3	1
Hearing Aid Dispensers Trainee	3	0	0
Hearing Aid Dispensers Temporary License	0	1	0
Unlicensed/Applicant	1	0	0
Business Entity	21	0	0
<b>Total</b>	<b>135</b>	<b>7</b>	<b>4</b>

The following disciplinary actions have been adopted by the Board during the past 12 months:

Name	License No.	License Type	Case No.	Effective Date	Action Taken
Hernandez, Rachel V.	SP 24843	Speech-Language Pathologist	11-2019-164	April 10, 2021	Revocation of License614944
Blanchard, Miriam	SP 8627	Speech-Language Pathologist	11-2019-017	March 20, 2021	Revocation of License

<b>Name</b>	<b>License No.</b>	<b>License Type</b>	<b>Case No.</b>	<b>Effective Date</b>	<b>Action Taken</b>
White, Christine Elizabeth	SP 21236	Speech-Language Pathologist	11-2019-118	January 31, 2021	Voluntary Surrender of License
Mayhew, Debra Lynn	HA 3178	Hearing Aid Dispenser	1C-2016-095	January 30, 2021	Revocation Stayed, Five Years Probation with Terms and Conditions
Handy, JoQueta Hayes	SP 10090	Speech-Language Pathologist	11-2017-118	December 9, 2020	Voluntary Surrender of License
White, Christine Elizabeth	SP 21236	Speech-Language Pathologist	11-2019-118	October 19, 2020	Interim Suspension Order Issued
Turner, Sharon	SP 9478	Speech-Language Pathologist	11-2019-092	August 8, 2020	Voluntary Surrender of License

**Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board - 0376**  
**FY 2020-21 BUDGET REPORT**  
 August 12-13, 2021 Board Meeting

FM 11

OBJECT DESCRIPTION	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21				
	ACTUAL EXPENDITURES (MONTH 13)	ACTUAL EXPENDITURES (MONTH 13)	ACTUAL EXPENDITURES (MONTH 13)	ACTUAL EXPENDITURES (Prelim FM13)	Governor's BUDGET 2020-21	CURRENT YEAR EXPENDITURES 05.31.2021	PERCENT SPENT	PROJECTIONS TO YEAR END	UNENCUMBERED BALANCE
<b>PERSONNEL SERVICES</b>									
Salary & Wages (Staff)	463,473	478,930	525,967	601,545	611,000	551,814	90%	594,845	16,155
Statutory Exempt (EO)	87,141	91,296	94,944	98,268	82,000	84,365	103%	91,797	(9,797)
Temp Help	4,851	8,446	224	64,729	1,000	29,388	2939%	38,173	(37,173)
Board Member Per Diem	5,200	5,100	4,700	4,600	6,000	1,700	0%	1,855	4,145
Overtime/Flex Elect	17,204	19,003	36,663	55,901	5,000	54,620	1092%	60,000	(55,000)
Staff Benefits	268,732	309,624	332,488	434,247	401,000	385,523	96%	416,070	(15,070)
<b>TOTALS, PERSONNEL SVC</b>	<b>846,601</b>	<b>912,400</b>	<b>994,986</b>	<b>1,259,290</b>	<b>1,106,000</b>	<b>1,107,410</b>	<b>100%</b>	<b>1,202,740</b>	<b>(96,740)</b>
<b>OPERATING EXPENSE AND EQUIPMENT</b>									
General Expense	53,024	42,122	34,923	48,858	81,000	64,864	80%	70,541	10,459
Printing	7,410	9,772	10,587	11,227	28,000	19,869	71%	19,869	8,131
Communication	5,297	6,228	5,986	7,072	21,000	6,477	31%	7,609	13,391
Postage	22,650	25,482	19,259	7,155	25,000	1,725	7%	7,511	17,489
Insurance	0	20	4,040	25	0	23	0%	23	(23)
Travel In State	36,347	15,163	5,210	13,115	30,000	8,600	29%	8,600	21,400
Training	450	0	0	7,088	9,000	0	0%	0	9,000
Facilities Operations	64,118	73,447	86,769	101,321	99,000	70,812	72%	115,374	(16,374)
C & P Services - Interdept.	0	38	49	52	24,000	70	0%	70	23,930
Attorney General	144,505	133,121	112,665	156,882	338,000	298,782	88%	338,998	(998)
Office Admin. Hearings	35,406	45,135	37,170	8,025	72,000	105,650	147%	128,785	(56,785)
C & P Services - External	104,386	82,277	71,696	73,529	98,000	73,323	75%	76,715	21,285
DCA Pro Rata	317,595	339,000	392,000	367,221	354,000	344,583	97%	354,000	0
DOI - Investigations	139,190	153,000	200,000	200,908	36,000	37,583	104%	36,000	0
Interagency Services	0	0	0	0	29,000	1,545	5%	1,686	27,314
IA w/ OPES	117,441	0	500	67,039	60,000	13,642	23%	25,506	34,494
Consolidated Data Center	484	3,258	195	4,971	17,000	3,840	23%	8,993	8,007
Information Technology	2,214	1,240	2,013	431	29,000	6,388	22%	37,888	(8,888)
Equipment	4,400	3,220	0	15,400	64,000	57,661	0%	72,348	(8,348)
Other Items of Expense			0	113,356	0	0	0%	0	0
Other (Vehicle Operations)			0		0	0	0%	0	0
<b>TOTALS, OE&amp;E</b>	<b>1,054,917</b>	<b>1,032,524</b>	<b>1,233,062</b>	<b>1,203,675</b>	<b>1,414,000</b>	<b>1,115,437</b>	<b>79%</b>	<b>1,310,516</b>	<b>103,484</b>
<b>TOTAL EXPENSE</b>	<b>1,901,518</b>	<b>1,944,924</b>	<b>2,228,048</b>	<b>2,462,965</b>	<b>2,520,000</b>	<b>1,727,000</b>	<b>69%</b>	<b>2,513,256</b>	<b>6,746</b>
Sched. Reimb. - Fingerprints	(31,000)	(31,000)	(33,143)	(31,000)	(31,000)		0%	(31,000)	0
Sched. Reimb. - Other	(2,000)	(2,000)	(3,055)	(2,000)	(2,000)		0%	(2,000)	0
Unsched. Reimb. - Other	(30,846)	0	(17,398)		0	0	0%	0	0
<b>NET APPROPRIATION</b>	<b>1,837,672</b>	<b>1,911,924</b>	<b>2,174,452</b>	<b>2,440,000</b>	<b>2,487,000</b>	<b>980,083</b>	<b>39%</b>	<b>2,302,121</b>	<b>6,746</b>
<b>SURPLUS/(DEFICIT):</b>									<b>0.27%</b>

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

LICENSES ISSUED	FY14/15	FY15/16	FY16/17	FY17/18	FY 18/19	FY 19/20	FY 20/21
							<b>QTR 4</b>
AU	89	48	53	77	63	63	71
DAU	UA	26	24	30	35	31	23
AUT	0	0	0	2	4	3	1
SLP	1,143	1,352	1,457	1,482	1,446	1,444	1,621
SPT	0	0	0	0	0	0	0
SLPA	550	606	501	558	602	615	505
RPE	836	834	897	945	977	1,059	1,039
AIDE	48	44	44	33	32	44	22
PDP	17	22	21	20	15	5	13
HAD Permanent	92	140	120	137	135	95	55
HAD Trainee	145	180	152	169	156	116	93
HAD Licensed in Another State	9	16	16	20	17	12	11
HAD Branch	426	407	315	341	333	312	249
<b>TOTAL LICENSES ISSUED</b>	<b>3,355</b>	<b>3,675</b>	<b>3,600</b>	<b>3,814</b>	<b>3,815</b>	<b>3,799</b>	<b>3,703</b>

LICENSEE POPULATION	FY14/15	FY15/16	FY16/17	FY17/18	FY 18/19	FY 19/20	FY 20/21
							<b>QTR 4</b>
AU	612	556	698	720	831	837	830
DAU	988	1,045	1,211	1,246	1,334	1,384	1,375
<i>Both License Types</i>	<i>1,600</i>	<i>1,601</i>	<i>1,909</i>	<i>1,966</i>	<i>2,165</i>	<i>2,221</i>	<i>2,205</i>
AUT	0	0	0	2	4	7	8
SLP	13,967	14,860	18,024	19,161	21,374	22,527	23,309
SPT	0	0	0	0	0	0	0
SLPA	2,343	2,795	3,752	4,118	4,822	5,297	5,538
RPE	802	806	1,174	1,232	1,364	1,595	1,626
AIDE	124	133	235	216	245	273	290
HAD	948	996	1,179	1,266	1,380	1,407	1,398
HAD Trainees	160	158	238	204	214	237	243
HAD Licensed in Another State	7	18	18	28	31	42	47
HAD Branch Office	821	963	1,409	1,297	1,347	1,401	1,411
<b>TOTAL LICENSEES</b>	<b>20,772</b>	<b>22,330</b>	<b>27,938</b>	<b>29,490</b>	<b>32,946</b>	<b>35,007</b>	<b>36,075</b>

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board  
Enforcement Report

	FISCAL YEAR 2016 - 2017		FISCAL YEAR 2017 - 2018		FISCAL YEAR 2018 - 2019		FISCAL YEAR 2019 - 2020		Quarter 4 2020 - 2021	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
<b>COMPLAINTS AND CONVICTIONS</b>										
Complaints Received	75	59	154	157	68	78	68	83	32	58
Convictions Received	15	84	24	101	31	90	12	91	3	42
Average Days to Intake	3	2	2	2	1	1	1	1	1	4

	FISCAL YEAR 2016 - 2017		FISCAL YEAR 2017 - 2018		FISCAL YEAR 2018 - 2019		FISCAL YEAR 2019 - 2020		Quarter 4 2020 - 2021	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
<b>INVESTIGATIONS Desk</b>										
Assigned	90	143	178	257	99	169	80	174	35	100
Closed	71	118	113	205	65	110	47	131	63	127
Average Days to Complete	132	91	201	73	164	137	270	216	392	373
Pending	45	39	104	89	139	142	122	169	79	136

	FISCAL YEAR 2016 - 2017		FISCAL YEAR 2017 - 2018		FISCAL YEAR 2018 - 2019		FISCAL YEAR 2019 - 2020		Quarter 4 2020 - 2021	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
<b>INVESTIGATIONS DOI</b>										
Assigned	11	9	10	7	2	8	5	4	0	0
Closed	5	6	8	9	7	4	2	7	2	6
Average Days to Complete	148	709	442	497	747	766	410	982	1008	756
Pending	11	12	13	10	8	14	12	13	8	6

	FISCAL YEAR 2016 - 2017		FISCAL YEAR 2017 - 2018		FISCAL YEAR 2018 - 2019		FISCAL YEAR 2019 - 2020		Quarter 4 2020 - 2021	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
<b>ALL TYPES OF INVESTIGATIONS</b>										
Closed Without Discipline	69	111	116	197	68	105	48	124	59	127
Cycle Time - No Discipline	125	69	210	73	212	145	282	238	360	376

	FISCAL YEAR 2016 - 2017		FISCAL YEAR 2017 - 2018		FISCAL YEAR 2018 - 2019		FISCAL YEAR 2019 - 2020		Quarter 4 2020 - 2021	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
<b>CITATIONS/CEASE &amp; DESIST</b>										
Issued	8	8	9	12	5	11	6	4	2	3
Avg Days to Complete Cite	98	44	7	169	138	162	266	393	538	414
Cease & Desist Letter	1	1	2	1	1	1	0	0	1	1

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board  
Enforcement Report

ATTORNEY GENERAL CASES	FISCAL YEAR 2016 - 2017		FISCAL YEAR 2017 - 2018		FISCAL YEAR 2018 - 2019		FISCAL YEAR 2019 - 2020		Quarter 4 2020 - 2021	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Pending at the AG	8	6	7	11	6	12	5	13	6	10
Accusations Filed	2	3	3	2	0	4	2	7	5	3
SOI Filed	0	0	1	1	2	3	0	1	0	2
Acc Withdrawn, Dismissed, Declined	2	1	2	1	0	3	1	0	0	1
SOI Withdrawn, Dismissed, Declined	1	1	0	0	2	1	0	1	0	0
Average Days to Discipline	1260	979	780	723	745	449	0	730	1504	741

ATTORNEY GENERAL FINAL OUTCOME	FISCAL YEAR 2016 - 2017		FISCAL YEAR 2017 - 2018		FISCAL YEAR 2018 - 2019		FISCAL YEAR 2019 - 2020		Quarter 4 2020 - 2021	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Probation	6	7	2	1	1	2	0	5	1	0
Surrender of License	3	1	1	2	0	0	0	0	0	3
License Denied (SOI)	0	0	0	0	0	0	2	0	0	3
Suspension & Probation	0	0	0	0	0	0	0	0	0	0
Revocation-No Stay of Order	0	2	1	0	0	0	1	2	0	2
Public Reprimand/Reproval	0	0	0	1	0	0	0	0	0	0



# MEMORANDUM

DATE	August 2, 2021
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Agenda Item 10: Overview of the Sunset Review Process and Timeline

## Overview

Each year, the Assembly Business and Professions Committee and the Senate Business, Professions, and Economic Development Committee hold joint Sunset Review oversight hearings to review the boards and bureaus under the Department of Consumer Affairs (DCA). The sunset review process provides an opportunity for DCA, the Legislature, the boards and bureaus, and stakeholders to discuss the performance of the boards and bureaus, make recommendations for improvements, and extend the sunset date of a board or bureau.

The sunset date of a board or bureau is decided by the Legislature. Typically, if there aren't any major concerns or deficiencies with a board or bureau, the Legislature will set a four-year sunset date. The Board's sunset date and provisions can be found in Business and Professions Code section 2531. The Board's sunset date was initially set at January 1, 2022, which would have had our Sunset Review oversight hearing scheduled for Spring 2021; however, due to the COVID-19 pandemic and delays in the 2020 Sunset Review oversight hearings, the sunset date for our Board was extended by a year until January 1, 2023, which puts our Sunset Review oversight hearing in Spring of 2022.

## Timeline

- Summer 2021 – Board staff receive Sunset Review questions from Legislature
- Fall 2021 –
  - Sunset Review Ad Hoc Committee and Board leadership develop Sunset Review Report for Board consideration
  - Board reviews and approves Sunset Review Report by November
- Winter 2022 – Board leadership and Board Members meet with Legislative Offices
- Spring 2022 – Sunset Review Oversight Hearings – Board Chair, Board Vice-Chair, and Executive Officer speak on the Board's behalf
- Summer 2022 – Sunset Bills make their way through the Legislature
- Fall 2022 – Sunset Bills approved by the Legislature and signed by the Governor
- January 1, 2023 – Board's new sunset date becomes effective

The Board will be tasked with completing a Sunset Review Report, based on questions provided by the Assembly Business and Professions and Senate Business, Professions, and Economic Development Committees, these questions are typically provided by the end of Summer and are due back to the committees by December of the same year (for our Board that will be December 2021). The Sunset Review Report will review the Board's performance and accomplishments since the prior sunset report as well as provide the Board with an opportunity to bring up new policy issues and suggest legislative changes to our Practice Act.

The Sunset Review report will be drafted by the Board's leadership in coordination with the Sunset Review Ad Hoc Committee before it is presented to the full Board for review and approval at the Fall Board Meeting.

In the Winter of 2022, Board staff will schedule meetings with Assembly Business and Professions and Senate Business, Professions, and Economic Development Committee members to discuss our Sunset Review Report and answer any preliminary questions or concerns regarding our Sunset Review Report.

In the Spring of 2022 the Board will be scheduled to attend a Sunset Review oversight hearing. This hearing is usually attended by the Board Chair, Vice Chair, and Executive Officer. The Board will be asked a number of questions by legislators on the committees based on issues raised in the Sunset Review Report.

Following the Sunset Review oversight hearing, Board staff will work with the staff of the Assembly Business and Professions and Senate Business, Professions, and Economic Development Committees to address any issues raised by the legislators. The Committees will then draft and introduce Sunset Bills that will make any necessary legislative changes as well as set the Board's new sunset date.

After the Sunset Bills have been approved by both houses of the legislature and signed by the Governor, the Board's new sunset date and changes to its Practice Act will go into effect on January 1, 2023.



# MEMORANDUM

DATE	August 4, 2021
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Cherise Burns, Assistant Executive Officer
SUBJECT	Agenda Item 12: Update on DCA Waiver Requests Submitted by the Board related to the COVID-19 State of Emergency

## **Background**

Pursuant to the Governor's Executive Order [N-39-20](#), during the State of Emergency, the director of the Department of Consumer Affairs (DCA) may waive any statutory or regulatory requirements with respect to a professional license issued pursuant to Division 2 of the Business and Professions Code. In addition, pursuant to Executive Order [N-40-20](#), the director of DCA may waive any statutory or regulatory requirements with respect to continuing education for licenses issued pursuant to Division 3 of the Business and Professions Code.

After the issuance of the Governor's Executive Orders, Board staff worked quickly to identify waivers necessary for applicants and licensees and developed and submitted waiver request proposals for review and consideration by the DCA Director. Note, waiver requests submitted by the Board may differ from the final waiver language approved by DCA. During the pandemic, DCA has worked with the Board to ensure that all approved waivers that are still needed are extended.

Board staff have been informed that the DCA Waivers will continue to be monitored for necessity. As the necessity decreases, we expect waivers to gradually end. Board staff will continue to notify licensees of any changes with DCA Waivers.

Below is an update on the waivers that affect Board licensees.

### **a. Waivers Approved by DCA**

- i. **Modification of Continuing Education Requirements for All Licensees (DCA-21-175)** – Originally approved March 31, 2020 and extended on July 1, August 27, October 22, December 15 of 2020, and on February 26, March 30, June 3, and July 26 of 2021. This waived CE or examination requirements for renewal for 6 months from the date of each order (currently through January 26, 2022) and applied only to Active licensees that expire between March 31, 2020 and September 30, 2021. NOTE: These waivers do not waive the self-study restrictions in the Board's CE/CPD requirement.

- ii. **Modification of Reactivation Requirements for Speech-Language Pathologists (DCA-21-165)** – Originally approved March 31, 2020 and extended on September 17 and December 15, 2020, and on July 1, 2021. This waived the continuing education (CE) and fees associated with reactivation for Speech-Language Pathologists who have been in a Retired, Inactive, or Cancelled status for no longer than five (5) years. The reactivation of licenses under this waiver is valid until September 1, 2021.
- iii. **Modification of the Direct Monitoring Requirements for Required Professional Experience (RPE) Licenses and the Direct Supervision Requirements for Speech-Language Pathology Assistant (SLPA) Licenses (DCA-21-172)** – Originally approved May 6, 2020 and extended on July 1, August 27, October 22, and December 15 of 2020, and February 26, April 30, and July 1 of 2021. This waived the in-person supervision requirements for Required Professional Experience (RPEs) and Speech-Language Pathology Assistants (SLPAs) through August 31, 2021.
- iv. **Modification of the Limitations on Renewing of Hearing Aid Dispenser (HAD) Temporary Licenses and HAD Trainee Licenses (DCA-21-166)** – Originally approved May 29, 2020 and extended on September 17, and December 15 of 2020, and February 26, April 30, and July 1 of 2021. This waived the statutory limitations on renewing Hearing Aid Dispenser (HAD) Temporary Licenses and the limitation on the number of times a HAD Trainee license can be renewed. Specifically, this waiver removes the limitation that HAD Temporary Licenses cannot be renewed in Business and Professions Code (BPC) section 2538.27(b) and removes the limitation that HAD Trainee Licenses cannot be renewed more than twice in BPC section 2538.28(c). DCA-20-16 authorizes the Board to extend the expiration date of HAD Temporary Licenses and HAD Trainee Licenses by six (6) months for eligible licensees. This waiver only applies to HAD Temporary Licenses that expire between March 31, 2020 through August 31, 2021 and HAD Trainee Licenses that have been renewed twice and expire between March 31, 2020 through August 31, 2021.
- v. **Modification of Limitations and Requirements for Extension of RPE Licenses (DCA-21-171)** – Originally approved July 17, 2020 and extended on September 17, and December 15 of 2020, and on February 26, April 30, and July 1 of 2021. This waived the limitation that an RPE License cannot be reissued for more than 12 months in Title 16 California Code of Regulations (CCR) section 1399.153.10(a) and waives the associated fee. The waiver also removes the limitation that a Speech-Language Pathology or Audiology RPE License cannot be reissued or extended due to the licensee's inability to take and pass the licensing examinations in 16 CCR section 1399.153.10(a). The waiver authorizes the Board to extend an already reissued RPE License for an additional six (6) months without paying the \$35 application fee and to approve an RPE License reissuance for the purposes of taking and passing the respective licensing examinations in Speech-Language Pathology and Audiology. The 6-month extension and fee waiver allowed by this waiver for an already reissued RPE License only applies to RPEs who have a reissued RPE License that would expire between March 31, 2020 and August 31, 2021. The allowance for RPE Licenses to be reissued due to the RPE License holder's

inability to take and pass the licensing examinations applies to all RPE License holders who have not already had their RPE License reissued before August 31, 2021.

**b. Waivers Denied by DCA**

- i. **Modification of the 12-Month Fulltime Professional Experience Requirement for Licensure as an Audiologist** – This waiver would have waived the requirement that Audiology applicants submit evidence of no less than 12 months of supervised professional full-time experience for licensure (as stated in Business and Professions Code Section 2532.25). This waiver was denied on May 12, 2020 as the Department did not believe that waiving pre-licensure requirements, such as experience or competency exams, at this time is in the best interests of consumer protection.
  
- ii. **Modification of Board Continuing Education Requirements to Remove Self-Study Restrictions** – This waiver would have waived the limitations on self-study continuing education (CE) and continuing professional development (CPD) for the purposes of renewal in Title 16 California Code of Regulations (CCR) sections 1399.140 and 1399.160. This would allow licensees to accrue all CE and CPD through self-study during the COVID-19 pandemic. This waiver was denied on December 30, 2020 as the Department had provided waivers of CE requirements for licensees of the Board and believed it would be unreasonable to allow licensees to complete all CE requirements via self-study as this would weaken consumer protections by not requiring some training be provided by a type of classroom or lecture type training that is verified.

**Action Requested**

This item is for informational purposes only, no action is required.



# MEMORANDUM

DATE	August 4, 2021
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Marcia Raggio, Board Chair
SUBJECT	Agenda Item 13: Discussion of Cognitive Screenings and Assessments and Audiologists' Scope of Practice

## Background

At the Board's February and May 2021 Board Meetings, during public comment Dr. Amit Gosalia requested that the Board discuss cognitive screenings and Audiologists' scope of practice. To have an in-depth discussion on this matter, the Board reached out to mental health professionals who are subject matter experts on cognitive screenings and assessments and national audiology experts to participate in this important discussion and placed the issue on its August 13, 2021 agenda.

## Panelist Discussion

The following individuals have agreed to participate in this discussion and provide their respective expertise regarding cognitive screenings and assessments and/or audiology during the Board Meeting, their brief biographies are provided below:

- **David M. Lechuga, Ph.D** – Dr. Lechuga directs The Neurobehavioral Clinic & Counseling Center in Lake Forest. His clinical work focuses on the assessment and treatment of patients with neurological impairments and complex learning disorders. Dr. Lechuga is board certified by the American Board of Professional Psychology in clinical psychology and rehabilitation psychology. His board certification in neuropsychology is from the American Board of Professional Neuropsychology. He is a clinical instructor (voluntary) at UCLA. Dr. Lechuga is a fellow of the Hispanic Neuropsychological Society and a fellow of the Sports Neuropsychological Society.
- **Nancy Brison-Moll, Ph.D.** – Dr. Brison-Moll is a licensed clinical Psychologist and a Licensed Marriage and Family Therapist. She has over 30 years of experience in the field. She is currently in private practice and sees individuals and families. She is an expert reviewer for the Board of Psychology, is the current Chair of the state CAMFT ethics committee and current Vice-President of the local CAMFT Chapter.
- **Mario Espitia, DSW** – Dr. Mario Espitia is a Licensed Clinical Social Worker in the state of California with over 7 years of experience in the areas of palliative care and gerontology. He has worked with multidisciplinary teams of healthcare professionals to

improve the quality of life of patients with chronic medical conditions. In addition to providing psychosocial assessment and case management services, Dr. Espitia has placed special importance and dedication to providing advance care planning services and facilitating end-of-life conversations. Prior to entering the healthcare field, Dr. Espitia worked for various non-profit organizations in the Greater Los Angeles area providing mental health services to children, youth, and families. He recently joined the NASW California Chapter team as Director of Capacity Building where he oversees the chapter's online continuing education program. In his new role, Dr. Espitia hopes to support fellow colleagues in their development and growth as professional social workers, as well as provide educational opportunities that meet their interests and needs.

- **James Hiramoto, Ph.D.** – Dr. Hiramoto is a graduate of UC Berkeley's School Psychology Program with more than 25 years as a School Psychologist; more than 10 years as professor/program director of a masters and doctoral program in educational & school psychology; 7 years with the Diagnostic Center, North, California Department of Education; and more than 5 years as a school board member. He has provided professional development trainings statewide (including more than 25 SELPAs and County Offices of Education, more than 25 school districts, CASP and affiliate associations), nationally and internationally. He has served many roles for CASP over the years and is now serving as the Assessment Specialist, Research Chair, and Publication Chair – as the Editor of *CASP Today*. He has written and co-authored a few CASP Position Papers, most recently the CASP Resource Papers-School Psychology Practice during COVID Series #1 and #2. Currently, He works full time as a school psychologist for Lodi Unified School District.
- **Douglas Beck, Au.D** – Dr. Beck began his career in Los Angeles at the House Ear Institute in cochlear implant research and intraoperative cranial nerve monitoring. By 1988, he was Director of Audiology at Saint Louis University. Eight years later he co-founded a multi-office dispensing practice in St Louis. In 1999, he became President and Editor- In-Chief of AudiologyOnline.com, SpeechPathology.com and HealthyHearing.com. Dr. Beck joined Oticon in 2005. From 2008 through 2015 he also served as Web Content Editor for the American Academy of Audiology (AAA). In 2016 he became Senior Editor for Clinical Research at the Hearing Review and Adjunct Clinical Professor of Communication Disorders & Sciences at the State University of New York at Buffalo. In 2019, he was appointed Vice President of Academic Sciences at Oticon. Dr. Beck is among the most prolific authors in audiology with 188 publications and more than 1250 abstracts, interviews and op-eds.
- **Richard Gans, Ph.D.** – Dr. Gans is a licensed Audiologist. Since obtaining his PhD from The Ohio State University, Dr. Gans has been recognized as a thought leader and innovator in clinical practice, research and as a global educator in the vestibular and equilibrium sciences. With 150 international presentations in 30 countries, dozens of articles, his work is used by Audiologists, Otolaryngologists, Neurologists and Physical Therapists worldwide. As the founder of American Institute of Balance (AIB), among the largest private practices focused on diagnosis and rehabilitation of balance disorders in children and adults, he has a unique perspective on the convergence of patient care, evidence-based protocols and business. Dr. Gans has served the American Academy of Audiology as a Board of Director Member, Chair of the Public Awareness Committee, and President (2004-05). He is devoted to the advancement of the profession and the AIB has served as a site for 46 student externs from 27

universities. The AIB Foundation supports audiology students and research grants as well as seeing children free, whose families are without insurance.

### **Audiologists' Scope of Practice**

Business and Professions Code (BPC) Section 2530.2(k) defines the practice of audiology as follows:

#### **BPC Section 2530.2(k)**

“The practice of audiology” means the application of principles, methods, and procedures of measurement, testing, appraisal, prediction, consultation, counseling, and instruction related to auditory, vestibular, and related functions and the modification of communicative disorders involving speech, language, auditory behavior, or other aberrant behavior resulting from auditory dysfunction; and the planning, directing, conducting, supervising, or participating in programs of identification of auditory disorders, hearing conservation, cerumen removal, aural habilitation, and rehabilitation, including hearing aid recommendation and evaluation procedures, including, but not limited to, specifying amplification requirements and evaluation of the results thereof, auditory training, and speech reading, and the selling of hearing aids.

### **Action Requested**

Staff recommends that the Board discuss this issue with the panelists and determine if there are any next steps for the Board regarding this issue.

**NOTE:** The following materials regarding cognitive screenings and assessments are from external sources. The Board has provided these materials for reference purposes and does not endorse or have a position on these materials.

- Attachment A: Distinguishing Between Screening and Assessment for Mental and Behavioral Health Problems – American Psychological Association available at <https://www.apaservices.org/practice/reimbursement/billing/assessment-screening>
- Attachment B: Cognitive Problems – American Psychological Association available at <https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/cognitive-problems>
- Attachment C: “Issues in Cognitive Screenings by Audiologists” by Douglas L. Beck, AuD, Barbara E. Weinstein, PhD, and Michael Harvey, PhD, ABPP available at <https://www.hearingreview.com/inside-hearing/research/issues-cognitive-screenings-audiologists>
- Attachment D: “Dementia Screening: A Role for Audiologists” by Douglas L. Beck, AuD, Barbara E. Weinstein, PhD, and Michael Harvey, PhD, ABPP available at <https://www.hearingreview.com/inside-hearing/research/dementia-screening-role-audiologists>
- Attachment E: “Cognitive-Screening Practices Among Audiologists” by Pamela Souza, PhD and Sarah Black, AuD available at <https://www.audiology.org/news-and-publications/audiology-today/articles/cognitive-screening-practices-among-audiologists/>

# Distinguishing Between Screening and Assessment for Mental and Behavioral Health Problems

## Statement From an American Psychological Association and American Psychological Association Practice Organization Work Group on Screening and Psychological Assessment

Screening for mental and behavioral health problems is part of comprehensive healthcare and population health as described by the Patient Protection and Affordable Care Act. The associated healthcare regulations, proliferation of online measures and web-based evaluation systems have created a need to distinguish between screening and assessment in the health arena. Although sometimes used interchangeably, these terms are not synonymous. This brief statement is intended to assist in differentiating between screening and assessment in terms of their respective goals, indicators for use, level of complexity, and outcomes, while recognizing their common properties.

### Screening

- Is used for the early identification of individuals at potentially high risk for a specific condition or disorder
- Can indicate a need for further evaluation or preliminary intervention
- Is generally brief and narrow in scope
- May be administered as part of a routine clinical visit
- Is used to monitor treatment progress, outcome, or change in symptoms over time
- May be administered by clinicians, support staff with appropriate training, an electronic device (such as a computer), or self-administered
- Support staff follow an established protocol for scoring with a pre-established cut-off score and guidelines for individuals that score positive.
- Is neither definitively diagnostic nor a definitive indication of a specific condition or disorder

## Assessment (including psychological and neuropsychological testing)

- Provides a more complete clinical picture of an individual
- Is comprehensive in focusing on the individual's functioning across multiple domains
- Can aid diagnosis and/or treatment planning in a culturally competent manner
- Can identify psychological problems and conditions, indicate their severity, and provide treatment recommendations
- Integrates results from multiple psychological tests, clinical interviews, behavioral observations, clinical record reviews, and collateral information
- May include screening measures that are used in conjunction with other information from the assessment, providing a broader context for interpreting the results
- May use screening results to determine the choice of instruments for an assessment
- May cover domains of functioning, such as memory and language, visual and verbal problem solving, executive functioning, adaptive functioning, psychological status, capacity for self-care, relevant psychosocial history, and others needed to respond to the referral questions

Users of screening and assessment tools must assess the psychometric properties of tests they intend to use and ensure that they meet the criteria for acceptable psychological tests, given their intended purpose. Basic psychometric properties of tests to be evaluated include the following:

- Reliability - the precision of test scores, e.g., to ensure that the repeated administration of the test would yield the same result
- Validity – the extent to which test scores adequately represent a test-taker's standing on the psychological variable of interest, e.g., an individual's level of anxiety
- Classification Accuracy – adequacy of cutoff scores used to indicate whether a test-taker has, or is at risk for having, a specific condition, e.g., to demonstrate that individuals with depression will score at or above a designated cut off score
- Fairness – the extent to which the test scores are equally reliable and valid for various segments of the population
- Norm Adequacy - whether reference groups used to assist in test score interpretation adequately represent the population for which a test is designated

In addition, the competent administration of screening and assessment measures requires those who use or supervise the use of these tools to have skills and training appropriate for their assigned tasks. Specific training and skills may be in the following areas:

- Knowledge of appropriate measures for the specific referral question (e.g., knowledge of diagnostic systems for psychodiagnostic assessments)

- Relevant information about the specific characteristics of the individual being assessed, e.g., race, gender, language, disability, etc.
- Expertise in test administration and/or scoring

The American Psychological Association and American Psychological Association Practice Organization Work Group on Screening and Psychological Assessment included members of the Board of Professional Affairs, Committee for the Advancement of Professional Practice, and Committee on Psychological Tests and Assessment.

December 2014

Date created: 2014

Source: <https://www.apaservices.org/practice/reimbursement/billing/assessment-screening>

# Cognitive Problems

**Cognitive Problems** can be assessed in care-recipients through the use of screening tools, brief cognitive evaluations, and full neuropsychological evaluations. These three categories offer different types of information that will be used in distinct ways.

## 1. Screening Tools

- Designed for rapid administration across a population for the purpose of increasing the rate of problem identification
- Can be completed quickly (5-30 minutes). Screening tools can be used in-person in clinical settings and online for home-based cognitive monitoring.
- **Do not** produce a diagnosis. Produce a single score indicating whether there is any suggestion of a problem that warrants further evaluation.
- Examples:
  - [Folstein Mini-Mental Status Exam](#) (PDF, 206.80KB)
  - [St. Louis University Mental Status](#)
  - [Montreal Cognitive Assessment](#)
  - [Cogstate Brief Battery](#)

## 2. Brief Cognitive Evaluations

- Provide more detailed information than a screening tool, but still do not offer diagnostic information.
- Developed to assess a range of cognitive skills and thus offer information about the cognitive domains in which problems appear evident.
- Used when a full neuropsychological evaluation is not feasible (e.g., due to medical illness that precludes longer evaluations) or when documenting changes in specific cognitive domains is more important than arriving at a diagnosis.
- Examples:
  - [Cognistat](#)
  - [Mattis Dementia Rating Scale](#)

## 3. Neuropsychological Evaluation

- Appropriate level of evaluation for diagnosis and treatment planning.
- Takes the examiner several hours to conduct interviews with patient and caregivers, review medical reports, and administer face-to-face testing of all domains of cognition.
- Multiple sub-domains are evaluated within each major domain, then compared against appropriate norms, analyzed in the context of known medical conditions that can

influence performance, and interpreted in light of a referral question (e.g., assistance with diagnosis, determination of capacity to make medical decisions).

- Treatment plans can build on information about cognitive strengths and weaknesses in particular cognitive domains to guide the caregiver and care-recipient in selecting or adapting environments, maximizing interpersonal communication strategies, and selecting assistive technologies to foster independence.

Last updated: June 2020

Date created: January 2011

Source: <https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/cognitive-problems#>

# Issues in Cognitive Screenings by Audiologists

Jan 21, 2016 | [Research](#) |

Inside Clinical Research | February 2016 *Hearing Review*

By Douglas L. Beck, AuD, Barbara E. Weinstein, PhD, and Michael Harvey, PhD, ABPP

**The discovery and management of cognitive issues, which may masquerade as or occur in tandem with hearing problems, allows the professional to better address the global needs of the patient in a timely manner.**

It *almost* goes without saying that one's cognitive or emotional status, neurologic status, and state of mental health impacts sensory perceptions. The opposite is also true. Specifically, sensory changes can (and do) impact cognitive, emotional, and/or psychological status. Indeed, for the patient with a significant sensory deficit, it's difficult to imagine their sensory deficit *not* impacting their cognitive status!

In this paper we advocate for universal cognitive screening of patients 70 years of age and older with hearing loss and/or listening difficulties—even in the absence of obvious signs or symptoms of cognitive impairment.

It is our conviction that improved audiologic outcomes, adherence to aural rehabilitative strategies (including listening strategies and use of assistive listening devices and hearing aids), and improvement in quality of life are the likely outcomes resulting from the incorporation of universal cognitive screenings. That is, the inclusion of cognitive screening tests would improve the ability of the audiologist to better understand and address the very common complaint of not being able to understand speech in noise.

## The Interaction of Cognition and Audition

The idea that audiology, cognition, and psychology overlap is not new. Perhaps the earliest exploration and recognition of the overlapping concerns of audiology and psychology was Myklebust<sup>1</sup> in 1949 who reported "...for audiology to mature and to become in actuality a science of hearing, it seems necessary that it be influenced more by the fields of special education, psychiatry and clinical psychology..." He continued "...clinical psychology has an important contribution to make in audiology..."

In reality, one cannot readily separate cognition, language, and audition. These processes are intimately interwoven and interdependent. Myklebust stated the most difficult and challenging dilemma is to determine how much of a communicative disorder originates with hearing loss, versus how much is based in other causes. He noted the psychologist is generally concerned with human beings holistically, not hearing loss in particular, while the audiologist is primarily concerned with hearing loss. However, he also noted "that all relative disciplines be applied...as an integrated working whole..." and "The emphasis of clinical psychology would add generally to the field of audiology and to the effectiveness of the audiologist."

Since Myklebust's exploration of the overlapping disciplines of audiology and psychology, many others have addressed the interactions of these two disciplines. The National Council on the Aging report titled "The Consequences of Untreated Hearing Loss in Older Persons" published their landmark study.<sup>2,3</sup> The authors surveyed some 2,300 adults aged 50 and older with hearing loss in which people with untreated hearing loss were more likely to report anxiety, depression, and paranoia, and participated less in social activities as compared to those with hearing aid amplification. The report again underscored that hearing loss does not occur in a vacuum, and hearing loss may have psychological consequences.

In 2009, Kricos<sup>4</sup> reported "One critical area of concern is the need for audiologists to be knowledgeable about age-related cognitive changes that may affect hearing assessment and rehabilitative approaches..." Generally, cognitive changes include executive functions, short-term, long-term, and working memory, the ability to pay attention, as well as the quantity and quality of neural processing. Kricos cautioned that many symptoms of hearing impairment "are identical or similar to some symptoms of cognitive disorders" and these overlapping symptoms "may lead providers to erroneously identify cognitive issues in older patients whose actual problem is hearing impairment..." The opposite problem may occur as well; hearing loss may be suspected when the actual differential diagnosis is founded more in cognitive issues.

A paper by Beck and Clark<sup>5</sup> was titled "Audition Matters More as Cognition Declines and Cognition Matters More as Audition Declines" to underscore that interaction and co-dependence of cognition and audition is a paramount concern for audiologists. Indeed, they report when hearing loss is present—that is, when one has a "bottom-up" (sensory) processing impediment (ie, hearing loss)—the "top-down" (cognitive) system has to work harder to fill in (or correct) the missing (or distorted) sounds. They stated "people with hearing loss must dig deeper into their cognitive reserve and abilities to make sense of a world delivered to them via compromised auditory input..."

Beck and Flexer<sup>6</sup> reported *hearing* is the ability to perceive sound, and *listening* is the ability to make sense of sound (ie, to attribute meaning to sound). Thus "listening is where hearing meets brain." They note the primary deficit experienced by people with hearing loss is not the inability to hear (a sensory failure) but the inability to assign accurate and correct meaning to sound (a cognitive process).

Lin et al<sup>7</sup> concluded "Hearing loss is independently associated with accelerated cognitive decline and incident cognitive impairment in community-dwelling older adults..." Chuan-Ming Li at the National Institute on Deafness and Other Communication Disorders (NIDCD) reported "a strong association between hearing impairment and depression among US adults of all ages, particularly in women..."<sup>8</sup>

In 2015, Dawes and colleagues<sup>9</sup> reported: "Hearing aids may promote better general health, perhaps by reducing hearing handicap and promoting a more active, engaged lifestyle." Amieva and colleagues (2015) reasoned that by facilitating improved communication, hearing aids may improve mood and increase social interactions, thereby perhaps impacting scores on cognitive tests.

Sensory perception (including hearing, vision, taste, smell and touch) doesn't occur in isolation. Sensory perceptions occur within the brain, in tandem with internal (within the body) and external (environmental) context. Specifically, top-down (cognitive) and bottom-up (sensory) processes occur simultaneously as they interact with, and impact each other. As such, the

inclusion of cognitive screenings (top-down) as an adjunct to audiologic diagnostic testing (bottom-up) for certain populations should be considered.

#### Universal Cognitive Screenings

The goal of screening for cognitive decline is to uncover the possibility that a patient is at risk for dementia, which in turn, may impact speech understanding and listening ability. Dementia currently affects approximately 4 million Americans with prevalence increasing with age, rising from 5% among persons aged 71 to 79 years, to 37% among those 90 years and over. Another goal of screening for cognitive decline is to identify those with mild cognitive impairment (MCI). MCI differs from dementia in that the cognitive decline associated with MCI is not severe enough to interfere with instrumental activities of daily living.

Of note, universal screening of adults 65+ *who do not exhibit signs or symptoms* of cognitive impairment is *not endorsed* in a general primary care setting by the US Preventive Services Task Force.<sup>10</sup> In fact, the USPSTF recommended a grade of “I” (insufficient evidence) to determine the balance of benefits and harms of screening activities. The task force indicated it may be important to identify early cognitive impairment, since information regarding cognitive status may help patients make treatment and management decisions, especially given co-morbidities and/or potentially reversible causes of dementia. While not advocating universal screening, the task force stated clinicians should remain alert to early signs of cognitive impairment and evaluate accordingly.

Importantly, symptoms of hearing loss often overlap with those of dementia. Further, as hearing loss has been shown to increase the risk of incident dementia, we advocate for routine cognitive screening of adults 70 years of age and older in light of demonstrable hearing loss or difficulty listening in challenging situations. Fortunately, screening for cognitive status is a required element of the initial Medicare Annual Wellness visit for apparently many of these same reasons.

A number of inexpensive and easy-to-administer cognitive screening tests are available to clinicians interested in screening for in one or more of the following cognitive domains: memory, attention, language, and visuospatial or executive functioning. According to Shulman,<sup>11</sup> an ideal cognitive screening test should have the following characteristics:

- 1) Quick, brief, and easy to administer with minimal training;
- 2) Well tolerated and acceptable to patients, and easy to score;
- 3) Relatively independent of culture, language, and education;
- 4) Have good inter-rater and test-retest reliability;
- 5) Have high levels of sensitivity and specificity;
- 6) Have concurrent validity such that scores correlate with measures of severity and other dementia rating scores, and
- 7) Have positive predictive value (percentage of patients who have a positive score on the screening test and who really have the condition).

Additionally, the clinician must feel comfortable asking the questions included in the scale, and must consider the time available for the cognitive screen. Note that for many patients, a cognitive screen will be experienced as an emotional threat or assault on their self-esteem. Accordingly, it is important to consider the frustration, anxiety, and defensiveness tolerances of the person to whom you are administering the scale. Finally, the scale chosen should be applicable throughout the entire dementia disorder spectrum, reliably discriminating between those with and without dementia.

#### Cognitive Screening Tests

Table 1 outlines and reviews the most widely used cognitive screening tests: the Mini Mental Status Evaluation (MMSE), the Clock Drawing Test, the Mini-Cog Test and the Montreal Cognitive Screening Assessment (MoCA).<sup>10</sup>

Test	Scoring	Time to Administer	Cut Point or Score	How to Access
MMSE	11 items, scores range from 0 to 30	10 min	>24	Copyrighted for purchase at: <a href="http://www.minimental.com">www.minimental.com</a>
Mini-Cog™	3-item recall test with clock drawing test (CDT) serving as a recall distractor	3 min	0-2 positive screen for dementia	Available at: <a href="http://geriatrics.uthscsa.edu/tools/MINICog.pdf">http://geriatrics.uthscsa.edu/tools/MINICog.pdf</a>
MoCA	Total score—30, with eight domains of function evaluated	10 min (training recommended)	<26	<a href="http://www.mocatest.org">www.mocatest.org</a>
CDT	10-point scale	Varies with way in which it is administered	Depends on instructions: a normal clock (or a score of one point) indicates the absence of dementia; an abnormally completed clock warrants referral	<a href="http://www.rehabmeasures.org/PDF%20Library/Clock%20Drawing%20Test%20Instructions.pdf">http://www.rehabmeasures.org/PDF%20Library/Clock%20Drawing%20Test%20Instructions.pdf</a>

Table 1. Characteristics of Cognitive Tests for Screening for Dementia

The simplicity of the MMSE may be an advantage for use by audiologists. The MMSE may be the ideal screening test of general cognitive ability; however, it is not sensitive to mild cases of dementia. Scores on the MMSE correlate well with functional capacity, especially the ability to carry out Instrumental Activities of Daily Living (IADL). Note, the MMSE is designed for people who are fluent in English and have at least a grade 8 education. With a sensitivity of 88.3% and specificity of 86.2%, the MMSE is the most widely used screening test with commonly reported “cut points” indicative of risk for dementia being either 23/24 or 24/25. The MMSE is mainly a verbal test used to screen for orientation to place, registration, recall, calculation and attention, naming, repetition, comprehension, reading, writing, language and drawing).<sup>12</sup> The maximum

total score on the MMSE is 30 with severity of dementia being classified into three categories: 1) a score of 24-30 indicative of no cognitive impairment; 2) 18-23 indicative of mild cognitive impairment, and 3) 0-17 severe cognitive impairment.<sup>13</sup> Test/retest reliability coefficients are high and internal consistency (while acceptable) is not as high as the former coefficient.

The Mini-Cog™ combines a test of recall with a clock drawing test.<sup>14,15</sup> These include language comprehension, memory, visual-motor skills, and executive function. The Mini-Cog is brief, sensitive, easy to administer, and scores are not strongly influenced by education or language barriers. It has high sensitivity and specificity, and accurately differentiates persons with and without dementia. Scores correlate well with performance on the MMSE.

The Montreal Cognitive Assessment (MoCA) has been designed as a tool to screen patients who present with mild cognitive complaints and (most often) perform in the normal range on the MMSE. The domains of function evaluated include a short-term memory recall test, a clock drawing test, and a three dimensional cube copy to assess visuospatial abilities, a test of executive function, orientation to time and place, language, abstraction, memory, and delayed recall.<sup>16</sup> The MoCA performs well with respect to test/retest reliability and internal consistency and scores correlate well with the MMSE. In contrast to the MMSE, the developers recommend administering the MoCA to persons who present with cognitive complaints and functional impairment—especially if they fail the MMSE. According to Nasreddine et al,<sup>16</sup> the MCI is sensitive to mild cognitive impairment, whereas the MMSE is very simple for those with normal cognitive function, but presents a challenge for those with functional impairment and advanced stages of dementia. There are many versions of the MoCA online, including a tablet and a shortened version.

The Clock Drawing Test (CDT) provides a simple and reliable measure of a comprehensive range of cognitive functions, including visuospatial construction ability (a skill known to be impaired in dementia even in early stages), auditory comprehension, planning, executive function, abstract thinking, visual memory, motor programming and execution, numerical knowledge, and abstract thinking.<sup>11</sup> It is important to note that interpretation of scores on the CDT also assess clock setting and clock reading. Patients are asked to fill in the numbers and set the time to designated times. The CDT can be administered within 3 minutes, and scoring is quite easy, with points awarded according to components of the clock included. There are a variety of scoring systems and the extent of the correlation with the MMSE varies with the system adopted. The CDT has high reliability, yet psychometric properties vary with the scoring method utilized. The CDT is best used as an adjunct to other cognitive screening tests rather than as a standalone.<sup>17</sup> The CDT test appears to be well tolerated, especially for persons with short attention spans.

In summary, numerous reliable and valid tests are available to screen cognitive ability. Nonetheless, prior to including cognitive screenings as part of a global auditory evaluation, it is highly recommended that the audiologist locate, identify, and consult a local psychologist (or other professional counselor) who will be available to work with patients who fail cognitive screenings and are referred for professional evaluation and management. That is, one must prepare in advance, a network of professionals and agencies to maximally address the needs and concerns of patients who fail cognitive screenings, much as we would refer the patient who has medical or surgical indications to a physician.

## Explaining Cognitive Screening to a Patient

Many patients and hearing healthcare professional (HHP) will have difficulty introducing cognitive screenings into an audiology practice. One patient recently asked, “Shouldn’t you be evaluating my ears, not my head?”

The HHP should address and validate the patient’s befuddlement, assuage any anxiety, and explain in a user-friendly manner that cognitive and sensory processes are inextricable. With a compassionate smile, the HHP could answer the patient’s question (in the above query) with “I understand your confusion, but don’t worry. You know, the brain not only hears sounds, but it also makes sense out of sound. That is, the brain attributes meaning to sound. All these systems are connected. Of course, you’re right! My primary role is to evaluate, measure, and address the hearing part. Fortunately, I work with other professionals who can help teach your brain to make sense out of sound and to listen better. The cognitive screening helps me better understand how your brain works with sound, and helps me make better recommendations for you concerning your listening difficulty.”

## How to Handle Patients Who Fail Cognitive Screenings

Patients who fail cognitive screenings often experience an emotional crisis. Of note, when the word “crisis” is written in Chinese, two characters are used. The first represents danger, and the other represents opportunity. The HHP can facilitate the opportunity aspect in that the HHP is in a pivotal position to reduce patients’ anxiety and shame, and facilitate the expansion of a supportive network of other helping professionals.

When patients fail cognitive screenings, it is important to minimize their anxiety and shame. There are better and worse ways for the HHP to inform the patient of their screening results. For example, recommending further evaluation of cognitive factors generally triggers significantly less anxiety than openly speculating about a cognitive impairment or even dementia.

Additionally, shame occurs when one cannot psychologically differentiate oneself from the impairment. For example, one patient might say “I am affected by dementia” as compared to one who cannot differentiate and might say “I am demented.” Accordingly, when recommending further evaluation, it is helpful to assure patients that their identity and competence are not defined by the results of the screening. If and when a patient fails a cognitive screening, the HHP should reinforce that the patient has many assets which are not affected by their disability and that other professionals (non-HHPs) can teach management and compensatory strategies to help maximize listening skills. Thus, the HHP sets the stage for differentiating the patient’s self-identity from their impairment, thereby reducing shame while ushering in other collaborative professionals.

As previously stated, if the audiologist chooses to pursue cognitive screenings, professional counselors must be available to further evaluate and manage identified patients. Ideally, the mental health professionals will have more than familiarity, and will have dual competencies in treating/managing people with hearing loss and treating/managing people with cognitive impairment. Professionals without such expertise may do significant psychological harm by falsely minimizing and/or maximizing the effects of these disabilities. Unless a referral is made in a careful and compassionate manner, to a knowledgeable professional, it will likely result in non-adherence and may damage your relationship.

## How to Refer an Audiology Patient for Mental Health Services

The following are guidelines for the HHP to make a successful mental health referral (for more details, see Harvey<sup>18</sup>):

Elicit, contain, and validate the patient's feelings. Open-ended questioning is an effective way of conveying to patients your appreciation of their emotional reactions while gently setting limits. Of note, without limits, an audiologic visit may spin out of control and may open a can of "emotional worms."

Normalize (de-stigmatize) the referral. When first discussing a referral, do not use loaded words such as "psychotherapist" or "psychologist." Although well intentioned, these words may be experienced by patients as assaults to their self-esteem. Instead, it is important for the HHP to support a patient's self-competence while initiating a referral. Empowerment is the antithesis of anxiety and shame. For example:

*"There are many communication skills people with hearing, listening and memory problems learn to use. I believe you can learn them quite readily. Can I refer you to Dr Smith, who can spend some time with you and teach you those tools?" And you might add, "I've found it more successful to use a holistic, team approach to help people manage this."*

Humanize the mental health professional. This is an effective method of reducing anticipatory anxiety. For example:

*"I've known Dr Smith for over 20 years. She's nice, excellent at what she does, and has been practicing psychology for over 30 years. She has a dry sense of humor and wonderful manner, according to my patients whom I refer to her. I think you'll like her."*

How the psychologist will approach the patient, and exactly what the psychologist will do will vary with the specific patient, the psychologist, and the primary issues to be addressed. However, the psychologist will very likely conduct a thorough psychodiagnostic assessment of the patient's cognitive and emotional functioning.

## Conclusion

Cognition, language, psychology, audition (and more) are integrated and intertwined. As we move deeper into the 21st century, the time has come to consider the impact of hearing loss and listening problems globally. That is, we certainly know that the impact of hearing loss extends far beyond elevated pure-tone thresholds, and hearing loss clearly impacts emotions, moods, psychological status, quality of life, daily function, and so much more.

Therefore, we advocate universal cognitive screening of patients 70 years of age and older with hearing loss and/or listening difficulties—even in the absence of obvious signs or symptoms of cognitive impairment. The discovery and management of cognitive issues, which may masquerade as or occur in tandem with hearing problems, allows the professional to better address the global needs of the patient in a timely manner.

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# Dementia Screening: A Role for Audiologists

Jun 27, 2018 | [Research](#) |

Audiology & Neuroscience | July 2018 *Hearing Review*

## Simple screen methods don't always come with simple routes for patient counseling

By Douglas L. Beck, AuD; Barbara E. Weinstein, PhD; and Michael A. Harvey, PhD, ABPP

**While administering a screening test for dementia is relatively simple, the process and results may trigger significant emotions and anxiety within the patient. The patient may feel confused, vulnerable, and scared. This article addresses these issues, and how to manage and minimize negative thoughts and feelings associated with dementia screenings. Further, this article offers how to use dementia screening processes and outcomes to do what is truly in the best interest of the patient—not just with regard to hearing and listening, but globally, too.**

As evidence emerges regarding the negative consequences of untreated hearing loss, the scope of practice for audiologists, and perhaps licensed dispensers, may need to evolve to better meet the demands of the patient. For instance, although the first 100 years of audiology were about hearing,<sup>1</sup> the next 100 years will likely be about *listening*—since listening is where [hearing](#) meets the brain.<sup>2</sup> In other words, with improved diagnostics, amplification, and aural rehabilitation, the focus is shifting from simply hearing, to the ability to effectively and efficiently *communicate*. Difficulty communicating is a hallmark of both hearing loss and dementia. Therefore, it is important to evaluate each in appropriate candidates, as either may masquerade as the other!

In this article, we will review the rationale and importance of dementia screenings as indicators of dementia and/or other cognitive problems, and we will suggest a specific screening protocol (endorsed by the Gerontological Society of America) which can be easily and quickly adapted into a clinical office visit, as part of the intake, counseling, or expectations discussion.

### The Status Quo

Livingston et al<sup>3</sup> reported in [The Lancet](#) that “dementia is the greatest global challenge for health and social care in the 21st century.” Currently, across the global, some 50 million people above age 65 years are impacted by dementia, and that number is expected to *triple* by 2050. Their report states the cost of caring for those with dementia

in 2015 was approximately \$820 billion, and 85% of those dollars were related to family and social costs, not medical care. Importantly, their report states that hearing loss is often a modifiable risk factor, indicating that if hearing loss is detected and managed sooner, rather than later, the impact of hearing loss on dementia may be (for many) significantly lessened. They state multiple interventions are useful, including pharmacological, psychological, environmental, and social interventions. Livingston et al<sup>3</sup> state:

“If these interventions are implemented, people with dementia will have their cognition optimised and they will be less likely to be agitated, depressed, or have troublesome psychotic symptoms...”<sup>3</sup>

They reported nine modifiable risk factors for dementia:

- 1) Diabetes;
- 2) Social isolation;
- 3) Hearing loss;
- 4) Smoking;
- 5) Obesity;
- 6) Physical inactivity;
- 7) Less education;
- 8) Depression, and
- 9) Hypertension.

Of those, hearing loss has the largest population attributable fraction (PAF), which was determined to be 9%. Therefore, one can conclude that hearing loss has a significant impact on the cognitive, emotional, and psychological status, and that the earlier people are identified and treated, the better the probable outcome.

Ferguson and colleagues<sup>4</sup> concluded in a 2017 [Cochrane Review](#) paper that well-fitted hearing aids are effective with regard to improving general health and a hearing-specific, health-related quality of life (QOL). Therefore, for appropriate candidates, it may be useful to evaluate cognitive, emotional, and psychological status via screenings to establish a baseline from which one can re-evaluate later, and to identify who to refer for further diagnostic evaluations with regard to cognitive, emotional, and psychological status.

Beck et al<sup>5</sup> reported that [sensory perception](#) (ie, hearing loss) impacts cognitive, emotional, and psychological status. Indeed, attenuated, distorted, or absent auditory (or other) sensory perceptions can negatively impact cognitive, emotional, psychological, neurologic, and mental health, and may decrease QOL.

Lin et al<sup>6</sup> reported that [“hearing loss is independently associated with accelerated cognitive decline and incident cognitive impairment in community dwelling older adults...”](#) Others have reported multiple negative associations between hearing loss and depression, anxiety, societal withdrawal, and decreased QOL.<sup>7,8</sup>

Beck and Clark<sup>9</sup> stated, “[Audition matters more as cognition declines and cognition matters more as audition declines](#)” to underscore the co-dependence and interaction of top-down (ie, cognitive) functions with bottom-up (ie, sensory) processes.

At first glance, it seems routine and simple: administer a dementia screening test, score it, and interpret it—done deal! But inevitably, any assessment is also an intervention. Specifically, in this case, a dementia screening may result in patients feeling more vulnerable and scared.

In a previous publication,<sup>5</sup> the authors reviewed ways for the hearing care professional (HCP) to explain the rationale for cognitive screening and for minimizing patients’ initial adverse reactions to dementia screenings. Here, we further this analysis and examine some psychological correlates of dementia which may become activated by a screening. We will address ways for the HCP to minimize psychological harm caused by the screening, and ways to utilize the context of the screening test to help patients construct the next phase of their lives.

#### Psychological Issues Associated with Dementia Screenings

It is important to consider the psychological context of being screened for dementia. Quite often, people with possible dementia are besieged by an endless array of health-related losses, many of which may have been traumatic. Of note, emotional insults and losses rarely exist in isolation. Therefore, actual or suspected loss of cognitive functioning may trigger or reinforce previous negative reactions. Stated more precisely, a cognitive screening may function as a post-traumatic trigger.

While many of the behaviors associated with age-related hearing loss are comparable to those associated with dementia, age-related hearing loss is more precisely and easily measured, whereas dementia is multifaceted, and identifying people at risk is more ambiguous.

There is considerable variability in how dementia manifests and the speed at which it progresses. The impact dementia has on relationships with family and friends, as well as one’s daily life and plans for the future, is almost unpredictable; impaired memory comes and goes in an unpredictable manner and people may experience dementia as an “ambiguous loss” (ie, a loss that occurs without closure or understanding). The same ambiguity delays the grieving process and may result in additional problems, such as [unresolved grief](#).<sup>10</sup> To make it worse, this same emotional dynamic becomes more ominous for many patients who experience health-related losses as being one step closer to death. Dementia may cause overall emotional dysregulation, causing indiscriminate emotional outbursts even at the slightest provocation (Table 1).

Behavior	Example of Behavior
Learning and retaining new information	For example, patient does not remember appointments; how to insert and manage hearing aids after several trials; unable to follow directions.
Handling complex tasks	Patient has trouble performing tasks and may require several trials. For example, inserting his/her hearing aid into the ear, or inserting batteries into the hearing aid.
Language	Patient has difficulty finding the words needed to express thoughts or concerns and cannot follow conversation.
Behavior	Patient has become more passive and less responsive, more withdrawn, and misinterprets visual stimuli.
Change in Memory	Patient or family member reports changes in memory (eg, more difficulty remembering); patient a poor historian and appears forgetful.

Table 1. Behaviors indicative of dementia (Agency for Healthcare Research & Quality, 1996).

### Minimizing Iatrogenic Effects of Cognitive Screenings

How can HCPs effectively navigate this multi-layered, precarious psychological terrain associated with the potentially negative impact—which may be implied simply by suggesting or administering a dementia screening? Step one is often as simple as asking the patient to self-assess regarding how their memory is functioning. Are they noticing any changes which might cause them concern?

[Atul Gawande, MD](#),<sup>11</sup> referenced a strategy palliative care physicians use when giving patients bad news:

#### **Ask, Tell, Ask.**

- 1) They ask patients what information they want to hear.
- 2) They tell patients that information.
- 3) They ask what they understood.<sup>11</sup>

After administering a dementia screening, the HCP may ask a patient, “What would you like to know about the results?” Or, “Would you like to discuss how the results will help you?”

The HCP should not assume the patient wants to hear any or all of the information; hence Dr Gawande’s dictum, “Ask the patient.” The act of patients informing their HCP as to which information they do and not want to hear is an act of empowerment, which may be in marked contrast to their feelings of disempowerment with respect to dementia, hearing loss, and perhaps a host of other health-related losses.

After informing the patient of the result, it is important to ensure their adequate understanding in a way other than asking, “Did you understand what I said?” Patients

are likely to react defensively to that approach and/or may pretend to understand. Instead, the HCP should say something like “I just want to make sure I was clear. Let’s go over what I said, as it was a mouthful.”

Of course, any time a positive test result occurs, the HCP needs to be prepared to refer the patient to a psychologist, medical doctor, or other (hopefully local) counselor who can review the screening, gather more data, and create an action plan.

#### Hearing Care Professionals as Gatekeepers

Age-related hearing loss (ARHL)—which is highly prevalent and for which treatments are available—has recently been identified as a potentially modifiable risk factor. As such, audiologists and HCPs serve as potential gatekeepers who should be poised to recognize changes in memory and communication status which may represent previously undetected warning signs of dementia.

This responsibility requires heightened clinical awareness and a more patient-focused [clinical practice](#).<sup>12</sup> For audiologists and all HCPs with established referral networks, dementia screening may be an option when patient behavior (or the concerns of a significant other) indicates that memory impairment may be impacting functional abilities, especially when communicating in effortful listening situations.

Audiologists must be knowledgeable and comfortable with dementia screenings, as well as engaging in conversations regarding memory issues. They should feel comfortable making careful and compassionate decisions, referring to clinicians with expertise in diagnosing and evaluating persons exhibiting signs of dementia, such as memory lapses, behavior changes, social disengagement, and other Neurocognitive Disorders (NCDs).

#### The Gerontological Society of America Toolkit

The Gerontological Society of America (GSA) recently published a comprehensive toolkit as a resource to assist primary care physicians to detect, diagnose, and manage persons with dementia. The 4-step program is referred to as the [“Kickstart-Assess-Evaluate-and Refer” \(KAER\)](#) program.<sup>13</sup>

As a complement to the GSA toolkit, [Maslow and Fortinsky](#)<sup>14</sup> discussed ways in which non-physician care providers can help increase early detection of older persons with dementia. In particular, they emphasized how non-physician healthcare providers can play a role in the diagnostic process and in providing the necessary guidance and support which is very important when individuals are faced with this diagnosis. Maslow and Fortinsky reasoned that, to optimize earlier diagnoses, non-physician healthcare providers can help optimize the systematic detection and referral of persons with cognitive impairment to the appropriate care provider and community resource.

The GSA toolkit includes a list of behavioral indicators suggesting the need for a screening, several reliable and valid dementia screening tools, practical steps regarding discussions about brain health, care planning, and how best to support a person at risk

for [dementia](#).<sup>15</sup> Behavioral indicators cited include trouble remembering recent events, repeatedly asking the same question, an inability to follow directions easily, and increased confusion over previously routine activities. The GSA toolkit emphasizes the importance of ruling out “non-dementia factors” which may impair cognitive function, such as polypharmacy, depression, or vitamin deficiencies. Untreated hearing loss is not mentioned in these “non-dementia factors,” but clearly may be a factor, especially when administering the cognitive screening tests which are orally administered and depend, to a great extent, on the patient’s ability to hear and listen.

The NIA and Alzheimer’s Association Workgroups identified the [Mini-Cog](#)<sup>16</sup> as the test of choice, and the GSA has recommended this test as a cognitive screen. The GSA also included two additional cognitive tests in the toolkit, which were recommended by the Alzheimer’s Association Workgroup: the [General Practitioner Assessment of Cognition \(GPCOG\)](#),<sup>17</sup> and the [Memory Impairment Screen \(MIS\)](#).<sup>18</sup> Each screening test is free of charge—unlike the Mini-Mental State Examination (MMSE) or [Folstein test](#)<sup>19</sup>—requires less than 5-10 minutes to administer and score, and can be administered by nurse practitioners or physician assistants. In addition to being quick, easy to administer, and easily accessible, these tests are reliable and valid. The Mini-Cog and the GPCOG are available for free and each has acceptable psychometrics.

In addition to test considerations, variables influencing choice of screening instrument include overall goals, workflow issues, and clinician style. Of note, optimal detection is achieved when screening is combined with inquiry into memory loss as reported by the patient and the informant. Before embarking on case finding/screening activities, audiologists should have established referral networks, consisting of multi-disciplinary professionals (physicians, psychologists, geriatricians, etc) who can help persons with hearing loss and their communication partners learn more about dementia and find needed help in their communities.<sup>14</sup>

#### [The Mini-Cog: Recommended Cognitive Screening Test](#)

A quick and effective screening tool, the Mini-Cog<sup>16</sup> does not require specialized training to administer and is sensitive and specific. Scores are reportedly not impacted by education level, socioeconomic status, ethnicity, or language biases. The Mini-Cog combines two simple cognitive tasks: a three-item delayed- word recall test with a clock-drawing test which serves as an informative distractor and taps visual-spatial abilities. The word-registration part of the test theoretically assures that the words to be used in the recall task have been “registered.” Tables 2-4 provide a description of the process involved in administering the Mini-Cog (also see: [https://www.alz.org/documents\\_custom/minicog.pdf](https://www.alz.org/documents_custom/minicog.pdf)).

## Components of the Mini-Cog®

Available from: <https://mini-cog.com/mini-cog-instrument/scoring-the-mini-cog>

- **Three-word Recall test for memory**
- **Clock-Drawing Test**

Note: Be sure to use paper and pencil as patient can correct their mistakes (examiner can repeat instructions BEFORE patient begins clock-drawing task).

Table 2. The Mini-Cog's two components.

## Scoring of the Mini-Cog

The Mini-Cog is scored in two parts:

- 1) **3-item Recall**, with 1 point scored for each word recalled.
- 2) **Clock Drawing**, with 2 points for a normal clock or 0 (zero) points for an abnormal clock drawing. A normal clock must include all numbers (1-12) in the correct order and direction (clockwise). There must also be two hands present, one pointing to the 11 and one pointing to 2. Hand length is not scored.

The two scores are added together for a total score.

Table 3. The Mini-Cog's simple scoring procedure.

## Interpretation of the Mini-Cog Score

Add the 3-item recall and clock-drawing scores together. A total score of 3, 4, or 5 indicates lower likelihood of dementia but does not rule out some degree of cognitive impairment. The Mini-Cog is not a diagnostic test for Alzheimer’s disease or any other dementia or cause of cognitive impairment. Diagnosis of brain disorders that cause cognitive impairment requires a medical examination and additional examinations.

Table 4. How to interpret the Mini-Cog’s scoring results.

### Recommendations

In light of emerging evidence associating hearing loss to dementia, hearing loss has been recognized as a modifiable risk factor for dementia. Communication and social connections are critical to brain health, which is why hearing status matters and audiologists and other HCPs have a role to play with regard to screening patients for dementia.

The GSA toolkit provides invaluable tips for kick-starting conversations about raising the awareness and importance of brain health. Also, having a discussion with the patient (and their significant others) about steps to take to protect cognitive health are important. These discussions directly relate to the potential for HCPs to play a more significant role in dementia screening and referral.

Hearing health interventions are designed to optimize communication so people can remain socially, intellectually, and physically active. Recognition of hearing loss as a risk factor for dementia and other negative cognitive consequences remains a potentially new and challenging area of practice, and there is still much work left to be done. We believe audiologists and HCPs have a duty to educate people about the link between better communication through improved hearing and brain health. By improving hearing and optimizing communication, it follows that interventions directed at optimizing communication and social engagement could lessen the probability that hearing loss will “cascade” into cognitive decline.

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[Dementia Screening: A Role for Audiologists](#), by Douglas L. Beck, AuD, Barbara R. Weinstein, PhD, and Michael Harvey, PhD, ABPP.

Source: <https://www.hearingreview.com/inside-hearing/research/issues-cognitive-screenings-audiologists>

# Cognitive-Screening Practices Among Audiologists

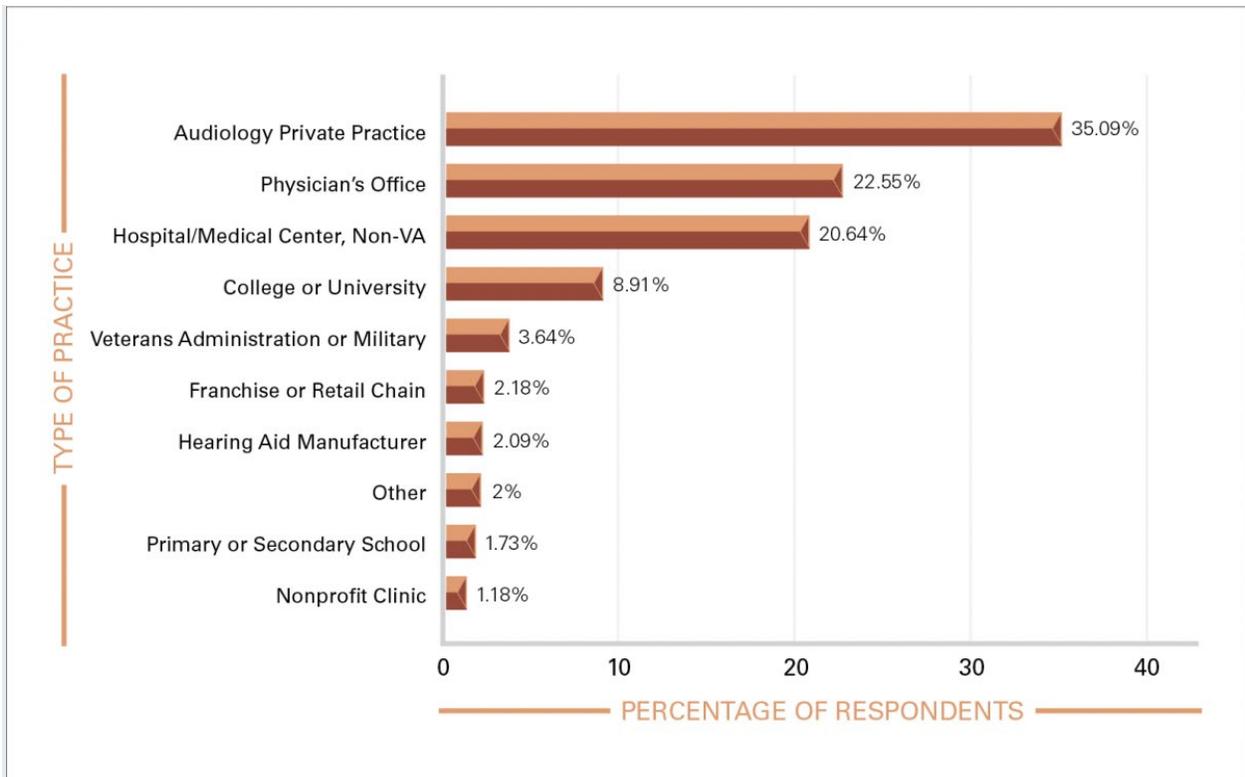
## Audiology Today

Cognition (i.e., the ability to reason, plan, remember, and direct tasks) has gained our professional attention, motivated in part by findings that hearing loss is associated with greater likelihood of cognitive decline (Lin et al, 2011; Lin et al, 2013) and is a major modifiable factor contributing to dementia risk (Livingston et al, 2017).

Providers within and outside audiology have asserted that screening and awareness of cognitive decline is within our scope of practice and should be part of treatment decisions (Valente et al, 2006; Remensnyder, 2012; Maslow and Fortinsky, 2018). Understanding how an individual's cognitive ability affects communication is also consistent with providing whole patient care (Taylor and Weinstein, 2015).

The goal of cognitive screening is to identify patients who may have mild cognitive impairment (MCI), a modest cognitive decline from previous performance that does not interfere with independence in everyday activities, or dementia, a severe decline that interferes with independence (American Psychiatric Association, 2013).

Several paths are open to providers, including making referrals for further evaluation when patients, family members, or the providers themselves note cognitive concerns during clinical care and/or formal screening whereby the need for referral can be determined in a quantitative way. Such practices are in widespread use in primary care (Alzheimer's Association, 2019; Raymond et al, 2020), but less common among audiologists (Martin et al, 2018). This article describes the results of a survey created to gain insight into how audiologists are responding to cognitive concerns in their patients.



**FIGURE 1.** Distribution of practice settings for respondents.

#### Methodology

A 21-question survey was developed using Qualtrics software. The survey and study methodology were reviewed by the local institutional review board and determined to be exempt research. The questions addressed three areas: cognitive screening practice, professional knowledge regarding cognitive issues, and recommendation and referral. The survey link was distributed to 9,700 audiologists via a professional listserv (Audiologist Resources Inc.) and completed by 1,104 audiologists, for a response rate of 11 percent.

#### Results

The respondents represented a range of practice settings (FIGURE 1). Among respondents, 82 percent reported having an AuD, 12 percent reported a master's degree, and 6 percent reported a PhD. All responses were anonymous and respondents were not compensated for their time.

## Cognitive Screening

Most respondents (88 percent) reported that they do not administer formal cognitive screening, although this varied widely by practice setting (TABLE 1). Across all respondents, the most common reasons given for not screening were: not being comfortable administering screening questionnaires (19.8 percent), not having time (19 percent), or that such screening was not in the audiologist's scope of practice (10 percent).

**TABLE 1.** Percentage of respondents administering cognitive screening by practice type.

<b>PRACTICE TYPE</b>	<b>PERCENTAGE ADMINISTERING COGNITIVE SCREENING</b>
College or university	<b>29.6%</b>
Nonprofit clinic	<b>23.1%</b>
Hearing aid manufacturer	<b>17.4%</b>
Audiology private practice	<b>12.4%</b>
Hospital/medical center	<b>7.9%</b>
Veterans Administration or military	<b>7.5%</b>
Physician's office	<b>5.6%</b>
Franchise or retail chain	<b>4.2%</b>
Primary or secondary school	<b>0.0%</b>

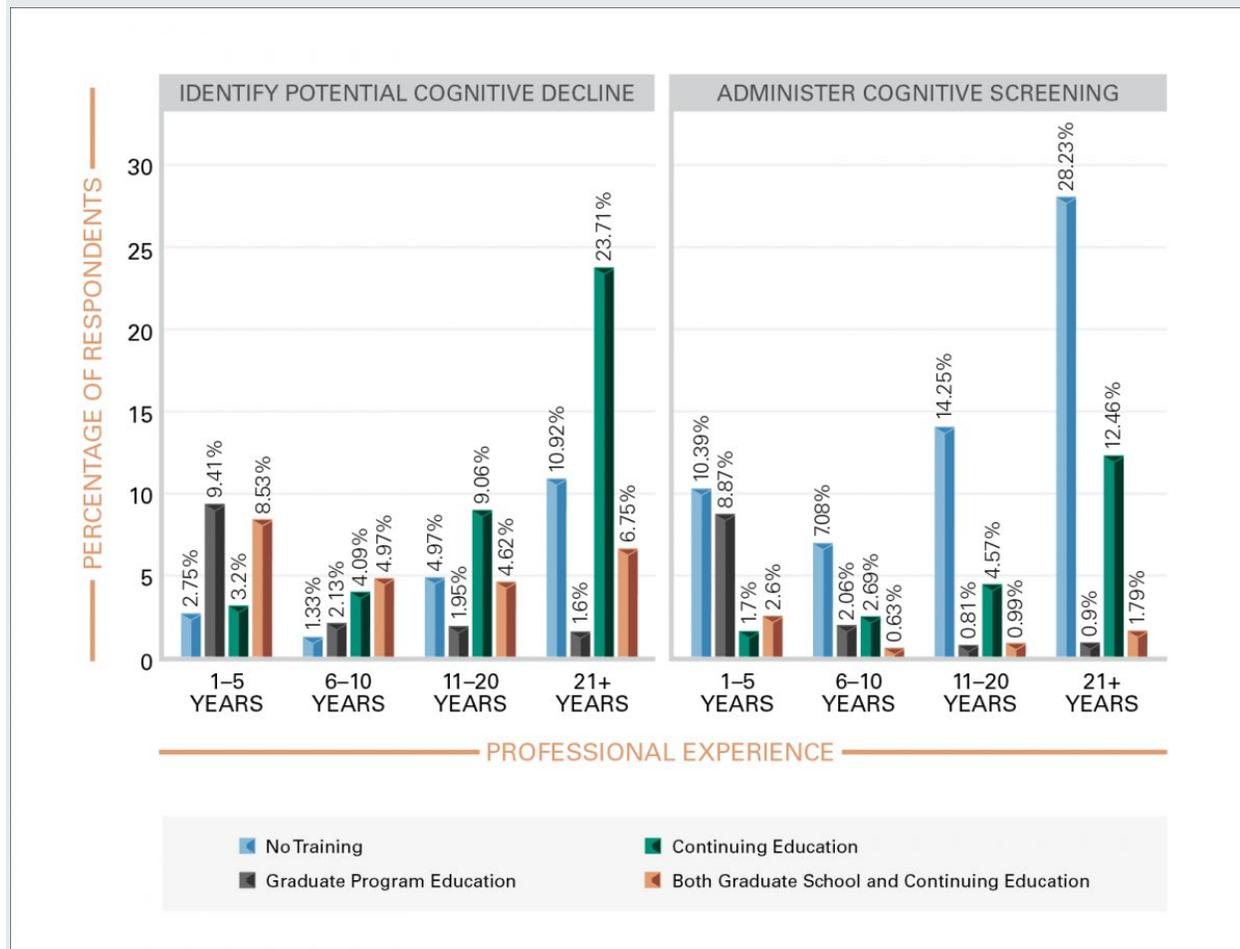
Among audiologists who use screening instruments, the most commonly reported screeners were the Mini-Mental State Exam (MMSE) (Folstein et al, 1975) and Montreal Cognitive Assessment (MoCA) (Nasreddine et al, 2005) (TABLE 2).

**TABLE 2.** Percentage of respondents reporting use of specific screeners.

<b>SCREENING INSTRUMENT</b>	<b>PERCENTAGE USING THE SCREENING INSTRUMENT</b>
Mini-Mental State Exam (MMSE)	<b>42.3%</b>
Montreal Cognitive Assessment (MoCA)	<b>38.2%</b>
Clock-Drawing Test	<b>17.1%</b>
Mini-Cog Test	<b>16.3%</b>
Three-Word Recall Test	<b>13.8%</b>
Six-Item Cognitive Impairment Test (6CIT)	<b>10.6%</b>

## Professional Knowledge Regarding Cognitive Issues

Across all respondents, 80 percent reported they had received training to distinguish age-typical from abnormal cognition and 41 percent reported they had received training to administer cognitive screeners. The type of training varied according to length of professional experience (FIGURE 2). Audiologists who received their clinical degree more recently were more likely to report receiving such training as part of their graduate program.



**FIGURE 2.** Percentage of respondents reporting that they received training to identify potential cognitive problems (left panel) or training in the use of screening instruments (right panel). The bar color indicates if respondent received no formal training, training as part of their graduate program, training during professional continuing education, or training during both graduate school and professional continuing education.

## Referrals and Recommendations

When there are concerns about cognitive ability, the majority of audiologists (70 percent) refer patients for further evaluation. Of those, most (42 percent) refer to the patient’s primary care physician and, less commonly, to other specialty providers including neurologists (19 percent), psychologists (12 percent), otolaryngologists (10 percent), and geriatricians (9 percent).

One-third of survey respondents also recommend patients use at-home training tools. The most common specific recommendations were the Listening and Communication Enhancement program (LACE) (70 percent) and Lumosity Brain Training (26 percent).

## Discussion

The study results indicate several themes. Consistent with calls by professional leaders for increased attention to cognitive ability, there were signs that training opportunities are increasing.

For example, the number of audiologists who reported they were trained to perform cognitive screening during their graduate education has more than doubled within the past 10 years. Of those entering practice in the past five years, 44 percent reported such training, compared to 20 percent of those entering practice in the previous five years.

With regard to how many audiologists conduct cognitive screening using validated assessments, previous surveys of up to a few hundred audiologists have reported values from 5 to 25 percent (Anderson et al, 2018; Martin et al, 2018; Raymond et al, 2020). The present data from a larger sample suggest that the range may vary by type of practice; specifically, as shown in Table 1, clinics with more time per appointment or greater flexibility in their appointment structure, such as college, university, and nonprofit clinics, have incorporated screening to a greater extent.

For audiologists who conduct cognitive screening, a screening instrument that is sensitive to MCI is likely to be a high priority. MCI is more prevalent than dementia among older adults, affecting up to one in five adults over 65 years of age (Langa and Levine, 2014). Most adults with MCI continue to function independently and are less likely to have come to the attention of their other health providers (Mitchell et al, 2011; Nogueras et al, 2016). Therefore, older audiology patients may present to audiologists with undiagnosed MCI.

Forty-two percent of audiologists (Raymond et al, 2020) and 80 percent of physicians (Alzheimer's Association, 2019) reported screening with the MMSE. While this measure may be familiar to providers, recent work suggests that it is less sensitive to MCI than other instruments (Breton et al, 2019). Screening instruments with higher sensitivity to MCI include the MoCA and the St. Louis University Mental Status Examination (SLUMS), each of which takes less than 15 minutes to administer.

Even if formal screening is not conducted, most clinicians (70 percent) reported referring when history or interactions with the patient present a concern for cognitive decline. Most commonly, this referral is to primary care.

An interesting segment is made up of audiologists who reported they do not refer for cognitive concerns—30 percent in the present study and 39 percent in Raymond et al (2020). These surveys are not informative on reasons for non-referral, but the possible reasons could include discomfort discussing cognitive symptoms or screening results (Martin et al, 2018; Clark and English, 2019) or uncertainty as to the appropriate referral pathway (Martin et al, 2018).

## Next Steps

The results of this survey suggest several opportunities for incorporating cognitive screening into audiology practice. Free, quick, validated screening instruments are available and an increasing

number of in-person and online continuing education options provide training for those instruments.

There is also a need to develop referral pathways so that patients identified with possible cognitive decline (whether via screening or observation) can obtain the necessary follow-up.

Training clinicians to counsel patients regarding cognition can support patient care, as well as the role of cognition in everyday communication.

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#### Acknowledgments

The authors thank Kim Cavitt for the opportunity to distribute questionnaires, Jack Scott for discussion of project design, and Magda Wisniewska for data management.

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Source: <https://www.audiology.org/news-and-publications/audiology-today/articles/cognitive-screening-practices-among-audiologists/>



# MEMORANDUM

DATE	August 2, 2021
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Heather Olivares, Legislation/Regulation Analyst
SUBJECT	Agenda Item 14: Regulatory Report: Update, Review, and Possible Action on Board Regulation Packages

The following is a list of the Board’s regulatory packages, and their status in the rulemaking process:

a) **Update and Discussion of Implementation of Speech-Language Pathology and Audiology Fees (As Stated in 16 CCR sections 1399.157, 1399.170.13, and 1399.170.14)**

Regulation Development	Preparing Regulatory Package	DCA Regulations Pre-Review	Initial Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision
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This regulatory package was approved by the Office of Administrative Law (OAL) on June 29, 2021. Board staff is working with DCA to implement the fee increases for speech-language pathology and audiology which includes making changes to the IT systems, updating the forms, and revising the renewal notices.

b) **Discussion and Possible Action Regarding Required Professional Experience Direct Supervision Requirements and Remote or Tele Supervision (As Stated in Title 16, California Code of Regulations (CCR), sections 1399.153 and 1399.153.3)**

Regulation Development	Preparing Regulatory Package	DCA Regulations Pre-Review	Initial Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision
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This regulatory package is in the DCA Regulations Pre-Review Stage. Board staff received feedback from Legal Counsel and incorporated the recommended changes prior to submitting the package back to Legal on July 16, 2021. Upon approval by Board Legal Counsel, the package will be submitted for the Initial Departmental Review which involves reviews by DCA Legal, DCA Budgets, DCA Executive Office, and the Business, Consumer Services and Housing Agency.

c) **Discussion and Possible Action Regarding Speech-Language Pathology Assistants Requirements (As Stated in Title 16, CCR section 1399.170 through 1399.20.1)**

Regulation Development	Preparing Regulatory Package	DCA Regulations Pre-Review	Initial Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision
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This regulatory proposal is in the Regulation Development Stage. Board staff received feedback from Legal Counsel on the proposed regulatory language which requires review and approval by the Board. Please see the separate memo for this regulatory proposal.

d) **Discussion and Possible Action to Adopt Uniform Standards Related to Substance-Abusing Licensees as Title 16, CCR section 1399.131.1 and 1399.155.1**

Regulation Development	Preparing Regulatory Package	DCA Regulations Pre-Review	Initial Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision
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This regulatory proposal is in the Regulation Development Stage. DCA recently updated the Uniform Standards which requires review and approval by the Board. Please see the separate memo for this regulatory proposal.

e) **Discussion and Possible Action Regarding Audiology Licensing Requirements (As Stated in Business and Professions Code Sections 2532.2 and 2532.25 and Title 16, CCR section 1399.152.2)**

Regulation Development	Preparing Regulatory Package	DCA Regulations Pre-Review	Initial Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision
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This regulatory proposal is in the Regulation Development Stage. Please see the separate memo for this regulatory proposal.



# MEMORANDUM

DATE	August 2, 2021
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Heather Olivares, Legislation/Regulation Analyst
SUBJECT	Agenda Item 14(c): Discussion and Possible Action regarding Speech-Language Pathology Assistants Requirements (As Stated in Title 16, CCR section 1399.170 through 1399.20.1)

## **Background**

The Board initially approved revisions to the Speech-Language Pathology Assistant (SLPA) regulations at the May 31-June 1, 2018 meeting. At the February 20-21, 2020 meeting in order to move forward with the speech-language pathology and audiology fee regulations, which had conflicting changes with this regulatory proposal, the Board decided to table this regulatory proposal temporarily. Now that the fee regulations have been approved, the Board is able to move forward with this regulatory proposal.

The previously approved regulatory text has been reviewed by DCA Legal Counsel. Board staff have worked to address concerns raised by the Board’s Legal Counsel and are presenting recommended changes for Board approval. Board staff are also raising policy discussion items to further shape the direction of this regulatory proposal.

## **Recommended Language Changes**

1. Move the definition of “immediate supervision” to improve clarity that immediate supervision is the highest level of supervision and indirect supervision is the lowest level of supervision.
2. The difference between “direct supervision” and “indirect supervision” needs to be clarified if they both allow supervision by electronic means. Board staff recommends differentiating by use of the terms “synchronous” and “asynchronous.” Board staff also recommends clarifying that “direct supervision” must include both audio and visual observation which is consistent with the recent changes approved by the Board for the RPE supervision requirements.

3. Sections 1399.170.4 and 1399.170.5 should be amended to clarify the eligibility for SLPA training programs followed by the application and approval requirements. Board staff has recommended changes by restructuring both of these sections.

4. Section 1399.170.15 should be amended to provide the requirements for SLPA supervisors and then specify the form that must be provided to the Board in order to supervise a SLPA. Board staff has recommended changes to this section and provided a copy of the proposed form.

### **Recommended Form Changes**

1. The form should be changed to request the clear credential license number rather than the issue date. A credential license number is necessary to verify the current status of a credential.

2. DCA Legal recommends against requiring licensees to “sign under penalty of perjury.” The form has been amended to address this concern.

3. DCA Legal recommends against requiring a licensee to “understand” laws and regulations because there is not a way to ensure compliance that someone understands something. The form has been amended to address this concern.

4. The provision regarding emergencies should be amended to be consistent with the requirement in regulations section 1399.170.15(b)(9).

5. The Board should discuss policy items #3 and #4 below and make any necessary revisions on the “Duties and Responsibilities of Supervisor” section of the form.

### **Policy Discussion Items**

1. “Qualifications deemed equivalent by the Board” needs to be clarified. The standards the Board will use to determine equivalency must be provided to the regulated community.

- a. Are there concerns with who serves as a SLPA program director?
- b. If so, the Board needs to specify if this is intended to refer only to those authorized to practice in CA, such as individuals with a CTC credential, or if it also refers to individuals with a credential or license in another state.
- c. The same standard of license status should apply to both CA licensees and other licensees. For enforcement purposes, Board staff recommends using the terms “current, active, and unrestricted” for the license status.
- d. Does the Board intend to apply this definition to SLPA supervisors as well?

2. The Board previously approved regulatory language requiring a SLPA to be supervised 20 percent of the time during the first 90 days of work. If the Board wishes to keep this requirement, it needs to be clarified.

- a. Should the same standard apply to both seasoned and newly licensed SLPAs? If the standard is different, how many years of experience would be considered seasoned?
  - b. How should SLPAs with multiple supervisors be handled?
3. Are there concerns that a SLPA would not be provided a copy of the Responsibility Statement for Supervision of a Speech-Language Pathology Assistant form? Board staff consider this to be an employment issue rather than something the Board should be enforcing.
4. Does the Board wish to make changes to the number of support personnel that a SLP can supervise?
- a. What is the appropriate number of supervised support personnel that best protects consumers?
  - b. If a SLP does not supervise a speech-language pathology aide, could they supervise up to 3 SLPAs?
  - c. Should SLPs be allowed to supervise the part-time equivalent of a full-time SLPA? What would be the part-time equivalent to a fulltime SLPA?
  - d. If the Board decides to modify this supervision limitation, the Responsibility Statement for Supervision of a Speech-Language Pathology Assistant form will need to be revised to match this.

### **Action Requested**

Included in your materials is proposed regulatory language for Title 16 California Code of Regulations (CCR) sections 1399.170 through 1399.170.20.1 and the Responsibility Statement for Supervision of a Speech-Language Pathology Assistant form which will be incorporated by reference. Please review the policy discussion items and suggested changes to the regulatory text. Be prepared to discuss any necessary changes to the regulatory text and the Responsibility Statement for Supervision of a Speech-Language Pathology Assistant form.

Staff recommends the Board approve the regulatory language, move to start the formal rulemaking process, and delegate authority to the Executive Officer to make any technical and non-substantive changes that may be required to complete the rulemaking file.

- Attachment A: SLPA Regulations Proposed Text  
Attachment B: Proposed Responsibility Statement for Supervision of a Speech-Language Pathology Assistant form

DEPARTMENT OF CONSUMER AFFAIRS  
**TITLE 16. SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY  
AND HEARING AID DISPENSERS BOARD**

**PROPOSED REGULATORY LANGUAGE  
SLPA Regulations**

<b>Legend:</b>	Added text is indicated with an <u>underline</u> . Omitted text is indicated by (* * * *) Deleted text is indicated by <del>strikeout</del> .
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**Amend section 1399.170 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.170. Definitions.**

As used in this article:

(a) "Accountability" means being legally responsible and answerable for actions and inactions of self or others during the performance of a task by the speech-language pathology assistant.

(b) "Client" shall have the same meaning and effect as the term "patient" and "student," when referring to services provided in a school or other setting, for purposes of interpreting the provisions in this Article.

(c) "Immediate supervision" means the supervising speech-language pathologist is physically present during services provided to the client by the speech-language pathology assistant.

~~(e)~~(d) "Direct supervision" means on-site observation and guidance or synchronous audiovisual observation ~~live electronic observation~~ and guidance by the supervising speech-language pathologist while a clinical activity is performed by the speech-language pathology assistant. Direct supervision performed by the supervising speech-language pathologist may include, but is not limited to, the following: observation of a portion of the screening or treatment procedures performed by the speech-language pathology assistant, coaching the speech-language pathology assistant, and modeling for the assistant.

~~(d) "Immediate supervision" means the supervising speech-language pathologist is physically present during services provided to the client by the speech-language pathology assistant.~~

(e) "Indirect supervision" means the supervising speech-language pathologist is not at the same facility or in close proximity to the speech-language pathology assistant, but is available to provide supervision by asynchronous electronic means. Indirect supervision activities performed by the supervising speech-language pathologist may include, but are not limited to, demonstration, record review, review and evaluation of audio or video-taped sessions, interactive television, and supervisory conferences that may be conducted by telephone or electronic mail.

(f) "Medically fragile" is the term used to describe a client that is acutely ill and in an unstable condition and if treated by a speech-language pathology assistant, immediate supervision by a speech-language pathologist is required.

(g) "Screening" is a pass-fail procedure to identify, without interpretation, clients who may require further assessment following specified screening protocols developed by the supervising speech-language pathologist.

(h) "Supervision" for the purposes of this article, means the provision of direction and evaluation of the tasks assigned to a speech-language pathology assistant. Methods for providing supervision include direct ~~supervision~~, immediate supervision, [direct supervision](#), and indirect supervision.

(i) "Support personnel" means individuals who, following academic and/or on-the-job training, perform tasks as prescribed, directed and supervised by a speech-language pathologist. There are different levels of support personnel based on training and scope of responsibilities.

(j) "Qualifications deemed equivalent by the Board" means a person who holds a [valid current, active, and unrestricted license or has legal authorization to practice](#).

Commented [OH1]: See policy discussion item.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.  
Reference: Section 2538.1(b), Business and Professions Code.

**Amend section 1399.170.1 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.170.1. Responsibilities, Duties, and Functions of a Speech-Language Pathology Assistant.**

(a) A speech-language pathology assistant shall be limited to the responsibilities, duties, and functions as provided in Section 2538.1 of the Code.

(b) A speech-language pathology assistant shall disclose while working, his or her name and registration status, as granted by the state, on a name tag in at least 18-point type.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.  
Reference: Sections 2538.1(b)(3) and (4) and 2538.7(b), Business and Professions Code.

**Amend section 1399.170.2 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.170.2. Types of Supervision Required for Duties Performed by a Speech-Language Pathology Assistant.**

(a) Duties performed by the speech-language pathology assistant that require immediate supervision may include, but are not limited to, any direct client activity involving medically fragile patients. In such instances, the speech-language pathology assistant shall act only under the direction of the supervisor.

(b) Duties performed by the speech-language pathology assistant that require direct supervision may include, but are not limited to, any new screening or treatment activity that the assistant has been trained to perform by the supervisor, but has not yet been performed by the speech-language pathology assistant in direct client care.

(c) Duties performed by the speech-language pathology assistant that require indirect supervision may include, but are not limited to, the following:

(1) Screening or treatment activities where the supervisor has previously given instructions as to how to perform the task, has observed the assistant in the conduct of these activities, and is satisfied that the activities can be competently performed by the speech-language pathology assistant, i.e., repetitive drill exercises, generalization or carryover activities;

(2) Clerical tasks such as record keeping, materials preparation, scheduling, equipment maintenance; and,

(3) Other non-client care activities.

(d) Notwithstanding subdivisions (a), (b), and (c), the supervisor shall provide immediate supervision of all duties performed by a speech-language pathology assistant at least twenty (20) percent per week of the work schedule during the first ninety (90) days of work.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code. Reference: Section 2538.1(b)(7), Business and Professions Code.

**Amend section 1399.170.3 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.170.3. Activities, Duties, and Functions Outside the Scope of Responsibilities of a Speech-Language Pathology Assistant.**

A speech-language pathology assistant may not conduct evaluations, interpret data, alter treatment plans, or perform any task without the express knowledge and approval of a supervising speech-language pathologist. The speech-language pathology assistant may not perform any of the following functions:

(a) Participate in parent conferences, case conferences, or inter-disciplinary team conferences without the supervising speech-language pathologist or another speech-language pathologist being present;

(b) Provide counseling or advice to a client or a client's parent or guardian which is beyond the scope of the client's treatment;

(c) Sign any documents in lieu of the supervising speech-language pathologist, i.e., treatment plans, client reimbursement forms, or formal reports;

(d) Discharge clients from services;

(e) Make referrals for additional services;

(f) Unless required by law, disclose confidential information either orally or in writing to anyone not designated by the supervising speech-language pathologist;

(g) Represent himself or herself as a speech-language pathologist; and,

**Commented [OH2]:** See policy discussion item. If the Board wishes to keep this requirement, it should be in sections 1399.170.2 and 1399.170.15.

(h) Perform procedures that require a high level of clinical acumen and technical skill, i.e., vocal tract prosthesis shaping or fitting, vocal tract imaging, and oropharyngeal swallow therapy with bolus material.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.  
Reference: Section 2538.1(b)(3), Business and Professions Code.

**Amend section 1399.170.4 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.170.4. Application Eligibility for Approval of Speech-Language Pathology Assistant Training Programs.**

(a) To be eligible for approval by the Board as a speech-language pathology assistant training program (hereinafter referred to as “program”), the sponsoring institution shall be accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges.

(b) To be eligible for approval by the Board, the program director must hold a current, active, and unrestricted license or have qualifications deemed equivalent by the Board, and

(1) have practiced speech-language pathology for at least five (5) years and

(2) have no disciplinary action within the past five (5) years.

(c) Failure to maintain eligibility of the requirements specified in this section may be grounds for removal of the program from the approved list.

~~(b) An educational institution seeking approval of a speech-language pathology assistant program shall:~~

~~(1) Notify the Board in writing, by submitting a request from the officially designated representative of the sponsoring institution and the speech-language pathology assistant program director, who must hold a current active license with no disciplinary action within the past five (5) years in speech-language pathology or must have qualifications deemed equivalent by the Board and have practiced under that legal authorization for at least five (5) years, of its intent to offer a new program.~~

~~(2) No later than six (6) months prior to the enrollment of students, submit a formal proposal to the Board demonstrating how the program will meet the requirements of Sections 1399.170.5 through 1399.170.10. The Board, at its sole discretion, may retroactively approve programs that enrolled students prior to the effective date of the regulations.~~

~~(c) The Board shall review the request and formal proposal and may thereafter grant or deny approval. The Board may request additional information to evaluate the request for approval and shall notify the program of its decision in writing within sixty (60) days from receipt of all requested documents.~~

~~(d) A material misrepresentation by the program of any information required to be submitted to the Board may be grounds for denial of approval or removal of the program from the approved list.~~

**Commented [OH3]:** See policy discussion item. Why does the Board want at least 5 years of experience?

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.  
Reference: Section 2538.1(b)(2), Business and Professions Code.

**Amend section 1399.170.5 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.170.5. Approval Requirements for Programs.**

(a) In order for the program to be approved by the Board or to retain its approval, it shall comply with all requirements set forth in this article.

(b) An educational institution seeking approval of a speech-language pathology assistant program shall:

(1) Notify the Board in writing, by submitting a request from the officially designated representative of the sponsoring institution and the speech-language pathology assistant program director, ~~who must hold a current active license with no disciplinary action within the past five (5) years in speech language pathology or must have qualifications deemed equivalent by the Board and have practiced under that legal authorization for at least five (5) years,~~ of its intent to offer a new program.

(2) No later than six (6) months prior to the enrollment of students, submit a formal proposal to the Board demonstrating how the program will meet the requirements of Sections 1399.170.5~~4~~ through 1399.170.10. The Board, at its sole discretion, may retroactively approve programs that enrolled students prior to the effective date of the regulations.

(c) The Board shall review the request and formal proposal and may thereafter grant or deny approval. The Board may request additional information to evaluate the request for approval and shall notify the program of its decision in writing within sixty (60) days from receipt of all requested documents.

(d) A material misrepresentation by the program of any information required to be submitted to the Board may be grounds for denial of approval or removal of the program from the approved list.

~~(b)~~(e) The letter of approval shall be returned to the Board when the program's approval has been revoked.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.  
Reference: Section 2538.1(b)(2), Business and Professions Code.

**Amend section 1399.170.6 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.170.6. Requirements of the Sponsoring Institution.**

(a) Responsibilities of the sponsoring institution and of each field work site shall be clearly established by formal agreement or memorandum of understanding.

(b) The sponsoring institution shall assume primary responsibility for receiving and processing applications for student admissions, curriculum planning, selection of course content, coordination of classroom teaching and supervised field work, appointment of faculty, and granting the completion certificate or degree, or otherwise documenting satisfactory completion of the program.

(c) Student records including admission, enrollment, academic performance directed observation, field work clock hours, and demonstration of field work competencies shall be maintained by the sponsoring institution according to its policies. Grades and credits for courses must be recorded on students' transcripts and shall be maintained by the sponsoring institution. Hours for field work experiences and supervision shall be recorded and documented by supervisory staff.

(d) The program director of the sponsoring institution shall be responsible for ensuring that the scope of responsibilities delegated to students during field work experiences are appropriate to the training received and the clients assigned, and consistent with the American Speech-Language-Hearing Association's Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants (1996, Spring), incorporated herein by reference, and that all approved criteria for speech-language pathology assistant training has been met.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.  
Reference: Section 2538.1(b)(2), Business and Professions Code.

**Amend section 1399.170.7 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.170.7. Administration and Organization of the Program.**

(a) There shall be a written statement of program objectives which serves as a basis for curriculum structure. Such statement shall be nondiscriminatory with respect to race, color, creed, gender, age, or disabling conditions.

(b) The policy and procedures by which the program is administered shall be in writing, shall reflect the objectives of the program, and shall be provided to all applicants. The policy and procedures shall include all of the following:

- (1) Completion requirements that are accurately stated and published;
- (2) Procedures for processing student and faculty grievances;
- (3) Policies and procedures regarding student academic probation, field work suspension, and program dismissal;
- (4) Provisions for the health and safety of clients, students, and faculty associated with training activities.
- (5) Requirements to become registered by the Board as a speech-language pathology assistant.

(c) The program shall have a written plan for evaluation of the effectiveness and outcomes of the program, including admission and selection procedures, attrition and retention of students, and measurements of student achievements. The results of the

evaluation shall be reflected in the curricular changes and other modifications of the program.

(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment to achieve the program's objectives.

(e) The student/teacher ratio shall:

- (1) Permit the achievement of the stated objectives of the program;
- (2) Be compatible with accepted practices of the sponsoring institution;
- (3) Ensure student and client safety, and quality training in laboratory and field work experiences by adjustment of faculty/student ratios when required; and
- (4) Be consistent with available resources, i.e. faculty, field work sites, materials, and equipment.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.  
Reference: Section 2538.1(b)(2), Business and Professions Code.

**Amend section 1399.170.8 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.170.8. Field Work Experience.**

(a) A program shall not utilize agencies and/or community facilities for field work experience without prior program approval by the Board. Each program must submit evidence that it has complied with the requirements of subdivision (b) and (c) of this section.

(b) A program that utilizes agencies and/or community facilities for field work experience shall maintain written objectives for students learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.

(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:

- (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;
- (2) Provision for orientation of faculty and students;
- (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;
- (4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to patients;
- (5) Provisions for continuing communication between the facility and the program; and
- (6) A description of the responsibilities of faculty assigned to the facility utilized by the program.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.  
Reference: Section 2538.1(b)(2), Business and Professions Code.

**Amend section 1399.170.9 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.170.9. Compliance with Site Visits.**

(a) The Board may, through its Executive Officer, inspect all programs and their respective field work facilities in this state at such time as the Board shall deem necessary.

(1) The program and/or institution shall fully cooperate with Board representatives during site visits, including but not limited to, providing access to all records which the Board deems necessary or appropriate to determine whether the program meets the standards of this chapter.

(2) The program and/or institution shall facilitate the Board's onsite visit including the inspection of records, inspection of all facilities and equipment, observation of class sessions, or interviews with officers, administrators, faculty, or students.

(b) Written reports of the Executive Officer's visits shall be made to the Board which shall thereupon approve the programs that meet the requirements defined in this Article.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.  
Reference: Section 2538.1(b)(2), Business and Professions Code.

**Amend section 1399.170.10 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.170.10. Required Curriculum.**

(a) A program's curriculum shall not be implemented or revised until it has been approved by the Board.

(b) The curriculum shall be designed so that a speech-language pathology assistant who completes the program will have the knowledge and skills necessary to function in accordance with the minimum standards set forth in Section 2538.1(b)(3) of the Business and Professions Code.

(c) The curriculum shall consist of not less than sixty (60) semester units or ninety (90) quarter units, which shall include the following:

(1) Twenty (20) to thirty (30) semester units or thirty (30) to forty-five (45) quarter units in general education requirements, including but not limited to, basic communication skills, knowledge of mathematics, liberal arts, and biological, behavioral and health sciences.

(2) Thirty (30) to forty (40) semester units or forty-five (45) to sixty (60) quarter units in course work that satisfies the competencies defined in the American Speech-Language-Hearing Association's Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants Appendix C - Speech-Language Pathology Assistant Suggested Competencies (1996, Spring) including the following observation and field work experiences:

(A) A minimum of fifteen (15) clock hours of directed observation; and

- (B) A minimum of ~~seventy (70)~~ one-hundred (100) clock hours of field work experience.
- (d) The course of instruction shall be presented in semester or quarter units under the following formula:
- (1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.
  - (2) Three (3) hours of field work practice each week throughout a semester or quarter equals one (1) unit.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.  
Reference: Section 2538.1(b)(2), Business and Professions Code.

**Amend section 1399.170.11 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.170.11. Qualifications for Registration as a Speech-Language Pathology Assistant.**

To be eligible for registration by the Board as a speech-language pathology assistant, the applicant must possess at least one of the following qualifications:

- (a) An associate of arts or sciences degree from a speech-language pathology assistant program accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges, and approved by the Board; or
- (b) Evidence of completion of a bachelor's degree program in speech-language pathology or communication disorders from an institution listed in the "Accredited Institutions of Postsecondary Education" handbook issued by the American Council on Education, and completion of the field work experience as required in Section 1399.170.10(c)(2)(B) from a Board-approved program, or completion of a minimum of ~~seventy (70)~~ one-hundred (100) hours of field work experience or clinical experience equivalent to that required in Section 1399.170.10(c)(2)(B) in a bachelor's degree program as recognized in this subsection.

(1) The equivalent field work hours or clinical experience completed in a bachelor's degree program in speech-language pathology or communication disorders shall be evaluated for verification by the current training program director.

(~~2~~A) In the event that the field work experience or clinical experience completed in the bachelor's degree program is deemed deficient by the authorized representative of a board-approved speech-language pathology assistant training program, the applicant may petition the Board for reconsideration.

(~~3~~B) In lieu of completion of the ~~seventy (70)~~ one-hundred (100) hours of field work experience or clinical experience in a bachelor's degree program as defined in subsection (b) above, the Board may consider the completion of ~~nine months~~ thirty-six (36) weeks of full-time work experience performing the duties of a speech-language pathology assistant enumerated in paragraph (4) of subsection (b) of Section 2538.1 of the Business and Professions Code as equivalent to the required clinical training.

(2) In addition to completion of the bachelor's degree program, completion of a three (3)-unit semester or four (4)-unit quarter course specific to speech-language pathology

[assistants, the scope of practice for speech-language pathology assistants, and the California laws and regulations that govern speech-language pathology assistants.](#)

(c) Evidence of completion of an equivalent speech-language pathology assistant associate of arts or science degree program, which includes the competencies listed in the American Speech-Language-Hearing Association's Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants, Appendix C - Speech-Language Pathology Assistant Suggested Competencies (1996, Spring).

Note: Authority cited: Sections 2531.95 and 2538.1, Business and Professions Code.  
Reference: Section 2538.1(b)(2) and 2538.3(a), Business and Professions Code.

**Amend section 1399.170.13 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.170.13. Application.**

Each person desiring registration as a speech-language pathology assistant shall file application forms (77A-60 New 08/01 and, if applicable, 77A-61 New 12/99) and any required supporting documentation with the Board as provided in Section 1399.151.1. Upon receipt of the speech-language pathology assistant application, the Board will review the application for registration and notify the applicant of its approval or disapproval.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.  
Reference: Section 2538.1(b)(1), Business and Professions Code.

**Amend section 1399.170.14 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.170.14. Requirements for Renewal.**

When applying for renewal, a speech-language pathology assistant shall certify in writing, by signing a statement under penalty of perjury that, during the preceding two years, the speech-language pathology assistant has completed twelve (12) hours of continuing professional development through state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these concerning communication disorders.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.  
Reference: Sections 2538.1(b)(1) and 2538.1(b)(5), Business and Professions Code.

Amend section 1399.170.15 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:

**§ 1399.170.15. Requirements for the Supervision of the Speech-Language Pathology Assistant.**

(a) The supervising speech-language pathologist (hereinafter called "supervisor") is responsible for designing and implementing a supervisory plan that protects client care and maintains the highest possible standards of quality. ~~The amount and type of supervision required should be consistent with the skills and experience of the speech-language pathology assistant, the needs of the clients, the service setting, the tasks assigned, and the laws and regulations that govern speech-language pathology assistants.~~ Treatment of the client remains the responsibility of the supervisor.

(b) Any person supervising a speech-language pathology assistant registered with the Board ~~on or after April 10, 2001, (hereinafter called "supervisor") shall sign under penalty of perjury and submit, within thirty (30) business days of the commencement of such supervision, to the Board on a form prescribed by the Board that includes all of the following: the "Responsibility Statement for Supervision of a Speech-Language Pathology Assistant" (77S-60, New 12/99), which requires that:~~ meet all of the following requirements:

(1) ~~The supervisor shall p~~Possess and maintain a current, active, and unrestricted valid California license as a speech-language pathologist as required in Section 2532 of the Code and Section 1399.160.3 of California Code of Regulations or may hold a ~~valid and~~ current, active, and unrestricted professional clear, clear, or life clinical or rehabilitative services credential in language, speech and hearing issued by the California Commission on Teacher Credentialing-, and have at least two years of full-time experience providing services as a licensed or credentialed speech-language pathologist. "Full-time experience" as used in this section means the individual works a minimum of thirty (30) hours per week for at least thirty-six (36) weeks in a calendar year and a minimum of thirty (30) hours per week.

(2) ~~The supervisor shall i~~Immediately notify the assistant of any disciplinary action, including revocation, suspension (even if stayed), probation terms, inactive license, or lapse in licensure, which affects the supervisor's ability or right to supervise.

(3) ~~The supervisor shall e~~Ensure that the extent, kind and quality of the clinical work performed is consistent with the training and experience of the person being supervised, and shall be accountable for the assigned tasks performed by the speech-language pathology assistant. The supervisor shall review client/patient records, ~~monitor and evaluate assessment and treatment decisions of the speech-language pathology assistant, and~~ monitor and evaluate the ability of the assistant to provide services at the site(s) where he or she will be practicing and to the particular clientele being treated, and ensure compliance with all laws and regulations governing the practice of speech-language pathology.

(4) ~~Notwithstanding the provisions in Section 1399.170.2, during the first ninety (90) days, the supervisor shall p~~Provide immediate supervision at least twenty (20) percent per week of the work schedule for the first ninety (90) days.

**Commented [OH4]:** See policy discussion item. If the Board wishes to keep this requirement, it should be in sections 1399.170.2 and 1399.170.15.

~~(45) The supervisor shall c~~Complete not less than six (6) hours of continuing professional development in supervision training ~~in the initial two year period from prior~~ to the commencement of supervision, and three (3) hours in supervision training of continuing professional development every ~~two~~ four (4) years thereafter.

~~(56) The supervisor shall m~~Maintain records of course completion in supervision training for a period of two years from the speech-language pathology assistant's renewal date.

~~(67) The supervisor knows has read and understands~~ Review with the speech-language pathology assistant the laws and regulations pertaining to supervision and practice of speech-language pathology assistants.

~~(78) As the professional development advisor, the supervisor shall assist in the d~~Development of a plan for the speech-language pathology assistant to complete twelve (12) hours of continuing professional development every two years through state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these concerning communication disorders.

~~(89) The supervisor shall communicate to the speech-language pathology assistant the manner in which emergencies will be handled. Provide the speech-language pathology assistant with a plan for how to handle emergencies.~~

~~(M10) Assume responsibility for all services provided to clients by the Speech-Language Pathology Assistant that is being supervised.~~

~~(9c) Upon written request of the Board, t~~The supervisor shall provide to the Board within thirty (30) business days ~~any documentation~~ the "Responsibility Statement for Supervision of a Speech-Language Pathology Assistant" (77S-60, Rev. 5/22) which verifies the supervisor's compliance with the requirements set forth in this article.

~~(K1) The supervisor shall P~~provide a copy of the form to the assistant within forty-five (45) business days from the commencement date of supervision.

~~(ed)~~ Continuing professional development training obtained by a Board-approved provider that meets the course content listed below, may be applied towards the continuing professional development requirement for licensees set forth in Section 1399.160.3 of the California Code of Regulations. The content of such training shall include, but is not limited to:

~~(A1)~~ Familiarity with supervision literature through reading assignments specified by course instructors; ~~and~~

~~(B2)~~ Improving knowledge and understanding of the relationship between the speech-language pathologist and the assistant, and the relationship between the speech-language pathologist and the client.;

~~(C3)~~ Structuring to maximize supervision, including times and conditions of supervision sessions, problem solving ability, and implementing supervisor interventions within a range of supervisory modalities including live, videotape, audiotape, and case report methods;

~~(D4)~~ Knowledge of contextual variables such as culture, gender, ethnicity, and economic issues; and

~~(E5)~~ The practice of clinical speech-language pathology including the mandated reporting laws and knowledge of ethical and legal issues.

Commented [OH5]: See policy discussion item.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.  
Reference: Sections 2530.2(f), 2538.1(b)(5), (6), (7) and (9), Business and Professions Code.

**Amend section 1399.170.16 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.170.16. Maximum Number of Support Personnel.**

A supervisor shall not supervise more than three (3) support personnel, not more than two of which hold the title of speech-language pathology assistant. Support personnel includes speech-language pathology assistants and speech-language pathology aides.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.  
Reference: Section 2538.1(b)(8), Business and Professions Code.

**Amend section 1399.170.17 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.170.17. Multiple Supervision.**

If a speech-language pathology assistant has more than one supervisor, each supervisor shall submit a Supervisor Responsibility Statement. Of the multiple supervisors, one shall be designated as the lead supervisor for purposes of assisting the speech-language pathology assistant in his or her compliance with the continuing professional development requirement.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.  
Reference: Sections 2530.2(f) and 2538.1(b)(5)-(9), Business and Professions Code.

**Amend section 1399.170.18 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.170.18. Notice of Termination.**

At the time of termination of supervision, the supervisor shall complete the "Termination of Supervision" form (77S-61 New 12/99). This original signed form shall be submitted to the Board by the supervisor within fourteen (14) days of termination of supervision.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.  
Reference: Sections 2530.2(f) and 2538.1(b)(5)-(9), Business and Professions Code.

**Commented [OH6]:** See policy discussion item.

**Amend section 1399.170.19 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.170.19. Discipline of a Speech-Language Pathology Assistant Registration.**

(a) Every registrant, including a registrant whose registration has expired or been placed in an inactive status, may be disciplined as provided in this article. The proceedings under this article shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the Board shall have all the powers granted herein.

(b) The Board may deny an application for a speech-language pathology assistant or take disciplinary action against a speech-language pathology assistant for any of the following:

(1) Unprofessional conduct, which includes, but is not limited to, the following:

(A) Incompetence or gross negligence in performing speech-language pathology assistant functions,

(B) Denial of licensure, voluntary surrender, revocation, suspension, restriction, or any other disciplinary action against a health care professional license, certificate, or registration by another state or territory of the United States, by any other government agency, or by another California health care professional licensing board. A certified copy of the decision or judgment shall be conclusive evidence of that action.

(2) Procuring a license, certificate or registration by fraud, misrepresentation, or mistake.

(3) Making or giving any false statement or information in connection with the application as a speech-language pathology assistant.

(4) Conviction of a misdemeanor or felony substantially related to the qualifications, functions, and duties of a speech-language pathology assistant, in which event a copy of the record of conviction shall be conclusive evidence thereof.

(5) Impersonating another speech-language pathology assistant or licensed health care professional, or permitting or allowing another person to use his or her registration for the purpose of practicing or holding himself or herself out as a speech-language pathology assistant.

(6) Administering to himself or herself any controlled substance or using of dangerous drug specified in Section 4022 of the Code, or any alcoholic beverage to the extent, or in a manner, as to be dangerous or injurious to the person applying for or holding a registration to conduct with safety to the public the practice authorized by the registration or the conviction of a misdemeanor or felony involving the use, consumption, or self-administration of any of the substances referred to in this subdivision, or any combination thereof.

(7) Violating or conspiring to violate or aiding or abetting any person to violate the provisions of this article or any regulation adopted by the Board.

(8) Misrepresentation as to the type or status of a registration held by the person, or otherwise misrepresenting or permitting misrepresentation of his or her education, professional qualifications, or professional affiliation to any person or entity.

(9) Intentionally or recklessly causing physical or emotional harm to any client.

(10) The commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions, or duties of a speech-language pathology assistant.

(11) Engaging in sexual relations with a client, or if the client is a minor, the client's parent.

(12) Failure to maintain confidentiality, except as otherwise required or permitted by law, of all information that has been received from a client in confidence during the course of treatment and all information about the client which is obtained from tests or other means.

(13) Advertising in a manner that is false, misleading, or deceptive.

(c) The Board may refuse to issue any registration whenever it appears that an applicant may be unable to practice his or her profession safely due to mental illness or chemical dependency. The procedures set forth in Article 12.5 (commencing with Section 820) of Chapter 1 of the Code shall apply to any denial of a registration pursuant to this section.

(d) The Board may place a registration on probation under the following circumstances:

(1) In lieu of, or in addition to, any order of the Board suspending or revoking the license or registration of any registrant.

(2) Upon the issuance of a registration to an individual who has been guilty of unprofessional conduct, but who had otherwise completed all education and training and experience required for registration.

(3) As a condition upon the reissuance or reinstatement of any registration that has been suspended or revoked by the Board.

(e) The cost of probation or monitoring may be ordered to be paid by the registrant or applicant.

(f) The Board, in its discretion, may require any registrant who has been placed on probation, or whose registration has been suspended, to obtain additional professional training including, but not limited to, education, clinical work, or field work.

Note: Authority cited: Sections 481, 2531.95 and 2538.1(a), Business and Professions Code.

Reference: Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code; and Sections 820, 822, 2538.7 and 4022, Business and Professions Code.

**Amend section 1399.170.20.1 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.170.20.1. Notice of Cancellation Upon Issuance of a Speech-Language Pathology License.**

(a) A speech-language pathology assistant registration shall be automatically cancelled upon the issuance of a speech-language pathology license to the same individual.

(b) At the time the Board issues the speech-language pathology license, it shall also issue a notice to the individual that his or her registration as a speech-language pathology assistant has been cancelled.

(c) A notice of cancellation sent by certified mail to the address of record of the speech-language pathology assistant is presumed to be received as a matter of law.

Note: Authority cited: Section 2531.95, Business and Professions Code.  
Reference: Sections 2538.1 and 2538.7, Business and Professions Code.



## RESPONSIBILITY STATEMENT FOR SUPERVISORS OF A SPEECH-LANGUAGE PATHOLOGY ASSISTANT

**INSTRUCTIONS:** Complete the following sections; read the statements and sign on page 2. This form must be submitted within 14 business days from the start date of supervision. **Do not use white out or fax this form.** ~~Division 13.4 of Title 16, California Code of Regulations Section 1399.170.15 requires that any qualified speech-language pathologist who assumes responsibility for providing supervision to a registered speech-language pathology assistant to complete and sign under penalty of perjury, the following statement.~~

### PART A: SPEECH-LANGUAGE PATHOLOGY ASSISTANT INFORMATION

1. FULL LEGAL NAME:	<u>LAST</u>	<u>FIRST</u>	<u>MIDDLE</u>
2. SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE NUMBER			
3. STREET ADDRESS:			
CITY, STATE, ZIP CODE:			
4. EMAIL ADDRESS:			

### PART B: SUPERVISOR INFORMATION

1. FULL LEGAL NAME OF SUPERVISOR:	<u>LAST</u>	<u>FIRST</u>	<u>MIDDLE</u>
2. SPEECH-LANGUAGE PATHOLOGY LICENSE NUMBER OR CLEAR CREDENTIAL <span style="color: red;">LICENSE NUMBER ISSUE DATE</span>			
3. STREET ADDRESS:			
CITY, STATE, ZIP CODE:			
4. EMAIL ADDRESS:			

Refer to Title 16, California Code of Regulations, Section 1399.170.15 for supervisor's responsibilities.

### PART C: SUPERVISION

5. DATE SUPERVISION BEGAN: (MM/DD/YY)	
6. ARE YOU SUPERVISING AN ASSISTANT WHO HAS MORE THAN ONE SUPERVISOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please indicate whether you will be the supervisor designated as the lead supervisor for the purposes of assisting the speech-language pathology assistant in his or her compliance with the continuing professional development requirement pursuant to section 1399.170.17 of the California Code of Regulations.	
	<input type="checkbox"/> YES <input type="checkbox"/> NO

## SPEECH-LANGUAGE PATHOLOGY ASSISTANT

### **† Duties and Responsibilities of Speech-Language Pathology Assistant †**

Division 13.4 of Title 16, California Code of Regulations Section 1399.170.15 requires that any qualified speech-language pathologist who assumes responsibility for providing supervision to a registered speech-language pathology assistant to complete and sign ~~under penalty of perjury~~, the following statement.

- 1) I have ~~reviewed read and understand~~ the excerpts of the laws and regulations, included with my application, pertaining to the responsibilities of a Speech-Language Pathology Assistant.
- 2) My supervisor shall maintain a current license issued by the Board, during the time of my supervision. If my supervisor's license expires during the course of professional experience, I will immediately notify the ~~h~~Board. A supervisor's license can be verified at any time at the Board's website.

APPLICANT SIGNATURE \_\_\_\_\_

PRINTED NAME OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

### **† Duties and Responsibilities of Supervisor †**

Division 13.4 of Title 16, California Code of Regulations Section 1399.170.15 requires that any qualified speech-language pathologist who assumes responsibility for providing supervision to a registered speech-language pathology assistant to complete and sign ~~under penalty of perjury~~, the following statement.

- 1) I possess the following qualification to supervise an ~~assistant-aid applicant~~: a current valid Speech-Language Pathology license issued by the Board; or (if employed by a public school) a valid, current, and professional clear credential authorizing service in language, speech, and hearing issued by the Commission on Teacher Credentialing.
- 2) I agree to ensure that either my California licensee or my clear credential is renewed in a timely manner.
- 3) I will immediately notify the assistant of any disciplinary action, including revocation, suspension (even if stayed), probation terms, inactive license, or lapse in licensure that affects my ability or right to supervise.
- 4) I will maintain records of course completion for a period of two years from the assistant registration renewal date.
- 5) I will complete no less than six (6) hours of continuing a professional development in supervision training in the initial two year period from the commencement of supervision, and three (3) hours in supervision training every two years thereafter pursuant to Section 1399.170.15(b)(4) of the California Code of Regulations.
- 6) I have ~~reviewed read and understand~~ the laws and regulations pertaining to the supervision of assistants and the experience required for registration as an assistant.
- 7) I will ensure that the extent, kind, and quality of the clinical work performed are consistent with the training and experience of the assistant and shall be accountable for the assigned tasks performed by the assistant.
- 8) I will review client/patient records, monitor and evaluate assessment and treatment decisions of the assistant, monitor and evaluate the ability of the assistant to provide services at the site(s) where he or she will be practicing and to the particular clientele being treated, and ensure compliance with all laws and regulations governing the practice of speech-language pathology.
- 9) I will assist with the development of a plan for the assistant to complete twelve (12) hours of continuing professional development every two years, through state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these, concerning communication disorders.
- 10) I will ~~provide discuss with~~ the assistant ~~with a plan for handling the manner in which~~ emergencies ~~will be handled~~.

**✦ Duties and Responsibilities of Supervisor ✦**  
**cont'd**

- 11) I will provide the Board with this original signed form within 14 calendar days of commencement of any supervision. I will provide a copy of this form to the assistant.
- 12) Upon written request of the Board, I will provide to the Board any documentation, which verifies my compliance with the requirements set forth in this statement.
- 13) I will not supervise more than three (3) support personnel, not more than two of which hold the title of Speech-Language Pathology Assistant.
- 14) At the time of termination of supervision, I will complete the "Termination of Supervision" form 77ST(new 12/99). I will submit the original signed form to the Board within fourteen (14) calendar days of termination of supervision.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
PRINT FULL LEGAL NAME OF SUPERVISOR

\_\_\_\_\_  
LICENSE NUMBER OR CREDENTIAL NUMBER  
(Please attach a copy of the front and back of your credential)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Speech-Language Pathology Assistant's Name

\_\_\_\_\_  
SPA Number

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
License or SSN Number

As the supervisor:

~~1) I possess the following qualifications to supervise a speech language pathology assistant:~~

~~A California license issued by the Speech Language  
Pathology and Audiology Board .....~~

~~-OR-~~

~~License #~~

~~Issue Date~~

~~A valid and current Professional Clear, Clear, or Life Clinical or Rehabilitative Services  
Credential in language, speech, and hearing issued by  
the California Commission on Teacher Credentialing .....~~  
~~(please attach a copy of the credential front and back)~~

~~SSN #~~

~~Issue Date~~

~~2) I will immediately notify the assistant of any disciplinary action, including revocation, suspension, even if stayed, probation terms, inactive license, or lapse in licensure, that effects my ability or right to supervise.~~

~~3) I will complete not less than six (6) hours of continuing professional development in supervision training in the initial two year period from the commencement of supervision, and three (3) hours in supervision training every two years thereafter pursuant to Section 1399.170.15(b)(4) of the California Code of Regulations.~~

~~4) I will maintain records of course completion for a period of two years from the speech language pathology assistant's registration renewal date.~~

~~5) I know and understand the laws and regulations pertaining to the supervision of assistants and the experience required for registration as a speech language pathology assistant.~~

~~6) I will ensure that the extent, kind, and quality of the clinical work performed is consistent with the training and experience of the speech language pathology assistant and shall be accountable for the assigned tasks performed by the speech language pathology assistant.~~

~~7) I will review client/patient records, monitor and evaluate assessment and treatment decisions of the speech language pathology assistant, monitor and evaluate the ability of the assistant to provide services at the site(s) where he or she will be practicing and to the particular clientele being treated, and ensure compliance with all laws and regulations governing the practice of speech language pathology.~~

~~8) I will assist with the development of a plan for the speech language pathology assistant to complete twelve (12) hours of continuing professional development every two years, through state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these, concerning communication disorders.~~

- ~~9) I will address with the speech language pathology assistant the manner in which emergencies will be handled.~~
- ~~10) I will provide this board with this original signed form within thirty (30) calendar days of commencement of any supervision. I will provide a copy of this form to the speech language pathology assistant.~~
- ~~11) At the time of termination of supervision, I will complete the "Termination of Supervision" form 77ST(new 12/99). I will submit the original signed form to the board within fourteen (14) calendar days of termination of supervision.~~
- ~~12) Upon written request of the board, I will provide to the board any documentation which verifies my compliance with the requirements set forth in this statement.~~
- ~~13) I will not supervise more than three (3) support personnel, not more than two of which hold the title of speech language pathology assistant.~~

**Multiple Supervision Statement**

Are you supervising an assistant who has more than one supervisor?

Yes  No

If yes, please indicate whether you will be the supervisor designated as the lead supervisor for the purposes of assisting the speech language pathology assistant in his or her compliance with the continuing professional development requirement pursuant to section 1399.170.17 of the California Code of Regulations.

Yes  No

***~~I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and the information submitted on this form is true and correct.~~***

\_\_\_\_\_  
Printed Name of Qualified Supervisor                      Signature of Qualified Supervisor                      Date

\_\_\_\_\_  
Date Supervision Commenced

\_\_\_\_\_  
Mailing Address: Number and Street                      City                      State                      Zip Code

\_\_\_\_\_  
Qualified Supervisor's Daytime Telephone Number: ( ) \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Speech Language Pathology Assistant                      Signature of Speech Language Pathology Assistant                      Date

**SOCIAL SECURITY DISCLOSURE NOTICE**

Disclosure of your Social Security Number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.



# MEMORANDUM

DATE	August 3, 2021
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Heather Olivares, Legislation/Regulation Analyst
SUBJECT	Agenda Item 14(d): Discussion and Possible Action to Adopt Uniform Standards Related to Substance-Abusing Licensees as Title 16, CCR section 1399.131.1 and 1399.155.1

## **Background**

SB 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008) created the Substance Abuse Coordination Committee (Committee) under the Department of Consumer Affairs (DCA). The Committee was required to create a set of uniform standards to be used by healing arts boards to deal with substance-abusing licensees in the health care professions.

The Committee developed the Uniform Standards Regarding Substance-Abusing Healing Arts Licensees in April 2011 which covered a wide range of issues related to substance abuse rehabilitation, including clinical diagnostic evaluation, testing frequency, standard of treatment, consequences for violations, and more.

SB 796 (Hill, Chapter 600, Statutes of 2017) required DCA to reconvene the Committee to update the existing criteria for Uniform Standard #4 related to drug testing to reflect recent developments in testing research and technology. The Committee developed the revised Uniform Standards Regarding Substance-Abusing Healing Arts Licensees in March 2019.

## **Action Requested**

The Board is tasked with adopting the Uniform Standards through the formal regulatory process; however, the Board has discretion to adopt the uniform standards as part of proposed revisions to the disciplinary guidelines or as a separate regulatory proposal.

Board staff have included examples from other boards as part of your materials. Also included in your materials are Uniform Standards draft regulatory text which includes the Board’s relevant regulation sections and the current version of the Uniform Standards

Regarding Substance-Abusing Healing Arts Licensees implemented by the DCA Substance Abuse Coordination Committee.

Several boards including the Board of Occupational Therapy, Optometry Board, and Physical Therapy Board have incorporated the Uniform Standards Regarding Substance-Abusing Healing Arts Licensees implemented by the DCA Substance Abuse Coordination Committee by reference into their regulations.

The boards of Occupational Therapy and Optometry took a similar approach and specify that Disciplinary Guidelines apply to all disciplinary matters without deviation unless there are mitigating factors such as the age of the case or evidentiary problems. If the conduct found to be a violation involves drugs and/or alcohol, the licensee is presumed to be a substance-abusing licensee and the Uniform Standards will apply.

The Physical Therapy Board is currently in the process of adopting revisions to their regulations and are adopting changes to their Disciplinary Guidelines in conjunction with incorporating the current version of the Uniform Standards Regarding Substance-Abusing Healing Arts Licensees implemented by the DCA Substance Abuse Coordination Committee by reference into their regulations. The Physical Therapy Board requires a clinical diagnostic evaluation if the conduct found to be a violation involves drugs and/or alcohol before the Uniform Standards apply.

The Psychology Board adopted a unified Disciplinary Guidelines and Uniform Standards document that is incorporated by reference into their regulations. The Psychology Board's document includes the standard terms and conditions that apply in disciplinary cases and the terms or conditions that must be applied to a substance abusing licensees. The Dental Board took a similar approach, but adopted a stand-alone Uniform Standards document that is incorporated by reference into their regulations. The Dental Board's document includes probationary terms and conditions to be used in every case where it has been determined that the individual is a substance-abusing licensee.

Staff recommends the Board review and discuss the provided materials. The Board may wish to adopt the uniform standards regulatory text modeled after one of the provided examples or refer this item to the Board's Enforcement Committee for further review.

Attachment A: SLPAHADB Uniform Standards Draft Regulatory Text

Attachment B: Uniform Standards Regarding Substance-Abusing Healing Arts Licensees implemented by the DCA Substance Abuse Coordination Committee

Attachment C: Optometry Board Regulations

Attachment D: Occupational Therapy Board Regulations

Attachment E: Physical Therapy Board Regulations

Attachment F: Physical Therapy Board Disciplinary Guidelines

Attachment G: Psychology Board Disciplinary Guidelines and Uniform Standards

Attachment H: Dental Board Uniform Standards Regulations

DEPARTMENT OF CONSUMER AFFAIRS  
**TITLE 16. SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND  
HEARING AID DISPENSERS BOARD**

**PROPOSED REGULATORY LANGUAGE  
Uniform Standards**

<b>Legend:</b>	Added text is indicated with an <u>underline</u> . Omitted text is indicated by (* * * *) Deleted text is indicated by <del>strikeout</del> .
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**Amend Section 1399.102 of Article 1 of Division 13.3 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.102.** Definitions.

For the purpose of the regulations contained in this chapter, the term:

(a) “Code” means the Business and Professions Code.

(b) “Board” means the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board;

~~(b)~~ (c) “Supervisor” means a person who holds a license issued pursuant to the provisions of Sections 2538.26 and 2538.27 of the Code and who accepts responsibility for the supervision and training of a person issued a temporary license under Section 2538.28 of the Code.

~~(e)~~ (d) “Supervision” means adequate direction and inspection by a supervisor.

~~(d)~~ (e) “Training” means the instruction of a trainee-applicant in the fitting or selling of hearing aids.

~~(e)~~ (f) “Trainee-applicant” means a temporary licensee authorized to fit or sell hearing aids under Section 2538.28 of the Code under the supervision of a licensed hearing aid dispenser.

Note: Authority cited: Section 2531.06, Business and Professions Code.

Reference: Sections 2531.06 and 2538.28, Business and Professions Code.

**Amend Section 1399.131 of Article 6 of Division 13.3 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.131.** Disciplinary Guidelines and Exceptions for Uniform Standards Related to Substance-Abusing Licensees.

(a) In reaching a decision on a disciplinary action under the Administrative Procedure

Act (Government Code Section 11400 et seq.), the ~~b~~Board shall consider the disciplinary guidelines entitled “Disciplinary Guidelines and Model Disciplinary Orders” Sixth Edition, June 1997 which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the ~~b~~Board in its sole discretion determines that the facts of the particular case warrant such a deviation - for example: the presence of mitigating factors; the age of the case; evidentiary problems.

(b) Notwithstanding subsection (a), the Board shall use the uniform standards for substance-abusing licensees as provided in Section 1399.131.1, without deviation, for each individual determined to be a substance-abusing licensee.

(c) Notwithstanding the disciplinary guidelines, any proposed decision issued in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code that contains any finding of fact that the licensee engaged in any act of sexual contact, as defined in subdivision (c) of Section 729 of the Code, with a patient, or any finding that the licensee has committed a sex offense or been convicted of a sex offense, shall contain an order revoking the license. The proposed decision shall not contain any order staying the revocation of the license.

(d) As used in this section, the term “sex offense” shall mean any of the following:

~~(a)~~ (1) Any offense for which registration is required by Section 290 of the Penal Code or a finding that a person committed such an act.

~~(b)~~ (2) Any offense defined in Section 261.5, 313.1, 647b, 243.4 (a)-(d), or 647 subsections (a) or (d) of the Penal Code or a finding that a person committed such an act.

~~(c)~~ (3) Any attempt to commit any of the offenses specified in this section.

~~(d)~~ (4) Any offense committed or attempted in any other state or against the laws of the United States which, if committed or attempted in this state, would have been punishable as one or more of the offenses specified in this section.

Note: Authority cited: Sections 315, 315.2, 315.4, and 2531.95, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code. Reference: Sections 315, 315.2, 315.4, 475, 480, 2533, 2533.1, 2533.2, and 2538.40, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

**Add section 1399.131.1 to Division 13.3 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.131.1. Uniform Standards Related to Substance-Abusing Licensees**

(a) If after notice and hearing conducted in accordance with Chapter 5, Part 1, Division 3, Title 2 of the Government Code (commencing with sections 11500 et seq.), the Board finds that the evidence establishes that an individual is a substance-abusing licensee, then the terms and conditions contained in the document entitled “stand-alone document”, which is hereby incorporated by reference, shall be used in any probationary order of the Board affecting that licensee.

(b) Nothing in this Section shall prohibit the Board from imposing additional terms or conditions of probation that are specific to a particular case or that are derived from the Board’s guidelines referenced in subsection 1399.131 in any order that the Board determines would provide greater public protection.

Note: Authority cited: Sections 315, 315.2, 315.4, and 2531.95, Business and Professions Code. Reference cited: Sections 315, 315.2, and 315.4, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

**Amend Section 1399.155 of Article 6 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.155. Disciplinary Guidelines and Exceptions for Uniform Standards Related to Substance-Abusing Licensees.**

(a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Section 11400 et seq. of the Government Code) the Board shall consider the disciplinary guidelines entitled “Disciplinary Guidelines July 16, 2004” that which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the Board, in its sole discretion, determines that the facts of the particular case warrant such a deviation - for example: the presence of mitigating factors; the age of the case and evidentiary problems.

(b) Notwithstanding subsection (a), the Board shall use the uniform standards for substance-abusing licensees as provided in Section 1399.155.1, without deviation, for each individual determined to be a substance-abusing licensee.

(c) Notwithstanding the disciplinary guidelines, any proposed decision issued in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code that contains any finding of fact that the licensee engaged in any act of sexual contact, as defined in subdivision (c) of Section 729 of the Code, with a patient, or any finding that the

licensee has committed a sex offense or been convicted of a sex offense, shall contain an order revoking the license. The proposed decision shall not contain any order staying the revocation of the license.

(d) As used in this section, the term “sex offense” shall mean any of the following:

(a) (1) Any offense for which registration is required by Section 290 of the Penal Code or a finding that a person committed such an act.

(b) (2) Any offense defined in Section 261.5, 313.1, 647b, 243.4 (a)-(d), or 647 subsections (a) or (d) of the Penal Code or a finding that a person committed such an act.

(c) (3) Any attempt to commit any of the offenses specified in this section.

(d) (4) Any offense committed or attempted in any other state or against the laws of the United States which, if committed or attempted in this state, would have been punishable as one or more of the offenses specified in this section.

Note: Authority cited: Sections 315, 315.2, 315.4, and 2531.95, Business and Professions Code; and Section 11400.20, Government Code.

Reference: Sections 315, 315.2, 315.4, and 2533, 2533.1 and 2533.2, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

**Amend section 1399.155.1 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.155.1 Uniform Standards Related to Substance-Abusing Licensees Audiologists – Screening Tests [Renumbered]**

(a) If after notice and hearing conducted in accordance with Chapter 5, Part 1, Division 3, Title 2 of the Government Code (commencing with sections 11500 et seq.), the Board finds that the evidence establishes that an individual is a substance-abusing licensee, then the terms and conditions contained in the document entitled “stand-alone document”, which is hereby incorporated by reference, shall be used in any probationary order of the Board affecting that licensee.

(b) Nothing in this Section shall prohibit the Board from imposing additional terms or conditions of probation that are specific to a particular case or that are derived from the Board’s guidelines referenced in subsection 1399.155 in any order that the Board determines would provide greater public protection.

Note: Authority cited: Sections 315, 315.2, 315.4, and 2531.95, Business and Professions Code.

Reference cited: Sections 315, 315.2, and 315.4, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

# **Uniform Standards Regarding Substance-Abusing Healing Arts Licensees**

Senate Bill 1441 (Ridley-Thomas)

Implementation by  
Department of Consumer Affairs,  
Substance Abuse Coordination Committee



Dean Grafilo, Director  
March 2019



**Substance Abuse Coordination Committee**

Dean Grafilo, Chair  
**Director, Department of Consumer Affairs**

Michelle Wong  
**CA Department of Health Care Services**

Ben Bodea  
**Acupuncture Board**

Kim Madsen  
**California Board of Behavioral Sciences**

Robert Puleo  
**Board of Chiropractic Examiners**

Anthony Lum  
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**#1 SENATE BILL 1441 REQUIREMENT**

Specific requirements for a clinical diagnostic evaluation of the licensee, including, but not limited to, required qualifications for the providers evaluating the licensee.

**#1 Uniform Standard**

If a healing arts board orders a licensee who is either in a diversion program or whose license is on probation due to a substance abuse problem to undergo a clinical diagnosis evaluation, the following applies:

1. The clinical diagnostic evaluation shall be conducted by a licensed practitioner who:
  - holds a valid, unrestricted license, which includes scope of practice to conduct a clinical diagnostic evaluation;
  - has three (3) years experience in providing evaluations of health professionals with substance abuse disorders; and,
  - is approved by the board.
2. The clinical diagnostic evaluation shall be conducted in accordance with acceptable professional standards for conducting substance abuse clinical diagnostic evaluations.
3. The clinical diagnostic evaluation report shall:
  - set forth, in the evaluator's opinion, whether the licensee has a substance abuse problem;
  - set forth, in the evaluator's opinion, whether the licensee is a threat to himself/herself or others; and,
  - set forth, in the evaluator's opinion, recommendations for substance abuse treatment, practice restrictions, or other recommendations related to the licensee's rehabilitation and safe practice.

The evaluator shall not have a financial relationship, personal relationship, or business relationship with the licensee within the last five years. The evaluator shall provide an objective, unbiased, and independent evaluation.

If the evaluator determines during the evaluation process that a licensee is a threat to himself/herself or others, the evaluator shall notify the board within 24 hours of such a determination.

For all evaluations, a final written report shall be provided to the board no later than ten (10) days from the date the evaluator is assigned the matter unless the evaluator requests additional information to complete the evaluation, not to exceed 30 days.

**#2 SENATE BILL 1441 REQUIREMENT**

Specific requirements for the temporary removal of the licensee from practice, in order to enable the licensee to undergo the clinical diagnostic evaluation described in subdivision (a) and any treatment recommended by the evaluator described in subdivision (a) and approved by the board, and specific criteria that the licensee must meet before being permitted to return to practice on a full-time or part-time basis.

**#2 Uniform Standard**

The following practice restrictions apply to each licensee who undergoes a clinical diagnostic evaluation:

1. The Board shall order the licensee to cease practice during the clinical diagnostic evaluation pending the results of the clinical diagnostic evaluation and review by the diversion program/board staff.
2. While awaiting the results of the clinical diagnostic evaluation required in Uniform Standard #1, the licensee shall be randomly drug tested at least two (2) times per week.

After reviewing the results of the clinical diagnostic evaluation, and the criteria below, a diversion or probation manager shall determine, whether or not the licensee is safe to return to either part-time or fulltime practice. However, no licensee shall be returned to practice until he or she has at least 30 days of negative drug tests.

- the license type;
- the licensee's history;
- the documented length of sobriety/time that has elapsed since substance use
- the scope and pattern of use;
- the treatment history;
- the licensee's medical history and current medical condition;
- the nature, duration and severity of substance abuse, and
- whether the licensee is a threat to himself/herself or the public.

**#3 SENATE BILL 1441 REQUIREMENT**

Specific requirements that govern the ability of the licensing board to communicate with the licensee's employer about the licensee's status or condition.

**#3 Uniform Standard**

If the licensee who is either in a board diversion program or whose license is on probation has an employer, the licensee shall provide to the board the names, physical addresses, mailing addresses, and telephone numbers of all employers and supervisors and shall give specific, written consent that the licensee authorizes the board and the employers and supervisors to communicate regarding the licensee's work status, performance, and monitoring.

**#4 SENATE BILL 1441 REQUIREMENT**

Standards governing all aspects of required testing, including, but not limited to, frequency of testing, randomness, method of notice to the licensee, number of hours between the provision of notice and the test, standards for specimen collectors, procedures used by specimen collectors, the permissible locations of testing, whether the collection process must be observed by the collector, backup testing requirements when the licensee is on vacation or otherwise unavailable for local testing, requirements for the laboratory that analyzes the specimens, and the required maximum timeframe from the test to the receipt of the result of the test.

**#4 Uniform Standard**

The following standards shall govern all aspects of testing required to determine abstention from alcohol and drugs for any person whose license is placed on probation or in a diversion program due to substance use:

**TESTING FREQUENCY SCHEDULE**

A board may order a licensee to drug test at any time. Additionally, each licensee shall be tested RANDOMLY in accordance with the schedule below:

Level	Segments of Probation/Diversion	Minimum Range of Number of Random Tests
I	Year 1	52-104 per year
II*	Year 2+	36-104 per year

\*The minimum range of 36-104 tests identified in level II, is for the second year of probation or diversion, and each year thereafter, up to five (5) years. Thereafter, administration of one (1) time per month if there have been no positive drug tests in the previous five (5) consecutive years of probation or diversion.

Nothing precludes a board from increasing the number of random tests for any reason. Any board who finds or has suspicion that a licensee has committed a violation of a board’s testing program or who has committed a Major Violation, as identified in Uniform Standard 10, may reestablish the testing cycle by placing that licensee at the beginning of level I, in addition to any other disciplinary action that may be pursued.

**EXCEPTIONS TO TESTING FREQUENCY SCHEDULE**

I. PREVIOUS TESTING/SOBRIETY

In cases where a board has evidence that a licensee has participated in a treatment or monitoring program requiring random testing, prior to being subject to testing by the board, the board may give consideration to that testing in altering the testing

frequency schedule so that it is equivalent to this standard.

## II. VIOLATION(S) OUTSIDE OF EMPLOYMENT

An individual whose license is placed on probation for a single conviction or incident or two convictions or incidents, spanning greater than seven years from each other, where those violations did not occur at work or while on the licensee's way to work, where alcohol or drugs were a contributing factor, may bypass level I and participate in level II of the testing frequency schedule.

## III. NOT EMPLOYED IN HEALTH CARE FIELD

A board may reduce testing frequency to a minimum of 12 times per year for any person who is not practicing OR working in any health care field. If a reduced testing frequency schedule is established for this reason, and if a licensee wants to return to practice or work in a health care field, the licensee shall notify and secure the approval of the licensee's board. Prior to returning to any health care employment, the licensee shall be subject to level I testing frequency for at least 60 days. At such time the person returns to employment (in a health care field), if the licensee has not previously met the level I frequency standard, the licensee shall be subject to completing a full year at level I of the testing frequency schedule, otherwise level II testing shall be in effect.

## IV. TOLLING

A board may postpone all testing for any person whose probation or diversion is placed in a tolling status if the overall length of the probationary or diversion period is also tolled. A licensee shall notify the board upon the licensee's return to California and shall be subject to testing as provided in this standard. If the licensee returns to employment in a health care field, and has not previously met the level I frequency standard, the licensee shall be subject to completing a full year at level I of the testing frequency schedule, otherwise level II testing shall be in effect.

## V. SUBSTANCE USE DISORDER NOT DIAGNOSED

In cases where no current substance use disorder diagnosis is made, a lesser period of monitoring and toxicology screening may be adopted by the board, but not to be less than 24 times per year.

## VI. LICENSED SUPERVISION DURING PRACTICE

A board may reduce testing frequency to a minimum of 24 times per year for any person who is a practicing licensee if the licensee receives a minimum of 50% supervision per day by a supervisor licensed by the board.

## **OTHER DRUG STANDARDS**

Drug testing may be required on any day, including weekends and holidays.

The scheduling of drug tests shall be done on a random basis, preferably by a computer program, so that a licensee can make no reasonable assumption of when he/she will be tested again. Boards should be prepared to report data to support back-to-back testing

as well as, numerous different intervals of testing.

Licensees shall be required to make daily contact to determine if drug testing is required.

Licensees shall be drug tested on the date of notification as directed by the board.

Specimen collectors must either be certified by the Drug and Alcohol Testing Industry Association or have completed the training required to serve as a collector for the U.S. Department of Transportation.

Specimen collectors shall adhere to the current U.S. Department of Transportation Specimen Collection Guidelines.

Testing locations shall comply with the Urine Specimen Collection Guidelines published by the U.S. Department of Transportation, regardless of the type of test administered.

Collection of specimens shall be observed.

Prior to vacation or absence, any alternative to the licensee's drug testing requirements (including frequency) must be approved by the board.

Laboratories shall be certified and accredited by the U.S. Department of Health and Human Services.

A collection site must submit a specimen to the laboratory within one (1) business day of receipt. A chain of custody shall be used on all specimens. The laboratory shall process results and provide legally defensible test results within seven (7) days of receipt of the specimen. The appropriate board will be notified of non-negative test results within one (1) business day and will be notified of negative test results within seven (7) business days.

A board may use other testing methods in place of, or to supplement biological fluid testing, if the alternate testing method is appropriate.

### **PETITIONS FOR REINSTATEMENT**

Nothing herein shall limit a board's authority to reduce or eliminate the standards specified herein pursuant to a petition for reinstatement or reduction of penalty filed pursuant to Government Code section 11522 or statutes applicable to the board that contains different provisions for reinstatement or reduction of penalty.

### **OUTCOMES AND AMENDMENTS**

For purposes of measuring outcomes and effectiveness, each board shall collect and report historical and post implementation data as follows:

#### **Historical Data - Two Years Prior to Implementation of Standard**

Each board should collect the following historical data (as available), for a period of two

years, prior to implementation of this standard, for each person subject to testing for banned substances, who has 1) tested positive for a banned substance, 2) failed to appear or call in, for testing on more than three occasions, 3) failed to pay testing costs, or 4) a person who has given a dilute or invalid specimen.

**Post Implementation Data- Three Years**

Each board should collect the following data annually, for a period of three years, for every probationer and diversion participant subject to testing for banned substances, following the implementation of this standard.

**Data Collection**

The data to be collected shall be reported to the Department of Consumer Affairs and the Legislature, upon request, and shall include, but may not be limited to:

- Probationer/Diversion Participant Unique Identifier
- License Type
- Probation/Diversion Effective Date
- General Range of Testing Frequency by/for Each Probationer/Diversion Participant
- Dates Testing Requested
- Dates Tested
- Identify the Entity that Performed Each Test
- Dates Tested Positive
- Dates Contractor (if applicable) was informed of Positive Test
- Dates Board was informed of Positive Test
- Dates of Questionable Tests (e.g. dilute, high levels)
- Date Contractor Notified Board of Questionable Test
- Identify Substances Detected or Questionably Detected
- Dates Failed to Appear
- Date Contractor Notified Board of Failed to Appear
- Dates Failed to Call In for Testing
- Date Contractor Notified Board of Failed to Call In for Testing
- Dates Failed to Pay for Testing
- Date(s) Removed/Suspended from Practice (identify which)
- Final Outcome and Effective Date (if applicable)

**#5 SENATE BILL 1441 REQUIREMENT**

Standards governing all aspects of group meeting attendance requirements, including, but not limited to, required qualifications for group meeting facilitators, frequency of required meeting attendance, and methods of documenting and reporting attendance or nonattendance by licensees.

**#5 Uniform Standard**

If a board requires a licensee to participate in group support meetings, the following shall apply:

When determining the frequency of required group meeting attendance, the board shall give consideration to the following:

- the licensee's history;
- the documented length of sobriety/time that has elapsed since substance use;
- the recommendation of the clinical evaluator;
- the scope and pattern of use;
- the licensee's treatment history; and,
- the nature, duration, and severity of substance abuse.

**Group Meeting Facilitator Qualifications and Requirements:**

1. The meeting facilitator must have a minimum of three (3) years experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or other nationally certified organizations.
2. The meeting facilitator must not have a financial relationship, personal relationship, or business relationship with the licensee within the last year.
3. The group meeting facilitator shall provide to the board a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.
4. The facilitator shall report any unexcused absence within 24 hours.

**#6 SENATE BILL 1441 REQUIREMENT**

Standards used in determining whether inpatient, outpatient, or other type of treatment is necessary.

**#6 Uniform Standard**

In determining whether inpatient, outpatient, or other type of treatment is necessary, the board shall consider the following criteria:

- recommendation of the clinical diagnostic evaluation pursuant to Uniform Standard #1;
- license type;
- licensee's history;
- documented length of sobriety/time that has elapsed since substance abuse;
- scope and pattern of substance use;
- licensee's treatment history;
- licensee's medical history and current medical condition;
- nature, duration, and severity of substance abuse, and
- threat to himself/herself or the public.

**#7 SENATE BILL 1441 REQUIREMENT**

Worksite monitoring requirements and standards, including, but not limited to, required qualifications of worksite monitors, required methods of monitoring by worksite monitors, and required reporting by worksite monitors.

**#7 Uniform Standard**

A board may require the use of worksite monitors. If a board determines that a worksite monitor is necessary for a particular licensee, the worksite monitor shall meet the following requirements to be considered for approval by the board.

1. The worksite monitor shall not have financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the board. If it is impractical for anyone but the licensee's employer to serve as the worksite monitor, this requirement may be waived by the board; however, under no circumstances shall a licensee's worksite monitor be an employee of the licensee.
2. The worksite monitor's license scope of practice shall include the scope of practice of the licensee that is being monitored, be another health care professional if no monitor with like practice is available, or, as approved by the board, be a person in a position of authority who is capable of monitoring the licensee at work.
3. If the worksite monitor is a licensed healthcare professional he or she shall have an active unrestricted license, with no disciplinary action within the last five (5) years.
4. The worksite monitor shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and/or contract and agrees to monitor the licensee as set forth by the board.
5. The worksite monitor must adhere to the following required methods of monitoring the licensee:
  - a) Have face-to-face contact with the licensee in the work environment on a frequent basis as determined by the board, at least once per week.
  - b) Interview other staff in the office regarding the licensee's behavior, if applicable.
  - c) Review the licensee's work attendance.

Reporting by the worksite monitor to the board shall be as follows:

1. Any suspected substance abuse must be verbally reported to the board and the licensee's employer within one (1) business day of occurrence. If occurrence is not during the board's normal business hours the verbal report must be within one (1) hour of the next business day. A written report shall be submitted to the board within 48 hours of occurrence.
2. The worksite monitor shall complete and submit a written report monthly or as directed by the board. The report shall include:
  - the licensee's name;
  - license number;
  - worksite monitor's name and signature;
  - worksite monitor's license number;
  - worksite location(s);
  - dates licensee had face-to-face contact with monitor;
  - staff interviewed, if applicable;
  - attendance report;
  - any change in behavior and/or personal habits;
  - any indicators that can lead to suspected substance abuse.

The licensee shall complete the required consent forms and sign an agreement with the worksite monitor and the board to allow the board to communicate with the worksite monitor.

**#8 SENATE BILL 1441 REQUIREMENT**

Procedures to be followed when a licensee tests positive for a banned substance.

**#8 Uniform Standard**

When a licensee tests positive for a banned substance:

1. The board shall order the licensee to cease practice;
2. The board shall contact the licensee and instruct the licensee to leave work; and
3. The board shall notify the licensee's employer, if any, and worksite monitor, if any, that the licensee may not work.

Thereafter, the board should determine whether the positive drug test is in fact evidence of prohibited use. If so, proceed to Standard #9. If not, the board shall immediately lift the cease practice order.

In determining whether the positive test is evidence of prohibited use, the board should, as applicable:

1. Consult the specimen collector and the laboratory;
2. Communicate with the licensee and/or any physician who is treating the licensee; and
3. Communicate with any treatment provider, including group facilitator/s.

**#9 SENATE BILL 1441 REQUIREMENT**

Procedures to be followed when a licensee is confirmed to have ingested a banned substance.

**#9 Uniform Standard**

When a board confirms that a positive drug test is evidence of use of a prohibited substance, the licensee has committed a major violation, as defined in Uniform Standard #10 and the board shall impose the consequences set forth in Uniform Standard #10.

**#10 SENATE BILL 1441 REQUIREMENT**

Specific consequences for major and minor violations. In particular, the committee shall consider the use of a “deferred prosecution” stipulation described in Section 1000 of the Penal Code, in which the licensee admits to self-abuse of drugs or alcohol and surrenders his or her license. That agreement is deferred by the agency until or unless licensee commits a major violation, in which case it is revived and license is surrendered.

**#10 Uniform Standard**

**Major Violations** include, but are not limited to:

1. Failure to complete a board-ordered program;
2. Failure to undergo a required clinical diagnostic evaluation;
3. Multiple minor violations;
4. Treating patients while under the influence of drugs/alcohol;
5. Any drug/alcohol related act which would constitute a violation of the practice act or state/federal laws;
6. Failure to obtain biological testing for substance abuse;
7. Testing positive and confirmation for substance abuse pursuant to Uniform Standard #9;
8. Knowingly using, making, altering or possessing any object or product in such a way as to defraud a drug test designed to detect the presence of alcohol or a controlled substance.

**Consequences** for a major violation include, but are not limited to:

1. Licensee will be ordered to cease practice.
  - a) the licensee must undergo a new clinical diagnostic evaluation, and
  - b) the licensee must test negative for at least a month of continuous drug testing before being allowed to go back to work.
2. Termination of a contract/agreement.
3. Referral for disciplinary action, such as suspension, revocation, or other action as determined by the board.

**Minor Violations** include, but are not limited to:

1. Untimely receipt of required documentation;
2. Unexcused non-attendance at group meetings;
3. Failure to contact a monitor when required;
4. Any other violations that do not present an immediate threat to the violator or to the public.

**Consequences** for minor violations include, but are not limited to:

1. Removal from practice;
2. Practice limitations;
3. Required supervision;
4. Increased documentation;
5. Issuance of citation and fine or a warning notice;
6. Required re-evaluation/testing;
7. Other action as determined by the board.

**#11 SENATE BILL 1441 REQUIREMENT**

Criteria that a licensee must meet in order to petition for return to practice on a full time basis.

**#11 Uniform Standard**

**“Petition” as used in this standard is an informal request as opposed to a “Petition for Modification” under the Administrative Procedure Act.**

The licensee shall meet the following criteria before submitting a request (petition) to return to full time practice:

1. Demonstrated sustained compliance with current recovery program.
2. Demonstrated the ability to practice safely as evidenced by current work site reports, evaluations, and any other information relating to the licensee’s substance abuse.
3. Negative drug screening reports for at least six (6) months, two (2) positive worksite monitor reports, and complete compliance with other terms and conditions of the program.

**#12 SENATE BILL 1441 REQUIREMENT**

Criteria that a licensee must meet in order to petition for reinstatement of a full and unrestricted license.

**#12 Uniform Standard**

**“Petition for Reinstatement” as used in this standard is an informal request (petition) as opposed to a “Petition for Reinstatement” under the Administrative Procedure Act.**

The licensee must meet the following criteria to request (petition) for a full and unrestricted license.

1. Demonstrated sustained compliance with the terms of the disciplinary order, if applicable.
2. Demonstrated successful completion of recovery program, if required.
3. Demonstrated a consistent and sustained participation in activities that promote and support their recovery including, but not limited to, ongoing support meetings, therapy, counseling, relapse prevention plan, and community activities.
4. Demonstrated that he or she is able to practice safely.
5. Continuous sobriety for three (3) to five (5) years.

**#13 SENATE BILL 1441 REQUIREMENT**

If a board uses a private-sector vendor that provides diversion services, (1) standards for immediate reporting by the vendor to the board of any and all noncompliance with process for providers or contractors that provide diversion services, including, but not limited to, specimen collectors, group meeting facilitators, and worksite monitors; (3) standards requiring the vendor to disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services; and (4) standards for a licensee's termination from the program and referral to enforcement.

**#13 Uniform Standard**

1. A vendor must report to the board any major violation, as defined in Uniform Standard #10, within one (1) business day. A vendor must report to the board any minor violation, as defined in Uniform Standard #10, within five (5) business days.
2. A vendor's approval process for providers or contractors that provide diversion services, including, but not limited to, specimen collectors, group meeting facilitators, and worksite monitors is as follows:

(a) Specimen Collectors:

- (1) The provider or subcontractor shall possess all the materials, equipment, and technical expertise necessary in order to test every licensee for which he or she is responsible on any day of the week.
- (2) The provider or subcontractor shall be able to scientifically test for urine, blood, and hair specimens for the detection of alcohol, illegal, and controlled substances.
- (3) The provider or subcontractor must provide collection sites that are located in areas throughout California.
- (4) The provider or subcontractor must have an automated 24-hour toll-free telephone system and/or a secure on-line computer database that allows the participant to check in daily for drug testing.
- (5) The provider or subcontractor must have or be subcontracted with operating collection sites that are engaged in the business of collecting urine, blood, and hair follicle specimens for the testing of drugs and alcohol within the State of California.
- (6) The provider or subcontractor must have a secure, HIPAA compliant, website or computer system to allow staff access to drug test results and compliance reporting information that is available 24 hours a day.

- (7) The provider or subcontractor shall employ or contract with toxicologists that are licensed physicians and have knowledge of substance abuse disorders and the appropriate medical training to interpret and evaluate laboratory drug test results, medical histories, and any other information relevant to biomedical information.
- (8) A toxicology screen will not be considered negative if a positive result is obtained while practicing, even if the practitioner holds a valid prescription for the substance.
- (9) Must undergo training as specified in Uniform Standard #4 (6).

(b) Group Meeting Facilitators:

A group meeting facilitator for any support group meeting:

- (1) must have a minimum of three (3) years experience in the treatment and rehabilitation of substance abuse;
- (2) must be licensed or certified by the state or other nationally certified organization;
- (3) must not have a financial relationship, personal relationship, or business relationship with the licensee within the last year;
- (4) shall report any unexcused absence within 24 hours to the board, and,
- (5) shall provide to the board a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.

(c) Work Site Monitors:

The worksite monitor must meet the following qualifications:

- (1) Shall not have financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the board. If it is impractical for anyone but the licensee's employer to serve as the worksite monitor, this requirement may be waived by the board; however, under no circumstances shall a licensee's worksite monitor be an employee of the licensee.
- (2) The monitor's licensure scope of practice shall include the scope of practice of the licensee that is being monitored, be another health care professional if no

monitor with like practice is available, or, as approved by the board, be a person in a position of authority who is capable of monitoring the licensee at work.

- (3) Shall have an active unrestricted license, with no disciplinary action within the last five (5) years.
  - (4) Shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and/or contract and agrees to monitor the licensee as set forth by the board.
2. The worksite monitor must adhere to the following required methods of monitoring the licensee:
    - a) Have face-to-face contact with the licensee in the work environment on a frequent basis as determined by the board, at least once per week.
    - b) Interview other staff in the office regarding the licensee's behavior, if applicable.
    - c) Review the licensee's work attendance.
  3. Any suspected substance abuse must be verbally reported to the contractor, the board, and the licensee's employer within one (1) business day of occurrence. If occurrence is not during the board's normal business hours the verbal report must be within one (1) hour of the next business day. A written report shall be submitted to the board within 48 hours of occurrence.
  4. The worksite monitor shall complete and submit a written report monthly or as directed by the board. The report shall include:
    - the licensee's name;
    - license number;
    - worksite monitor's name and signature;
    - worksite monitor's license number;
    - worksite location(s);
    - dates licensee had face-to-face contact with monitor;
    - staff interviewed, if applicable;
    - attendance report;
    - any change in behavior and/or personal habits;

- any indicators that can lead to suspected substance abuse.

(d) Treatment Providers

Treatment facility staff and services must have:

- (1) Licensure and/or accreditation by appropriate regulatory agencies;
- (2) Sufficient resources available to adequately evaluate the physical and mental needs of the client, provide for safe detoxification, and manage any medical emergency;
- (3) Professional staff who are competent and experienced members of the clinical staff;
- (4) Treatment planning involving a multidisciplinary approach and specific aftercare plans;
- (5) Means to provide treatment/progress documentation to the provider.

(e) General Vendor Requirements

The vendor shall disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services as follows:

- (1) The vendor is fully responsible for the acts and omissions of its subcontractors and of persons either directly or indirectly employed by any of them. No subcontract shall relieve the vendor of its responsibilities and obligations. All state policies, guidelines, and requirements apply to all subcontractors.
- (2) If a subcontractor fails to provide effective or timely services as listed above, but not limited to any other subcontracted services, the vendor will terminate services of said contractor within 30 business days of notification of failure to provide adequate services.
- (3) The vendor shall notify the appropriate board within five (5) business days of termination of said subcontractor.

**#14 SENATE BILL 1441 REQUIREMENT**

If a board uses a private-sector vendor that provides diversion services, the extent to which licensee participation in that program shall be kept confidential from the public.

**#14 Uniform Standard**

The board shall disclose the following information to the public for licensees who are participating in a board monitoring/diversion program regardless of whether the licensee is a self-referral or a board referral. However, the disclosure shall not contain information that the restrictions are a result of the licensee's participation in a diversion program.

- Licensee's name;
- Whether the licensee's practice is restricted, or the license is on inactive status;
- A detailed description of any restriction imposed.

**#15 SENATE BILL 1441 REQUIREMENT**

If a board uses a private-sector vendor that provides diversion services, a schedule for external independent audits of the vendor's performance in adhering to the standards adopted by the committee.

**#15 Uniform Standard**

1. If a board uses a private-sector vendor to provide monitoring services for its licensees, an external independent audit must be conducted at least once every three (3) years by a qualified, independent reviewer or review team from outside the department with no real or apparent conflict of interest with the vendor providing the monitoring services. In addition, the reviewer shall not be a part of or under the control of the board. The independent reviewer or review team must consist of individuals who are competent in the professional practice of internal auditing and assessment processes and qualified to perform audits of monitoring programs.
2. The audit must assess the vendor's performance in adhering to the uniform standards established by the board. The reviewer must provide a report of their findings to the board by June 30 of each three (3) year cycle. The report shall identify any material inadequacies, deficiencies, irregularities, or other non-compliance with the terms of the vendor's monitoring services that would interfere with the board's mandate of public protection.
3. The board and the department shall respond to the findings in the audit report.

**#16 SENATE BILL 1441 Requirement**

Measurable criteria and standards to determine whether each board's method of dealing with substance-abusing licensees protects patients from harm and is effective in assisting its licensees in recovering from substance abuse in the long term.

**#16 Uniform Standard**

Each board shall report the following information on a yearly basis to the Department of Consumer Affairs and the Legislature as it relates to licensees with substance abuse problems who are either in a board probation and/or diversion program.

- Number of intakes into a diversion program
- Number of probationers whose conduct was related to a substance abuse problem
- Number of referrals for treatment programs
- Number of relapses (break in sobriety)
- Number of cease practice orders/license in-activations
- Number of suspensions
- Number terminated from program for noncompliance
- Number of successful completions based on uniform standards
- Number of major violations; nature of violation and action taken
- Number of licensees who successfully returned to practice
- Number of patients harmed while in diversion

The above information shall be further broken down for each licensing category, specific substance abuse problem (i.e. cocaine, alcohol, Demerol etc.), whether the licensee is in a diversion program and/or probation program.

If the data indicates that licensees in specific licensing categories or with specific substance abuse problems have either a higher or lower probability of success, that information shall be taken into account when determining the success of a program. It may also be used to determine the risk factor when a board is determining whether a license should be revoked or placed on probation.

The board shall use the following criteria to determine if its program protects patients from harm and is effective in assisting its licensees in recovering from substance abuse in the long term.

- At least 100 percent of licensees who either entered a diversion program or whose license was placed on probation as a result of a substance abuse problem successfully completed either the program or the probation, or had their license to practice revoked or surrendered on a timely basis based on noncompliance of those programs.
- At least 75 percent of licensees who successfully completed a diversion program or probation did not have any substantiated complaints related to substance abuse for at least five (5) years after completion.

## Optometry Board Regulations

### **§ 1575. Uniform Standards Related to Substance Abuse and Disciplinary Guidelines.**

In reaching a decision on a disciplinary action under the Administrative Procedures Act (Government Code Section 11400 et seq.), the Board of Optometry shall comply with the "Uniform Standards Related to Substance Abuse" (Uniform Standards) and consider the "Disciplinary Guidelines" (DG-4, 5-2012) which are hereby incorporated by reference. The Disciplinary Guidelines apply to all disciplinary matters; the Uniform Standards apply to a substance-abusing licensee.

(a) Subject to subdivision (b), deviation from the Disciplinary Guidelines, including the standard terms of probation, is appropriate where the Board, in its sole discretion, determines that the facts of the particular case warrant such a deviation - for example: the presence of mitigating factors; the age of the case; evidentiary problems.

(b) If the conduct found to be a violation involves drugs and/or alcohol, the licensee shall be presumed to be a substance-abusing licensee for purposes of Section 315 of the Code. If the licensee does not rebut that presumption, then the Uniform Standards for a substance-abusing licensee shall apply.

Note: Authority cited: Sections 3025 and 3090, Business and Professions Code; and Section 11400.20, Government Code. Reference: Sections 315, 315.2, 315.4, 480, 3090, 3091 and 3110, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

## Board of Occupational Therapy Regulations

### § 4147. Disciplinary Guidelines.

(a) In reaching a decision on a disciplinary action under the administrative adjudication provisions of the Administrative Procedure Act (Government Code [11400](#) et seq.), the Board shall consider and apply the [Disciplinary Guidelines \[October 2013\]](#) which are hereby incorporated by reference. The Disciplinary Guidelines shall apply to all disciplinary matters. Deviation from these disciplinary guidelines and orders, including the standard terms of probation, is appropriate where the Board in its sole discretion determines that the facts of the particular case warrant such deviation, e.g., the presence of aggravating or mitigating factors; age of the case; or evidentiary issues.

(b) All probationers shall submit and cause each health care employer to submit quarterly reports to the Board. The reports, ["Quarterly Written Report \(4/2011\)"](#); and ["Work Performance Evaluation \(02/2011\)"](#); shall be obtained from the Board and are hereby incorporated by reference.

Note: Authority cited: Section 2570.20, Business and Professions Code. Reference: Sections 125.6, 475, 480, 481, 482, 490, 496, 2570.27, 2570.28, 2570.29, 2570.30, 2570.31 and 2570.32, Business and Professions Code; and Section 11425.50(e), Government Code.

### § 4147.5. Uniform Standards Related to Substance Abuse.

(a) The Board shall also apply, as required, the Department of Consumer Affairs' Substance Abuse Coordination Committee's [Uniform Standards Regarding Substance-Abusing Healing Arts Licensees \(April 2011\)](#) [hereafter "Uniform Standards"], which are hereby incorporated by reference. The "Uniform Standards" describe the mandatory conditions that apply to a substance abusing licensee, except that the Board may impose more restrictive conditions if necessary to protect the public. Neither the board nor an administrative law judge may impose any conditions or terms of probation that are less restrictive than the "Uniform Standards."

(b) If the conduct found to be grounds for discipline involves drugs and/or alcohol, the licensee shall be presumed to be a substance-abusing licensee for the purposes of section 315 of the Code. If the licensee does not rebut that presumption, in addition to any and all relevant terms and conditions contained in the Disciplinary Guidelines, the "Uniform Standards" shall apply as written and be used in the order placing the licensee on probation.

Note: Authority cited: Section 2570.20, Business and Professions Code. Reference: Sections 315, 315.2, 315.4, 2570.27, Business and Professions Code; and Section 11425.50(e), Government Code.

# PHYSICAL THERAPY BOARD OF CALIFORNIA

## PROPOSED LANGUAGE

Proposed amendments to the regulatory language are shown in single underline for new text and ~~single strikethrough~~ for deleted text.

The Physical Therapy Board of California proposes to amend section 1399.15 in Article 8 of Division 13.2, Title 16 of the California Code of Regulations, as follows:

### 1399.15 Guidelines for Issuing Citations and Imposing Discipline

(a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code Section 11400 et seq.), the Board shall consider the “Guidelines for Issuing Citations and Imposing Discipline”, (~~Revised December 2013~~September 2020, ~~5<sup>th</sup>~~6<sup>th</sup> Edition; hereafter, “Guidelines”) which are hereby incorporated by reference. Subject to paragraph (c), deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the Board, in its sole discretion, determines that the facts warrant such a deviation -for example: The presence of mitigating or aggravating factors; the age of the case; evidentiary problems.

(b) Notwithstanding the Guidelines, any proposed decision issued in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code that contains any finding of fact that the licensee engaged in any act of sexual contact, as defined in subdivision (c) of Section 729 of the Code, with a patient, or any finding that the licensee has committed a sex offense or been convicted of a sex offense, shall contain an order revoking the license. The proposed decision shall not contain an order staying the revocation of the license.

As used in this section, the term “sex offense” shall mean any of the following:

(1) Any offense for which registration is required by Section 290 of the Penal Code or a finding that a person committed such an offense.

(2) Any offense defined in ~~§sections~~§ 261.5, 313.1, ~~647b, or 647~~1, subdivisions (a) or (d), ~~or~~or ~~647(b)~~647(b) of the Penal Code or a finding that a person committed such an offense.

(3) Any attempt to commit any of the offenses specified in this section.

(4) Any offense committed or attempted in any other state or against the laws of the United States which, if committed or attempted in this state, would be punishable as one or more of the offenses specified in this section.

(c) If the conduct found to be a violation involves drugs, alcohol, or both, and the individual is permitted to practice under conditions of probation, a clinical diagnostic evaluation shall be ordered as a condition of probation in every case, without deviation.

(1) Each of the “Conditions Applying the Uniform Standards,” as set forth in the Guidelines, shall be included in any order subject to this subsection, but may be imposed contingent upon the outcome of the clinical diagnostic evaluation.

- (2) The Substance Abuse Coordination Committee's "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" (Revised ~~April 2014~~March 2019; hereafter, "Uniform Standards"), which are hereby incorporated by reference, shall be used in applying the probationary conditions imposed pursuant to this subsection.
- (d) Nothing in this section shall prohibit the Board from imposing additional terms or conditions of probation in any order that the Board determines would provide greater public protection.

Note: Authority cited: Section 2615, Business and Professions Code.

Reference: Sections 315, 315.2, 315.4, 2660, 2660.1, 2660.2, 2661, and 2661.5, Business and Professions Code; and Section 11400.20 and 11425.50(e), Government Code.



# **GUIDELINES FOR ISSUING CITATIONS AND IMPOSING DISCIPLINE**

*Physical Therapy Board of California*

*Department of Consumer Affairs*

**~~Physical Therapy Board of California  
Guidelines for Issuing Citations  
& Imposing Discipline~~**

~~Edmund G. Brown Jr., Governor~~

~~Denise Brown, Director  
Department of Consumer Affairs~~

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**Statement of Purpose, Intent &and Expectations**

The purpose of physical therapists and physical therapist assistant licensure in the State of California is to protect the public’s health, safety and welfare from the incompetent and unprofessional practice of physical therapy. These ~~g~~Guidelines for Issuing Citations and Imposing Discipline address the challenge of providing public protection and of enabling a licensee to practice ~~his or her~~their profession. In addition to protecting the public and rehabilitating a licensee, the Physical Therapy Board of California (Board) finds imposing the discipline set forth in the ~~g~~Guidelines will further public protection by promoting uniformity, certainty, fairness, and deterrence.

The ~~Physical Therapy Board of California (Board)~~ is producing ~~these~~ this 5th edition of the “Guidelines for Issuing Citations and Imposing Discipline,” (Revised September 2020, 6<sup>th</sup> Edition; hereafter, “(Guidelines)” for the public, individuals subject to issuance of a citation and fine, as well as those involved in the disciplinary process: Administrative Law Judges, Deputy Attorneys General, Members of the Board who review proposed decisions and stipulations and make final decisions, the Board’s Executive Officer and staff, and Respondents and their Counsel.

When an Initial Probationary License has been issued, a Statement of Issues, or an Accusation has been filed, these actions indicate the nature of the alleged violation is severe enough to warrant disciplinary action if the allegations are proven true. An administrative citation is not discipline and is issued for less egregious violations. However, when documentation of significant mitigation has been received, discipline may not be required to protect the public.

When criminal charges are alleged and there is an immediate need to protect the public, application of Penal Code section 23 shall be sought. In addition, if the alleged conduct poses an immediate threat to public safety, an Interim Suspension Order shall be sought.

The Board has some basic expectations when an Administrative Law Judge determines the allegations are true and a cause for discipline exists. The Board recognizes a rare individual case may necessitate a departure from these ~~g~~Guidelines. Any “Proposed Decision” that departs from the ~~disciplinary~~ gGuidelines shall identify the departures and the facts supporting the departure. However, in such a rare case, the mitigating circumstances must be detailed in the Findings of Fact, which is in every Proposed Decision.

These basic expectations include:

- 1) If at the time of hearing, the Administrative Law Judge finds Respondent, for any reason, not capable of safe practice, the Board expects the outright revocation of the license. This is particularly true in cases of patient sexual abuse. In less egregious cases, a stayed revocation with suspension and probation, pursuant to the gGuidelines contained in this manual, ~~will~~ould be expected.

- 2) The Board expects revocation to normally be the appropriate order in cases where Respondent does not file a Notice of Defense or appear at a hearing.
- 3) When probation is granted, the inclusion of a stayed revocation order is essential to ensure compliance with terms of probation.
- 4) When the revocation of a license is stayed, a suspension of the license shall be considered when further education, medical or psychological evaluation or treatment is deemed necessary to ensure safe practice. A suspension, when imposed, should not be for less than indicated in the gGuidelines.
- 5) The Board expects the decision to include an order for cost recovery.

The Board expects a similar result and explanation for any Stipulated Settlement negotiated prior to hearing. Any "Proposed Stipulated Settlement" that departs from the disciplinary gGuidelines shall be accompanied by a memorandum identifying the departures and the facts supporting the departure, as well as any mitigating or aggravating circumstances. ~~However, in such a rare case, the mitigating circumstances must be detailed in the Findings of Fact.~~

Probation conditions are divided into three categories: (1) Standard Conditions which the Board expects in all probation cases; (2) Specific Conditions that depend on the nature and circumstances of the particular case; and (3) Conditions Applying the Uniform Standards Specific to Alcohol and/or Controlled Substances.

## LEGAL AUTHORITY

The legal authority for these guidelines is contained in ~~Section 315, 315.2, 315.4, 2615, 2660, 2660.1, 2661 and 2661.5 of the Business and Professions Code; and Title 16, CCR §1399.15.~~

The legal authority for these Guidelines is contained in Business and Professions Code (BPC) section 2615.

For context, see BPC sections 315, 315.2, 315.4, 2660, 2660.1, 2660.2, 2661 and 2661.5; Government Code (Gov) sections 11400.20, 11425.50, subdivision (e); and California Code of Regulations (CCR), title 16, section 1399.15

**California Code of Regulations**  
**Title 16, Professional and Vocational Regulations**  
**Division 13.2, Physical Therapy Board of California**  
**Article 8. Enforcement Actions, Discipline and Reinstatement of License**  
**Disciplinary Guidelines**

**16 CCR 1399.15. Guidelines for Issuing Citations and Imposing Discipline.**

(a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code Section 11400 et. seq.), the Board shall consider the “Guidelines for Issuing Citations and Imposing Discipline”, (Revised ~~December 2013, 5<sup>th</sup>~~, September 2020, 6<sup>th</sup> Edition; hereafter, “Guidelines”) which are hereby incorporated by reference. Subject to paragraph (c), deviation from these ~~g~~Guidelines and orders, including the standard terms of probation, is appropriate where the Board, in its sole discretion, determines that the facts warrant such a deviation – for example: The presence of mitigating or aggravating factors; the age of the case; or evidentiary problems.

(b) Notwithstanding the Guidelines, any proposed decision issued in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code that contains any finding of fact that the licensee engaged in any act of sexual contact, as defined in subdivision (c) of Section 729 of the Code, with a patient, or any finding that the licensee has committed a sex offense or been convicted of a sex offense, shall contain an order revoking the license. The proposed decision shall not contain an order staying the revocation of the license.

As used in this section, the term “sex offense” shall mean any of the following:

- (1) Any offense for which registration is required by Section 290 of the Penal code or a finding that a person committed such an offense.
- (2) Any offense defined in Section 261.5, 313.1, ~~647b, or 647~~, subdivisions (a) or (d), or 647b of the Penal code or a finding that a person committed such an offense.

- (3) Any attempt to commit any of the offenses specified in this section.
- (4) Any offense committed or attempted in any other state or against the laws of the United States which, if committed or attempted in this state, would be punishable as one or more of the offenses specified in this section.

(c) If the conduct found to be a violation involves drugs, alcohol, or both, and the individual is permitted to practice under conditions of probation, a clinical diagnostic evaluation shall be ordered as a condition of probation in every case, without deviation.

(1) Each of the “Conditions Applying the Uniform Standards,” as set forth in the Guidelines, shall be included in any order subject to this subsection, but may be imposed contingent upon the outcome of the clinical diagnostic evaluation.

(2) The Substance Abuse Coordination Committee’s “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees” (Revised ~~April 2014~~March 2019; hereafter, “Uniform Standards”), which are hereby incorporated by reference, shall be used in applying the probationary conditions imposed pursuant to this subsection.

(d) Nothing in this section shall prohibit the Board from imposing additional terms or conditions of probation in any order that the Board determines would provide greater public protection.

**- End of Page -**

## AUTHORITY TO EXAMINE DUE TO MENTAL ILLNESS AND/OR PHYSICAL IMPAIRMENT

### **Business and Professions Code, § BPC section 820. Examination of licentiate for mental illness or physical illness affecting competency**

Whenever it appears that any person holding a license, certificate or permit under this division or under any initiative act referred to in this division may be unable to practice his or her profession safely because the licentiate's ability to practice is impaired due to mental illness, or physical illness, affecting competency, the licensing agency may order the licentiate to be examined by one or more physicians and surgeons or psychologists designated by the agency. The report of the examiners shall be made available to the licentiate and may be received as direct evidence in proceedings conducted pursuant to BPC section 822.

### **Business and Professions Code, § BPC section 821. Effect of licentiate's failure to comply with order for examination**

The licentiate's failure to comply with an order issued under Section 820 shall constitute grounds for the suspension or revocation of the licentiate's certificate or license.

### **Business and Professions Code, § BPC section 822. Action by licensing agency**

If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill, affecting competency, the licensing agency may take action by any one of the following methods:

- (a) Revoking the licentiate's certificate or license.
- (b) Suspending the licentiate's right to practice.
- (c) Placing the licentiate on probation.
- (d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.

The licensing agency shall not reinstate a revoked or suspended certificate or license until it has received competent evidence of the absence or control of the condition which caused its action and until it is satisfied that with due regard for the public health and safety the person's right to practice his or her profession may be safely reinstated.

### **Business and Professions Code, § BPC section 823. Reinstatement of licentiate**

Notwithstanding any other provisions of law, reinstatement of a licentiate against whom action has been taken pursuant to BPC § section 822 shall be governed by the procedures in this article. In reinstating a certificate or license which has been revoked or suspended under BPC section 822, the licensing agency may impose terms and conditions to be complied with by the licentiate after the certificate or license has been reinstated. The authority of the licensing agency to impose terms and conditions includes, but is not limited to, the following:

- (a) Requiring the licentiate to obtain additional professional training and to pass an examination upon the completion of the training.

(b) Requiring the licentiate to pass an oral, written, practical, or clinical examination, or any combination thereof to determine his or her present fitness to engage in the practice of his or her profession.

(c) Requiring the licentiate to submit to a complete diagnostic examination by one or more physicians and surgeons or psychologists appointed by the licensing agency. If the licensing agency requires the licentiate to submit to such an examination, the licensing agency shall receive and consider any other report of a complete diagnostic examination given by one or more physicians and surgeons or psychologists of the licentiate's choice.

(d) Requiring the licentiate to undergo continuing treatment.

(e) Restricting or limiting the extent, scope or type of practice of the licentiate.

**Business and Professions Code, S BPC section 824. Options open to licensing agency when proceeding against licentiate**

The licensing agency may proceed against a licentiate under either Section 820, or 822, or under both sections.

**- End of Page -**

## DEFINITION OF SUBSTANCE ABUSE REHABILITATION PROGRAMS

The Board does not consider the Substance Abuse Rehabilitation Program (rehabilitation program) as diversion from discipline. As a result, the Board will not use the term "diversion" in these Guidelines.

~~The Board does not consider licensees who have been ordered to participate in the Board's diversion program to be "in diversion" rather the Board considers these individuals to be in a substance abuse rehabilitation program, hereafter referred to as the rehabilitation program. As a result, the Board will not use the term "diversion" in these disciplinary guidelines to describe licensees on probation or terms and conditions of probation related to the rehabilitation program. Instead the phrase "rehabilitation program" will be used.~~

There are two pathways into the Board's rehabilitation program:

(1) Participants with drug and/or alcohol addiction issues who have self-referred to the rehabilitation program and are not under a disciplinary order; and, (2) Participants who have been ordered into the Board's rehabilitation program ~~as a result of~~ resulting from violations of the Physical Therapy Practice Act related to drugs and/or alcohol addiction.

### *Self-Referrals*

When a licensee enrolls in the Board's rehabilitation program as a self-referral, the participation is confidential. However, if the rehabilitation program determines a self-referred participant ~~is determined to be~~ is too great a risk to the public health, safety, and welfare to continue the practice of physical therapy, the rehabilitation program shall report the facts shall be reported by the rehabilitation program to the Executive Officer of the Board and shall provide all documents and information pertaining to and supporting that conclusion ~~shall be provided to the Executive Officer of the Board.~~ The Board may refer the matter may be referred for investigation and disciplinary action ~~by the Board.~~ Each physical therapist or physical therapist assistant who requests participation in a rehabilitation program shall agree to cooperate with the rehabilitation program designed for ~~him or her~~ them. Any failure to comply with the rehabilitation program may result in termination of participation in the rehabilitation program.

### *Probationary Participants*

Probationary participants ~~are required to~~ shall comply with terms of probation or risk losing their license. Pursuant to ~~section 315 of the Business and Professions Code~~ BPC section 315, the Board uses the Substance Abuse Coordination Committee's *Uniform Standards Regarding Substance-Abusing Healing Arts Licensees (April 4/2011)* (hereafter, "Uniform Standards"). A clinical diagnostic evaluation will be ordered as a term of probation and other Conditions Applying the Uniform Standards will also be included.

While self-referred licensees are not subject to terms and conditions in these Guidelines, they are subject to nearly identical contractual terms of participation and the violation of those terms could lead to termination of participation in the rehabilitation program.

## SUBSTANCE ABUSE REHABILITATION PROGRAM

### OVERVIEW OF PARTICIPANT REQUIREMENTS & AND COSTS (For either self-referrals or probation participants)

Licenseses enrolled in the rehabilitation program are required to pay the entire cost of the rehabilitation program pursuant to ~~Business and Professions Code S~~ BPC section 2668. The rehabilitation program costs include the monthly administrative fee, monthly health support fees, and random drug and alcohol testing fees. ***All rehabilitation program fees are subject to change.***

**Substance Abuse Rehabilitation Program Timeframe:** Participation in the rehabilitation program shall run until completion of the substance abuse rehabilitation program ~~is for a period of approximately 3-5 years.~~

**Monthly Administrative Fee:** The participant shall pays the monthly administrative fee directly to the rehabilitation program. ~~The monthly administrative fee is currently \$288. The monthly administrative fee may increase 3-5 % annually each July. Costs~~ Fees are dependent on the contracted costs. For additional information, please visit <https://www.ptbc.ca.gov/licensees>

**Random Biological Testing (RBT) & Fee:** ~~Currently the average cost of each RBT is approximately \$60.00 plus the collection fee at the testing site which can cost up to \$125.00 and possibly more if the applicant is required to test on a weekend. Additionally, there are charges for the medical review officer (MRO) who reviews any positive drug test results, at the Board's request. Medical reviews are usually a direct result of problematic (i.e. positive) RBT results.~~

The participant is required to pay the RBT cost at a fee set by the rehabilitation program. The frequency of testing can vary and is scheduled randomly throughout the year, including weekends and holidays. For additional information, please visit <https://www.ptbc.ca.gov/licensees>

**Professional Support Group Meetings:** Support group meetings are a treatment modality of the rehabilitation program. These groups are attended exclusively by licensed professionals who are in their own recovery and involved in a rehabilitation program. The support group facilitators are licensed professionals who have extensive clinical experience in working with licensed professionals in recovery and in rehabilitation programs. Each participant is required to attend support group meetings, two times per week, during their first 18 months in the rehabilitation program. The frequency of support group meeting attendance can be reduced to one time, per week, after 18 months of successful participation in the rehabilitation program. This reduction is also based upon the on-going clinical evaluation of each participant.

**Professional Support Group Meeting Fees:** The participant pays the monthly support group meeting fees directly to the support group facilitator. Support groups ~~all charge different fees and~~ negotiate directly with the participant. For additional information,

please visit <https://www.ptbc.ca.gov/licensees> Average costs range from \$200-\$500 monthly. Participants may be required to attend support groups once or twice weekly.

**12-Step Meetings:** All participants are required to attend community-based 12-step meetings. The frequency requirement for attending 12-step meetings range from daily attendance to three times per week. The frequency requirement is established and modified by the Clinical Case Manager based upon the on-going clinical evaluation of each participant. Generally, there is not a cost associated with attending 12-step meetings. Contributions at the 12-step meetings are voluntary.

**Clinical Assessment:** All participants are required to undergo an initial clinical assessment and subsequent re-assessments by contracted Assessors. There is currently no cost to the Physical Therapy Board participants for the initial clinical assessment and the annual re-assessments. However, if the participant is required to have more than one clinical assessment, per year, the participant is required to pay the cost for the additional clinical assessment. These additional assessments are usually a direct result of reoccurring problems in the rehabilitation program.

**Additional Costs to Third Parties:** Participants may be required to enter formal chemical dependency treatment (i.e. inpatient or outpatient facilities) at treatment programs approved by the rehabilitation program. Referrals to specific treatment programs are based upon the assessment of a participant's clinical need. The cost of any formal chemical dependency treatment program is the sole responsibility of each participant. Participants may also be required to undergo formal treatment for a mental health diagnosis. The cost of any formal treatment for mental health treatment program is the sole responsibility of each participant.

**Worksite Monitor:** Each participant is required to have a Worksite Monitor at his or her the participant's place of employment. The rehabilitation program will shall provide the applicant with the required consent forms at the time of enrollment. The Worksite Monitor is required to report to the rehabilitation program on the status of the participant.

**Other Requirements:** The participant must submit monthly self-evaluation reports and call into the rehabilitation program on a routine, often daily, basis. The assigned Clinical Case Manager will determine the frequency of how often the participant needs to call in. Participants are required to receive prior approval from the Clinical Case Manager before scheduling and taking any vacations. The participant's Clinical Case Manager may determine other requirements.

## INITIAL PRACTICE RESTRICTIONS

BPC section 315 requires the Board to use the Uniform Standards formulated by the Department of Consumer Affairs, Substance Abuse Coordination Committee entitled, "Uniform Standards Regarding Substance-Abusing Health Arts Licensee." Uniform Standard 2 requires that the Board order a licensee to cease practice pending the results of the clinical diagnostic evaluation and review by Board staff.

While awaiting the results of the evaluation participants are randomly drug tested at least two times per week. After reviewing the results of the clinical diagnostic evaluation, program and Board staff will determine if the participant is safe to return to practice. If the participant is determined safe to return to practice, program and Board staff will then authorize the number of hours permitted to practice. However, no participant shall be authorized to return to practice until they have negative drug tests for a period of at least 30 days.

A complete copy of the "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" may be found at: [http://www.ptbc.ca.gov/forms/sb\\_1441.pdf](http://www.ptbc.ca.gov/forms/sb_1441.pdf)

## **DENIAL OF LICENSURE ~~&AND~~ ISSUANCE OF AN INITIAL PROBATIONARY LICENSE**

### **Mandatory Denial of a License**

In accordance with ~~§ BPC section 2660.5 of the B&P Code~~, the Board must deny licensure to any applicant who is required to be registered pursuant to Penal Code ~~§~~section 290, unless the only basis for ~~the~~ registration is a misdemeanor conviction under Penal Code ~~§~~section 314. There is no discretion allowed. If an applicant is a Penal Code section 290 registrant, ~~his or her~~the application for licensure ~~will~~shall be denied.

### **Permissive Denials of a License**

The Board has the ~~right~~authority to deny a license to any applicant for any of the following reasons:

~~Business and Professions Code BPC section 480;~~ †The Physical Therapy Board has the authority to deny licensure to any applicant whose misconduct or criminal history is substantially related to the qualifications, functions, or duties of a physical therapist or physical therapist assistant. Reasons for denial of a license include, but are not limited to, the following:

- ~~• Conviction of a crime substantially related to the practice of physical therapy~~
- ~~• Any act involving dishonesty, fraud, or deceit with intent to substantially benefit self or another or to substantially injure another~~
- ~~• Any act which is grounds for revocation of a license~~
- ~~• Making a false statement on the application~~
  
- The applicant has been convicted of a crime within the preceding seven years from the date of application that is substantially related to the qualifications, functions, or duties of the business or profession.
- The applicant was convicted of a serious felony, as defined in §section 1192.7 of the Penal Code.
- The applicant has been subjected to formal discipline by a licensing board in or outside California, within the preceding seven years from the date of application, based on professional misconduct that would have been cause for discipline before the board for which the present application is made and that is substantially related to the qualifications, functions, or duties of the business or profession for which the present application is made.
- The applicant knowingly made a false statement of fact that is required to be revealed in the application for the license.

~~In addition to Section 480, the Board has the authority to deny a license for any of the following reasons:~~

~~Business and Professions Code BPC section 2635: e~~Every applicant for a license under this chapter shall, at the time of application, be a person over 18 years of age, not addicted to alcohol or any controlled substance, have successfully completed the education and

training required by BPC section 2650, and not have committed acts or crimes constituting grounds for denial of licensure under Section 480.

~~Business and Professions Code~~ BPC section 2660, subdivision (f)(1): Obtaining or possessing in violation of law, or except as directed by a licensed physician and surgeon, dentist, or podiatrist, administering to himself or herself, or furnishing or administering to another, any controlled substances or any dangerous drug.

~~Business and Professions Code~~ BPC section 2660, subdivision (f)(2): Using any controlled substance or any dangerous drug.

~~Business and Professions Code~~ BPC section 2660, subdivision (w): Habitual intemperance.

~~Business and Professions Code~~ BPC section 2660.2, subdivision (a): The Board may refuse a license to any applicant guilty of unprofessional conduct or sexual activity referred to in Section 2660.1.

~~Business and Professions Code~~ BPC section 2660.2: The Board may refuse a license to any applicant guilty of unprofessional conduct or sexual misconduct as defined in ~~B&P Code, S~~ BPC section 2660.1 and CCR, Title 16 CCR, California Code of Regulations, S ~~Section~~ 1399.23. The Board may, in its sole discretion, issue a public letter of reprimand or may issue a probationary license to any applicant ~~for a license~~ who is guilty of unprofessional conduct, but who has met all other requirements for licensure.

## **Appeal Rights**

The applicant has the right to appeal the denial or the issuance of a license with terms and conditions. In either case, a Statement of Issues would be filed in accordance with Chapter 5, (commencing with ~~S~~ Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the Board shall have all the powers granted therein.

Any person whose application for a license has been denied by the Board may reapply to the Board for a license only after a period of one (1) year from the date of the denial.

## CITATION

The ~~Physical Therapy Board~~ may issue a citation pursuant to ~~BPC, Section 125.9 of the Business and Professions Code,~~ as an alternate means to address relatively minor violations not necessarily warranting discipline.

Citations are not disciplinary actions, but are matters of public record. The citation program increases the effectiveness of the Board's consumer protection process by providing a method to effectively address less egregious violations.

Citations shall be in writing and shall describe the particular nature and facts of the violation, including a reference to the statute or regulation allegedly violated. In assessing a fine, the Board shall give due consideration to the factors enumerated in ~~16, CCR 1399.25 of Title 16 of the CCR.~~

Payment of a fine with or without an informal conference or administrative hearing does not constitute an admission of the violation charged, but represents a satisfactory resolution of the citation for purposes of public disclosure.

After a citation is issued, the person may:

- 1) Pay the fine/comply with any Order of Abatement and the matter will be satisfactorily resolved.
- 2) Request an informal conference. ~~At the conclusion of the informal conference~~which, the citation may be affirmed, modified or dismissed, including any fine levied or order of abatement issued.
- 3) Request an Administrative Hearing in appeal of the citation whether or not an informal conference was held.

Failure to pay a fine, unless the citation is being appealed, may result in disciplinary action. Where a citation is not contested and a fine is not paid, the fine shall be added to the fee for renewal of the license.

## PUBLIC REPROVALS ~~&AND~~ REPRIMANDS

~~Business & Professions Code BPC Section 495~~ authorizes the Board to publicly reprove a physical therapist or physical therapist assistant for an act constituting grounds for suspension or revocation of a license. The Board may consider issuing a Public Reproval as part of a disciplinary order, if any of the following circumstances may be considered when the following circumstances exist:

1. The offense is an isolated incident;
2. Sufficient time elapsed since the offense without further violations indicating a recurrence is unlikely;
3. Respondent admitted to the offense;
4. Respondent indicated remorse;
5. No prior discipline for a similar violation exists; or
6. In the case of an offense related to substance abuse, active participation in a recovery program has been documented for at least one (1) year without a relapse.

In lieu of filing or prosecuting a formal accusation against a licensee, ~~Business & Professions Code BPC Section 2660.3~~ authorizes the Board, upon stipulation or agreement by the licensee, to issue a public letter of reprimand after it has conducted an investigation or inspection. The public letter of reprimand may include a requirement for specified training or education, and cost recovery for investigative costs. The Board may use a public letter of reprimand only for minor violations (as defined by the Board) committed by the licensee. Examples of Mminor violations, include, ~~but are not limited to,~~ the following:

1. First DUI with no underlying circumstances that would be considered egregious. (e.g. no bodily injury to any third party);
2. One (1) minor adverse action in another State;
3. ~~Failure to maintain patient records, such as an isolated incident of a~~ Minor documentation violations.

## GUIDELINES SPECIFIC TO VIOLATION

The following offenses are listed in numerical order of the statutory numbers in the Business and Professions Code (~~BPC&P Code~~), the California Code of Regulations (CCR),<sub>1</sub> and the Health and Safety Code (~~HSC&S Code~~).

~~BPC&P Code section 2660, subdivision (a), authorizes the Physical Therapy Board of California to cite violations of the Medical Practice Act. When the Board cites violations of the Medical Practice Act are cited, the Board must also cite BPC&P Code section 2660, subdivision (a) must also be cited.~~

Violations of the ~~BPC&P Code~~ or the CCR may result in the issuance of a Citation, Public Reprimand, Initial Probationary License, filing of a Statement of Issues, or an Accusation. Filing of criminal charges shall be sought when appropriate.

## BUSINESS AND PROFESSIONS CODE

### **BPC sec. 123. SUBVERTING OR ATTEMPTING TO SUBVERT A LICENSING EXAM** **~~B&P CODE 123~~**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval or Initial Probationary License  
Maximum: Revocation or denial of license

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, D, E, F, K,  
L, M, N, P

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

*Refer to related statutes: BPC sections 584, 2660(i)(j), 2660.7*

### **BPC sec. 136. CHANGE OF ADDRESS REPORTING REQUIREMENT** **~~B&P CODE 136~~**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$1,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Public Reproval

*Refer to related regulation: 16 CCR sec.1398.6*

### **BPC sec. 141. DISCIPLINARY ACTION BY A FOREIGN JURISDICTION** **~~B&P CODE 141~~**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

If violation is an offense in California, refer to corresponding statute. If not, the Board shall consider the discipline order from the state, federal government, or country of discipline when determining disciplinary action.

*Refer to related statute and/or regulation: ~~B&P Code~~ BPC sec. 2660(o); 16 CCR sec. 1399.24(d)(4)*

**BPC sec. 480(a)(1). GROUNDS FOR DENIAL OF APPLICATIONS FOR LICENSURE; CONVICTION OF CRIME**

**Discipline:**

Minimum: License Issued with Public Reproval

Maximum: Denial of License

*Refer to related statute for Conditions of Probation: BPC sec. 490*

**BPC sec. 480 (a)(1)(A). GROUNDS FOR DENIAL OF APPLICATIONS FOR LICENSURE; CONVICTION OF A SERIOUS FELONY**

**Discipline:**

Minimum: License Issued with Public Reproval

Maximum: Denial of License

*Refer to related statutes for Conditions of Probation: BPC sections 2660(e) and (f)*

**BPC sec. 480(a)(1)(B). GROUNDS FOR DENIAL OF APPLICATIONS FOR LICENSURE; CONVICTION OF A FINANCIAL CRIME CLASSIFIED AS A FELONY**

**Discipline:**

Minimum: License Issued with Public Reproval

Maximum: Denial of License

*Refer to related statutes for Conditions of Probation: BPC sec. 2660(e)*

**BPC sec. 480(a)(2). GROUNDS FOR DENIAL OF APPLICATIONS FOR LICENSURE; FORMAL DISCIPLINE BY A LICENSING BOARD IN OR OUTSIDE CALIFORNIA**

**Discipline:**

Minimum: License Issued with Public Reproval

Maximum: Denial of License

**Conditions of Probation:**

1) All "Standard Probation Conditions"

2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, D, E, F, J, K, L, M, N

*Refer to related statutes: BPC sec. 141, 2660(o)*

**BPC sec. 480(a)(2)(e). GROUNDS FOR DENIAL OF APPLICATIONS FOR LICENSURE;**

**KNOWINGLY MAKING A FALSE STATEMENT OF FACT**

**Discipline:**

Minimum: License Issued with Public Reproval

Maximum: Denial of License

Conditions of Probation:

1) All “Standard Probation Conditions”

2) “Probation Conditions Specific to Violation” for consideration are: A, B, C, D, E, F, J, K, L, M, N, O, P

Refer to related statutes: BPC sections 499, 583, 2660(J).

**BPC sec. 490. CONVICTION OF A CRIME - SUBSTANTIAL RELATIONSHIP  
REQUIRED B&P CODE 490**

**Citation:**

Minimum Fine: \$100

Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval

Maximum: Revocation

Conditions of Probation:

1) All “Standard Probation Conditions”

2) “Probation Conditions Specific to Violation” for consideration are: A, B, C, D, E, F, M, J, N, PO, T, U, V, W, X, Y, Z, AA, BB, CC, DD, EE

“Probation Conditions Specific to Violation” should be considered individually since some, or all, may **not** apply.

(Condition “PR” should be considered if the violation(s) relate(s) to psychiatric conditions. Conditions “T” thru “AA” through FF” should only be used if the violation relates to alcohol/substance abuse.)

Refer to related statutes and/or regulations: BPC sections ~~B&P Code 2236, 480~~, 2660(e), (f)(1),(2),(3),(w) (a)<sup>1</sup>, 2661; 16 CCR 1399.24(d)

**BPC sec. 490.5. COMPLIANCE WITH CHILD SUPPORT ORDERS AND JUDGMENTS  
B&P CODE 490.5**

<sup>1</sup> ~~B&P Code 2660(a) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.~~

In addition to the mandatory suspension pursuant to Family Code section 17520: requirements of ~~B&P 490.5~~.

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Public Reproval

**BPC sec. 498. OBTAINING LICENSURE BY FRAUD ~~B&P CODE 498~~**

**Discipline:**

Revocation or Denial of License

*Refer to related statutes: BPC sections~~B&P Code~~ 499, 581, 582, 583, 2235, 2660(c)(a)<sup>1</sup>*

**BPC sec. 499. FALSE STATEMENT OF MATERIAL FACT FOR APPLICATION ~~B&P CODE 499~~**

**Discipline:**

Revocation or Denial of License

*Refer to related statutes: BPC sections~~B&P Code~~ 498, 581, 582, 583, 2235, 2660(c)(a)<sup>1</sup>*

**BPC sec. 580. SALE OR BARTER OF DEGREE, CERTIFICATE OR TRANSCRIPT ~~B&P CODE 580~~**

**Discipline:**

Revocation or Denial of License

**BPC sec. 581. PURCHASE OR FRAUDULENT ALTERATION OF DIPLOMA OR OTHER WRITINGS ~~B&P CODE 581~~**

**Discipline:**

Revocation or Denial of License

*Refer to related statutes: BPC sections~~B&P Code~~ 498, 499, 582, 583, 2235, 2660(c)(a)<sup>1</sup>*

**BPC sec. 582. USE OF ILLEGALLY OBTAINED, ALTERED OR COUNTERFEIT DIPLOMA, CERTIFICATE, OR TRANSCRIPT ~~B&P CODE 582~~**

<sup>1</sup> ~~B&P Code 2660(a)~~ authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

**Discipline:**

Revocation or Denial of License

*Refer to related statutes: BPC sections~~B&P Code~~ 498, 499, 581, 583, 2235, 2660(c)(a)<sup>1</sup>*

**BPC sec. 583. FALSE STATEMENTS IN APPLICATION DOCUMENTS OR WRITINGS  
~~B&P CODE 583~~**

**Discipline:**

Revocation or Denial of License

*Refer to related statutes: BPC sections~~B&P Code~~ 498, 499, 581, 582, 2235, 2660(c)(a)<sup>1</sup>*

**BPC sec. 584. VIOLATION OF EXAMINATION SECURITY; IMPERSONATION ~~B&P CODE 584~~**

**Discipline:**

Revocation or Denial of License

*Refer to related statutes: BPC sec. ~~B&P Code~~ 2288, 2660(a), 2660.7*

**BPC sec. 650. CONSIDERATION FOR REFERRALS PROHIBITED ~~B&P CODE 650~~**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Revocation, stayed, 30 days' suspension, 3 years' probation  
Maximum: Revocation

Conditions of Probation in Addition to Standard Conditions: NONE

*Refer to related statutes: BPC sec. ~~B&P Code~~ 2660(t)*

**BPC sec. 651. ADVERTISING VIOLATIONS- DISSEMINATION OF FALSE OR MISLEADING INFORMATION CONCERNING PROFESSIONAL SERVICES OR PRODUCTS ~~B&P CODE 651~~**

**Citation:**

Minimum Fine: \$1,000  
Maximum Fine: \$5,000

**Discipline:**

<sup>1</sup> ~~B&P Code 2660(a) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.~~

Minimum: Revocation, stayed, 30 days' suspension, 3 years' probation  
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: E

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

*Refer to related statutes and/or regulation: ~~BPC section B&P Code 2660(b);(q), H&S 17500;~~ 16 CCR sec. 1398.10*

**BPC sec. 654.2. BENEFICIAL INTEREST REFERRALS – REQUIRED DISCLOSURE STATEMENT ~~B&P 654.2~~**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Revocation, stayed, days' suspension, 3 years' probation  
Maximum: Revocation

Conditions of Probation in Addition to Standard Conditions: NONE

*Refer to related statutes: ~~BPC sec. B&P Code 2660(q)~~*

**BPC sec. 680. HEALTH CARE PRACTITIONER'S DISCLOSURE OF NAME AND LICENSE STATUS ~~B&P CODE 680~~**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Public Reproval

*Refer to related regulation: 16 CCR sec. 1398.11*

**BPC sec. 725. EXCESSIVE PRESCRIBING OR TREATMENT ~~B&P CODE 725~~**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Revocation, stayed, 30 days' suspension, 3 years' probation  
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, D, E, F, H, J, K, L, M, N, O, P,

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

*Refer to related statutes: ~~BPC sec. B&P Code 2234(b), 2660(a)(h)~~*

**BPC sec. 726. SEXUAL ABUSE OR MISCONDUCT WITH PATIENT OR CLIENT B&P CODE 726**

Note: Pursuant to 16 CCR sec. 1399.15, any findings the licensee committed a sex offense or been convicted of a sex offense, the order shall revoke the license. The proposed decision shall not contain an order staying the revocation of the license.

*Refer to related statutes and/or regulation: ~~BPC sections B&P Code 2660(m)-(p), 2660.1;~~ 16 CCR 1399.15(b)*

**BPC sec. 802. REPORTS OF MALPRACTICE SETTLEMENTS OR ARBITRATION AWARDS INVOLVING UNINSURED LICENSEES; PENALTIES FOR NON-COMPLIANCE B&P CODE 802**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:** Refer to related statutes and/or regulation violation triggering malpractice settlement.

**BPC sec. 810. INSURANCE FRAUD - UNPROFESSIONAL CONDUCT B&P CODE 810**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Revocation, stayed, 30 days' suspension, 3 years' probation  
Maximum: Revocation

Conditions of Probation:

- 1) All “Standard Probation Conditions”
- 2) “Probation Conditions Specific to Violation” for consideration are: A, B, C, D, E, F, J, K, L, M, N

“Probation Conditions Specific to Violation” should be considered individually since some, or all, may **not** apply.

*Refer to related statutes: ~~BPC sec. B&P Code 2261, 2262, 2660(a)<sup>1</sup>, (g)(j)(r)(s)~~*

**BPC sec. 900. REQUIREMENTS FOR LICENSE EXEMPTION B&P CODE 901**

**Citation:**

Minimum Fine:           \$100  
 Maximum Fine:         \$5,000

*Refer to related statutes and regulations: ~~BPC sec. B&P Code, 2630.5 (c)(d)(e)(f)(g) CCR 1399.99.2, 1399.99.3, 1399.99.4~~*

**BPC sections 2068, 2660(a)<sup>1</sup>. NUTRITIONAL ADVICE B&P CODE 2068, 2660(a)<sup>1</sup>**

**Citation:**

Minimum Fine           \$100  
 Maximum Fine         \$5,000

**Discipline:**

Minimum:           Public Reproval  
 Maximum:         Public Reproval

**~~GROSS NEGLIGENCE B&P CODE 2234(b), 2660(a)<sup>1</sup>~~**

*Refer to related statutes: ~~B&P Code 725, 2660(h)~~*

**~~REPEATED NEGLIGENT ACTS B&P CODE 2234(c), 2660(a)<sup>1</sup>~~**

*Refer to related statute: ~~B&P Code 2660(h)~~*

**BPC sections 2234 (d), 2660(a). INCOMPETENCE B&P CODE 2234(d), 2660(a)<sup>1</sup>**

*Refer to related statute: ~~BPC sec. B&P Code 2660(d)(h)~~*

**~~PROCURING LICENSE BY FRAUD B&P CODE 2235, 2660(a)<sup>1</sup>~~**

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<sup>1</sup> B&P Code 2660(a) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

**Discipline:**

Revocation or cancellation is the only suitable discipline in as much as the license would not have been issued but for the fraud or misrepresentation.

*Refer to statute(s) for appropriate penalties: B&P Code 498, 499, 581, 582, 583, 2660(c)*

**CRIMINAL CONVICTION B&P CODE 2236, 2660(a)<sup>1</sup>**

Note: If the conviction relates to the use or abuse (i.e. possession, possession for sale, trafficking, etc.) of a controlled substance for DUI or related offenses, or if the conviction was attributed to the use of a controlled substance or alcohol (i.e. disorderly conduct) the conditions applying the “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees” shall be imposed.

*Refer to related statutes and/or regulation: B&P Code 490, 2660(e)(f), 2661, CCR 1399.24(d)*

**BPC sections 2237, 2660(a)<sup>1</sup>. CONVICTION RELATED TO DRUGS B&P CODE 2237, 2660(a)<sup>1</sup>**

**Discipline:**

Minimum: Revocation, stayed, 30 days’ suspension, 3 years’ probation

Maximum: Revocation

Conditions of Probation:

- 1) All “Standard Probation Conditions”
- 2) “Probation Conditions Specific to Violation” for consideration are: A, B, C, D, JM, N, O, PQ, T, U, V, W, X, Y, Z, AA, BB, CC, DD, EE

“Probation Conditions Specific to Violation” should be considered individually since some, or all, may **not** apply.

Note: If the conviction relates to the use or abuse (i.e. possession, possession for sale, trafficking, etc.) of a controlled substance for DUI or related offenses, or if the conviction was attributed to the use of a controlled substance or alcohol (i.e. disorderly conduct) the conditions applying the “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees” shall be imposed.

*NOTE: Outright revocation for conviction of illegal sales of controlled substances unless extensive mitigation appears.*

**BPC sections 2238, 2660(a)<sup>1</sup>. VIOLATION OF DRUG STATUTES B&P CODE 2238, 2660(a)<sup>1</sup>**

**Discipline:**

<sup>1</sup> BPC section 2660(a) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

Minimum: Revocation, stayed, 30 days' suspension, 3 years' probation  
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, D, JM, N, OP, Q, T, U, V, W, X, Y, Z, AA, BB, CC, DD, EE

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

The conditions applying the "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" shall be imposed.

*NOTE: Outright revocation for conviction of illegal sales of controlled substances unless extensive mitigation appears.*

**BPC sections 2239, 2660(a)<sup>1</sup>. SELF ABUSE OF DRUGS OR ALCOHOL B&P CODE 2239, 2660(a)<sup>1</sup>**

**Discipline:**

Minimum: Revocation, stayed, suspension until the ability to practice safely is determined, participation in the rehabilitation program, 5 years' probation or until satisfactory completion of the rehabilitation program, whichever is longer.  
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, D, J, L, M, N, O, Q, P, T, U, V, W, X, Y, Z, AA, BB, CC, DD, EE

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

The conditions applying the "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" shall be imposed.

*Refer to related statutes: BPC sec. B&P Code 2660(f)(1)(2)(3), 2660(w)*

**MAKING FALSE DOCUMENTS B&P CODE 2261, 2660(a)<sup>1</sup>**

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<sup>1</sup> BPC section 2660(a) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

*Refer to related statutes: ~~B&P Code 810, 2262, 2660(a)<sup>1</sup>, (s)~~*

**~~ALTERATION OF MEDICAL RECORDS B&P CODE 2262, 2660(a)<sup>1</sup>~~**

*Refer to related statutes: ~~B&P Code 810, 2261, 2660(a)<sup>1</sup>, 2660(s)~~*

**~~VIOLATION OF PROFESSIONAL CONFIDENCE B&P CODE 2263, 2660(a)<sup>1</sup>~~**

*Refer to related statute: ~~B&P Code 2660(u)~~*

**~~AIDING AND ABETTING UNLICENSED PRACTICE B&P CODE 2264, 2660(a)<sup>1</sup>~~**

*Refer to related statutes and/or regulation: ~~B&P Code 2630, 2660(i), CCR 1399~~*

**~~FALSE OR MISLEADING ADVERTISING B&P CODE 2271, 2660(a)<sup>1</sup>~~**

*Refer to related statutes and/or regulation: ~~B&P Code 651, 2660(b), 17500, CCR 1398.10~~*

**~~EMPLOYMENT OF RUNNERS, CAPPERS AND STEERERS B&P CODE 2273, 2660(a)<sup>1</sup>~~**

*Refer to related statute: ~~B&P Code 2660(t)~~*

**BPC sections 2274, 2660(a)<sup>1</sup>. UNAUTHORIZED USE OF MEDICAL DESIGNATION  
~~B&P CODE 2274, 2660(a)<sup>1</sup>~~**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Revocation, stayed, 30 days' suspension, 3 years' probation  
Maximum: Revocation

Conditions of Probation in Addition to Standard Conditions: NONE

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<sup>1</sup> BPC section 2660(a) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

**~~VIOLATION OF PROFESSIONAL CORPORATION ACT B&P CODE 2286, 2660(a)<sup>1</sup>~~**

**Citation:** Minimum Fine: \_\_\_\_\_ \$100  
Maximum Fine \_\_\_\_\_ \$5,000

**Discipline:**

Minimum: \_\_\_\_\_ Public Reproval  
Maximum: \_\_\_\_\_ Revocation

Conditions of Probation in Addition to Standard Conditions: NONE

*Refer to related statute: B&P Code 2691*

**~~IMPERSONATION OF APPLICANT IN EXAM B&P CODE 2288, 2660(a)<sup>1</sup>~~**

**Discipline:**

Revocation or denial of license

*Refer to related statutes: B&P Code 584, 2660.7*

**BPC sections 2289, 2660(a)<sup>1</sup>. IMPERSONATION- PRACTICE OF MEDICINE B&P CODE 2289, 2660(a)<sup>1</sup>**

**Discipline:**

Minimum: Revocation, stayed, 180 days' suspension, 7 years' probation  
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, D, E, G, J, K, L, M, N, O, P

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

(Term "F" to be used only when self-employed or owner)

*Refer to related statute: BPC sec. B&P Code 2660(i)(j)*

**BPC sec. 2608.5. AUTHORIZATION TO INSPECT PATIENT RECORDS B&P CODE 2608.5**

**Citation:**

<sup>1</sup> BPC section 2660(a) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reapproval  
Maximum: Revocation

Conditions of Probation in Addition to Standard Conditions: NONE

*Refer to related statute and/or regulation: ~~B&P Code 2660 (u), 16 CCR 1399.24(c)~~*

**BPC sec. 2620.3. TOPICAL MEDICATIONS B&P CODE 2620.3**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reapproval  
Maximum: Revocation

Conditions of Probation in Addition to Standard Conditions: NONE

*Refer to related regulations: 16 CCR sections 1399.77, 1399.78, 1399.79*

**BPC sec. 2620.5. CERTIFICATION TO PENETRATE TISSUE FOR THE PURPOSE OF NEUROMUSCULAR EVALUATION B&P CODE 2620.5**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Revocation, stayed, 5 days' suspension, 3 years' probation  
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: D

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

*Refer to related statute and/or regulation: ~~BPC sec. B&P Code 2660(d), 16 CCR 1399.61~~*

**BPC sec. 2620.7. MAINTENANCE OF PATIENT RECORDS B&P CODE 2620.7**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, N, OP

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

*Refer to related statute and/or regulation: ~~BPC sec. B&P Code 2660(g);~~ 16 CCR 1398.13*

**BPC sec. 2622. PHYSICAL THERAPIST PATIENT CARE RESPONSIBILITY & AND USE OF ASSISTIVE PERSONNEL B&P CODE 2622**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Revocation

*Refer to related statutes and/or regulations: ~~BPC sections B&P Code 2630.3, 2630.4;~~ 2633; 16 CCR sections 1398.44, 1399*

**BPC sec. 2630. UNLICENSED PRACTICE AS A PHYSICAL THERAPIST B&P CODE 2630**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Revocation, stayed, 30 days' suspension, 5 years' probation  
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, D, J, K, L, M,  
N, P

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

*Refer to related statutes and/or regulation: BPC sections B&P Code 2264, 2633, 2660(a)<sup>†</sup>(i)(j)*

**BPC sec. 2630.3. PHYSICAL THERAPIST ASSISTANT LICENSE & SUPERVISION REQUIREMENTS B&P 2630.3**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Revocation, stayed, 30 days' suspension, 5 years' probation  
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, J, K, L, O, P

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

*Refer to related statutes and/or regulation: BPC sections B&P Code 2264, 2660(a)<sup>†</sup>(j), 2622(a)(b), 2633.5; 16 CCR 1398.44*

**BPC sec. 2630.4. PHYSICAL THERAPY AIDE SUPERVISION REQUIREMENTS B&P 2630.4**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Revocation, stayed, 30 days' suspension, 5 years' probation  
Maximum: Revocation

Conditions of Probation:

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<sup>†</sup> B&P Code 2660(a) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, BJ, K, L, M, N, OQ

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

*Refer to related statutes and regulation: BPC sections 2622(a)(c), 2660(j); 16 CCR 13991398.44*

**BPC sec. 2630.5. Persons Exempt from Licensure Requirements**

**Citation:**

Minimum Fine: \$100  
 Maximum Fine: \$5,000

*Refer to related statutes and regulations: BPC sec. 900;*

**BPC sec. 2633. AUTHORIZED USE OF TITLE "P.T." AND "PHYSICAL THERAPIST" PERMITTED TITLES & AND OTHER DESIGNATIONS; DOCTORAL DEGREE ~~B&P CODE 2633~~**

**Citation:**

Minimum Fine: \$100  
 Maximum Fine: \$5,000

**Discipline:**

Minimum: Revocation, stayed, 30 days' suspension, 5 years' probation  
 Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, N

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

*Refer to related statute: BPC sec. 2630*

**BPC sec. 2633.5. AUTHORIZED USE OF TITLE "PHYSICAL THERAPIST ASSISTANT" & PROHIBITIONS OF USING AFFIXES ~~B&P 2633.5~~**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Revocation, stayed, 30 days' suspension, 5 years' probation  
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, N

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

Refer to related statute: BPC sec. 2630.3(b)

**BPC sec. 2633.7. AUTHORIZED USE OF TITLE BY "PHYSICAL THERAPIST STUDENT" OR "PHYSICAL THERAPIST ASSISTANT STUDENT" B&P 2633.7**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Issue Initial Probationary License  
Maximum: Deny Application

Conditions of Probation in Addition to Standard Conditions: NONE

Refer to related regulations: 16 CCR sections 1398.37, 1398.52

**BPC sec. 2636.5. REQUIREMENTS FOR OBTAINING LICENSURE WITHOUT A WRITTEN EXAMINATION AND APPLICANT STATUS FOR A PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT B&P CODE 2636.5**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Issue Initial Probationary License  
Maximum: Deny Application

Conditions of Probation in Addition to Standard Conditions: NONE

Refer to related regulations: 16 CCR sections 1399.10, 1399.12

**BPC sec. 2639. PHYSICAL THERAPIST &AND PHYSICAL THERAPIST ASSISTANT GRADUATE-LICENSE APPLICANT STATUS REQUIREMENTS B&P CODE 2639**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Issue Initial Probationary License  
Maximum: Deny Application

Conditions of Probation in Addition to Standard Conditions: NONE

Refer to related regulations: 16 CCR sections 1399.10, 1399.12

**BPC sec. 2639.1. EQUIVALENT TRAINING REQUIREMENTS – PHYSICAL THERAPIST ASSISTANT B&P 2639.1**

**Discipline:**

Minimum: Issue Initial Probationary License  
Maximum: Deny Application

Conditions of Probation in Addition to Standard Conditions: NONE

Refer to related statute and regulation: BPC sec. 2635; 16 CCR 1398.47

**BPC sec. 2644. EXPIRATION AND RENEWAL OF LICENSE, DISCLOSURE OF MISDEMEANOR OR CRIMINAL OFFENSE &AND CONTINUING COMPETENCY REQUIREMENTS – B&P CODE 2644**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Revocation

Refer to related statute and regulation: BPC sec. B&P Code 2649; 16 CCR 1399.24(d)

**RETIRED STATUS B&P CODE 2648.7**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Revocation

**BPC sec. 2649. DEMONSTRATION OF CONTINUING COMPETENCY REQUIREMENT**  
**B&P CODE 2649**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Revocation

Conditions of Probation in Addition to Standard Conditions: NONE

*Refer to related statute and regulations: BPC sec. ~~B&P Code~~ 2644; 16 CCR sections 1399.91, 1399.92, 1399.93, 1399.94, 1399.97, 1399.98, 1399.99*

**BPC sec. 2653. REQUIREMENTS OF GRADUATES FROM FOREIGN SCHOOLS B&P**  
**CODE 2653**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Issue Initial Probationary License  
Maximum: Deny Application

Conditions of Probation in Addition to Standard Conditions: NONE

*Refer to related regulations: 16 CCR sections 1398.26, 1398.26.5*

**BPC sec. 2660(a). VIOLATION OF THE PHYSICAL THERAPY OR MEDICAL PRACTICE ACTS B&P 2660(a)**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

A through EE, See specific to statute violated.

*Note: BPC sec. B&P Code 2660(a) authorizes the Physical Therapy Board of California to cite violations of the Medical Practice Act; ~~Therefore,~~ whenever the Board cites violations of the Medical Practice Act, the Board must also cite ~~are cited~~ BPC sec. B&P Code 2660(a) ~~must also be cited.~~*

**BPC sec. 2660(b). ADVERTISING IN VIOLATION OF BPC 17500 B&P CODE 2660(b)**

**Citation:**

Minimum Fine: \$100  
Maximum Fine \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Public Reproval

*Refer to related statutes and/or regulation: BPC sections B&P Code 651, 2271, 17500;  
16 CCR 1398.10*

**BPC sec. 2660(c). PROCURING A LICENSE BY FRAUD OR MISREPRESENTATION B&P CODE 2660(c)**

**Discipline:** (Prior to Licensure)

Minimum: Issue Initial Probationary License  
Maximum: Deny Application

**Discipline:** (After Licensure)

Revocation or cancellation is the only suitable discipline in as much as the license would not have been issued but for the fraud or misrepresentation.

*Refer to related statutes: BPC sections B&P Code 498, 499, 581, 582, 583, 2235,  
2660(a)*

**BPC sec. 2660(d). PRACTICING OR OFFERING TO PRACTICE BEYOND SCOPE OF PRACTICE OF PHYSICAL THERAPY B&P CODE 2660(d)**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Revocation, stayed, 30 days' suspension or until proficiency to practice safely is determined, 3 years' probation following return to practice.  
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, D, E, I, J, K, L, M, N, O, P

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

*Refer to related statutes: BPC sections B&P Code 2234(d), 2660(h)*

**BPC sec. 2660(e). CONVICTION OF A CRIME B&P CODE 2660(e)**

Note: If the conviction relates to the use or abuse (i.e. possession, possession for sale, trafficking, etc.) of a controlled substance for DUI or related offenses, or if the conviction was attributed to the use of a controlled substance or alcohol (i.e. disorderly conduct) the conditions applying the "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" shall be imposed.

*Refer to related statutes and/or regulation: BPC sections B&P Code 480, 490, 2236, 2237, 2238, 2239, 2660(a)<sup>†</sup>, (f), 2661; 16 CCR 1399.24(c)(d)*

**BPC sec. 2660(f). UNLAWFUL POSSESSION OR USE OF, OR CONVICTION OF A CRIMINAL OFFENSE INVOLVING A CONTROLLED SUBSTANCE B&P CODE 2660(f)**

**Discipline:**

Minimum: Revocation, stayed, suspension until the ability to practice safely is determined, participation in the rehabilitation program, 5 years' probation or until satisfactory completion of the rehabilitation program, whichever is longer.  
Maximum: Revocation

Conditions of Probation:

<sup>†</sup> B&P Code 2660(a) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

1) All “Standard Probation Conditions”

2) “Probation Conditions Specific to Violation” for consideration are: A, B, C, D, J, K, L, M, N, O, V, W, X, Y, Z, AA, BB, CC, DD, EE

The conditions applying the “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees” shall be imposed.

*Refer to related statutes: ~~BPC sections B&P Code 480, 490, 2237, 2238, 2239, 2660(a)~~<sup>t</sup>*

**BPC sec. 2660(g). FAILURE TO MAINTAIN ADEQUATE & AND ACCURATE PATIENT RECORDS B&P CODE 2660(g)**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Revocation

Conditions of Probation:

1) All “Standard Probation Conditions”

2) “Probation Conditions Specific to Violation” for consideration are: A, B, N, P

“Probation Conditions Specific to Violation” should be considered individually since some, or all, may **not** apply.

*Refer to related statute and/or regulations: ~~BPC sec. B&P Code 2620.7;~~ 16 CCR sections 1398.13, 1398.44, 1399, 1399.10, 1399.12*

**BPC sec. 2660(h). GROSS NEGLIGENCE OR REPEATED ACTS OF NEGLIGENCE B&P CODE 2660(h)**

**Discipline:**

Minimum: Revocation, stayed, 30 days’ suspension or until proficiency to practice safely is determined, 3 years’ probation following return to practice.  
Maximum: Revocation

Conditions of Probation:

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- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, D, E, F, I, J, K, L, M, N, P

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

Refer to related statutes: BPC sec. ~~B&P Code 725, 2234(b), 2660(a)~~<sup>4</sup>

**BPC sec. 2660(i). AIDING OR ABETTING UNLAWFUL PRACTICE ~~B&P CODE 2660 (i)~~**

**Citation:**

Minimum Fine: \$100  
 Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
 Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, F, J, K, L, M, N, O, P

Refer to related statutes: BPC sections 2630.3, 2630.4, 2630.5, 2639, 2653; 16 CCR sections 1398.26.5, 1398.37, 1398.44, 1399, 1399.10, 1399.12, ~~B&P Code 2264, 2660(a)~~<sup>4</sup>

**BPC sec. 2660(j). FRAUDULENT, DISHONEST OR CORRUPT ACT SUBSTANTIALLY RELATED ~~B&P CODE 2660(j)~~**

**Citation:**

Minimum Fine: \$100  
 Maximum Fine: \$5,000

**Discipline:**

Minimum: Revocation, stayed, 5 days' suspension, 3 years' probation  
 Maximum: Revocation

Conditions of Probation:

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<sup>4</sup> ~~B&P Code 2660(a) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.~~

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, D, E, F, J, K, L, M, N, O, P

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

*Refer to related statute: BPC sec. ~~B&P Code~~ 810*

**BPC sec. 2660(k). INFECTION CONTROL GUIDELINES ~~B&P CODE 2660(k)~~**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, ~~E~~, I, J, N

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

**BPC sec. 2660(l). VERBAL ABUSE OR SEXUAL HARASSMENT-~~B&P CODE 2660(l)~~**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, J, N, O, P

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

**BPC sec. 2660(m). SEXUAL MISCONDUCT OR VIOLATING B&P CODE BPC section 726-B&P CODE 2660 (m)**

Note: Pursuant to 16 CCR 1399.15, any findings the licensee committed a sex offense or been convicted of a sex offense, the order shall revoke the license. The proposed decision shall not contain an order staying the revocation of the license.

*Refer to related statutes and/or regulation: BPC sections B&P Code 726, 2660.1; 16 CCR 1399.15(b)*

**BPC sec. 2660(n). PERMITTING PHYSICAL THERAPIST ASSISTANT AND/OR AIDE TO PERFORM, HOLD HIMSELF/HERSELF THEMSELF OUT AS COMPETENT TO PERFORM BEYOND LEVEL OF EDUCATION, TRAINING AND EXPERIENCE OF P.T.A. AND/OR AIDE B&P CODE 2660 (n)**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Revocation

*Refer to related statutes: BPC sec. B&P Code 2264, 2660(a)<sup>1</sup>; (i)(j)*

**BPC sec. 2660(o). ADVSERSE ACTION TAKEN BY ANOTHER STATE OR AGENCY OF THE FEDERAL GOVERNMENT B&P CODE 2660 (o)**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

If violation is an offense in California, refer to corresponding statute. If not, the Board shall consider the discipline order from the state, federal government, or country of discipline when determining disciplinary action.

*Refer to related statute and regulation: BPC sec. B&P Code 141; 16 CCR 1399.24(c)(d)*

**BPC sec. 2660(p). INAPPROPRIATE VIEWING OF DISROBED PATIENT IF UNNECESSARY TO PATIENT EVALUATION OR TREATMENT B&P CODE 2660 (p)**

**Discipline:**

Minimum: Public Reproval  
Maximum: Revocation

“Probation Conditions Specific to Violation” for consideration are: A, B, C, D, G, J, N, O, P

Note: This is a variation of inappropriate treatments. Consider conditions of 726.

*Refer to related statutes: ~~BPC sections B&P Code 726, 2660(m), 2660.1~~*

**BPC sec. 2660(q). ENGAGING IN ACTS IN VIOLATION OF BPC SECTIONS 650, 651, OR 654.2 B&P CODE 2660 (q)**

*Refer to related statute and/or regulation: BPC sections B&P Code 650, 651, & 654.2*

**BPC sec. 2660(r). CHARGING FEES FOR SERVICES NOT PROVIDED B&P CODE 2660 (r)**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Revocation

*Refer to related statutes: ~~BPC sec. B&P Code 2261, 2262, 2660(s)~~*

**BPC sec. 2660(s). MISREPRESENTING DOCUMENTATION AND/OR FALSIFYING OF PATIENT RECORDS B&P CODE 2660 (s)**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Revocation, stayed, 30 days' suspension, 3 years' probation  
Maximum: Revocation

Conditions of Probation:

- 1) All “Standard Probation Conditions”
- 2) “Probation Conditions Specific to Violation” for consideration are: A, B, C, D, E, F, J, N, P

“Probation Conditions Specific to Violation” should be considered individually since some, or all, may **not** apply.

*Refer to related statutes: ~~BPC sec. B&P Code 2261, 2262, 2660(a),(r)~~*

**BPC sec. 2660(t). EMPLOYMENT OF RUNNERS, CAPPERS, STEERERS, OR OTHER PERSONS B&P CODE 2660 (t)**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Revocation, stayed, 30 days' suspension, 3 years' probation  
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: F, P

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

*Refer to related statute: ~~BPC sec. B&P Code 650-2273, 2660(a)~~<sup>†</sup>*

**BPC sec. 2660(u). THE WILLFUL, UNAUTHORIZED VIOLATION OF PROFESSIONAL CONFIDENCE B&P CODE 2660 (u)**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Revocation, stayed, 30 days' suspension, 3 years' probation  
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: OP (course should include HIPPA requirements)

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

*Refer to related statute: ~~B&P Code 2263, 2660(a)~~<sup>†</sup>*

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<sup>†</sup> ~~B&P Code 2660(a) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.~~

**BPC sec. 2660(v). FAILING TO MAINTAIN PATIENT CONFIDENTIALITY B&P CODE 2660 (v)**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Revocation

“Probation Conditions Specific to Violation” for consideration are: ~~ON~~, P (course should include HIPPA requirements)

**BPC sec. 2660(w). HABITUAL INTEMPERANCE B&P CODE 2660 (w)**

The conditions applying the “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees” shall be imposed.

*Refer to related statute: ~~B&P Code 2239, 2660(a)~~<sup>1</sup>*

**BPC sec. 2660(x). FAILURE TO COMPLY WITH THE PROVISIONS OF BPC SECTION 2620.1 B&P CODE 2660(x)**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Revocation

**BPC sec. 2660.1. PRESUMPTION REGARDING INCAPABILITY TO CONSENT TO SEXUAL ACTIVITY B&P CODE 2660.1**

Note: Pursuant to 16 CCR sec.1399.15(b), any findings the licensee committed a sex offense or been convicted of a sex offense, the order shall revoke the license. The proposed decision shall not contain an order staying the revocation of the license.

*Refer to related statutes and/or regulation: ~~BPC sections B&P Code 726, 2660(m); 2660(p);~~ 16 CCR 1399.15(b)*

<sup>1</sup> ~~B&P Code 2660(a) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.~~

**BPC sec. 2660.2. ISSUANCE OF PROBATIONARY LICENSE APPLICANTS**

*Refer to related statutes and/or regulation: BPC sec. 2661*

**BPC sec. 2660.4. FAILURE OR REFUSAL TO PROVIDE MEDICAL RECORDS B&P CODE 2660.4**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Maximum: Public Reproval

A licensee who fails or refuses to comply with a request from the Board for the medical records of patient, that is accompanied by that patient’s written authorization for release of records to the Board, within 15 days of receiving the request and authorization, shall pay the Board a civil penalty of one thousand dollars (\$1,000.00), per day, for each day that the records have not been produced after the 15<sup>th</sup> day, unless the licensee is unable to provide records within this time period for good cause.

*Refer to related regulations: 16 CCR. 1399.24(b)(c)(e)*

**BPC sec. 2660.5. DENIAL OF LICENSE IN SPECIFIED CIRCUMSTANCES - REGISTERED SEX OFFENDER (APPLICANT) B&P 2660.5**

**Discipline:** Denial of License

**BPC sec. 2660.7. SUBVERSION OF EXAMINATION B&P 2660.7**

*Refer to related statutes for appropriate penalties: BPC sections ~~B&P Code 123, 584, 2288, 2660 (a)<sup>1</sup>; (i)(kj)~~*

**BPC sec. 2661. CONVICTION OF CRIME B&P CODE 2661**

A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this article. A conviction demonstrates a lack of judgment and unwillingness to obey a legal prohibition, and also exhibits characteristics and actions that do not demonstrate that he or she exercises prudence and good judgment. Therefore, the conviction is substantially related to the qualifications, functions and duties as a licensee.

Note: BPC sec. B&P Code 2661 should be cited in conjunction with a conviction violation, since it defines the conviction being of substantial relationship to the qualifications, functions and duties, and should not stand alone as its own cause.

<sup>1</sup> ~~B&P Code 2660(a) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.~~

*Refer to related statutes and/or regulations: BPC sec. B&P Code 490, 2236, 2660, 2660(e), 2660.2; 16 CCR sections 1399.23, 1399.24(c)(d)*

**BPC sec. 2691. PHYSICAL THERAPY CORPORATION B&P CODE 2691**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Revocation

Conditions of Probation in Addition to Standard Conditions: NONE

*Refer to related statute and regulations: BPC sec. B&P Code 2660(e)2286 and 16 CCR sections 1399.35, 1399.37, 1399.39. Note: If a licensee violates this section it would be a criminal offense; therefore, also see B&P Code 2236*

**BPC sec. 2692. UNPROFESSIONAL CONDUCT- CORPORATION B&P CODE 2692**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Revocation

**BPC sec. 2693. CORPORATION NAME**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Revocation

*Refer to related statute and regulations: BPC sec. 2660(e) and 16 CCR sections 1399.35, 1399.37, 1399.39.*

**BPC sec. 2694. DIRECTORS AND OFFICERS**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Revocation

*Refer to related statute and regulations: BPC sec. 2660(e) and 16 CCR sections 1399.35, 1399.37, 1399.39.*

**VIOLATION OF PROBATION**

**Discipline:**

Implementation of Original Stayed Order.

*NOTE: The maximum penalty should be given for repeated similar offenses or for probation violations revealing a cavalier or recalcitrant attitude.*

**BPC sec.17500. FALSE ADVERTISING**

*Refer to statutes and regulations for appropriate penalties: BPC sections 651, 2660(b)(g); 16 CCR 1398.10*

**TITLE 16, CALIFORNIA CODE OF REGULATIONS**

**16 CCR 1398.6. FILING OF ADDRESSES, EMAIL ADDRESSES & AND NAME CHANGE CCR-1398.6**

*Refer to statutes for appropriate penalties: BPC sections B&P Code 136, 2660*

**16 CCR 1398.10. ADVERTISING CCR-1398.10**

*Refer to related statute(s) for appropriate penalties: BPC sections B&P Code 651, 2271, 2660(b)(a)<sup>1</sup> H&S Code sec. 17500*

**16 CCR 1398.11. PHYSICAL THERAPY AIDE, APPLICANT, STUDENT AND INTERN IDENTIFICATION CCR-1398.11**

<sup>1</sup> B&P Code 2660(a) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

Refer to related statute(s) for appropriate penalties: BPC sec.B&P Code 680

**16 CCR 1398.13. PATIENT RECORD DOCUMENTATION REQUIREMENT**  
**CCR 1398.13**

Refer to related statute(s) for appropriate penalties: BPC sec.B&P Code 2620.7

**16 CCR 1398.15. NOTICE TO CONSUMERS (FORM NTC 12-01)**  
**CCR 1398.15**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Public Reproval

Refer to related statute: BPC sec.B&P Code 2660

**16 CCR 1398.26. APPLICATIONS OF FOREIGN EDUCATED GRADUATES CCR**  
**1398.26**

Refer to related statute(s) for appropriate penalties: BPC sec.B&P Code 2653

**16 CCR 1398.26.5. CLINICAL SERVICE REQUIREMENTS FOR FOREIGN EDUCATED**  
**APPLICANTS CCR 1398.26.5**

Refer to related statute(s) for appropriate penalties: BPC sec.B&P Code 2653

**16 CCR 1398.37. IDENTIFICATION AND SUPERVISION OF PHYSICAL THERAPIST**  
**STUDENTS AND INTERNS DEFINED CCR 1398.37**

Refer to related statute(s) for appropriate penalties: BPC sec.B&P Code 2633.7

**16 CCR 1398.44. SUPERVISION OF PHYSICAL THERAPIST ASSISTANTS CCR**  
**1398.44**

Refer to statute(s) for appropriate penalties: BPC sections B&P Code 2660(a), 2622,  
2630.3

**16 CCR 1398.52. IDENTIFICATION AND SUPERVISION OF PHYSICAL THERAPIST**  
**ASSISTANT STUDENTS AND INTERNS DEFINED CCR 1398.52**

Refer to related statute(s) for appropriate penalties: BPC sec.B&P Code 2630.5 2633.7

**16 CCR 1399. REQUIREMENTS FOR USE OF AIDES CCR 1399**

*Refer to related statute(s) for appropriate penalties: BPC sec. B&P Code 2264, 2630, 2630.42660(a)*

**16 CCR 1399.10. SUPERVISION OF PHYSICAL THERAPISTS LICENSE APPLICANTS CCR 1399.10**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Revocation, stayed, 5 days' suspension, 3 years' probation  
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, J, K, L, M, N, O, P  
"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

*Refer to related statute(s) for appropriate penalties: BPC sections B&P Code 2636.5, 2639*

**16 CCR 1399.12. SUPERVISION OF PHYSICAL THERAPIST ASSISTANT LICENSE APPLICANTS CCR 1399.12**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Revocation, stayed, 5 days' suspension, 3 years' probation  
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, J, K, L, M, N, P

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

*Refer to related statute(s): BPC sections B&P Code 2636.5, 2639*

**16 CCR 1399.15(b). DISCIPLINARY GUIDELINES – SEX OFFENSE**

**Discipline:**

Revocation or Denial of License

*Refer to related statutes for appropriate penalties: BPC sections B&P Code 726, 2660(m), 2660.1*

**16 CCR 1399.23. REQUIRED ACTIONS AGAINST REGISTERED SEX OFFENDERS**  
~~CCR 1399.23~~

**Discipline:**

Revocation or Denial of License

*Refer to related statute(s) and regulation for appropriate penalties: BPC sections B&P Code 480, 726, 2660.1, 2660.2, 2660.5, 2608, 2660.2, 2661;; 16 CCR sec. 1399.15(b)*

**16 CCR 1399.24(a). PROHIBITING ANOTHER PARTY FROM COOPERATING WITH OR DISPUTING A COMPLAINT CCR 1399.24(a)**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Revocation

Conditions of Probation: Standard Conditions Only

**16 CCR 1399.24(b). FAILURE TO PROVIDE CERTIFIED DOCUMENTS**  
~~CCR 1399.24(b)~~

*Refer to related statute for appropriate penalties: BPC sec. B&P Code 2608.5*

**16 CCR 1399.24(c). FAILURE TO COOPERATE IN BOARD INVESTIGATION**  
~~1399.24(c)~~

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Revocation

Standard Conditions Only

**16 CCR 1399.24(d). FAILURE TO REPORT TO BOARD CRIMINAL OR DISCIPLINARY INFORMATION GGR 1399.24(d)**

*Refer to related statutes for appropriate penalties: BPC sections~~B&P Code~~ 141, 490, 2660(e), 2661, ~~2660(e)~~*

**16 CCR 1399.24(e). FAILURE TO COMPLY WITH SUBPOENA ORDER**  
~~CCR 1399.24(e)~~

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Revocation

Standard Conditions Only

*Refer to related statute: BPC sec. 2660*

**16 CCR 1399.35. REQUIREMENTS FOR PROFESSIONAL CORPORATIONS**

*Refer to related statute for appropriate penalties: BPC sections 2690, 2691, 2694*

**16 CCR 1399.37. SHARES: OWNERSHIP AND TRANSFER**

*Refer to related statute for appropriate penalties: BPC sec. 2696*

**16 CCR 1399.39. CORPORATE ACTIVITIES**

*Refer to related statute for appropriate penalties: BPC sec. 2696*

**16 CCR 1399.61. CERTIFICATION REQUIRED - ELECTROMYOGRAPHY GGR**  
~~1399.61~~

*Refer to related statute(s) for appropriate penalties: BPC sec. 2620.5*

**16 CCR 1399.77. ADMINISTRATION OF MEDICATIONS ~~CCR 1399.77~~**

*Refer to related statute(s) and regulations for appropriate penalties and related regulations: BPC sec. B&P Code 2620.3; 16 CCR sections 1399.78, 1399.79*

**16 CCR 1399.78. AUTHORIZATION AND PROTOCOLS REQUIRED FOR TOPICAL MEDICATIONS ~~CCR 1399.78~~**

*Refer to related statute(s) and regulations for appropriate penalties and related regulations: BPC sec. B&P Code 2620.3; 16 CCR sections 1399.77, 1399.79*

**16 CCR 1399.79. AUTHORIZED TOPICAL MEDICATIONS ~~CCR 1399.79~~**

*Refer to related statute(s) and regulations for appropriate penalties and related regulations: BPC sec. B&P Code 2620.3; 16 CCR sections 1399.77, 1399.78*

**16 CCR 1399.91. CONTINUING COMPETENCY REQUIRED ~~CCR 1399.91~~**

*Refer to related statute(s) for appropriate penalties: BPC sections B&P Code 2649, 2644, 2649*

**16 CCR 1399.92. CONTENT STANDARDS FOR CONTINUING COMPETENCY**

*Refer to related statute(s) for appropriate penalties: BPC sections B&P Code 2649, 2644, 2649*

**16 CCR 1399.93. CONTINUING COMPETENCY SUBJECT MATTER REQUIREMENTS AND OTHER LIMITATIONS ~~CCR 1399.93~~**

*Refer to related statute(s) for appropriate penalties: BPC sections B&P Code 2649, 2644, 2649*

**16 CCR 1399.94. AUTHORIZED PATHWAYS FOR OBTAINING CONTINUING COMPETENCY HOURS ~~CCR 1399.94~~**

*Refer to related statute(s) for appropriate penalties: BPC sections B&P Code 2649, 2644, 2649*

**16 CCR 1399.95. STANDARDS FOR APPROVED AGENCIES ~~CCR 1399.95~~**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Maximum:** Revocation of recognition as an approved agency

*Refer to related statute: BPC sec. B&P Code 2649*

**16 CCR 1399.96. STANDARDS FOR APPROVED PROVIDERS ~~CCR 1399.96~~**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Maximum:** Revocation of recognition as an approved provider

*Refer to related statute: BPC sec. ~~B&P Code 2649,~~*

**16 CCR 1399.97. RECORD KEEPING (CONTINUING COMPETENCY)  
~~CCR 1399.97~~**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Revocation

*Refer to related statute(s) for appropriate penalties: BPC sections ~~B&P Code 2649, 2644, 2649~~*

**16 CCR 1399.98. INACTIVE STATUS (CONTINUING COMPETENCY)  
~~CCR 1399.98~~**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Revocation

*Refer to related statute(s) for appropriate penalties: BPC sections ~~B&P Code 2649, 2644, 2649~~*

**16 CCR 1399.99. EXEMPTION FROM CONTINUING COMPETENCY REQUIREMENTS  
~~CCR 1399.99~~**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: Public Reproval  
Maximum: Revocation

Refer to related statute(s) for appropriate penalties: BPC sections B&P Code 2649, 2644, 2649

**SPONSORING ENTITY REGISTRATION AND RECORDKEEPING REQUIREMENTS  
CCR 1399.99.2**

~~Refer to statute for appropriate penalties: B&P Code 901~~

**OUT OF STATE PRACTITIONER AUTHORIZATION TO PARTICPATE IN  
SPONSORED EVENT CCR 1399.99.3**

~~Refer to statute(s) for appropriate penalties: B&P Code 901~~

**TERMINATION OF AUTHORIZATION AND APPEAL (OUT OF STATE  
PRACTITIONER'S AUTHORIZATION) CCR 1399.99.4**

~~Refer to statute for appropriate penalties B&P Code 901~~

## **HEALTH AND SAFETY CODE**

**HSC sec. 123110. PATIENT'S ACCESS TO HEALTH CARE RECORDS H&S CODE  
123110**

**Citation:**

Minimum Fine: \$100  
Maximum Fine: \$5,000

**Discipline:**

Minimum: ~~Revocation, stayed, 5 days suspension, 3 years probation~~ Public  
Reproval  
Maximum: Revocation

Conditions of Probation in Addition to Standard Conditions: NONE

### **PROBATION CONDITIONS**

Probation conditions are divided into three categories: 1) Standard Conditions the Board expects in all probation cases; 2) Specific Conditions that depend on the nature and circumstances of the particular case; and 3) Conditions Specific to Alcohol and/or Controlled Substance.

### **STANDARD PROBATION CONDITIONS**

The standard conditions generally appearing in every probation case are as follows:

1. License Revocation, Stayed

Respondent's license shall be revoked, with the revocation stayed.

**2. License Suspension**

Respondent's license shall be suspended for [insert specific number of days, months]. See specific violation for recommended time of suspension.

**3. Cost Recovery**

~~Respondent is ordered to reimburse the Board the actual and reasonable investigative and prosecutorial costs incurred by the Board in the amount of \$\_\_\_\_\_. Said costs shall be reduced, however, and the remainder forgiven, if Respondent pays \_\_\_\_\_% of said costs, or \$ \_\_\_\_\_, within thirty (30) days of the effective date of this Decision and Order. In the event Respondent fails to pay within thirty (30) days of the Decision, the full amount of costs shall be immediately due and payable.~~

Respondent is ordered to reimburse the Board the actual and reasonable investigative and prosecutorial costs incurred by the Board in the amount of \$ \_\_\_\_\_, within \_\_\_\_\_ days of the effective date of this Decision and Order. The Board or its designee may establish a payment plan for cost recovery; however, Respondent shall pay the full amount of cost recovery at least 180 days prior to completion of probation. If Respondent has not paid the full amount of cost recovery prior to completion of probation, probation shall remain in effect until cost recovery is paid in full.

Failure to pay the ordered reimbursement, or comply with any agreed upon payment plan established by the Board, or its designee, constitutes a violation of the probation order and may result in revocation of Respondent's license. The Board shall not renew or reinstate the license of any Respondent who has failed to pay costs as ordered in the Decision and Order. If Respondent is in default of ~~his~~their responsibility to reimburse the Board, the Board will collect cost recovery ~~from~~through the Franchise Tax Board, the Internal Revenue Service, or by any other means of attachment of earned wages legally available to the Board.

*Note: Costs represent the actual investigative and prosecutorial costs.*

**4. Obey All Laws**

Respondent shall obey all federal, state and local laws, the statutes and regulations governing the practice of physical therapy, and remain in full compliance with any court ordered ~~criminal~~ probation. This condition applies to any jurisdiction with authority over Respondent, ~~whether it is inside or outside of California.~~

Further, Respondent shall, within five (5) days ~~of~~ after any arrest, submit to the Board, in writing, a full and detailed account of such arrest to include the name and address of the arresting agency.

**5. Compliance with Orders of a Court**

Respondent shall ~~be in compliance~~ with any valid order of a court. Being found in contempt of any court order is a violation of probation.

**6. Compliance with Criminal Probation and Payment of Restitution**

Respondent shall not violate any terms or conditions of criminal probation and shall ~~be in compliance~~ with any restitution ordered, payments, or other orders.

**7. Quarterly Reports**

Respondent shall submit quarterly reports, under penalty of perjury, on forms provided by the Board, stating whether there has been compliance with all conditions of probation.

**8. Probation Monitoring Program Compliance**

Respondent shall comply with the Board's probation monitoring program.

**9. Interview with the Board's Probation Monitor or its Designee**

Respondent shall appear in person or in a manner designated by the Board for interviews with the Board's Probation Monitor, or its designee, upon request at various intervals.

**10. Notification of Probationer Status to Employers**

Respondent shall notify all present and future employers (~~during the period of probation~~) of the reason for and the terms and conditions of ~~the~~ probation.

Prior to engaging in the practice of physical therapy, Respondent shall provide a true copy of the Initial Probationary License Decision and Order, Statement of Issues or Accusation, Decision and Order, or Stipulated Decision and Order, as appropriate, to ~~his or her~~ the Respondent's employer, supervisor, or contractor, or prospective employer or contractor, and at any other facility where Respondent engages in the practice of physical therapy before accepting or continuing employment.

Respondent shall provide the Board's pProbation mMonitor the names, physical addresses, mailing addresses, and telephone numbers of all employers and supervisors, or contractors, and shall inform the pProbation mMonitor, in writing, of the facility or facilities at which Respondent will be engaging in the practice of physical therapy for purposes of allowing the

Board's p~~ro~~Monitor to communicate with the employer, supervisor, or contractor regarding Respondent's work status, performance and monitoring.

Respondent shall provide this~~The information, will be provided~~ in writing, to the Board's p~~ro~~Monitor within ten (10) calendar days from the effective date of this Decision and Order, and within ten (10) calendar days prior to new employment, or change of new employer, supervisor or contractor, and will ~~including~~ing the Respondent's employer's written ~~employer~~ confirmation of receipt.

**11. Notification of Name, Address or E-mail Address Change**

Respondent shall notify the Board, in writing, of any and all name, address, and/or e-mail address changes within ten (10) days of the change.

**12. Restriction of Practice - Temporary Services Agencies**

Respondent shall not work for a temporary services agency or registry.

OR:

**NOTE:** If Respondent's restrictions are limited to a certain number of registries and/or temporary service agencies:

Respondent's work for a temporary services agency or registry shall be limited as follows:

1) Respondent shall be limited to work for (indicate # of temporary services or registries) temporary service agency or registry.

2) This work must be approved by the Board's Probation Monitor.

3) Respondent must disclose this disciplinary proceeding, as described above in Condition # [~~include~~sert appropriate term # used for Notification of Probationer Status to Employers], to the temporary services agency or registry.

4) Respondent must disclose this disciplinary proceeding, as described above in Condition # [~~include~~sert appropriate term # used for Notification of Probationer Status to Employers], to the supervisor at the facility where physical therapy care is being performed.

5) Respondent must notify ~~his or her~~ the Board's Probation Monitor or Board's designee, in writing, of any change in registry or temporary services agency.

6) Respondent must have written approval by the Board's Probation Monitor prior to commencing work at a new registry or temporary services agency.

**13. Restriction of Practice - Clinical Instructor of Physical Therapy Student Interns or Foreign Educated Physical Therapist License Applicants Prohibited**

Respondent shall not supervise any physical therapy student interns, foreign educated physical therapist license applicants, or other individuals accumulating hours or experience in a learning capacity in physical therapy during the entire period of probation. Respondent shall terminate any such supervisory relationship in existence on the effective date of the Decision and Order.

**14. Prohibited Use of Aliases**

Respondent shall not use aliases and shall be prohibited from using any name which is not ~~his or her~~ legally-recognized name or based upon a legal change of name.

**15. Intermittent Work**

If Respondent ~~works practices or performs~~ (as a paid employee or as a volunteer) less than 192 hours as a physical therapist or a physical therapist assistant in the physical therapy profession in a period of three (3) consecutive months, those months shall not be counted toward satisfaction of the probationary period. Respondent is required to immediately notify the Board's ~~p~~Probation ~~m~~Monitor, or ~~his or her~~ designee, if ~~he or she~~the Respondent ~~works practices or performs~~ less than 192 hours in a three-month period. A Board-ordered suspension of practice shall not be credited toward completion of probation. Respondent's period of non-practice while on probation shall not be credited toward completion of probation.

If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All financial obligations within this Decision and Order shall remain in effect whether or not Respondent is in practice or non-practice.

Non-practice is defined as any period of time Respondent is not practicing physical therapy, as defined in BPC sec.-2620, for at least 192 hours in a period of three (3) consecutive months in direct patient care, clinical activity or teaching, or other activity as approved by the Board.

**16. Tolling of Probation**

The period of probation shall run only during the time Respondent is practicing or performing physical therapy, within California, as a paid employee or as a volunteer. Practicing in another jurisdiction shall not be credited toward completion of probation. A Board-ordered suspension of practice shall not be credited toward completion of probation. All financial obligations within this Decision and Order shall remain in effect whether or not probation is tolled.

If, during probation, Respondent ~~does not ceases to~~ practice or perform physical therapy within California, Respondent is required to immediately notify the Board's Probation Monitor, in writing, of the date Respondent ceases is practicing or performing physical therapy ~~out of state,~~ within California, and report the date of expected return, if any. If Respondent begins ~~P~~practicing or performing physical therapy, ~~by Respondent~~ in California, prior to notification ing to the Board's Probation Monitor, or designee of Respondent's return, the time prior to notification will not be credited toward completion of Respondent's probationary period. ~~Any order for payment of cost recovery shall remain in effect whether or not probation is tolled.~~

**17.            Maintenance of Valid License**

While on probation, Respondent shall maintain an active, current license with the Board, including any period during which their license is suspended or probation is tolled.

**178.           Violation of Probation**

Failure to fully comply with any component of any of the probationary terms and conditions is a violation of probation.

If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

**189.           Request to Surrender License Due to Retirement, Health or Other Reasons**

Following the effective date of the Decision and Order, if Respondent ceases practicing or performing physical therapy due to retirement, health or other reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request, in writing, to surrender ~~his or her~~ Respondent's license to the Board. The Board reserves the right to evaluate Respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances.

Upon formal acceptance of the surrender by the Board, Respondent shall no longer practice physical therapy, in California, and shall within 15 calendar days deliver Respondent's wallet license and wall certificate to the Board or its designee. Respondent will no longer be subject to of the tendered license, the terms and conditions of probation, shall be tolled until such time as (1) the license is no longer renewable; (2) Respondent makes application for the renewal of the tendered license; or (3) If Respondent re-applies or makes

application for a new license, the application shall be treated as a petition for reinstatement of a revoked license.

**1920. Completion of Probation**

Respondent shall comply with all financial obligations required by this Order (e.g., cost recovery, restitution, probation costs) not later than 180 calendar days prior to completion of probation unless otherwise specified in this Decision and Order. Upon successful completion of probation, Respondent's license shall be fully restored.

**201. California Law Examination - Written Exam on the Laws and Regulations Governing the Practice or Performance of Physical Therapy**

Within ninety (90) days of the effective date of this Decision and Order, Respondent shall take and pass the Board's written examination on the laws and regulations governing the practice of physical therapy in California. If Respondent fails to pass the examination, Respondent shall not be suspended from the practice of physical therapy until a repeat ~~the~~ examination has been successfully passed and Respondent has been so notified by the Board, or its designee, in writing. Respondent shall pay the costs of all examinations. Passing of the examination shall not satisfy the Continuing Competency requirements pursuant to BPC sec. B&P Code 2676 2649, as a condition for renewal of license.

**242. Practice or Performance of Physical Therapy While on Probation**

The Board has determined that ~~it~~ is not contrary to the public interest for Respondent to practice and/or perform physical therapy under the probationary conditions specified in ~~the disciplinary~~ this Decision and Order.

~~Accordingly, it is not the intent of the Board that this order, the fact that Respondent has been disciplined, or Respondent is on probation, shall be used as the sole basis for any third party payor to remove Respondent from any list of approved providers.~~

This Decision and Order should not be used as the basis for any third-party payer to remove Respondent from any list of approved providers.

**223. Probation Monitoring Costs**

Respondent shall reimburse all costs incurred by the Board for probation monitoring during the entire period of probation. Respondent will be billed at least quarterly. Such costs shall be made payable to the "Physical Therapy Board of California" and sent directly to the ~~Physical Therapy Board of California~~. Failure to make an ordered reimbursement within sixty (60) days of the billing shall constitute a violation of the probation order.

Respondent's license shall not be renewed or reinstated if Respondent has failed to pay all of the probation monitoring costs as ordered in this Decision and Order.

## PROBATION CONDITIONS SPECIFIC TO VIOLATION

The following conditions lettered A through S are specific to the violation, and should be used depending on the nature and circumstances of the particular case.

### A. Restriction of Practice - Presence of Supervising Physical Therapist

*Note: The purpose of this condition is to allow Respondent (physical therapist or physical therapist assistant) to practice with a level of supervision which ensures Respondent is in compliance with the Physical Therapy Practice Act, as well as the probationary conditions. If Respondent works with another physical therapist that is eligible and available to function as Respondent's supervisor, the "Supervision Required" (Condition A) should be used in lieu of Condition B. Condition A is commonly used for, but not limited to: sexual misconduct, aiding and abetting, documentation cases, behavioral issues and where Respondent is not a sole proprietor. This condition should never be used in conjunction with "B" "Practice Monitor Required".*

The following probation condition shall be operative when Respondent works as a physical therapist in a practice where Respondent does not hold a vested interest (i.e. as an officer, partner or shareholder).

Choose level of supervision:

#### 1) Full Presence/Documentation Review

The level of supervision shall be direct and require 4) the physical presence of the supervising physical therapist while physical therapy is performed by Respondent; and may require, 2) the supervisor to review patient records and any pertinent documents necessary to determine Respondent's compliance with Respondent's this Decision and Order. Direct supervision and physical presence means, the supervising physical therapist shall be near or close enough to observe or hear the Respondent. While this may not require sharing the same treatment room with Respondent, it does require the supervising physical therapist to be within an audible range that ~~will~~ ensure the immediate presence of the supervising physical therapist.

#### 2) Limited Presence/Documentation Review

The level of supervision shall not require the physical presence of the supervising physical therapist at all times while physical therapy is performed by Respondent. However, the supervising physical therapist shall physically observe Respondent ~~shall be physically observed~~ at least once per shift, and may be required to review of patient records and any pertinent documents necessary to determine Respondent's compliance with Respondent's this Decision and Order, ~~at least once during Respondent's shift by the supervising physical therapist.~~

### 3) No Presence/Documentation Review As Determined

The level of supervision shall not require the physical presence of the supervising physical therapist while physical therapy is performed by Respondent; however, it will require the supervisor to review the patient records and any pertinent documents necessary to determine Respondent's compliance with Respondent's this Decision and Order on a time base as agreed upon by the Board.

Within fifteen (15) business days of the effective date of this Decision and Order, Respondent shall submit to the Board, in writing for its prior approval, the name and qualifications of one or more proposed supervisor(s) and an outline of the plan by which Respondent's practice will be supervised. Respondent shall not practice physical therapy until receiving written approval from the Board, or its designee regarding Respondent's choice of a supervisor.

Each proposed supervisor shall hold a valid California physical therapist license and shall have been licensed, in California, for at least five (5) years and never been subject to any disciplinary action by the Board. An administrative citation and fine does not constitute discipline; and therefore, in and of itself, is not a reason to deny approval of an individual as a supervisor. The supervisor shall not be an employee of Respondent, have a relationship which is familial, financial or personal in nature with Respondent or any other type of relationship that could reasonably be expected to compromise the ability of the supervisor to render impartial and unbiased reports to the Board. ~~The supervisor shall also not be a family member of Respondent.~~ If the supervisor terminates or is otherwise no longer available to act as the Respondent's supervisor, Respondent shall not practice until a new supervisor has been approved by the Board.

Upon approval of the supervisor and outline of supervision, the supervisor shall sign an agreement or contract that ~~he or she~~ the supervisor has reviewed the conditions of the licensee's Respondent's disciplinary order ~~and/or contract~~ and agrees to supervise the licensee Respondent, as set forth by the Board. Respondent shall submit the signed agreement or contract to the Board's Probation Monitor, or its designee. The supervisor shall have full and random access to Respondent's patient records and may evaluate all aspects of Respondent's practice. The supervisor shall complete and submit a written report, on a basis determined by the Board, verifying supervision has taken place, as approved by the Board. It shall be Respondent's responsibility to ensure the supervisor submits the reports to the Board ~~in a timely manner~~ within fourteen (14) days of signing the report.

The supervisor's report shall include:

- A. Respondent's name and license number;
- B. Supervisor's name, license number and signature;
- C. Worksite location(s);
- D. Evaluation of Respondent's compliance with ~~his or her~~ the Respondent's probationary conditions and existing laws and regulations governing the practice of physical therapy;

E. Assessment of Respondent's progress in regards to the specific issues, deficiencies or concerns resulting from the violations identified in the Decision and Order by the Board;

F. Summary of the supervisor's conclusions and opinions concerning the issues described, above, and the basis for ~~his or her~~the supervisor's conclusions and opinions.

~~The~~ Supervisor shall keep any information used to write ~~his or her~~their report (e.g. record of patient records reviewed) and shall make it available at the Board's request. ~~in case Board requests said information.~~ This information does not need to be submitted to the Board unless the Board or its representative requests it or if the supervisor feels the information is pertinent to include in their report.

After ~~one (1)~~ [X] year(s) of full compliance with probation, the Board, or its designee, ~~respondent may request in writing for the approval by the Board or its designee, to remove this condition entirely or consider a modification of this term to the requirement to a lower level of supervision.~~

**B. Restriction of Practice – Practice Monitoring Required**

*Note: This probation condition shall only ~~be applied if~~ apply at such time when the Respondent holds a vested interest in the physical therapy practice (i.e. officer, partner, shareholder, sole proprietor). This condition does not require the physical presence of another licensed physical therapist; however, it does require arranged visits by a Practice Monitor approved by the Board for documentation review and compliance reporting only. This condition should be used in conjunction with Condition A to allow for flexibility of employment should Respondent close their business never be used with condition A.*

The following probation condition shall be operative when Respondent works as a physical therapist in a practice where Respondent holds a vested interest (i.e. as an officer, partner or shareholder).

Within fifteen (15) business days of the effective date of this Decision and Order, Respondent shall submit to the Board in writing, for its prior approval, the name and qualifications of one or more proposed licensed physical therapist(s) to serve as Practice Monitor(s). Each Practice Monitor shall be a California licensed physical therapist, ~~and~~ shall have been licensed for at least five (5) years, and have never been subject to any disciplinary action by the Board. An administrative citation and fine does not constitute discipline and therefore, in and of itself, is not a reason to deny approval of an individual as a Practice Monitor. The Practice ~~Monitor~~ shall not be an employee of the Respondent, have a relationship which is familial, financial, or personal in nature with Respondent or any other type of relationship that could reasonably be expected to compromise the ability of the Practice Monitor to render impartial and unbiased reports to the Board. ~~The Practice Monitor shall also not be a family member of Respondent.~~ If the Practice Monitor terminates or is otherwise no longer available, Respondent shall not practice until a new Practice Monitor has been approved by the Board. All costs associated with the Practice Monitor shall be paid by Respondent.

Respondent shall not practice until receiving written approval from the Board regarding Respondent's choice of a Practice Monitor.

Upon approval of the Practice Monitor by the Board, the Practice Monitor, in conference with the Board's Probation Monitor, will establish the schedule upon which visits will be made to Respondent's place of employment to review Respondent's current practice and adherence to the conditions of probation. The Practice Monitor shall have full and random access to all of Respondent's patient records at all times. The Practice Monitor shall evaluate all aspects of Respondent's practice.

The Practice Monitor shall report on Respondent's current practice and compliance with the conditions of Respondent's probation to the Board's Probation Monitor after each visit. Frequency of the visits by the Practice Monitor shall be determined by the Board. It shall be Respondent's responsibility to ensure the Practice Monitor submits the reports to the Board within fourteen (14) days of ~~the~~ each visit.

The Practice Monitor's report shall include:

1. Respondent's name and license number
2. Practice Monitor's name, license number and signature
3. Worksite location(s)
4. Evaluation of Respondent's compliance with ~~his or her~~ their probationary conditions and existing laws and regulations governing the practice of physical therapy
5. Assessment of Respondent's progress ~~in regards to~~ regarding the correction of specific issues, deficiencies or concerns resulting from the violations identified in the Decision and Order by the Board
6. Summary of the Practice Monitor's conclusions and opinions concerning the issues described above and the basis for ~~his or her~~ their conclusions and opinions

The Practice Monitor shall also maintain and submit with ~~his or her~~ reports, a log of the patient charts reviewed, the date(s) of service reviewed, and the date upon which the review occurred.

**C. Restriction of Practice – Prohibition of Home Care**

Respondent shall not provide physical therapy services in a patient's home.

**D. Restriction of Practice – Prohibition of Solo Practice**

Respondent shall be prohibited from engaging in the solo practice of physical therapy. Solo practice means a physical therapy business or practice where only Respondent provides patient care.

Note: This condition applies only to a physical therapist since a physical therapist assistant may not perform physical therapy without supervision.

In cases where Respondent's ability to function independently is in doubt as a result of a deficiency in knowledge or skills, or as a result of questionable judgment, this condition should be included. ~~Solo practice means a physical therapy business or practice where only Respondent provides patient care.~~

**E. Restriction of Practice - Prohibition of Self-Employment or Ownership**

Respondent shall not be the sole proprietor or partner in the ownership of any business that offers physical therapy services. Respondent shall not be a Board member or an officer or have a majority interest in any corporation that offers or provides physical therapy services.

**F. Restriction of Practice - Prohibition of Direct Billing of Third-Party Payers**

Respondent shall not have final approval over any physical therapy billings submitted to any third-party payers in any employment.

**G. Restriction of Practice – Third-Party Presence**

During probation, Respondent shall have a third-party present while examining or treating \_\_\_\_\_ (name the specific patient population). Respondent shall, within ten (10) days of the effective date of the Decision and Order, submit to the Board or its designee for its approval the name(s) of the person(s) who will act as the third-party present. Respondent shall execute a release authorizing the third-party present to divulge any information that the Board may request. The person(s) acting in the role of the third-party present shall be provided with a copy of the Initial Probationary License Decision and Order, Statement of Issues or Accusation, Decision and Order, or Stipulated Decision and Order, as appropriate.

**H. Restriction of Practice - Prohibition ~~Not to~~ from Treating a Specific Patient Population**

Respondent shall not treat any \_\_\_\_\_.  
(name the specific patient population)

[Note: Examples of specific patient population include: specific gender, children, direct access clients]

**I. Restriction of Practice - Prohibition from Performing Specified Physical Therapy Procedures**

During probation, Respondent is prohibited from performing or supervising the performance of \_\_\_\_\_ (specific physical therapy procedure; on a specific patient population). After Beginning on the effective date of this Decision and Order, the first time ~~that~~ a patient seeking the prohibited services makes an appointment, Respondent shall orally notify the patient that Respondent does not perform \_\_\_\_\_ (e.g. a specific physical therapy procedure; on a specific patient population). Respondent shall maintain a log of all patients to whom

the required notification was made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's medical record number, if available; 3) the full name of the person making the notification; 4) the date the notification was made; and 5) a description of the notification given. Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the ~~p~~Practice ~~m~~Monitor or the Board's ~~p~~Probation ~~m~~Monitor, and shall retain the log for the entire term of probation. Failure to maintain a log, as defined in the ~~section~~ condition, or failure to make the log available for immediate inspection and copying on the premises during business hours is a violation of probation.

In addition to the required oral notification, ~~after~~ beginning on the effective date of the Decision and Order, the first time a patient seeks the prohibited services, and each subsequent ~~time treatment~~, Respondent shall provide a written notification to the patient stating that Respondent does not perform \_\_\_\_\_ (e.g. a specific physical therapy procedure; on a specific patient population). Respondent shall maintain a copy of the written notification in the patient's file, shall make the notification available for immediate inspection and copying on the premises at all times during business hours by the ~~p~~Practice ~~m~~Monitor or the Board's ~~p~~Probation ~~m~~Monitor, or its designee, and shall retain the notification for the entire term of probation. Failure to maintain the notification, as defined in the ~~section~~ condition, or failure to make the notification available for immediate inspection and copying on the premises during business hours, is a violation of probation.

If Respondent can demonstrate competency in performing \_\_\_\_\_ (e.g. a specific physical therapy procedure; on a specific patient population) to the satisfaction of a physical therapist (holding a valid and current, unrestricted license), approved by the Board's ~~p~~Probation ~~m~~Monitor, the approved physical therapist can recommend to the Board, in writing, that this term of the probation ~~end~~ be removed without the ~~probation~~ requiring Respondent to petitioning to modify the probation. The Board, or its designee, will make the decision and notify Respondent of its decision, in writing. Until Respondent has been notified, in writing, by the Board that this term has been terminated, Respondent shall continue to practice under the provision of this term.

Respondent shall pay all costs associated with this condition ~~of the evaluation~~.

## **J. Notification of Probation Status to Assistive Personnel**

If Respondent provides supervision to assistive personnel [physical therapist assistants, or physical therapy aides], Respondent shall notify all present and future assistive personnel under their supervision (during the entire period of probation) of the reason for and terms and conditions of this Decision and Order.

Respondent shall do so by providing a copy of the Initial Probationary License, Statement of Issues, or Accusation, and Decision and Order, as applicable, to all assistive personnel, and submit to the Board confirmation of the assistive personnel's acknowledgement of receipt, signed by the assistive personnel within ten (10) days of

the effective date of this Decision and Order, and within ten (10) days of any newly acquired assistive personnel during the entire period of probation. The confirmation(s) provided to the Board shall include the name, address and telephone number of the assistive personnel.

**JK. Restriction of Practice - No Supervision of Physical Therapist License Applicants or Physical Therapist Assistant License Applicants**

Respondent shall not supervise any physical therapist license applicants or physical therapist assistant license applicants during the entire period of probation. Respondent shall terminate any such supervisory relationship in existence on the effective date of this Decision and Order.

**KL. Restriction of Practice - No Supervision of Physical Therapist Assistants**

Respondent shall not supervise any physical therapist assistants during the entire period of probation. Respondent shall terminate any such supervisory relationship in existence on the effective date of this Decision and Order.

Optional Language: After [x] year(s) of full compliance with probation, the Board, or its designee, may remove the restriction or authorize limited supervision of physical therapist assistants, as approved by the Board.

Optional Condition

Respondent shall not supervise any physical therapist assistants during the entire period of probation and shall terminate any such supervision relationship in existence on the effective date of this Decision and Order, unless Respondent has first obtained written approval from the Board, or its designee, for each person they intend to supervise.

Prior to Board approval, Respondent shall require the physical therapist assistant that they intend to supervise, to review the Statement of Issues, Accusation, and the Decision and Order, as applicable in this matter. Respondent shall provide to the Board, or its designee, in writing, the name, address and telephone number of the physical therapist assistant they intend to supervise.

**LM. Restriction of Practice - No Supervision of Physical Therapy Aides**

Respondent shall not supervise any physical therapy aides during the entire period of probation. Respondent shall terminate any such supervisory relationship in existence on the effective date of this Decision and Order.

Optional Language: After [x] year(s) of full compliance with probation, the Board, or its designee, may remove the restriction or authorize limited supervision of physical therapy aides, as approved by the Board.

Optional Condition

Respondent shall not supervise any physical therapy aides during the entire period of probation and shall terminate any such supervision relationship in existence on the effective date of this Decision and Order, unless Respondent has first obtained written approval from the Board, or its designee, for each person they intend to supervise.

Prior to Board approval, Respondent shall require the physical therapy aide they intend to supervise, to review the Statement of Issues, Accusation, and the Decision and Order, as applicable in this matter. Respondent shall provide to the Board or its designee, in writing, the name, address and telephone number of the physical therapy aide they intend to supervise.

**MN. Notification to Patients**

Respondent shall notify each patient, in writing, ~~that his or her~~their license is on probation and that [INSERT LANGUAGE SPECIFIC TO CASE, e.g. supervising physical therapist will be reviewing patient records or other specific requirement].

Such notification shall be signed and dated, by each patient, prior to the commencement or continuation of any examination or treatment of each patient by Respondent. A copy of such notification shall be maintained in the patient's record. Respondent shall offer ~~the~~ each patient a copy of the acknowledgement.

The notification shall include the following language unless the Board, or its designee, agrees, in writing, to a modification:

The Physical Therapy Board of California (PTBC) has placed [INSERT PHYSICAL THERAPIST/ASSISTANT] license no. [INSERT LICENSE #], issued to [INSERT LICENSEE NAME], on probation.

As a condition of probation, the above-named licensee must notify patients that [INSERT LANGUAGE SPECIFIC TO CASE, e.g. practice monitor will be reviewing patient records or other specific requirement]. In addition, ~~Respondent~~ the above-named licensee is required to notify and obtain written acknowledgement from each patient of this condition. A copy of the acknowledgement shall be offered to the patient and placed in the patient's record.

Information regarding PTBC license disciplinary actions may be accessed online at ~~www.ptbc.ca.gov~~ https://www.breeze.ca.gov.

Note: If condition "B" Practice Monitor is used, condition "N" is necessary.

**NO. Notification of Probationer Status to Employees**

If Respondent is an employer, Respondent shall notify all present ~~or~~ and future employees of the reason for and terms and conditions of the probation.

Respondent shall do so by providing a copy of the Initial Probationary License, Statement of Issues, or Accusation, and Decision and Order, as applicable, to each employee and submit ~~confirmation~~ acknowledgement of receipt, signed by the employee of employee receipt to the Board within ten (10) days of the effective date of this Decision and Order, and within ten (10) days of any newly acquired employee beginning work after the effective date. The confirmation(s) provided to the Board shall include the name, address, ~~and~~ phone number, and job title of the each employees.

**OP. Education Course(s)**

Within thirty (30) days of the effective date of this Decision and Order, Respondent shall submit to the Board, or its designee, for prior approval, a physical therapy remedial educational program (including date, title, and length of course(s) in the content of \_\_\_\_\_ (specify course subject) which shall not be less than eight (8) hours. Respondent shall supply documentation verifying satisfactory completion of coursework. Respondent shall be responsible for costs incurred of the course(s). Course hours shall not satisfy the Continuing Competency requirements pursuant to ~~BPCB&P Code sec. 2676~~ 2649, as a condition for renewal of license.

If Respondent fails to provide documentation verifying satisfactory completion of the coursework within 180 days of the effective date of this Decision and Order, Respondent shall be suspended from the practice of physical therapy until documentation verifying satisfactory completion of the coursework is provided.

**PQ. Psychiatric Evaluation**

Within thirty (30) calendar days of the effective date of this Decision and Order, and on whatever periodic basis thereafter may be required by the Board, or its designee, Respondent shall undergo and complete a psychiatric evaluation (and psychological testing, if deemed necessary) by a Board-appointed Board certified psychiatrist, who shall consider any information provided by the Board, or its designee, and any other information the psychiatrist deems relevant, and shall furnish a written evaluation report to the Board, or its designee, indicating whether Respondent is mentally fit to practice physical therapy safely. Psychiatric evaluations conducted prior to the effective date of the Decision and Order shall not be accepted towards the fulfillment of this requirement. Respondent shall pay all cost of all psychiatric evaluations, psychological testing, and any required additional ~~follow-up~~ visits.

Respondent shall comply with all restrictions or conditions recommended by the evaluating psychiatrist within fifteen (15) calendar days after being notified by the Board, or its designee. Failure to undergo and complete a psychiatric evaluation and psychological testing, or comply with the required additional conditions or restrictions, is a violation of probation.

(Option: Condition Precedent)

Respondent shall not engage in the practice of physical therapy until notified by the Board<sub>1</sub> or its designee<sub>1</sub> that Respondent ~~is~~ has been deemed to be mentally fit to practice physical therapy safely. The period of time Respondent is not practicing physical therapy shall not be counted toward completion of the term of probation.

#### **QR. Psychotherapy**

Within sixty (60) calendar days of the effective date of this Decision and Order, Respondent shall submit to the Board<sub>1</sub> or its designee<sub>1</sub> for prior approval the name and qualifications of a Board certified psychiatrist or a licensed psychologist who has a doctoral degree in psychology and at least five (5) years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders. Upon approval by the Board, or its designee, Respondent shall undergo and continue psychotherapy treatment, including any modifications to the frequency of psychotherapy, until the Board<sub>1</sub> or its designee<sub>1</sub> deems that no further psychotherapy is necessary based on written notice from the psychiatrist or psychologist.

The psychotherapist shall consider any information provided by the Board<sub>1</sub> or its designee<sub>1</sub> and any other information the psychotherapist deems relevant and shall furnish a written evaluation report to the Board<sub>1</sub> or its designee. Respondent shall cooperate in providing the psychotherapist any information and documents that the psychotherapist may deem pertinent. Respondent shall have the treating psychotherapist submit quarterly status reports to the Board<sub>1</sub> or its designee. The Board<sub>1</sub> or its designee<sub>1</sub> may require Respondent to undergo psychiatric evaluations by a Board-appointed<sub>1</sub> Board certified psychiatrist.

If, prior to the completion of probation, Respondent is found to be mentally unfit to resume the practice of physical therapy without restrictions, the Board shall have continued jurisdiction over Respondent's license and the period of probation shall be extended until the Board determines Respondent is mentally fit to resume the practice of physical therapy without restrictions. Respondent shall pay all the costs associated with compliance of this term ~~of all psychotherapy and psychiatric evaluations.~~

Note:

This condition is for cases where the evidence demonstrates Respondent has had an impairment (impairment by mental illness, alcohol abuse and/or drug self-abuse) related to the violations but is not at present a danger to Respondent's patients.

#### **RS. Medical Evaluation**

Within thirty (30) days of the effective date of this Decision and Order, and on a periodic basis, thereafter, as may be required by the Board<sub>1</sub> or its designee, Respondent shall undergo a medical evaluation by a Board appointed physician and surgeon, who shall furnish a medical report to the Board<sub>1</sub> or its designee. Respondent shall pay the all costs of the associated with the medical evaluation and continued treatments.

If, following the medical evaluation, Respondent is required by the Board<sub>1</sub> or its designee<sub>1</sub> to undergo medical treatment, Respondent shall within thirty (30) days of written notification of the requirement submit to the Board<sub>1</sub> or its designee<sub>1</sub> for its prior approval the name and qualifications of a physician and surgeon of Respondent's choice. Upon Board approval of the treating physician and surgeon, Respondent shall undergo and continue medical treatment until further notice from the Board<sub>1</sub> or its designee. Respondent shall have the treating physician and surgeon submit quarterly status reports to the Board<sub>1</sub> or its designee<sub>1</sub> indicating whether Respondent is capable of practicing physical therapy safely.

*Optional Condition*

Respondent shall not engage in the practice of physical therapy until notified by the Board<sub>1</sub> or its designee<sub>1</sub> of its determination that Respondent is medically fit to practice safely.

**ST. Medical Treatment**

Within fifteen (15) days of the effective date of this Decision and Order, Respondent shall submit to the Board<sub>1</sub> or its designee<sub>1</sub> for its prior approval, the name and qualifications of a physician of Respondent's choice. Upon approval, Respondent shall undergo and continue medical treatment until the Board<sub>1</sub> or its designee<sub>1</sub> deems that no further medical treatment is necessary. Respondent shall have the treating physician submit quarterly status reports to the Board<sub>1</sub> or its designee<sub>1</sub> indicating whether Respondent is capable of practicing physical therapy safely. The Board<sub>1</sub> or its designee<sub>1</sub> may require Respondent to undergo periodic medical evaluations by a Board appointed physician. Respondent shall pay ~~the~~ all costs associated with the medical treatment(s).

**U. Relinquish Wallet License and Wall Certificate**

Respondent shall relinquish and shall forward or deliver their wallet license to practice and the wall certificate to the Board within ten (10) days of the effective date of the Decision and Order.

Note: This term used on surrender and revocation cases only.

**CONDITIONS APPLYING THE UNIFORM STANDARDS  
SPECIFIC TO ALCOHOL  
AND CONTROLLED SUBSTANCES**

The following conditions, lettered ~~TV~~ through ~~A~~EE, must be used in cases where alcohol or a controlled substance was involved in the violation.

**V. Cease Practice**

From the effective date of this Decision and Order, Respondent shall cease practice until the Board, or its designee, determines that Respondent is safe to return to practice.

**W. Substance Abuse Rehabilitation Program**

Within fifteen (15) calendar days from the effective date of this Decision and Order, Respondent shall enroll and participate in the Board's rehabilitation program at Respondent's cost until the rehabilitation program determines that Respondent's participation is no longer necessary. Respondent shall comply with all components of the rehabilitation program. Respondent shall sign a release authorizing the rehabilitation program to report all aspects of participation of the rehabilitation program, as requested by the Board, or its designee.

If Respondent fails to comply with the requirements of the rehabilitation program, terminates the program without permission, or is expelled for cause, it shall constitute a violation of probation, and Respondent shall be immediately suspended from the practice of physical therapy.

**TX. Clinical Diagnostic Evaluation (CDE)**

Within thirty (30) days of the effective date of the Decision and Order, Respondent shall undergo a CDE from a licensed practitioner who holds a valid, unrestricted license to conduct a CDE's, has at least three (3) years of experience in providing evaluations of health care professionals with substance abuse disorders, and is approved by the Board. The Board may request Respondent to undergo a CDE, at any time, during the period of probation. The ~~evaluations~~CDE shall be conducted in accordance with accepted professional standards for conducting substance abuse CDE's.

Respondent shall undergo a CDE to determine whether the Respondent has a substance abuse problem and whether ~~the~~ Respondent is a threat to ~~himself or herself~~ themselves or others. The evaluator shall make recommendations for substance abuse treatment, practice restrictions, or other recommendations related to ~~the~~ Respondent's rehabilitation and ability to safe practice safely.

Respondent shall not be evaluated by an evaluator that has had a financial, personal, familial, or business relationship with ~~the~~ Respondent within the last five (5) years. The evaluator shall provide an objective, unbiased, and independent evaluation.

During the evaluation, if ~~Respondent~~ it is determined that Respondent is to be a threat to ~~himself or herself~~ themselves or others, the evaluator shall notify the Board, within 24 hours, of such a determination.

For all evaluations, the evaluator shall provide a final written report ~~shall be provided~~ to the Board no later than ten (10) days from the date the evaluator is assigned the matter, unless the evaluator requests additional information to complete the evaluation, not to exceed thirty (30) days.

~~Respondent may return to either full-time or part-time work if the Board determines he or she is fit to do so based upon consideration of the CDE report and the following criteria:~~

#### **Y. Determination on Return to Practice**

The Board shall use the following criteria in determining whether or not Respondent is safe to return to full-time or part-time work, what practice restrictions shall be imposed on Respondent, and whether Respondent shall be required to participate in inpatient, outpatient, or any other type of treatment:

- Findings and recommendation(s) of CDE report;
- Respondent's ~~License~~ license type;
- Licensee's ~~Respondent's~~ history;
- Documented length of sobriety/time that has elapsed since last substance use;
- Scope and pattern of substance abuse;
- Treatment history;
- Medical history and current medical condition;
- Nature, duration, and severity of substance abuse; and,
- Whether ~~the licensee~~ Respondent is a threat to ~~himself or herself~~ themselves or others.

While awaiting the Board's determination, Respondent shall be randomly drug tested, at least two (2) times per week, as part of the rehabilitation program.

The Board shall determine whether or not the Respondent is safe to return to full-time or part-time work, and what restrictions shall be imposed on the Respondent. However, Respondent shall not return to practice until ~~he or she has~~ the Respondent has had ve negative drug test results for a period of at least thirty days of negative drug tests.

~~If the Respondent is required to participate in inpatient, outpatient, or any other type of treatment, the Board shall take into consideration the recommendation of the CDE, license type, licensee's history, length of sobriety, scope and pattern of substance abuse, treatment history, medical history, current medical condition, nature, duration~~

~~and severity of substance abuse and whether the licensee is a threat to himself or herself or others.~~

~~In the event that~~ If interpretation or clarification of any of the Conditions Applying the Uniform Standards is necessary, the Uniform Standards shall be controlling.

~~U.~~ **Substance Abuse Rehabilitation Program**

~~Within fifteen (15) calendar days from the effective date of this Decision and Order, Respondent shall enroll and participate in the Board's rehabilitation program at Respondent's cost until the rehabilitation program determines that participation in the rehabilitation program is no longer necessary.~~

~~Respondent shall comply with all components of the rehabilitation program. Respondent shall sign a release authorizing the rehabilitation program to report all aspects of participation of the rehabilitation program as requested by the Board or its designee.~~

~~Failure to comply with requirements of the rehabilitation program, terminating the program without permission or being expelled for cause shall constitute a violation of probation by Respondent and shall be immediately suspended from the practice of physical therapy.~~

~~[Optional language: This condition may be waived by the board upon a written finding by the GDE that Respondent is not a substance abusing licensee.]~~

~~VZ.~~ **Abstain from Use of Controlled Substances and Dangerous Drugs**

Respondent shall abstain completely from personal use, possession, injection, consumption by any route, including inhalation, of all controlled substances as defined in the California Uniform, Controlled Substances Act. This prohibition does not apply to medications lawfully prescribed to Respondent for a bona fide illness or condition by a practitioner licensed to prescribe such medications. Within fifteen (15) calendar days of receiving any lawful prescription medications, Respondent shall notify the ~~recovery~~substance abuse rehabilitation program, in writing, of the following: prescriber's name, address, and telephone number; medication name and strength; and issuing pharmacy name, address, and telephone number. Respondent shall also provide a current list of prescribed medication with the prescriber's name, address, and telephone number on each quarterly report submitted to the Board's Probation Monitor, or its designee. Respondent shall provide the Board's ~~p~~Probation ~~m~~Monitor, or its designee, with a signed and dated medical release covering the entire probation period.

Respondent shall identify for the Board's approval a single coordinating physician and surgeon who shall be aware of Respondent's history of substance abuse and who will coordinate and monitor any prescriptions for Respondent for dangerous drugs, and controlled substances. Once a Board-approved physician and surgeon has been identified, Respondent shall provide a copy of the Initial Probationary License Decision

and Order, Statement of Issues or Accusation, Decision and Order, or Stipulated Decision and Order, as appropriate, to the coordinating physician and surgeon. The coordinating physician and surgeon shall report to the Board or its designee on a quarterly basis Respondent's compliance with this condition.

The Board may require that only a physician and surgeon who is a specialist in addictive medicine be approved as the coordinating physician and surgeon.

If Respondent has a positive drug screen for any substance not legally authorized, Respondent shall be contacted and instructed to leave work and ordered, by the Board, to cease any practice and may not practice unless and until notified by the Board. The Board will notify Respondent's employer, if any, and ~~w~~Worksite ~~m~~Monitor, if any, that Respondent may not practice. If the Board files a petition to revoke probation or an accusation based upon the positive drug screen, Respondent shall be automatically suspended from practice pending the final decision on the petition to revoke probation or accusation. This period of suspension will not apply to the reduction of this probationary period.

[Optional language: This condition may be waived or modified by the ~~b~~Board's Probation Monitor or its designee upon a written finding by the Clinical Diagnostic Evaluator that Respondent is not a substance abusing licensee.]

#### **WAA. Abstain from the Use of Alcohol**

Respondent shall abstain completely from the use of alcoholic beverages.

[Optional language: This condition may be waived by the ~~b~~Board's Probation Monitor or its designee upon a written finding by the Clinical Diagnostic Evaluator that Respondent is not a substance abusing licensee.]

#### **XBB. Biological Testing**

Respondent shall immediately submit to ~~and pay for~~ any random and directed biological fluid or hair sample, breath alcohol, or any other mode of testing required by the Board, or its designee. All examination(s) and laboratory testing costs shall be paid by Respondent.

Respondent shall be subject to ~~a minimum of fifty-two (52), but not to exceed, to~~ one-hundred and four (104) random tests, per year, within the first year of probation, and ~~a minimum of thirty-six (36) to one-hundred and four (104)~~ random tests, per year, thereafter, for the duration of the probationary term. However, in cases where there is evidence that the Respondent has participated in a treatment or monitoring program requiring random testing, prior to being subject to testing by the Board, the Board may ~~give consideration to that testing in~~ altering the testing frequency schedule so that it is equivalent to this standard.

Respondent shall make daily contact, as directed by the Board, to determine if ~~he or~~ she ~~the Respondent~~ must submit to drugbiological testing. To ensure test results are

sent immediately to the Board. Respondent shall have the test performed by a Board-approved laboratory, that is certified and accredited by the U.S. Department of Health and Human Services, on the same day that he or she the Respondent is notified that a test is required. ~~This shall ensure that the test results are sent immediately to the Board.~~ Failure to comply ~~If Respondent fails to comply~~ within the time specified, it shall be considered an admission of a positive drug screen and constitute a violation of probation. If ~~the a~~ urine test results in a determination that the urine was too diluted for testing, the result shall be considered an admission, by Respondent, of a positive urine screen and constitutes a violation of probation.

If a positive result is obtained, the Board may ordersuspend Respondent to cease all practice, and require Respondent to immediately undergo a physical examination and ~~to complete laboratory or diagnostic testing to determine if any underlying physical condition has contributed to the diluted result and to suspend Respondent's license to practice.~~ Any such examination or laboratory and testing costs shall be paid by Respondent. A positive result in this case, is one which, based on scientific principles, indicates Respondent attempted to alter the test results in order to either render the test invalid or obtain a negative result when a positive result should have been the outcome.

If it is determined Respondent altered the test ~~resultssample,~~ the result shall be considered an admission of a positive ~~urine screen~~ result and constitutes a violation of probation and Respondent must cease practicing. Respondent shall not resume practice until notified by the Board. If Respondent tests positive for a banned substance, Respondent shall be contacted and instructed to leave work and ordered to cease all practice. Respondent shall not resume practice until notified by the Board. All alternative drug testing sites, due to vacation or travel outside of California, must be approved by the Board prior to the vacation or travel.

[Optional language: This condition may be waived or modified by the ~~Board's~~ Board's Probation Monitor or its designee upon a written finding by the Clinical Diagnostic Evaluator that Respondent is not a substance abusing licensee.]

The "Exceptions to Testing Frequency Schedule" identified in Uniform Standard #4 apply.

## **YCC. Major Violations**

~~This provision applies if Respondent commits a violation of the rehabilitation program or any other condition applying the uniform standards specific to controlled substance(s).~~

If Respondent commits a major violation, Respondent shall, immediately upon notification by the Board, cease practice until notified otherwise in writing by the Board.

Major ~~Y~~violations include, but are not limited to, the following:

1. Failure to complete a Board-ordered program;
2. Failure to undergo a required CDE;

3. Committing multiple minor violations of probation conditions;
4. Treating a patient while under the influence of drugs or alcohol;
5. Committing any drug or alcohol offense that is a violation of the Business and Professions Code or other state or federal law;
6. Failure to obtain ordered biological testing for substance abuse;
7. Testing positive for a banned substance; ~~and~~
8. Knowingly using, making, altering, or possessing any object or product in such a way as to defraud a drug test designed to detect the presence of alcohol or a controlled substance.

This provision applies if Respondent commits a violation of the rehabilitation program or any other condition applying the uniform standards specific to controlled substance(s).

### **ZDD. Facilitated Group Support Meetings**

Within fifteen (15) days from the effective date of their ~~d~~Decision and Order, Respondent shall submit to the Board, or its designee, for prior approval the name of one or more group support meeting facilitator(s). Respondent shall participate in facilitated group support meetings within fifteen (15) days after a notification of the Board's, or its designee's, approval of the meeting facilitator. When determining the type and frequency of required facilitated group support meeting attendance, the Board, or its designee, shall ~~give consideration to~~ the following:

- ~~The licensee's~~ Respondent's history
- The documented length of sobriety/time that has elapsed since substance abuse
- The recommendation of the clinical evaluator
- The scope and pattern of substance abuse
- ~~The licensee~~Respondent's treatment history;
- The nature, duration, and severity of substance abuse

Respondent shall submit ~~verified~~ documentation of attendance ~~shall be submitted by Respondent with each quarterly report to the Board's Probation Monitor.~~ Respondent shall continue attendance in such a group for the duration of probation, unless notified by the Board that attendance is no longer required.

~~If a facilitated group support meeting is ordered,~~ The group support facilitator shall meet the following qualifications and requirements:

1. ~~The group meeting facilitator shall have a m~~Minimum of three (3) years of experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state ~~or~~ other nationally certified organizations.
2. ~~The group meeting facilitator s~~Shall not have had a financial relationship, personal relationship, or business relationship with ~~the licensee~~ Respondent in the last five (5) years.
3. ~~The group facilitator s~~Shall provide to the Board, or its designee, a signed document showing ~~the licensee~~Respondent's name, the group name, the date

and location of the meeting, ~~the licensee~~ Respondent's attendance, and the ~~licensee's~~ Respondent's level of participation and progress.

4. ~~The group meeting facilitator~~ shall report any unexcused absence(s) to the Board, or its designee, within twenty-four (24) hours.

[Optional language: This condition may be waived or modified by the Board's Probation Monitor, or its designee, upon a written finding by the Clinical Diagnostic Evaluator that Respondent is not a substance abusing licensee.]

#### **AAEE.      Worksite Monitor**

Respondent shall have a Worksite Monitor, as required by this term. The Worksite Monitor shall not have any current or former financial, personal, or familial relationship with ~~the licensee~~ Respondent, or other relationship that could reasonably be expected to compromise the ability of the Worksite Monitor to render impartial and unbiased reports to the Board. If it is impractical for anyone but ~~the licensee~~ Respondent's employer to serve as the Worksite Monitor, this requirement may be waived by the Board. However, under no circumstances shall a ~~licensee~~ Respondent's Worksite Monitor be an employee of ~~the licensee~~ Respondent.

The Worksite Monitor's license scope of practice shall include the scope of practice of the licensee who is being monitored or be another health care professional if no monitor with like scope of practice is available.

The Worksite Monitor shall have an active unrestricted license, with no disciplinary action within the last five (5) years.

The Worksite Monitor shall sign an affirmation that ~~he or she~~ the Worksite Monitor has reviewed the terms and conditions of ~~the licensee's~~ Respondent's disciplinary Order and agrees to monitor ~~the licensee~~ Respondent, as set forth by the Board in the Order.

The Worksite Monitor must adhere to the following required methods of monitoring ~~the licensee~~ Respondent:

1. a) At least once per week, or more frequently if required by the Board, have face-to-face contact with the licensee Respondent at least once per week in the Respondent's work environment or more frequently if required by the Board.
2. b) Interview other staff in the office regarding ~~the licensee's~~ Respondent's behavior, if applicable.
3. c) Review ~~the licensee~~ Respondent's work attendance.

The Worksite Monitor shall report to the Board as follows:

- Any suspected substance abuse must be verbally reported to the Board and ~~the licensee~~ Respondent's employer within one (1) business day of occurrence. If occurrence is not during the Board's normal business hours, the verbal report

must be within one (1) hour of the next business day. A written report shall be submitted, to the Board, within forty-eight (48) hours of occurrence.

- ~~The worksite monitor shall complete and~~ Submit a written report monthly or as directed by the Board. The report shall include: ~~the licensee~~Respondent's name; license number; Worksite Monitor's name, signature and ~~worksite monitor's~~ license number; worksite location(s); dates licensee had face-to-face contact with the Worksite Monitor; staff interviewed if applicable; attendance report; any change in behavior and/or personal habits; and any indicators leading to suspected substance abuse.

~~The licensee~~Respondent shall complete the required consent forms and sign an agreement with the Worksite Monitor and the Board to allow the Board to communicate with the Worksite Monitor, regarding Respondent.

~~If Respondent tests positive for a banned substance, the Board will immediately notify Respondent's employer that the Respondent's license has been ordered to cease practice.~~

[Optional language: This condition may be waived or modified by the Board's Probation Monitor, or its designee, ~~board~~ upon a written finding by the Clinical Diagnostic Evaluator that Respondent is not a substance abusing licensee.]

## **MODEL ORDERS FOR LICENSEE DISCIPLINE**

### **Probation Without Uniform Standards**

IT IS HEREBY ORDERED that [Physical Therapist or Physical Therapist Assistant], License No. [#], issued to Respondent [name] is REVOKED. However, the Order of Revocation is STAYED and Respondent is placed on probation for [#] years, or until Respondent has completed payment on all money owed in cost recovery, whichever is longer, on the following terms and conditions:

### **Probation With Conditions Including the Uniform Standards**

IT IS HEREBY ORDERED that [Physical Therapist or Physical Therapist Assistant], License No. [#], issued to Respondent [name] is REVOKED. However, the Order of Revocation is STAYED and Respondent is placed on probation for [#] years or completion of the substance abuse rehabilitation program, plus one (1) year, and all money owed in cost recovery is paid, whichever is longer, on the following terms and conditions.

### **Surrender of License**

IT IS HEREBY ORDERED that [Physical Therapist or Physical Therapist Assistant], License No. [#], issued to Respondent [name] is surrendered and accepted by the Physical Therapy Board of California.

1. Respondent shall lose all rights and privileges as a [physical therapist or physical therapist assistant], in California, as of the effective date of this Decision and Order.
2. On or before the effective date of this Decision and Order, Respondent shall cause to be delivered the wallet license and wall certificate to the Board.
3. If Respondent ever files an application for licensure in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time the petition is filed, and all of the charges and allegations contained in the Accusation No. [xx] shall be deemed to be true, correct and admitted, by Respondent, when the Board determines whether to grant or deny the petition.
4. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation No. [XX] shall be deemed to be true, correct, and admitted, by Respondent, for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.
5. Respondent shall pay the Board its costs of investigation and enforcement in the amount of \$[XX] prior to petitioning for reinstatement of their physical therapist/assistant license.
6. The surrender of Respondent's physical therapist/assistant license and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent.

This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Physical Therapy Board of California.

### **Petition for Termination of Probation GRANTED**

The Petition for Early Termination of Probation filed by Petitioner [NAME] is GRANTED. The probation of [Physical Therapist or Physical Therapist Assistant] License No. PT/PTA, issued to [Respondent's Name], is hereby terminated.

### **Petition for Termination of Probation DENIED**

The Petition for Early Termination of Probation filed by Petitioner [NAME] is DENIED.

Or with conditions:

The Petition for Early Termination of Probation filed by Petitioner [NAME] is DENIED; however, Petitioner's probation is modified, and probation shall end upon completion of the following conditions:

1. The Board is notified that Petitioner has completed the Drug and Alcohol Recovery Program (Maximus); and
  2. Sixty (60) days have elapsed after the Board's receipt of such notice.
- (note: 1 & 2 are sample language)

### **Petition for Reinstatement of License GRANTED**

The Petition for Reinstatement filed by Petitioner [NAME] is GRANTED. Petitioner's Physical Therapist/Assistant license is reinstated; however, the order of reinstatement is immediately stayed and the reinstated license is placed on probation, for a period of [xx] years, under the following terms and conditions:

### **Petition for Reinstatement of License DENIED**

The Petition for Reinstatement filed by Petitioner [NAME] is DENIED.

### **Applicant Placed on Probation Based on an Initial Probationary License**

"IT IS HEREBY ORDERED that the application for licensure as a [physical therapist or physical therapist assistant] of Respondent [name] for an unrestricted license is hereby denied. However, an initial probationary license shall remain issued to Respondent, subject to the following terms and conditions:

### **Applicant Placed on Probation Based on a Denial of Licensure**

"IT IS HEREBY ORDERED that the application for licensure as a [physical therapist or physical therapist assistant] of respondent [name] for an unrestricted license is hereby GRANTED upon successful completion of all licensing requirements. A license shall be issued, provided that all licensing requirements are completed within [timeframe] of the effective date of this Decision and Order. Upon issuance, however, said license shall immediately be REVOKED. However, the order of revocation shall be STAYED, and the

license is placed on probation, for [#] years, subject to the following terms and conditions:” If a license is not issued within one year of the effective date of this Decision and Order, the application is ordered denied, and a new application for licensure shall be required.

## GLOSSARY OF TERMS

**Accusation** - Charges filed against a licensee alleging violation(s) of the Physical Therapy Practice Act.

**Business and Professions Code (BPC)** - The statutes in law governing the businesses and professions. The Physical Therapy Practice Act begins with section 2600 of the Business and Professions Code. There are some other sections of the BPC named in this document that affect the practice of physical therapy but are not included in the Physical Therapy Practice Act. The Physical Therapy Practice Act can be accessed through the Physical Therapy Board of California website at [www.ptbc.ca.gov](http://www.ptbc.ca.gov).

**California Code of Regulations (CCR)** - Regulations define and clarify the intent of the statutes (laws). The regulations specific to physical therapy are located in Title 16, Chapter 13.2, ~~Article 6~~ of the California Code of Regulations and can be accessed through the Physical Therapy Board of California website at [www.ptbc.ca.gov](http://www.ptbc.ca.gov).

**Citation** - A means of addressing relatively minor violations, which do not warrant discipline in order to protect the public. Citations are not disciplinary actions, but are matters of public record.

**Decision** - The order of the Board in a disciplinary action.

**Default Decision** - Licensee fails to respond to Accusation by filing a Notice of Defense or fails to appear at an administrative hearing resulting in a default decision.

**Diversion** –The Board does not divert licensees from discipline.

**Health and Safety Code (H&S Code)** - Statutes of law pertaining to the health and safety of the citizens of California. Certain sections of the law contained in this document pertain to the practice of physical therapy. These statutes can be accessed through the Board website at [www.ptbc.ca.gov](http://www.ptbc.ca.gov).

**Initial Probationary License (IPL)** - The Board may, in its sole discretion, issue a probationary license to any applicant for licensure who is guilty of unprofessional conduct, but who has met all other requirements for licensure. An IPL is not considered disciplinary action and is removed from the record upon completion of probation. The IPL is posted on the Board's website only during the period of probation.

**Interim Suspension Order** - An order issued upon petition, suspending a licensee from all or a specified part of his or her the physical therapy practice of, or assisting in the provision of, physical therapy.

**Petition to Revoke Probation** - Charges filed against a probationer seeking revocation of their physical therapy or physical therapy assistant license based upon violation(s) of probation.

**Practice Monitor (Probation Condition Term B)** - The Practice Monitor is a licensed physical therapist ~~that~~who serves as a subject matter expert to review the probationer's current practice and to evaluate all aspects of the Probationer's practice. The Practice Monitor is approved by the Board and reports to the Board's ~~p~~Probation ~~m~~Monitor. The Practice Monitor is used in lieu of a supervising physical therapist when probationer holds a vested interest in the physical therapy practice.

**Probation Monitor** - The Probation Monitor is an employee of the Physical Therapy Board that monitors a probationers to ensure compliance with the terms and conditions of the Respondent's Respondent's probation.

**Probation Tolerated** - Credit for time served towards the probationary period does not begin until the probationer commences practice in the State of California.

**Public Letter of Reprimand** – In lieu of filing a formal accusation, the Board may, pursuant to BPC section 2660.3, upon stipulation or agreement by the licensee, issue a public letter of reprimand. If the licensee does not agree to the issuance of the letter, the ~~b~~Board shall not issue the letter and may proceed to file a formal accusation. A public letter of reprimand is considered disciplinary action.

**Public Reprimand** – A formal public reprimand, pursuant to BPC, section 495, may be issued for an act constituting grounds for suspension or revocation of a license. This requires filing of a formal accusation. A public reprimand is considered disciplinary action.

**Rehabilitation** – A part of a disciplinary action taken in cases of substance abuse.

**Revoked** - ~~The right to practice is ended.~~The license is revoked as a result of disciplinary action rendered by the Board, and the licensee is prohibited from engaging in the practice, or assisting in the provision, of physical therapy.

**Revoked, stayed, probation** - "Stayed" means the revocation is postponed or put off. Professional practice may continue, so long as the licensee complies with specific probationary terms and conditions. Violation of probation may result in the revocation that was postponed.

**Statement of Issues** - Charges filed against an applicant due to alleged violation(s) of the Physical Therapy Practice Act. If found to be true, the charges may result in discipline.

**Supervising Physical Therapist - (Probation Condition Term A)** - The Supervising Physical Therapist ensures the Probationer adheres to the Physical Therapy Practice Act, as well as the probationary conditions and practices in the same facility as the Probationer. The supervisor has full and random access to Probationer's patient records and evaluates all aspects of Probationer's practice. The Supervising Physical Therapist ~~is~~must be approved by the Board's ~~and reports to the Board's~~ pProbation mMonitor, or designee. The role of the Supervising Physical Therapist may vary depending on the level of supervision set forth in the Decision and Order.

**Surrender of License** - The licensee ~~turns in~~ surrenders their license to the Board, subject to acceptance of the surrendered license by the Board, and the licensee is prohibited from engaging in the practice, or assisting in the provision, of physical therapy, subject to acceptance by the Board. ~~The right to practice is ended.~~

**Suspension** - The licensee is prohibited from ~~practicing~~ engaging in the practice, or assisting in the provision, of physical therapy for a specific period of time.

**Uniform Standards Regarding Substance–Abusing Healing Arts Licensees (Uniform Standards)** - Addresses penalties established for licensees dealing with substance-abuse violations, per Senate Bill 1441 (Ridley-Thomas, Ch. 548, Stats. 2008), developed by the Substance Abuse Coordination Committee, within the Department of Consumer Affairs.

**Worksite Monitor (Probation Condition Term Z)** - The Worksite Monitor is a person, usually a physical therapist, ~~who~~ observes for signs of substance abuse through face to face contact, interviews and attendance monitoring. ~~The Worksite Monitor is~~ must be approved by the Board's Probation Monitor, or designee, rehabilitation program and reports to the Board's rehabilitation program on the status of the Probationer.

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**STATE OF CALIFORNIA**  
**DEPARTMENT OF CONSUMER AFFAIRS**  
**BOARD OF PSYCHOLOGY**



**DISCIPLINARY GUIDELINES AND  
UNIFORM STANDARDS RELATED  
TO  
SUBSTANCE ABUSING LICENSEES**

**ADOPTED 11/92 - EFFECTIVE 1/1/93 –  
AMENDED 7/1/96, AMENDED 4/1/99, AMENDED 9/1/02,  
AMENDED 2/07, AMENDED 4/15**

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**DISCIPLINARY GUIDELINES AND UNIFORM STANDARDS  
RELATED TO SUBSTANCE ABUSING LICENSEES**

**Article 7. Standards Related to Denial, Discipline, and Reinstatement of Licenses**

**§ 1395.2. Disciplinary Guidelines and Uniform Standards Related to Substance Abusing Licensees.**

(a) In reaching a decision on a disciplinary action under the administrative adjudication provisions of the Administrative Procedure Act (Government Code Section 11400 et seq.), the Board of Psychology shall consider and apply the “Disciplinary Guidelines and Uniform Standards Related to Substance Abusing Licensees (4/15),” which is hereby incorporated by reference.

(b) If the conduct found to be grounds for discipline involves drugs and/or alcohol, the licensee shall be presumed to be a substance-abusing licensee for purposes of section 315 of the Code. If the licensee does not rebut that presumption, in addition to any and all other relevant terms and conditions contained in the Disciplinary Guidelines, the terms and conditions that incorporate the Uniform Standards Related to Substance Abusing Licensees shall apply as written and be used in the order placing the license on probation.

(c) Deviation from the Disciplinary Guidelines, including the standard terms of probation, is appropriate where the Board of Psychology in its sole discretion determines that the facts of the particular case warrant such a deviation; for example: the presence of mitigating or aggravating factors; the age of the case; or evidentiary issues.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Sections 315, 315.2, 315.4, 2960, 2960.05, 2960.1, 2960.5, 2960.6, 2961, 2962, 2963, 2964, 2964.3, 2964.5, 2964.6, 2965, 2966 and 2969, Business and Professions Code; and Section 11425.50(e), Government Code.

## I. INTRODUCTION

The Board of Psychology of the California Department of Consumer Affairs (hereinafter “the Board”) is a consumer protection agency with the priority of protecting consumers of psychological services from unsafe, incompetent, or negligent practitioners in exercising its licensing, regulatory, and disciplinary functions. In keeping with its mandate to protect this particularly vulnerable population, the Board has adopted the following recommended guidelines for disciplinary orders and conditions of probation for violations of the Psychology Licensing Law. This document, designed for use by administrative law judges, attorneys, psychologists, registered psychologists, psychological assistants, others involved in the disciplinary process, and ultimately the Board, may be revised from time to time.

For purposes of this document, in addition to licensure as a psychologist, the term “license” includes a psychological assistant registration and registered psychologist registration. The terms and conditions of probation are divided into two general categories:

- (1) Standard Conditions are those conditions of probation which will generally appear in all cases involving probation as a standard term and condition; and
- (2) Optional Conditions are those conditions that address the specific circumstances of the case and require discretion to be exercised depending on the nature and circumstances of a particular case.

The Board of Psychology’s Uniform Standards Related to Substance Abusing Licensees, which are derived from the Department of Consumer Affairs’ Substance Abuse Coordination Committee’s “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees (4/11)” pursuant to section 315 of the Code, describe those terms or conditions that shall be applied to a substance abusing licensee, and are incorporated into the terms and conditions of probation.

The Board recognizes that an individual case may necessitate a departure from these guidelines for disciplinary orders. However, in such a case, the mitigating or aggravating circumstances must be detailed in the “Finding of Fact,” which is in every Proposed Decision, so that the circumstances can be better understood and evaluated by the Board before final action is taken.

If at the time of hearing, the Administrative Law Judge finds that the respondent, for any reason, is not capable of safe practice, the Board expects outright revocation or denial of the license. This is particularly true in any case of patient sexual abuse. In less egregious cases, a stayed revocation with probation pursuant to the attached Penalty Guidelines would be appropriate.

## II. DISCIPLINARY GUIDELINES

### A. GENERAL CONSIDERATIONS

Factors to be considered - In determining whether revocation, suspension, or probation is to be imposed in a given case, factors such as the following should be considered:

1. Nature and severity of the act(s), offense(s), or crime(s) under consideration.
2. Actual or potential harm to any consumer, client or the public.
3. Prior record of discipline or citations.
4. Number and/or variety of current violations.
5. Mitigation and aggravation evidence.
6. Rehabilitation evidence.
7. In the case of a criminal conviction, compliance with terms of sentence and/or court-ordered probation.
8. Overall criminal record.
9. Time passed since the act(s) or offense(s) occurred.
10. Whether or not the respondent cooperated with the Board's investigation, other law enforcement or regulatory agencies, and/or the injured parties.
11. Recognition by respondent of his or her wrongdoing and demonstration of corrective action to prevent recurrence.

Pursuant to section 2960.1 of the Code (set out below in the Penalty Guidelines), any proposed decision or decision that contains any finding of fact that the licensee or registrant engaged in any act of sexual contact, when that act is with a patient, or with a former patient within two years following termination of therapy, shall contain an order of revocation. The revocation shall not be stayed by the Administrative Law Judge.

Pursuant to section 2964.3 of the Code, any person required to register as a sex offender pursuant to Section 290 of the Penal Code is not eligible for licensure or registration by the Board.

Except where an order is required by statute, deviation from the Disciplinary Guidelines, including the standard terms of probation, is appropriate where the Board determines that the facts of the particular case warrant such a deviation.

### B. PENALTY GUIDELINES FOR DISCIPLINARY ACTIONS

The general bases for discipline are listed by statute number in the Business & Professions Code. An accusation, statement of issues, or other charging document may also allege violations of other related statutes or regulations. The bases are followed by the Board-determined penalty, including the names and numbers for the optional terms and conditions. The standard terms of probation as stated shall be included in all decisions and orders. **Except where there is a finding that respondent is a substance-abusing licensee**, the Board recognizes that the penalties and conditions of probation listed are merely guidelines and that individual cases will necessitate variations that take into account unique circumstances.

If there are deviations or omissions from the guidelines in formulating a Proposed Decision, the Board requires that the Administrative Law Judge hearing the case include an explanation of the deviations or omissions in the Proposed Decision so that the circumstances can be better understood by the Board during its review and consideration of the Proposed Decision for final action.

### **Business and Professions Code § 2960**

#### **2960 GENERAL UNPROFESSIONAL CONDUCT**

MAXIMUM: Revocation; denial of license or registration.

MINIMUM: Revocation stayed, depending upon the circumstances, up to 5-year probation, psychological evaluation and/or therapy if appropriate (2) and (6), California Psychology Law and Ethics Examination (CPLEE) (7), and standard terms and conditions (14-31)

#### **2960(a) CONVICTION OF A CRIME SUBSTANTIALLY RELATED TO THE PRACTICE OF PSYCHOLOGY**

MAXIMUM: Revocation; denial of license or registration.

MINIMUM: Revocation stayed, 5-year probation, billing monitor (if financial crime) (4), therapy (6), CPLEE (7), restitution (if appropriate) (8), and standard terms and conditions (14-31).

#### **2960(b) USE OF CONTROLLED SUBSTANCE OR ALCOHOL IN A DANGEROUS MANNER**

MAXIMUM: Revocation; denial of license or registration.

MINIMUM: Revocation stayed, 5-year probation, physical examination (if appropriate) (3), practice monitor (4), psychological evaluation and ongoing therapy (if appropriate) (2) and (6), clinical diagnostic evaluation (9), participation in an alcohol/drug abuse treatment program (10) and ongoing support group (11), abstain from all non-prescribed, controlled drugs and alcohol/biological fluid and specimen testing [required for substance-abusing licensees] (12), and standard terms and conditions (14-31).

#### **2960(c) FRAUDULENTLY OR NEGLECTFULLY MISREPRESENTING THE TYPE OR STATUS OF LICENSE OR REGISTRATION ACTUALLY HELD**

MAXIMUM: Revocation; denial of license or registration.

MINIMUM: Revocation stayed, 5-year probation, and standard terms and conditions (14-31).

**2960(d) IMPERSONATING ANOTHER PERSON HOLDING A PSYCHOLOGY LICENSE OR ALLOWING ANOTHER PERSON TO USE HIS OR HER LICENSE OR REGISTRATION**

MAXIMUM: Revocation; denial of license or registration.

MINIMUM: Revocation stayed, 5-year probation, psychological evaluation (2), CPLEE (7), and standard terms and conditions (14-31).

**2960(e) PROCURING A LICENSE BY FRAUD OR DECEPTION**

Penalty: Revocation is the only suitable penalty inasmuch as the license would not have been issued but for the fraud or deception. If the fraud is substantiated prior to issuance of the license or registration, then denial of the application is the only suitable penalty.

**2960(f) ACCEPTING REMUNERATION OR PAYING FOR REFERRALS TO OTHER PROFESSIONALS**

MAXIMUM: Revocation; denial of license or registration.

MINIMUM: Revocation stayed, 5-year probation, billing monitor (4), CPLEE (7), and standard terms and conditions (14-31).

**2960(g) VIOLATING SECTION 17500 OF THE BUSINESS AND PROFESSIONS CODE REGARDING ADVERTISING**

Penalty: Revocation stayed, 5-year probation, and standard terms and conditions (14-31).

**2960(h) VIOLATION OF CONFIDENTIALITY**

MAXIMUM: Revocation; denial of license or registration.

MINIMUM: Revocation stayed, 5-year probation, practice monitor (4), CPLEE (7), and standard terms and conditions (14-31).

**2960(i) VIOLATION OF RULES OF PROFESSIONAL CONDUCT**

MAXIMUM: Revocation; denial of license or registration.

MINIMUM: Revocation stayed, depending upon the circumstances, up to 5 year probation, psychological evaluation and/or therapy if appropriate (2) and (6), CPLEE (7), and standard terms and conditions (14-31).

**2960(j) GROSS NEGLIGENCE IN THE PRACTICE OF PSYCHOLOGY**

MAXIMUM: Revocation; denial of license or registration.

MINIMUM: Revocation stayed, 5-year probation, psychological evaluation prior to resumption of practice (condition precedent) (2), practice monitor/billing monitor (4), patient population restriction (if appropriate) (5), therapy (6), CPLEE (7), and standard terms and conditions (14-31).

**2960(k) VIOLATING ANY PROVISION OF THIS CHAPTER OR REGULATIONS DULY ADOPTED THEREUNDER**

Refer to underlying statute or regulation.

**2960(l) AIDING OR ABETTING UNLICENSED PRACTICE**

MAXIMUM: Revocation; denial of license or registration.

MINIMUM: Revocation stayed, 5-year probation, CPLEE (7), and standard terms and conditions (14-31).

**2960(m) DISCIPLINARY ACTION BY ANOTHER STATE AGAINST A LICENSE OR REGISTRATION**

In evaluating the appropriate penalty, identify the comparable California statute(s) and corresponding penalty(s).

**2960(n) DISHONEST, CORRUPT OR FRAUDULENT ACT**

MAXIMUM: Revocation; denial of license or registration.

MINIMUM: Revocation stayed, 5-year probation, psychological evaluation and ongoing therapy if appropriate (2), billing monitor (4), CPLEE (7), full restitution (8), and standard terms and conditions (14-31).

**2960(o); 726 ANY ACT OF SEXUAL ABUSE, OR SEXUAL RELATIONS WITH A PATIENT OR FORMER PATIENT WITHIN TWO YEARS FOLLOWING TERMINATION OF THERAPY, OR SEXUAL MISCONDUCT THAT IS SUBSTANTIALLY RELATED TO THE QUALIFICATIONS, FUNCTIONS OR DUTIES OF A PSYCHOLOGIST OR PSYCHOLOGICAL ASSISTANT OR REGISTERED PSYCHOLOGIST.**

Penalty: When a finding of sexual misconduct occurs, revocation or surrender of license/registration and/or denial of license or registration **MUST** be the penalty ordered by the Administrative Law Judge.

### **NO MINIMUM PENALTY.**

NOTE: Business and Professions Code Section 2960.1 states: “Notwithstanding Section 2960, any proposed decision or decision issued under this chapter in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, that contains any finding of fact that the licensee or registrant engaged in any acts of sexual contact, as defined in Section 728, when that act is with a patient, or with a former patient within two years following termination of therapy, shall contain an order of revocation. The revocation shall not be stayed by the Administrative Law Judge.”

### **2960(p) FUNCTIONING OUTSIDE FIELD(S) OF COMPETENCE**

MAXIMUM: Revocation; denial of license or registration.

MINIMUM: Revocation stayed, 5-year probation, practice monitor (4), patient population restriction (5), CPLEE (7), and standard terms and conditions (14-31).

### **2960(q) WILLFUL FAILURE TO VERIFY AN APPLICANT’S SUPERVISED EXPERIENCE**

Penalty: Revocation stayed, 5-year probation and standard terms and conditions (14-31).

### **2960(r) REPEATED NEGLIGENT ACTS**

MAXIMUM: Revocation; denial of license or registration.

MINIMUM: Revocation stayed, depending on the circumstances, up to 5-year probation, psychological evaluation prior to resumption of practice (condition precedent) (2), practice monitor (4), CPLEE (7), and standard terms and conditions (14-31).

## **III. TERMS AND CONDITIONS OF PROBATION**

Terms and conditions of probation are divided into two categories. The first category consists of **optional terms and conditions** that may be appropriate as demonstrated in the Penalty Guidelines depending on the nature and circumstances of each particular case. The second category consists of the **standard terms and conditions**, which must appear in all Proposed Decisions and Stipulated Settlements.

To enhance the clarity of a Proposed Decision or Stipulation, the Board requests that all optional conditions (1-13) that are being imposed be listed first in sequence followed immediately by all of the standard terms and conditions, which include cost recovery (15-31).

## **A. OPTIONAL TERMS AND CONDITIONS**

Listed below are optional conditions of probation that the Board would expect to be included in any Proposed Decision or Stipulation as appropriate.

### **1. Actual Suspension**

As part of probation, respondent is suspended from the practice of psychology for \_\_\_\_\_ days beginning with the effective date of this Decision. During the suspension, any probation period is tolled and will not commence again until the suspension is completed.

**RATIONALE: A suspension longer than 6 months is not effective, and a violation or violations warranting a longer suspension should result in revocation, not stayed.**

### **2. Psychological Evaluation**

Within ninety (90) days of the effective date of this Decision and on a periodic basis thereafter as may be required by the Board or its designee, respondent shall undergo a psychological evaluation (and psychological testing, if deemed necessary) by a Board-appointed California-licensed psychologist. Respondent shall sign a release that authorizes the evaluator to furnish the Board a current DSM V diagnosis and a written report regarding the respondent's judgment and/or ability to function independently as a psychologist with safety to the public, and whatever other information the Board deems relevant to the case. The completed evaluation is the sole property of the Board. The evaluation should not be disclosed to anyone not authorized by the Board or by court order.

If the Board concludes from the results of the evaluation that respondent is unable to practice independently and safely, upon written notice from the Board, respondent shall immediately cease accepting new patients and, in accordance with professional standards, shall appropriately refer/terminate existing patients within thirty (30) days and shall not resume practice until a Board-appointed evaluator determines that respondent is safe to practice. The term of probation shall be extended by this period of time that he or she was ordered to cease practice.

If not otherwise ordered herein, if ongoing psychotherapy is recommended in the psychological evaluation, the Board will notify respondent in writing to submit to such therapy and to select a psychotherapist for approval by the Board or its designee within thirty (30) days of such notification. The therapist shall (1) be a California-licensed psychologist with a clear and current license; (2) have no previous business, professional, personal or other relationship with respondent; (3) not be the same person as respondent's practice or billing monitor. Frequency of psychotherapy shall be determined upon recommendation of the treating psychotherapist with approval by the Board or its designee.

Respondent shall continue psychotherapy until released by the approved psychologist and approved by the Board or its designee. The Board or its designee may order a re-evaluation upon receipt of the therapist's recommendation.

Respondent shall execute a release authorizing the therapist to provide to the Board any information the Board or its designee deems appropriate, including quarterly reports of respondent's therapeutic progress. Respondent shall furnish a copy of this Decision to the therapist. If the therapist determines that the respondent cannot continue to independently render psychological services, with safety to the public, he/she shall notify the Board immediately.

Respondent shall pay all costs associated with the psychological evaluation and ongoing psychotherapy. Failure to pay costs will be considered a violation of the probation order.

**Option of Evaluation as a Condition Precedent:**

**In some cases, the psychological evaluation may be imposed as either a condition precedent to the continued practice of psychology, or to the issuance or reinstatement of a license, so that the respondent or petitioner is not entitled to begin or continue practice until found to be safe to do so. In such cases, the following language shall be used as the first sentence of the first paragraph of this term:**

As a condition precedent to the [continued practice of psychology][issuance of a license] [reinstatement of a license], within ninety (90) days of the effective date of this Decision, and on a periodic basis thereafter as may be required by the Board or its designee, Respondent shall undergo a psychological evaluation (and psychological testing, if deemed necessary) by a Board-appointed California-licensed psychologist. The term of probation shall be extended by the period of time during which respondent is not entitled to practice.

**In addition, the following language shall also be used as the first sentence of the second paragraph of this term:**

If the Board concludes from the results of the evaluation that [respondent][petitioner] is unable to practice independently and safely, upon written notice from the Board [respondent shall, in accordance with professional standards, appropriately refer/terminate existing patients within thirty (30) days and shall not resume practice until a Board-appointed evaluator determines that respondent is safe to practice][respondent or petitioner shall not be issued or have reinstated a license until a Board-appointed evaluator determines that respondent or petitioner is safe to practice].

**RATIONALE: Psychological evaluations shall be utilized when an offense calls into question the judgment and/or emotional and/or mental condition of the respondent or where there has been a history of abuse or dependency of alcohol or controlled substances. When appropriate, respondent shall be barred from rendering psychological services under the terms of probation until he or she has undergone an**

**evaluation, the evaluator has recommended resumption of practice, and the Board has accepted and approved the evaluation.**

### **3. Physical Examination**

Within ninety (90) days of the effective date of this Decision, respondent shall undergo a physical examination by a physician and surgeon (physician) licensed in California and approved by the Board. Respondent shall sign a release authorizing the physician to furnish the Board a report that shall provide an assessment of respondent's physical condition and capability to safely provide psychological services to the public. If the evaluating physician determines that respondent's physical condition prevents safe practice, or that he or she can only practice with restrictions, the physician shall notify the Board, in writing, within five (5) working days.

The Board shall notify respondent in writing of the physician's determination of unfitness to practice, and shall order the respondent to cease practice or place restrictions on respondent's practice. Respondent shall comply with any order to cease practice or restriction of his or her practice, and shall immediately cease accepting new patients and, in accordance with professional standards, shall appropriately refer/terminate existing patients within thirty (30) days. Respondent shall not resume practice until a Board-appointed evaluator determines that respondent is safe to practice, and the Board is satisfied of respondent's fitness to practice safely and has so notified respondent in writing. The term of probation shall be extended by the period of time during which respondent is ordered to cease practice. If the evaluating physician determines it to be necessary, a recommended treatment program will be instituted and followed by the respondent with the physician providing written progress reports to the Board on a quarterly basis or as otherwise determined by the Board or its designee.

It shall be the respondent's responsibility to assure that the required quarterly progress reports are filed by the treating physician in a timely manner. Respondent shall pay all costs of such examination(s). Failure to pay these costs shall be considered a violation of probation.

**RATIONALE: This condition permits the Board to require the probationer to obtain appropriate treatment for physical problems/disabilities that could affect safe practice of psychology. The physical examination can also be conducted to ensure that there is no physical evidence of alcohol/drug abuse.**

### **4. Practice Monitor/Billing Monitor/Worksite Monitor**

Within ninety (90) days of the effective date of this Decision, respondent shall submit to the Board or its designee for prior approval, the name and qualifications of a psychologist who has agreed to serve as a [practice monitor][billing monitor][worksite monitor]. The [practice monitor][billing monitor] shall (1) be a California-licensed psychologist with a clear and current license; (2) have no prior business, professional, personal or other relationship with respondent; and (3) not be the same person as respondent's therapist. The monitor's

education and experience shall be in the same field of practice as that of the respondent. The [practice monitor][billing monitor] may also serve as a worksite monitor, **if ordered for a substance-abusing licensee**, as long as he or she also meets the requirements for a worksite monitor.

Once approved, the monitor(s) shall submit to the Board or its designee a plan by which respondent's practice shall be monitored. Monitoring shall consist of a least one hour per week of individual face to face meetings and shall continue during the entire probationary period unless modified or terminated by the Board or its designee. The respondent shall provide the [practice][billing] monitor with a copy of this Decision and access to respondent's fiscal and/or patient records. Respondent shall obtain any necessary patient releases to enable the [practice][billing] monitor to review records and to make direct contact with patients. Respondent shall execute a release authorizing the monitor to divulge any information that the Board may request. It shall be respondent's responsibility to assure that the monitor submits written reports to the Board or its designee on a quarterly basis verifying that monitoring has taken place and providing an evaluation of respondent's performance.

Respondent shall notify all current and potential patients of any term or condition of probation that will affect their therapy or the confidentiality of their records (such as this condition, which requires a [practice monitor][billing monitor]). Such notifications shall be signed by each patient prior to continuing or commencing treatment.

**Add the language of the next 3 paragraphs regarding reporting by a worksite monitor if one is ordered for a substance-abusing licensee:**

The worksite monitor shall not have a current or former financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the Board. All other requirements for a worksite monitor shall meet the requirements of a worksite monitor under Uniform Standards #7. Reporting by the worksite monitor to the Board shall be as follows:

Any suspected substance abuse must be orally reported to the Board and the licensee's employer within one (1) business day of occurrence. If the occurrence is not during the Board's normal business hours, the oral report must be within one (1) hour of the next business day. A written report shall be submitted to the Board within forty-eight (48) hours of occurrence.

The worksite monitor shall complete and submit a written report monthly or as directed by the Board. The report shall include: the licensee's name; license number; worksite monitor's name and signature; worksite monitor's license number; worksite location(s); dates licensee had face-to-face contact with monitor; worksite staff interviewed as applicable; attendance report; any change in behavior and/or personal habits; any indicators that can lead to suspected substance abuse.

The licensee shall complete the required consent forms and sign an agreement with the worksite monitor and the Board to allow the Board to communicate with the worksite monitor.

If the monitor(s) quit(s) or is otherwise no longer available, respondent shall notify the Board within ten (10) days and get approval from the Board for a new monitor within thirty (30) days. If no new monitor is approved within thirty (30) days, respondent shall not practice until a new monitor has been approved by the Board or its designee. The term of probation shall be extended by the period of time during which respondent is ordered to cease practice. Respondent shall pay all costs associated with this monitoring requirement. Failure to pay these costs shall be considered a violation of probation.

**RATIONALE and APPLICATION OF UNIFORM STANDARD #7: Monitoring shall be utilized when respondent's ability to function independently is in doubt or when fiscal improprieties have occurred, as a result of a deficiency in knowledge or skills, or as a result of questionable judgment. A worksite monitor may be ordered where the Uniform Standards Related to a Substance-Abusing Licensee apply, if necessary for the protection of the public.**

#### **5. Restriction of Patient Population**

Respondent's practice shall be restricted to exclude patients who are \_\_\_\_\_. Within thirty (30) days from the effective date of the decision, respondent shall submit to the Board or its designee, for prior approval, a plan to implement this restriction. Respondent shall submit proof satisfactory to the Board or its designee of compliance with this term of probation.

**RATIONALE: In cases wherein some factor of the patient population at large (e.g. age, gender, practice setting) may put a patient at risk if in therapy with the respondent, language appropriate to the case may be developed to restrict such a population. The language would vary greatly by case.**

#### **6. Psychotherapy**

Within ninety (90) days of the effective date of this Decision, a therapist shall be selected by the respondent for approval by the Board. The therapist shall (1) be a California-licensed psychologist with a clear and current license; (2) have no previous business, professional, personal, or other relationship with respondent; and (3) not be the same person as respondent's monitor. Respondent shall furnish a copy of this Decision to the therapist. Psychotherapy shall, at a minimum, consist of one hour per week over a period of fifty-two (52) consecutive weeks after which it may continue or terminate upon the written recommendation of the therapist with written approval by the Board or its designee. The Board or its designee may order a psychological evaluation upon receipt of the therapist's recommendation.

Respondent shall execute a release authorizing the therapist to provide to the Board or its designee any information the Board deems appropriate, including quarterly reports of respondent's therapeutic progress. It shall be respondent's responsibility to assure that the required quarterly reports are filed by the therapist in a timely manner. If the therapist notifies the Board that the therapist believes the respondent cannot continue to safely render psychological services, upon notification from the Board respondent shall immediately cease accepting new patients and, in accordance with professional standards, shall appropriately refer/terminate existing patients within thirty (30) days and shall not resume practice until a Board-appointed evaluator determines that respondent is again safe to practice. The term of probation shall be extended by the period of time during which respondent is ordered to cease practice.

If, prior to the termination of probation, respondent is found not to be mentally fit to resume the practice of psychology without restrictions, the Board shall retain continuing jurisdiction over the respondent's license and the term of probation shall be extended until the Board or its designee determines that the respondent is mentally fit to resume the practice of psychology without restrictions.

Cost of psychotherapy is to be paid by the respondent.

**RATIONALE: The need for psychotherapy may be determined pursuant to a psychological evaluation or as evident from the facts of the case. The frequency of psychotherapy shall be related to the offense involved and the extent to which the offense calls into question the judgment, motivation, and emotional and/or mental condition of the respondent.**

## **7. Examination(s)**

**Examination for Professional Practice in Psychology (EPPP) or California Psychology Law and Ethics Examination (CPLÉE) Term MUST INCLUDE either Option 1 or Option 2:**

Option 1 (Condition Subsequent)

Within ninety (90) days of the effective date of the decision, respondent shall take and pass the [EPPP][CPLÉE]. If respondent fails to take or fails such examination, the Board shall order respondent to cease practice and upon such order respondent shall immediately cease practice, refrain from accepting new patients and, in accordance with professional standards, shall appropriately refer/terminate existing patients within thirty (30) days and shall not resume practice until the re-examination has been successfully passed, as evidenced by written notice to respondent from the Board or its designee. The term of probation shall be extended by the period of time during which respondent's practice was ordered ceased. It is respondent's responsibility to contact the Board in writing to make arrangements for such examination. Respondent shall pay the established examination fee(s). Reexamination after a failure shall be consistent with 16 C.C.R. section 1388(f), and any applicable sections of the Business & Professions Code.

Option 2 (Condition Precedent to either continued practice, or to reinstatement of a license)

Respondent [is ordered to cease the practice of psychology][shall not be reinstated] until respondent has taken and passed the [EPPP][CPLEE]. The term of probation shall be extended by the period of time during which respondent is ordered to cease practice. It is respondent's responsibility to contact the Board in writing to make arrangements for such examination(s). Respondent shall pay the established examination fee(s). Re-examination after a failure must be consistent with 16 C.C.R. section 1388(f), and any applicable sections of the Business & Professions Code.

**RATIONALE: In cases involving evidence of serious deficiencies in the body of knowledge required to be minimally competent to practice independently, it may be appropriate to require the respondent to take and pass the EPPP, the national examination for psychologists, because the Board no longer administers an examination that tests knowledge of the field, during the course of the probation period. In some instances, it may be appropriate to order that practice be ceased until the examination has been taken and passed (condition precedent). In cases involving deficiencies in knowledge of laws and ethics, the CPLEE may be ordered. Either one or both examinations may be appropriate, depending on the nature of the violation(s).**

#### **8. Restitution**

Within ninety (90) days of the effective date of this Decision, respondent shall provide proof to the Board or its designee of restitution in the amount of \$\_\_\_\_\_ paid to \_\_\_\_\_ . Failure to pay restitution shall be considered a violation of probation. Restitution is to be paid regardless of the tolling of probation.

**RATIONALE: In offenses involving economic exploitation, restitution is a necessary term of probation. For example, restitution would be a standard term in any case involving Medi-Cal or other insurance fraud. The amount of restitution shall be at a minimum the amount of money that was fraudulently obtained by the licensee. Evidence relating to the amount of restitution would have to be introduced at the Administrative hearing.**

#### **9. Clinical Diagnostic Evaluation**

Within thirty (30) days of the effective date of the Decision and at any time upon order of the Board, respondent shall undergo a clinical diagnostic evaluation. Respondent shall provide the evaluator with a copy of the Board's Decision prior to the clinical diagnostic evaluation being performed.

The evaluator shall be a licensed practitioner who holds a valid, unrestricted license to conduct clinical diagnostic evaluations, and has three (3) years' experience in providing evaluations of health care professionals with substance abuse disorders. The evaluator shall not have or have ever had a financial, personal, business or other relationship with the licensee. Respondent shall cause the evaluator to submit to the Board a written clinical

diagnostic evaluation report within ten (10) days from the date the evaluation was completed, unless an extension, not to exceed thirty (30) days, is granted to the evaluator by the Board.

Respondent shall pay all costs associated with the clinical diagnostic evaluation. Failure to pay costs will be considered a violation of the probation order.

**The following language for a cease practice order where the evaluation is ordered under the Uniform Standards Related to Substance Abusing Licensees is mandatory, and discretionary in other cases where it may be relevant:**

Respondent is ordered to cease any practice of psychology, beginning on the effective date of the Decision, pending the results of the clinical diagnostic evaluation. During this time, Respondent shall submit to random drug testing at least two (2) times per week. At any other time that respondent is ordered to undergo a clinical diagnostic evaluation, he or she shall be ordered to cease any practice of psychology for minimum of thirty (30) days pending the results of a clinical diagnostic evaluation and shall, during such time, submit to drug testing at least two (2) times per week.

Upon any order to cease practice, respondent shall not practice psychology until the Board determines that he or she is able to safely practice either full-time or part-time and has had at least thirty (30) days of negative drug test results. The term of probation shall be extended by the period of time during which respondent is ordered to cease practice. Respondent shall comply with any terms or conditions made by the Board as a result of the clinical diagnostic evaluation.

**RATIONALE and APPLICATION OF UNIFORM STANDARD #s 1, 2 and 3: This condition is to be considered in cases where the grounds for discipline involve drugs and/or alcohol, or where the Uniform Standards Related to a Substance-Abusing Licensee apply. The cease practice order pending the evaluation is mandatory where the evaluation is ordered for a substance-abusing licensee, and discretionary in other cases where ordered.**

#### **10. Alcohol and/or Drug Abuse Treatment Program**

Within thirty (30) days from the effective date of the Decision, respondent shall enter an inpatient or outpatient alcohol or other drug abuse recovery program or an equivalent program as approved by the Board or its designee. Components of the treatment program shall be relevant to the violation and to the respondent's current status in recovery or rehabilitation. Respondent shall provide the Board or its designee with proof that the approved program was successfully completed. Terminating the program without permission or being expelled for cause shall constitute a violation of probation by respondent. If respondent so terminates or is expelled from the program, respondent shall be ordered by the Board to immediately cease any practice of psychology, and may not practice unless and until notified by the Board. The term of probation shall be extended by the period of time during which respondent is ordered to cease practice.

Respondent shall pay all costs associated with the program. Failure to pay costs will be considered a violation of the probation order.

However, if respondent has already attended such an inpatient or outpatient alcohol or other drug abuse recovery program, as described above, commencing with the current period of sobriety, respondent shall provide the Board or its designee with proof that the program was successfully completed and this shall suffice to comply with this term of probation.

**RATIONALE and APPLICATION OF UNIFORM STANDARD # 6: This condition is to be considered in cases where the grounds for discipline involve drugs and/or alcohol, or where the Uniform Standards Related to a Substance-Abusing Licensee apply.**

## **11. Ongoing Support Group Program**

Within thirty (30) days of the effective date of the Decision, respondent shall begin and continue attendance at a support/recovery group (e.g., Twelve Step meetings or the equivalent, or a facilitated group with a psychologist trained in alcohol and drug abuse treatment) as ordered by the Board or its designee.

When determining the type and frequency of required support group meeting attendance, the Board shall give consideration to the following:

- the licensee's history;
- the documented length of sobriety/time that has elapsed since substance use;
- the recommendation of the clinical evaluator;
- the scope and pattern of use;
- the licensee's treatment history; and,
- the nature, duration, and severity of substance abuse.

Verified documentation of attendance shall be submitted by respondent with each quarterly report. Respondent shall continue attendance in such a group for the duration of probation unless notified by the Board that attendance is no longer required.

**If a facilitated group support meeting is ordered for a substance-abusing licensee, add the following language regarding the facilitator:**

The group facilitator shall meet the following qualifications and requirements:

- a. The meeting facilitator must have a minimum of three (3) years experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or other nationally certified organizations.
- b. The meeting facilitator must not have a financial relationship, personal relationship, or business relationship with the licensee in the last five (5) years.
- c. The meeting facilitator shall provide to the board a signed document showing the licensee's name, facilitator's qualifications, the group name, the date and location of

the meeting, the licensee's attendance, and the licensee's level of participation and progress.

- d. The facilitator shall report any unexcused absence within twenty-four (24) hours.

**RATIONALE and APPLICATION OF UNIFORM STANDARD # 5: Alcohol and/or other drug abuse treatment shall be required in addition to other terms of probation in cases where the use of alcohol or other drugs by respondent has impaired respondent's ability to safely provide psychological services. This condition must be accompanied by condition #12. This term is to be considered in cases where the grounds for discipline involve drugs and/or alcohol, or where the Uniform Standards Related to a Substance-Abusing Licensee apply. If the Uniform Standards do not apply, where relevant, non-facilitated support group attendance, such as Twelve Step meetings, may be ordered instead of a facilitated group support meeting, or in addition to it.**

**12. Abstain from Drugs and Alcohol and Submit to Tests and Samples**

Respondent shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, and dangerous drugs as defined by Section 4022 of the Business and Professions Code, or any drugs requiring a prescription unless respondent provides the Board or its designee with documentation from the prescribing health professional that the prescription was legitimately issued and is a necessary part of the treatment of respondent.

Respondent shall abstain completely from the intake of alcohol.

Respondent shall undergo random and directed biological fluid or specimen testing as determined by the Board or its designee. Respondent shall be subject to [a minimum of fifty-two (52)] random tests [per year within the first year of probation, and a minimum of thirty-six (36) random tests per year thereafter,] for the duration of the probationary term.

**Testing Frequency Schedule:**

Level	Segments of Probation	Minimum Range of Number of Random Tests
I	Year 1	52-104 per year
II	Year 2+	36-104 per year

**After 5 years, administration of one (1) time per month if there have been no positive drug tests in the previous five (5) consecutive years of probation.**

Nothing precludes the Board from increasing the number of random tests for any reason.

Any confirmed positive finding will be considered a violation of probation. Respondent shall pay all costs associated with such testing. If respondent tests positive for a banned substance, respondent shall be ordered by the Board to immediately cease any practice of psychology, and may not practice unless and until notified by the Board. Respondent shall

make daily contact as directed by the Board to determine if he or she must submit to alcohol and/or drug testing. Respondent shall submit to his or her alcohol and/or drug test on the same day that he or she is notified that a test is required. All alternative testing sites due to vacation or travel outside of California must be approved by the Board prior to the vacation or travel.

### **Drugs - Exception for Personal Illness**

Orders forbidding respondent from personal use or possession of controlled substances or dangerous drugs do not apply to medications lawfully prescribed to respondent for a bona fide illness or condition by a licensed health care professional. Respondent shall provide the Board or its designee with written documentation from the treating licensed health care professional who prescribed medication(s). The documentation shall identify the medication, dosage, number of refills, if any; the date the medication was prescribed, the respondent's prognosis, the date the medication will no longer be required, and the effect on the recovery plan, if appropriate.

**RATIONALE and APPLICATION OF UNIFORM STANDARD #s 4 and 8: This condition provides documentation that the probationer is substance or chemical free. It also provides the Board with a mechanism through which to require additional laboratory analyses for the presence of narcotics, alcohol and/or dangerous drugs when the probationer appears to be in violation of the terms of probation or appears to be under the influence of mood altering substances. The Board will consider the following factors in making an exception to the testing frequency:**

**PREVIOUS TESTING/SOBRIETY:** In cases where the Board has evidence that a licensee has participated in a treatment or monitoring program requiring random testing prior to being subject to testing by the Board, the Board may give consideration to that testing in altering the testing frequency schedule so that it is equivalent to this standard.

**VIOLATION(S) OUTSIDE OF EMPLOYMENT:** An individual whose license is placed on probation for a single conviction or incident or two convictions or incidents, spanning greater than seven years from each other, where those violations did not occur at work or while on the licensee's way to work, where alcohol or drugs were a contributing factor, may bypass level I and participate in level II of the testing frequency schedule.

**SUBSTANCE USE DISORDER NOT DIAGNOSED:** In cases where no current substance use disorder diagnosis is made, a lesser period of monitoring and toxicology screening may be adopted by the Board, but not to be less than 24 times per year.

**The term is mandatory in cases where the Uniform Standards Related to a Substance-Abusing Licensee apply. Where the Uniform Standards do not apply, where relevant,**

**the respondent should be ordered to submit to random and directed testing, but need not be ordered to submit to the minimum of random tests.**

### **13. Educational Review**

Respondent shall submit to an educational review concerning the circumstances that resulted in this administrative action. The educational review shall be conducted by a board-appointed expert familiar with the case. Educational reviews are informational only and intended to benefit respondent's practice. Respondent shall pay all costs associated with this educational review.

**RATIONALE: In cases involving evidence of deficiencies in the body of knowledge required to be minimally competent to practice independently, it may be appropriate to require the respondent to submit to an educational review during the course of the probation period.**

## **B. STANDARD TERMS AND CONDITIONS**

**(To be included in ALL Proposed Decisions and Stipulations)**

### **14. Notification to Employer**

When currently employed, applying for employment or negotiating a contract, or contracted to provide psychological services, respondent shall provide to each employers, supervisor, or contractor, or prospective employer or contractor where respondent is providing or would provide psychological services, a copy of this Decision and the Accusation or Statement of Issues before accepting or continuing employment. Notification to the respondent's current employer shall occur no later than the effective date of the Decision. Respondent shall submit, upon request by the Board or its designee, satisfactory evidence of compliance with this term of probation.

The respondent shall provide to the Board the names, physical addresses, mailing addresses, and telephone numbers of all employers and supervisors, or contractors, and shall inform the Board in writing of the facility or facilities at which the person is providing psychological services, the name(s) of the person(s) to whom the Board's decision was provided.

Respondent shall complete the required consent forms and sign an agreement with the employer and supervisor, or contractor, and the Board to allow the Board to communicate with the employer and supervisor, or contractor.

### **15. Coursework**

Respondent shall take and successfully complete not less than \_\_\_\_\_ hours each year of probation in the following area(s) \_\_\_\_\_. Coursework must be pre-approved by the Board or its designee. All coursework shall be taken at the graduate level at an accredited educational institution or by an approved continuing education provider. Classroom attendance is specifically required; correspondence or home study coursework

shall not count toward meeting this requirement. The coursework must be in addition to any continuing education courses that may be required for license renewal.

Within ninety (90) days of the effective date of this Decision, respondent shall submit to the Board or its designee for its prior approval a plan for meeting the educational requirements. All costs of the coursework shall be paid by the respondent.

#### **16. Ethics Course**

Within ninety (90) days of the effective date of this Decision, respondent shall submit to the Board or its designee for prior approval a course in laws and ethics as they relate to the practice of psychology. Said course must be successfully completed at an accredited educational institution or through a provider approved by the Board's accreditation agency for continuing education credit. Said course must be taken and completed within one year from the effective date of this Decision. This course must be in addition to any continuing education courses that may be required for license renewal. The cost associated with the law and ethics course shall be paid by the respondent.

#### **17. Investigation/Enforcement Cost Recovery**

Respondent shall pay to the Board its costs of investigation and enforcement in the amount of \$\_\_\_\_\_ within the first year of probation. Such costs shall be payable to the Board of Psychology and are to be paid regardless of whether the probation is tolled. Failure to pay such costs shall be considered a violation of probation.

Any and all requests for a payment plan shall be submitted in writing by respondent to the Board. However, full payment of any and all costs required by this condition must be received by the Board no later than six (6) months prior to the scheduled termination of probation.

The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay investigation and enforcement costs.

#### **18. Probation Costs**

Respondent shall pay the costs associated with probation monitoring each and every year of probation. Such costs shall be payable to the Board of Psychology at the end of each fiscal year (June 30). Failure to pay such costs shall be considered a violation of probation.

The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay probation monitoring costs.

#### **19. Obey All Laws**

Respondent shall obey all federal, state, and local laws and all regulations governing the practice of psychology in California including the ethical guidelines of the American

Psychological Association. A full and detailed account of any and all violations of law shall be reported by the respondent to the Board or its designee in writing within seventy-two (72) hours of occurrence.

**CRIMINAL COURT ORDERS:** If respondent is under criminal court orders by any governmental agency, including probation or parole, and the orders are violated, this shall be deemed a violation of probation and may result in the filing of an accusation or petition to revoke probation or both.

**OTHER BOARD OR REGULATORY AGENCY ORDERS:** If respondent is subject to any other disciplinary order from any other health-care related board or any professional licensing or certification regulatory agency in California or elsewhere, and violates any of the orders or conditions imposed by other agencies, this shall be deemed a violation of probation and may result in the filing of an accusation or petition to revoke probation or both.

## **20. Quarterly Reports**

Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board or its designee, stating whether there has been compliance with all the conditions of probation. Quarterly reports attesting to non-practice status are to be submitted if probation is tolled.

Respondent shall submit a quarterly report no later than seven (7) calendar days from the beginning of the assigned quarter.

## **21. Probation Compliance**

Respondent shall comply with the Board's probation program and shall, upon reasonable notice, report to the assigned Board of Psychology probation monitor. Respondent shall contact the assigned probation monitor regarding any questions specific to the probation order. Respondent shall not have any unsolicited or unapproved contact with (1) complainants associated with the case; (2) Board members or members of its staff; or (3) persons serving the Board as expert evaluators.

## **22. Interview with Board or Its Designee**

Respondent shall appear in person for interviews with the Board or its designee upon request at various intervals and with reasonable notice.

## **23. Changes of Employment/Address**

Respondent shall, at all times, keep the Board informed of respondent's business and residence addresses. Respondent shall notify the Board in writing, through the assigned probation monitor, of any and all changes of employment, location, and address within thirty (30) days of such change.

#### **24. Tolling for Out-of-State Practice, Residence or Extension of Probation for In-State Non-Practice**

In the event respondent should leave California to reside or to practice outside the State for any reason, respondent shall notify the Board or its designee in writing within ten (10) days of the dates of departure and return to California. All provisions of probation other than the quarterly report requirements, restitution, cost recovery, and coursework requirements, shall be held in abeyance until respondent resumes practice in California. All provisions of probation shall recommence on the effective date of resumption of practice in California, and the term of probation shall be extended for the period of time respondent was out of state.

Unless by Board order, in the event respondent is not engaging in the practice of psychology while residing in California, respondent shall notify the Board or its designee in writing within ten (10) days of the dates of cessation of practice and expected return to practice. Non-practice is defined as any period of time exceeding thirty (30) days in which respondent is not engaging in any activities defined in Sections 2902 and 2903 of the Business and Professions Code. All provisions of probation shall remain in effect, and the term of probation shall be extended for the period of time respondent was not engaged in the practice of psychology as required by other employment requirements of this order.

#### **25. Employment and Supervision of Trainees**

If respondent is licensed as a psychologist, he/she shall not employ or supervise or apply to employ or supervise psychological assistants, interns or trainees. Any such supervisorial relationship in existence on the effective date of this Decision and Order shall be terminated by respondent and/or the Board.

#### **26. Instruction of Coursework Qualifying for Continuing Education**

Respondent shall not be an instructor of any coursework for continuing education credit required by any license issued by the Board.

#### **27. Future Registration or Licensure**

If respondent is registered as a psychological assistant or registered psychologist and subsequently obtains other psychological assistant or registered psychologist registrations or becomes licensed as a psychologist during the course of this probationary order, this Decision shall remain in full force and effect until the probationary period is successfully terminated. Future registrations or licensure shall not be approved, however, unless respondent is currently in compliance with all of the terms and conditions of probation.

#### **28. Request for Modification**

“Request” as used in this condition is a request made to the Board’s designee, and not under the Administrative Procedure Act.

The licensee shall demonstrate that he or she has met the following criteria before being granted a request to modify a practice restriction ordered by the Board staff pursuant to the Uniform Standards:

- a. Demonstrated sustained compliance with current recovery program.
- b. Demonstrated the ability to practice safely as evidenced by current work site reports, evaluations, and any other information relating to the licensee's substance abuse.
- c. Negative alcohol and drug screening reports for at least six (6) months, two (2) positive worksite monitor reports, and complete compliance with other terms and conditions of the program.

**RATIONALE and APPLICATION OF UNIFORM STANDARD #11: This term is a standard term for all substance abusing licensees. It applies to request for a notification of terms and conditions that are within the purview of the Board's Probation Monitor.**

### **29. Violation of Probation**

If respondent violates probation in any respect, the Board may, after giving respondent notice and the opportunity to be heard, revoke probation and carry out the disciplinary order that was stayed. If an Accusation or Petition to Revoke Probation is filed against respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the term of probation shall be extended until the matter is final. No Petition for Modification or Termination of Probation shall be considered while there is an Accusation or Petition to Revoke Probation pending against respondent.

### **30. Completion of Probation**

Upon successful completion of probation, respondent's license shall be fully restored.

### **31. License Surrender**

Following the effective date of this Decision, if respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the terms and conditions of probation, respondent may request the voluntary surrender of his or her license or registration. The Board of Psychology or its designee reserves the right to evaluate respondent's request and to exercise its discretion whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, respondent shall, within fifteen (15) calendar days, deliver respondent's pocket and/or wall certificate to the Board or its designee and respondent shall no longer practice psychology. Respondent will no longer be subject to the terms and conditions of probation and the surrender of respondent's license shall be deemed disciplinary action. If respondent reapplies for a psychology license or registration, the application shall be treated as a petition for reinstatement of a revoked license or registration.

**C. STANDARD TERMS AND CONDITIONS  
(To be included in ALL Stipulations for Surrender or Revocation)**

**32. Reinstatement and Investigation/Enforcement Cost Recovery**

Respondent may not petition for reinstatement of a revoked or surrendered license/registration for three (3) years from the effective date of this Decision. If the Board grants future reinstatement, respondent agrees to reimburse the Board for its costs of investigation and enforcement of this matter in the amount of \$\_\_\_\_\_ payable to the Board upon the effective date of such reinstatement Decision.

**33. Relinquish License**

Respondent shall relinquish his/her wall and pocket certificate of licensure or registration to the Board or its designee once this Decision becomes effective and upon request.

**IV. PROPOSED DECISIONS**

**A. Contents: The Board requests that Proposed Decisions include the following:**

- a. Specific code section(s) violated with the definition of the code(s) in the Determination of Issues.
- b. Clear description of the acts or omissions which caused the violation.
- c. Respondent's explanation of the violation(s) in the Findings of Fact if he/she was present at the hearing.
- d. Description of all evidence of mitigation, rehabilitation and aggravation presented at the hearing.
- e. Explanation of any deviation from the Board's Disciplinary Guidelines.

When a probation order is imposed, the Board requests that the order first list any combination of the Optional Terms and Conditions (1-13) as they may pertain to the particular case followed by **all** of the Standard Terms and Conditions (14-31).

If the respondent fails to appear for his/her scheduled hearing or does not submit a Notice of Defense form, **such inaction shall result in a default decision to revoke licensure or deny application.**

**B. Recommended Language for Issuance and Placement of a License on Probation, and Reinstatement of License**

Disciplining of a License/Registration:

“IT IS HEREBY ORDERED that the [registration][license] issued to respondent is REVOKED. However, the order of revocation is STAYED and the [registration][license] is placed on probation for [#] years subject to the following terms and conditions”:

#### Applicant Placed on Probation:

“IT IS HEREBY ORDERED that the application for [licensure][registration] is GRANTED, and upon successful completion of all [licensing][registration] requirements a [license][registration] shall be issued, provided that all [licensing][registration] requirements are completed within two (2) years of the effective date of this decision. If a [license][registration] is not issued within two (2) years of the effective date of this decision, the application is ordered denied, and a new application will be required. Upon issuance, however, said [license][registration] shall immediately be REVOKED. However, the order of revocation shall be STAYED, and the [license][registration] is placed on probation for [#] years subject to the following terms and conditions”:

#### Reinstatement of a License:

“The petition of [name], [Ph.D.][PsyD.], for reinstatement of licensure is hereby GRANTED. Psychologist license number [#] shall be reinstated provided that all licensing requirements are completed within two (2) years of the effective date of this decision. If the license is not reinstated within two (2) years of the effective date of this decision, the petition is ordered denied, and a new petition for reinstatement will be required. Upon reinstatement, however, the license shall be immediately revoked. However, the order of revocation shall be STAYED, and petitioner’s license shall be placed on probation for a period of [#] years subject to the terms and following conditions:”

### **V. REHABILITATION CRITERIA FOR REINSTATEMENT/PENALTY RELIEF HEARINGS**

The primary concerns of the Board at reinstatement or penalty relief hearings are (1) the Rehabilitation Criteria for Denials and Reinstatements in California Code of Regulations, Title 16, section 1395; and (2) the evidence presented by the petitioner of his/her rehabilitation. The Board will not retry the original revocation or probation case.

The Board will consider, pursuant to Section 1395, the following criteria of rehabilitation:

- (1) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.
- (2) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under section 480 of the Code.
- (3) The time that has elapsed since commission of the act(s) of crime(s) referred to in subdivision (1) or (2).
- (4) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.
- (5) Evidence, if any, of rehabilitation submitted by the applicant.

The Board requests that comprehensive information be elicited from the petitioner regarding his/her rehabilitation. The petitioner should provide details that include:

- A. Why the penalty should be modified or why the license should be reinstated.
- B. Specifics of rehabilitative efforts and results which should include programs, psychotherapy, medical treatment, etc., and the duration of such efforts.
- C. Continuing education pertaining to the offense and its effect on his or her practice of psychology.
- D. If applicable, copies of court documents pertinent to conviction, including documents specifying conviction and sanctions, and proof of completion of sanctions.
- E. If applicable, copy of Certificate of Rehabilitation or evidence of expungement proceedings.
- F. If applicable, evidence of compliance with and completion of terms of probation, parole, restitution, or any other sanctions.

Rehabilitation is evaluated according to an internal subjective measure of attitude (state of mind) and an external objective measure of conduct (state of facts). The state of mind demonstrating rehabilitation is one that has a mature, measured appreciation of the gravity of the misconduct and remorse for the harm caused. Petitioner must take responsibility for the misconduct and show an appreciation for why it is wrong. Petitioner must also show a demonstrated course of conduct that convinces and assures the Board that the public would be safe if petitioner is permitted to be licensed to practice psychology. Petitioner must show a track record of reliable, responsible, and consistently appropriate conduct.

In the Petition Decision, the Board requests a summary of the offense and the specific codes violated that resulted in the revocation, surrender or probation of the license.

If the Board should deny a request for reinstatement of licensure or penalty relief, the Board requests that the Administrative Law Judge provide technical assistance in the formulation of language clearly setting forth the reasons for denial. Such language would include methodologies or approaches that demonstrate rehabilitation. Petitioners for reinstatement must wait three (3) years from the effective date of their revocation decisions or one (1) year from the last petition for reinstatement decisions before filing for reinstatement.

If a petitioner fails to appear for his/her scheduled reinstatement or penalty relief hearing, such inaction shall result in a default decision to deny reinstatement of the license or registration or reduction of penalty.

## **VI. UNIFORM STANDARDS RELATED TO SUBSTANCE ABUSING LICENSEES**

The following Uniform Standards describe the conditions that apply to a substance abusing applicant or licensee, and have been incorporated into the terms and conditions of probation. If the ground(s) for discipline involves drugs and/or alcohol, the applicant or licensee shall be presumed to be a substance-abusing applicant or licensee for purposes of section 315 of the Code. If the applicant or licensee does not rebut that presumption, there shall be a finding that he or she is a substance abusing applicant or licensee, and the Uniform Standards for a substance abusing applicant or licensee shall apply as written and be used in the order placing the license on probation.

**Clinical Diagnostic Evaluations [Uniform Standard #1]:**  
(Reflected in Optional Term # 9)

Whenever a licensee is ordered to undergo a clinical diagnostic evaluation, the evaluator shall be a licensed practitioner who holds a valid, unrestricted license to conduct clinical diagnostic evaluations, and has three (3) years experience in providing evaluations of health care professionals with substance abuse disorders. The evaluator shall be approved by the Board, and unless permitted by the Board or its designee, shall be a California-licensed psychologist or physician and surgeon. The evaluations shall be conducted in accordance with acceptable professional standards for conducting substance abuse clinical diagnostic evaluations.

**Whether the clinical diagnostic evaluation is ordered is discretionary.**

**Clinical Diagnostic Evaluation/Cease Practice Order [Uniform Standard #2]:**  
(Reflected in Optional Term # 9)

Unless the presumption that the applicant or licensee is a substance-abusing applicant or licensee is rebutted, and the public can be adequately protected, the Board shall order the applicant or licensee to cease any practice of psychology pending the clinical diagnostic evaluation and a Board determination upon review of the diagnostic evaluation report that the applicant is safe to begin or the licensee is safe to return to practice.

**If the evaluation is ordered, a cease practice order is mandatory.**

**Clinical Diagnostic Evaluation Report [Uniform Standard #3]:**  
(Reflected in Optional Term # 9)

The clinical diagnostic evaluation report shall set forth, in the evaluator's opinion, whether the licensee has a substance abuse problem, whether the licensee is a threat to himself or herself or others, and recommendations for substance abuse treatment, practice restrictions, or other recommendations related to the licensee's rehabilitation and safe practice.

The evaluator shall not have or have ever had a financial, personal, business or other relationship with the licensee. The evaluator shall provide an objective, unbiased, and independent evaluation.

If the evaluator determines during the evaluation process that a licensee is a threat to himself or herself or others, the evaluator shall notify the Board within twenty-four (24) hours of such a determination.

For all evaluations, a final written report shall be provided to the Board no later than ten (10) days from the date the evaluator is assigned the matter unless the evaluator requests additional information to complete the evaluation, not to exceed thirty (30) days.

The Board shall review the clinical diagnostic evaluation to help determine whether or not the licensee is safe to return to either part-time or full-time practice and what restrictions or

recommendations should be imposed on the licensee based on the application of the following criteria:

License type, licensee's history, documented length of sobriety, scope and pattern of substance abuse, treatment history, medical history, current medical condition, nature, duration and severity of substance abuse problem, and whether the licensee is a threat to himself or herself or others.

When determining if the licensee should be required to participate in inpatient, outpatient or any other type of treatment, the Board shall take into consideration the recommendation of the clinical diagnostic evaluation, license type, licensee's history, length of sobriety, scope and pattern of substance abuse, treatment history, medical history, current medical condition, nature, duration and severity of substance abuse and whether the licensee is a threat to himself or herself or others.

**If the evaluation is ordered, this standard is mandatory.**

**Communication with Employer [Uniform Standard # 4]:**

(Reflected in Standard Term # 14)

If the licensee whose license is on probation has an employer, the licensee shall provide to the Board the names, physical addresses, mailing addresses, and telephone numbers of all employers and supervisors and shall give specific, written consent that the licensee authorizes the Board and the employers and supervisors to communicate regarding the licensee's work status, performance, and monitoring.

**Facilitated Group Support Meetings [Uniform Standard #5]:**

(Reflected in Optional Term # 11)

If the Board requires a licensee to participate in facilitated group support meetings, the following shall apply:

1. When determining the frequency of required group meeting attendance, the Board shall give consideration to the following:
  - the licensee's history;
  - the documented length of sobriety/time that has elapsed since substance use;
  - the recommendation of the clinical evaluator;
  - the scope and pattern of use;
  - the licensee's treatment history; and,
  - the nature, duration, and severity of substance abuse.
2. Group Meeting Facilitator Qualifications and Requirements:
  - a. The meeting facilitator must have a minimum of three (3) years' experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by

- the State or other nationally certified organizations.
- b. The meeting facilitator must not have had a financial relationship, personal relationship, or business relationship with the licensee within the last five (5) years.
  - c. The meeting facilitator shall provide to the Board a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.
  - d. The meeting facilitator shall report any unexcused absence within twenty-four (24) hours.

**Whether facilitated support group meetings are ordered is discretionary.** (Under the Disciplinary Guidelines, non-facilitated support group attendance, such as Twelve Step meetings, may also be ordered.)

**Treatment Program – Inpatient, Outpatient, or Other [Uniform Standard #6]**  
(Reflected in Optional Term # 10)

In determining whether inpatient, outpatient, or other type of treatment is necessary, the board shall consider the following criteria:

- recommendation of the clinical diagnostic evaluation (if any) pursuant to Uniform Standard #1;
- license type;
- licensee's history;
- documented length of sobriety/time that has elapsed since substance abuse;
- scope and pattern of substance use;
- licensee's treatment history;
- licensee's medical history and current medical condition;
- nature, duration, and severity of substance abuse, and
- threat to himself/herself or the public.

**Whether a treatment program is ordered is discretionary.**

**Worksite Monitor Requirements [Uniform Standard # 7]:**  
(Reflected in Optional Term # 4)

If the Board determines that a worksite monitor is necessary for a particular licensee, the worksite monitor must meet the following requirements to be considered for approval by the Board:

The worksite monitor shall not have a current or former financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the Board. If it is impractical for anyone but the licensee's employer to serve as the worksite monitor, this requirement may be waived by the Board; however, under no circumstances shall a licensee's worksite monitor be an employee or supervisee of the licensee.

The worksite monitor's license scope of practice shall include the scope of practice of the licensee who is being monitored or be another health care professional if no monitor with like scope of practice is available, or, as approved by the Board, be a person in a position of authority who is capable of monitoring the licensee at work.

If the worksite monitor is a licensed healthcare professional he or she shall have an active unrestricted license, with no disciplinary action within the last five (5) years.

The worksite monitor shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and agrees to monitor the licensee as set forth by the Board.

The worksite monitor must adhere to the following required methods of monitoring the licensee:

- (1) Have face-to-face contact with the licensee in the work environment on as frequent a basis as determined by the Board, but at least once per week.
- (2) Interview other staff in the office regarding the licensee's behavior, if applicable.
- (3) Review the licensee's work attendance and behavior.

Reporting by the worksite monitor to the Board shall be as follows:

Any suspected substance abuse must be orally reported to the Board and the licensee's employer within one (1) business day of occurrence. If occurrence is not during the Board's normal business hours the oral report must be within one (1) hour of the next business day. A written report shall be submitted to the Board within forty-eight (48) hours of occurrence.

The worksite monitor shall complete and submit a written report monthly or as directed by the Board. The report shall include: the licensee's name; license number; worksite monitor's name and signature; worksite monitor's license number; worksite location(s); dates licensee had face-to-face contact with monitor; worksite staff interviewed, if applicable; attendance report; any change in behavior and/or personal habits; any indicators that can lead to suspected substance abuse.

The licensee shall complete the required consent forms and sign an agreement with the worksite monitor and the Board to allow the Board to communicate with the worksite monitor.

**Whether a worksite monitor is ordered is discretionary.**

**Major and Minor Violations [Uniform Standard # 8]:**  
(Reflected in Optional Term #s 10, 11, 13)

If a licensee commits a major violation, the Board may order the licensee to cease any practice of psychology, inform the licensee that he or she has been so ordered and that he or she may not practice unless notified by the Board, and refer the matter for disciplinary action or other action as determined by the Board.

Major Violations include, but are not limited to, the following:

1. Failure to complete a board-ordered program;
2. Failure to undergo a required clinical diagnostic evaluation;
3. Committing multiple minor violations of probation conditions and terms;
4. Treating a patient while under the influence of drugs or alcohol;
5. Committing any drug or alcohol offense that is a violation of the Business and Professions Code, or other state or federal law;
6. Failure to obtain biological testing for substance abuse when ordered;
7. Testing positive for a banned substance;
8. Knowingly using, making, altering or possessing any object or product in such a way as to defraud a drug test designed to detect the presence of alcohol or a controlled substance.

If a licensee or registrant commits a major violation, the Board shall automatically suspend the license or registration and refer the matter for disciplinary action or other action as determined by the Board.

The consequences for a major violation include, but are not limited to, the following:

1. License or registration shall be suspended;
2. Licensee or registrant must undergo a new clinical diagnostic evaluation;
3. Licensee or registrant must test negative for at least one month of continuous drug testing before being allowed to resume practice;
4. Contract or agreement previously made with the Board shall be terminated; and
5. Licensee or registrant shall be referred for disciplinary action, such as suspension, revocation, or other action determined appropriate by the Board.

If a licensee commits a minor violation, the Board shall determine what action is appropriate.

Minor Violations include, but are not limited to, the following:

1. Failure to submit required documentation in a timely manner;
2. Unexcused absence from required meetings;
3. Failure to contact a monitor as required;
4. Any other violations that do not present an immediate threat to the licensee or to the public.

If a licensee or registrant commits a minor violation, the Board shall determine what action is appropriate.

The consequences for a minor violation include, but are not limited to, the following:

1. Removal from practice;
2. Practice limitations;
3. Required supervision;
4. Increased documentation;

5. Issuance of citation and fine or a warning notice;
6. Required re-evaluation and/or testing.

**DRUG TESTING STANDARDS [Uniform Standard # 9]:**  
(Reflected in Optional Term #12)

If a licensee tests positive for a banned substance, the Board shall order that the licensee cease any practice of psychology, and contact the licensee to inform him or her that he or she has been ordered to cease practice and that he or she may not practice until the Board determines that he or she is able to safely practice. The Board shall also notify the licensee's employer and worksite monitor, if any, that the licensee has been ordered to cease practice, and that he or she may not practice until the Board determines that he or she is able to safely practice. The Board shall determine whether the positive alcohol or drug test is, in fact, evidence of prohibited use, a major violation. If not, the Board shall immediately lift the cease practice order.

Nothing precludes the Board from increasing the number of random tests for any reason. If the Board finds or has suspicion that a licensee has committed a violation of the Board's testing program or who has committed any Major Violation referenced in the Disciplinary Guidelines, the matter shall be referred for disciplinary action to revoke the probation.

The following minimum drug testing standards shall apply to each licensee subject to drug testing:

1. Licensees shall be randomly alcohol or drug tested at least fifty-two (52) times per year for the first year of probation, and at any time as directed by the Board. After the first year, licensees who are practicing, shall be randomly alcohol or drug tested at least thirty-six (36) times per year, and at any time as directed by the Board.
2. Alcohol or drug testing may be required on any day, including weekends and holidays.
3. Licensees shall be required to make daily contact as directed to determine if alcohol or drug testing is required.
4. Licensees shall be alcohol or drug tested on the date of notification as directed by the Board.
5. Collection of specimens shall be observed.
6. Prior to vacation or absence, alternative alcohol or drug testing location(s) must be approved by the Board.

The Board may reduce testing frequency to a minimum of 12 times per year for any licensee who is not practicing OR working in any health care field. If a reduced testing frequency schedule is established for this reason, and if a licensee wants to return to practice or work in a health care field, the licensee shall notify and secure the approval of the licensee's board. Prior to returning to any health care employment, the licensee shall be subject to level I testing frequency for at least 60 days. At such time the licensee returns to employment (in a health care field), if the licensee has not previously met the level I frequency standard, the licensee shall be subject to completing a full year at level I of the testing frequency schedule, otherwise level II testing shall be in effect.

**Drug testing standards are mandatory and shall apply to a substance-abusing licensee, and the required testing frequency shall be ordered.**

**Petitioning for Modification to Return to Full Time Practice [Uniform Standard #10]:**  
(Reflected in Optional Term # 28)

“Petition” as used in this standard is an informal request for any term or condition *that is within the discretion of the Executive Officer or probation monitor to modify* as opposed to a “Petition for Modification” under the Administrative Procedure Act.

The licensee shall meet the following criteria before submitting a request (petition) to return to full time practice:

1. Demonstrated sustained compliance with current recovery program.
2. Demonstrated the ability to practice safely as evidenced by current work site reports, evaluations, and any other information relating to the licensee’s substance abuse.
3. Negative drug screening reports for at least six (6) months, two (2) positive worksite monitor reports, and complete compliance with other terms and conditions of the program.

**Petitioning for Modification for Reinstatement of a Full and Unrestricted License [Uniform Standard #11]:**

(Reflected in Rehabilitation Criteria for Reinstatement/Penalty Relief)

“Petition for Reinstatement of a Full and Unrestricted License” as used in this standard can only be considered as a formal Petition for Early Termination of Probation under the Administrative Procedure Act.

In addition to the factors set out in section V, Rehabilitation Criteria for Reinstatement/ Penalty Relief Hearings, the licensee must meet the following criteria to request (petition) for a full and unrestricted license:

1. Demonstrated sustained compliance with the terms of the disciplinary order, if applicable.
2. Demonstrated successful completion of recovery program, if required.
3. Demonstrated a consistent and sustained participation in activities that promote and support their recovery including, but not limited to, ongoing support meetings, therapy, counseling, relapse prevention plan, and community activities.
4. Demonstrated that he or she is able to practice safely.
5. Continuous sobriety for three (3) to five (5) years.

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1 TITLE 16. DENTAL BOARD OF CALIFORNIA  
2 DEPARTMENT OF CONSUMER AFFAIRS

3  
4 PROPOSED LANGUAGE

5  
6 Amend Section 1018 of Article 4.5 of Chapter 1 of Division 10 of Title 16 of the  
7 California Code of Regulations to read as follows:

8  
9 Article 4.5.  
10 Disciplinary Guidelines and  
11 Uniform Standards for Substance-Abusing Licensees

12  
13 § 1018. Disciplinary Guidelines and Exceptions for Uniform Standards Related to  
14 Substance-Abusing Licensees.

15  
16 (a) In reaching a decision on a disciplinary action under the Administrative Procedures  
17 Act (Government Code Section 11400 et seq.), the Dental Board of California shall  
18 consider the disciplinary guidelines entitled "Dental Board of California Disciplinary  
19 Guidelines With Model Language", revised 08/30/2010 which are hereby incorporated  
20 by reference. Deviation from these guidelines and orders, including the standard terms  
21 of probation, is appropriate where the Dental Board of California, in its sole discretion,  
22 determines that the facts of the particular case warrant such deviation - for example: the  
23 presence of mitigating factors; the age of the case; evidentiary problems.

24 (b) Notwithstanding subsection (a), the Board shall use the uniform standards for  
25 substance-abusing licensees as provided in Section 1018.01, without deviation, for  
26 each individual determined to be a substance-abusing licensee.

27 Note: Authority cited: Sections 315, 315.2, 315.4, and 1614, Business and Professions  
28 Code; and Sections 11400.20 and 11400.21, Government Code. Reference: Sections  
29 315, 315.2, and 315.4 of the Business and Professions Code; and Sections 11400.20  
30 and 11425.50(e), Government Code.

31  
32  
33 **Adopt Section 1018.01 of Article 4.5 of Chapter 1 of Division 10 of Title 16 of the**  
34 **California Code of Regulations to read as follows:**

35  
36 § 1018.01. Uniform Standards for Substance-Abusing Licensees.

37  
38 (a) If after notice and hearing conducted in accordance with Chapter 5, Part 1, Division  
39 3, Title 2 of the Government Code (commencing with sections 11500 et seq.), the Board  
40 finds that the evidence establishes that an individual is a substance-abusing licensee,  
41 then the terms and conditions contained in the document entitled "Uniform Standards  
42 Related to Substance-Abusing Licensees with Standard Language for Probationary  
43 Orders," New February 28, 2013, which are hereby incorporated by reference, shall be  
44 used in any probationary order of the Board affecting that licensee.

1 (b) Nothing in this Section shall prohibit the Board from imposing additional terms or  
2 conditions of probation that are specific to a particular case or that are derived from the  
3 Board's guidelines referenced in Section 1018 in any order that the Board determines  
4 would provide greater public protection.  
5

6 Note: Authority cited: Sections 315, 315.2, 315.4, and 1614, Business and Professions  
7 Code. Reference: Sections 315, 315.2, and 315.4 of the Business and Professions  
8 Code; and Sections 11400.20 and 11425.50(e), Government Code.;

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5 **UNIFORM STANDARDS RELATED TO**  
6 **SUBSTANCE-ABUSING LICENSEES WITH**  
7 **STANDARD LANGUAGE FOR PROBATIONARY ORDERS**  
8

9  
10 **New February 28, 2013**  
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16  
17  
18 Issued By:  
19 The Dental Board of California  
20 2005 Evergreen Street, Suite 1550  
21 Sacramento, California 95815  
22 Telephone: (916) 263-2300  
23 Fax: (916) 263-2140  
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**STANDARD LANGUAGE TO BE INCLUDED IN EVERY PROBATIONARY  
ORDER FOR SUBSTANCE-ABUSING LICENSEES**

Pursuant to Section 315 of the Business and Professions Code, the Dental Board of California is directed to use the standards developed by the Substance Abuse Coordination Committee (SACC) for substance abusing licensees. On April 11, 2011, the SACC developed standards to be used by all healing arts boards. Administrative Law Judges, parties and staff are therefore required to use the language below, which is developed in accordance with those SACC standards.

To that end, the following probationary terms and conditions shall be used in every case where it has been determined that the individual is a substance-abusing licensee as provided in Section 1018.01 of Title 16 of the California Code of Regulations. For purposes of implementation of these conditions of probation, any reference to the Board also means staff working for the Dental Board of California or its designee. These conditions shall be used in lieu of any similar standard or optional term or condition proposed in the Board's Disciplinary Guidelines, incorporated by reference at Title 16, California Code of Regulations Section 1018. However, the Board's Disciplinary Guidelines should still be used in formulating the penalty and in considering additional terms or conditions of probation appropriate for greater public protection (e.g., other standard or optional terms of probation).

**ADDITIONAL PROBATIONARY TERMS AND CONDITIONS**

**(1) NOTIFICATION TO EMPLOYER:** Prior to engaging in the practice of dentistry, the Respondent shall provide a true copy of the Decision and Accusation to his or her employer, supervisor, or contractor, or prospective employer or contractor, and at any other facility where Respondent engages in the practice of dentistry before accepting or continuing employment. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

This condition shall apply to any change(s) in place of employment.

The Respondent shall provide to the Board the names, physical addresses, mailing addresses, and telephone numbers of all employers and supervisors, or contractors, and shall inform the Board in writing of the facility or facilities at which the person engages in the practice of dentistry.

Respondent shall give specific, written consent to the Board and its contractor to allow the Board or its designee to communicate with the employer and supervisor, or contractor regarding the licensee's work status, performance, and monitoring.

**Source:** (Uniform Standard #3 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," revised dated April 2011.)

**(2) SUPERVISED PRACTICE:** Within 60 days of the effective date of this decision, Respondent shall submit to the Board, for its prior approval, the name and qualifications of one or more proposed supervisors and a plan for each such supervisor by which Respondent's practice would be supervised. The Board will advise Respondent within two weeks whether or not the proposed supervisor and plan of supervision are approved. Respondent shall not practice until receiving notification of Board approval of Respondent's choice of a supervisor and plan of supervision. Respondent shall complete any required consent forms and sign an agreement with the supervisor and the Board regarding the Respondent and the supervisor's requirements and reporting responsibilities.

The plan of supervision shall be *(direct and require the physical presence of the supervising dentist in the dental office during the time dental procedures are performed.) (general and not require the physical presence of the supervising dentist during the time dental procedures are performed but does require an occasional random check of the work performed on the patient as well as quarterly monitoring visits at the office or place of practice).* Additionally, the supervisor shall have full and random access to all patient records of Respondent. The supervisor may evaluate all aspects of Respondent's practice regardless of Respondent's areas of deficiencies.

Each proposed supervisor shall be a California licensed dentist who shall submit written reports to the Board on a quarterly basis verifying that supervision has taken place as required and include an evaluation of Respondent's performance. It shall be Respondent's responsibility to assure that the required reports are filed in a timely manner. Each supervisor shall have been licensed in California for at least five (5) years and not have ever been subject to any disciplinary action by the Board. An administrative citation and fine does not constitute discipline and therefore, in and of itself is not a reason to deny an individual as a supervisor.

The supervisor shall be independent, with no prior business or professional relationship with Respondent and the supervisor shall not be in a familial relationship with or be an employee, partner or associate of Respondent. If the

supervisor terminates or is otherwise no longer available, Respondent shall not practice until a new supervisor has been approved by the Board. All costs of the supervision shall be paid by the Respondent.

The supervisor shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and agrees to supervise the licensee as set forth by the Board.

The supervisor shall have face-to-face contact with the licensee in the work environment on a frequent basis as determined by the Board, but at least once per week. The supervisor shall interview other staff in the office regarding the licensee's behavior, if applicable. The supervisor shall review the licensee's work attendance and behavior.

The supervisor shall orally report any suspected substance abuse to the Board and the licensee's employer within one (1) business day of occurrence. If occurrence is not during the Board's normal business hours the oral report must be within one (1) hour of the next business day. The supervisor shall submit a written report to the Board within 48 hours of occurrence.

The supervisor shall complete and submit a written report monthly or as directed by the board. The report shall include: the licensee's name; license number; supervisor's name and signature; supervisor's license number; worksite location(s); dates licensee had face-to-face contact with supervisor; worksite staff interviewed, if applicable; attendance report; any change in behavior and/or personal habits; any indicators that can lead to suspected substance abuse.

**Source:** (Uniform Standard #7 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," revised dated April 2011.)

**NOTE:** Orthodontic Assistants require, at a minimum, direct supervision to perform licensed functions (Business and Professions Code section 1750.3). Dental Sedation Assistants require, at a minimum, direct supervision to perform licensed functions (Business and Professions Code section 1750.5). Registered Dental Assistants in Extended Functions require, at a minimum, direct supervision to perform certain licensed functions (Business and Professions Code section 1753.5).

**(3) DRUG AND ALCOHOL TESTING:** Respondent shall submit to and pay for any random and directed biological fluid or hair sample, breath alcohol or any

other mode of testing required by the Board. Though the frequency of testing will be determined by the board or its designee, and shall be designed so as to prevent Respondent from anticipating testing dates (either randomized testing or unpredictable dates), the frequency of testing shall be at least the following: at least fifty-two (52) test dates during the first year of probation; at least thirty-six (36) test dates during the second, third, fourth, and fifth years of probation; and at least one (1) test per month in each year of probation after the fifth so long as there have been no positive test results during the previous five (5) years. The board or its designee may require less frequent testing if any of the following applies:

- Where Respondent has previously participated in a treatment or monitoring program requiring testing, the board or its designee may consider that prior testing record in applying the three-tier testing frequency schedule described above;
- Where the basis for probation or discipline is a single incident or conviction involving alcohol or drugs, or two incidents or convictions involving alcohol or drugs that were at least seven (7) years apart, that did not occur at work or on the way to or from work, the board or its designee may skip the first-year testing frequency requirement(s);
- Where Respondent is not employed in any health care field, frequency of testing may be reduced to a minimum of twelve (12) tests per year. If Respondent wishes to thereafter return to employment in a health care field, Respondent shall be required to test at least once a week for a period of sixty (60) days before commencing such employment, and shall thereafter be required to test at least once a week for a full year, before [he/she] may be reduced to a testing frequency of at least thirty-six (36) tests per year, and so forth;
- Respondent's testing requirement may be suspended during any period of tolling of the period of probation;
- Where Respondent has a demonstrated period of sobriety and/or non-use, the board or its designee may reduce the testing frequency to no less than twenty-four (24) tests per year.

Any detection through testing of alcohol, or of a controlled substance or dangerous drug absent documentation that the detected substance was taken

pursuant to a legitimate prescription and a necessary treatment, may cause the board or its designee to increase the frequency of testing, in addition to any other action including but not limited to further disciplinary action.

Respondent shall have the test performed by a Board-approved laboratory certified and accredited by the U.S. Department of Health and Human Services on the same day that he or she is notified that a test is required. This shall ensure that the test results are sent immediately to the Board. Failure to comply within the time specified shall be considered an admission of a positive drug screen and constitutes a violation of probation. If a test results in a determination that the urine admission was too diluted for testing, the result shall be considered an admission of a positive urine screen and constitutes a violation of probation. If an “out of range result” is obtained, the Board may require Respondent to immediately undergo a physical examination and to complete laboratory or diagnostic testing to determine if any underlying physical condition has contributed to the diluted result and to cease practice. Any such examination or laboratory and testing costs shall be paid by Respondent. An “out of range result” is one in which, based on scientific principles, indicates the Respondent attempted to alter the test results in order to either render the test invalid or obtain a negative result when a positive result should have been the outcome. If it is determined that Respondent altered the test results, the result shall be considered an admission of a positive urine screen and constitutes a violation of probation and Respondent must cease practicing. Respondent shall not resume practice until notified by the board. If Respondent tests positive for a banned substance, Respondent shall be ordered by the Board to cease any practice, and may not practice unless and until notified by the Board. All alternative drug testing sites due to vacation or travel outside of California must be approved by the Board prior to the vacation or travel.

**Source:** (Uniform Standards #4, #8-10 of “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees,” revised dated April 2011 and Section 315.2 of the Business and Professions Code.)

**(4) ABSTAIN FROM USE OF ALCOHOL, CONTROLLED SUBSTANCES AND DANGEROUS DRUGS:** Respondent shall abstain completely from the possession, injection, or consumption of any route, including inhalation, of all psychotropic (mood altering) drugs, including alcohol, and including controlled substances as defined in the California Uniform Controlled Substances Act, dangerous drug as defined by Business and Professions Code Section 4022, and any drugs requiring a prescription. This prohibition does not apply to

medications lawfully prescribed by a physician and surgeon, dentist, or nurse practitioner for a bona fide illness or condition. Within fifteen (15) calendar days of receiving any lawful prescription medications, Respondent shall notify the Board in writing of the following: prescriber's name, address, and telephone number; medication name and strength, issuing pharmacy name, address, and telephone number, and specific medical purpose for medication. Respondent shall also provide a current list of prescribed medication with the prescriber's name, address, and telephone number on each quarterly report submitted. Respondent shall provide the Board with a signed and dated medical release covering the entire probation period.

Respondent shall identify for the Board's approval a single coordinating physician and surgeon who shall be aware of Respondent's history of substance abuse and who will coordinate and monitor any prescriptions for Respondent for dangerous drugs, controlled substances, psychotropic or mood altering drugs. Once a Board-approved physician and surgeon has been identified Respondent shall provide a copy of the accusation and decision to the physician and surgeon. The coordinating physician and surgeon shall report to the Board on a quarterly basis Respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of such substances.

The Board may require that only a physician and surgeon who is a specialist in addictive medicine be approved as the coordinating physician and surgeon.

If Respondent has a positive drug screen for any substance not legally authorized, Respondent shall be ordered by the Board to cease any practice and may not practice unless and until notified by the Board. If the Board files a petition to revoke probation or an accusation based upon the positive drug screen, Respondent shall be automatically suspended from practice pending the final decision on the petition to revoke probation or accusation. This period of suspension will not apply to the reduction of this probationary period.

**Source:** (Uniform Standards #4, #8 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," revised dated April 2011, and Section 315.2 of the Business and Professions Code..)

**(5) FACILITATED GROUP SUPPORT MEETINGS:** Within fifteen (15) days from the effective date of the decision, Respondent shall submit to the Board or its designee for prior approval the name of one or more meeting facilitators.

Respondent shall participate in facilitated group support meetings within fifteen (15) days after notification of the Board's approval of the meeting facilitator. When determining the type and frequency of required facilitated group support meeting attendance, the Board shall give consideration to the following:

- The licensee's history;
- The documented length of sobriety/time that has elapsed since substance abuse;
- The recommendation of the clinical evaluator;
- The scope and pattern of use;
- The licensee's treatment history; and ,
- The nature, duration, and severity of substance abuse.

Verified documentation of attendance shall be submitted by Respondent with each quarterly report. Respondent shall continue attendance in such a group for the duration of probation unless notified by the Board that attendance is no longer required. All costs associated with facilitated group support meetings shall be paid by the Respondent.

The group facilitator shall meet the following qualifications and requirements:

1. The group meeting facilitator shall have a minimum of three (3) years experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or other nationally certified organizations.
2. The group meeting facilitator shall not have a financial relationship, personal relationship, or business relationship with the licensee in the last five (5) years.
3. The group facilitator shall provide to the Board a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.
4. The group meeting facilitator shall report any unexcused absence to the Board within twenty-four (24) hours.

**Source:** (Uniform Standard #5 of “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees,” revised dated April 2011,

**(6) CLINICAL DIAGNOSTIC EVALUATION:** Upon order of the Board, Respondent shall undergo a clinical diagnostic evaluation. The board or its designee shall select or approve evaluator(s) holding a valid, unrestricted license to practice, with a scope of practice that includes the conduct of clinical diagnostic evaluations and at least three (3) years’ experience conducting such evaluations of health professionals with alcohol or substance abuse problems. The evaluator(s) shall not have a financial relationship, personal relationship, or business relationship with Respondent within the last five (5) years. The evaluator(s) shall provide an objective/ unbiased, and independent evaluation of Respondent. Respondent shall provide the evaluator with a copy of the Board’s Decision prior to the clinical diagnostic evaluation being performed.

Any time the Respondent is ordered to undergo a clinical diagnostic evaluation, Respondent shall cease practice for a minimum of 30 days pending the results of a clinical diagnostic evaluation and review by the Board. During such time, the Respondent shall submit to random drug testing at least 2 times per week.

Respondent shall cause the evaluator to submit to the Board a written clinical diagnostic evaluation report within 10 days from the date the evaluation was completed, unless an extension, not to exceed 30 days, is granted to the evaluator by the Board. The cost of such evaluation shall be paid by the Respondent. The evaluation(s) shall be conducted in accordance with acceptable professional standards for alcohol or substance abuse clinical diagnostic evaluations. The written report(s) shall set forth, at least, the opinions of the evaluator as to: whether Respondent has an alcohol or substance abuse problem; whether Respondent is a threat to him/herself or others; and recommendations for alcohol or substance abuse treatment, practice restrictions, or other steps related to Respondent’s rehabilitation and safe practice. If the evaluator determines during the evaluation process that Respondent is a threat to him/herself or others, the evaluator shall notify the board within twenty-four (24) hours.

Respondent shall cease practice until the Board determines that he or she is able to safely practice either full-time or part-time and has had at least 30 days of negative drug test results. Respondent shall comply with any restrictions or recommendations made as a result of the clinical diagnostic evaluation.

**Source:** (Uniform Standards #1, 2 of “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees,” revised dated April 2011, and Business and Professions Code section 315.4,)

**(7) DRUG OR ALCOHOL ABUSE TREATMENT PROGRAM:** Upon order of the Board, Respondent shall successfully complete an inpatient, outpatient or any other type of recovery and relapse prevention treatment program as directed by the Board.

When determining if Respondent should be required to participate in inpatient, outpatient or any other type of treatment, the Board shall take into consideration the recommendation of the clinical diagnostic evaluation, license type, licensee’s history, length of sobriety, scope and pattern of substance abuse, treatment history, medical history, current medical condition, nature, duration and severity of substance abuse and whether the licensee is a threat to himself or herself or others. All costs associated with completion of a drug or alcohol abuse treatment program shall be paid by the Respondent.

**Source:** (Uniform Standard #6 of “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees,” revised dated April 2011.



# MEMORANDUM

DATE	August 3, 2021
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Cherise Burns, Assistant Executive Officer
SUBJECT	Agenda Item 14(e): Discussion and Possible Action Regarding Audiology Licensing Requirements Related to Supervised Clinical/Professional Experience (As Stated in Business and Professions Code Sections 2532.2 and 2532.25 and Title 16, CCR sections 1399.152.2)

## **Background**

Business and Professions Code (BPC) Section 2532.25(b)(2) requires the submission of evidence of no less than 12 months of satisfactorily completed supervised professional full-time experience (RPE) or its part-time equivalent obtained under the supervision of a licensed audiologist..... ” This experience shall be completed under the direction of a board-approved audiology doctoral program. The RPE shall follow completion of the didactic and clinical rotation requirements of the audiology doctoral program.

For current hearing and balance healthcare training this statutory requirement creates restrictive aspects for program completion, thereby creating hardships for audiology doctoral students and programs that may not support adequate consumer protection for audiology and balance services.

At the Board’s November 2020 Board Meeting, the Board approved a 2021 legislative proposal that would allow clinical rotations and experiences to count towards the 12 months of satisfactorily completed supervised professional full-time experience or its part-time equivalent. This legislative proposal will now be included as part of the Board’s Sunset Review process in 2022.

The Audiology Practice Committee is currently reviewing and determining what types and how much of an applicants clinical rotations or experiences will be allowed to count towards the 12 months of satisfactorily completed supervised professional full-time experience or its part-time equivalent.

## **Action Requested**

No action requested. This item is for information purposes only.



# MEMORANDUM

DATE	August 2, 2021
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Heather Olivares, Legislation/Regulation Analyst
SUBJECT	Agenda Item 15: Legislative Report: Update, Review, and Possible Action on Proposed Legislation

## a. 2021 Legislative Calendar and Deadlines

- August 16, 2021 – Legislature reconvenes from summer recess
- August 27, 2021 – Last day for fiscal committees to meet and report bills in the second house
- September 10, 2021 – Last day for each house to pass bills
- October 10, 2021 – Last day for Governor to sign or veto bills

## b. Board-Sponsored Bills

- **AB 435 (Mullin) Hearing aids: locked programming software: notice**

### Status:

This bill is currently on the Senate floor. It has not received any formal opposition and we anticipate it will pass in the Senate upon their return from summer recess.

### Summary:

This bill would require hearing aid dispensers and dispensing audiologists to provide a purchaser with a written notice if the hearing aid being purchased uses proprietary or locked programming software. The written notice would need to be signed by the purchaser and the licensee would be required to retain a copy consistent with current record retention requirements.

**c. Bills with Active Positions Taken by the Board**

• **AB 29 (Cooper) State bodies: meetings**

**Status:**

This is a 2-year bill. The bill was held under submission in the Assembly Appropriations Committee.

**Board Position: Oppose**

**Summary:**

This bill would require the Board to make all writings and materials for publicly noticed meetings available on the Board's website and provided to any person requesting such materials in writing at least 72 hours prior to the meeting or on the same day the writings and materials are provided to Board members, whichever is earlier. This bill would also prohibit the Board from discussing or acting on any items not provided in advance of the meeting as required.

• **AB 107 (Salas) Licensure: veterans and military spouses**

**Status:**

This bill is scheduled for hearing on August 16<sup>th</sup> in the Senate Appropriations Committee.

**Board Position: Oppose Unless Amended**

**Summary:**

This bill would require boards to issue a temporary license within 30 days to applicants currently licensed in another state who are married to or in a domestic partnership with an active duty member of the military currently stationed in California, if the criminal background check does not show grounds for denial. The temporary license would expire 12 months after issuance or upon issuance of a permanent license, whichever occurs first. This bill would remove current provisions that allow a temporary license to expire upon the denial of an application. Additionally, this bill would require the Board to track application and licensing statistics for military personnel and spouses and post specified information on the Board's website.

• **AB 225 (Gray) Department of Consumer Affairs: boards: veterans: military spouses: licenses**

**Status:**

This is a 2-year bill. The bill was not heard in the Senate Business, Professions, and Economic Development Committee.

**Board Position: Oppose Unless Amended**

**Summary:**

This bill would expand current law requiring a temporary license for applicants currently licensed in another state who are married to or in a domestic partnership with an active duty member of the military currently stationed in California to also apply to applicants who are veterans discharged within the previous 5 years and active duty military personnel who will be separating from the military within 90 days. Additionally, this bill would remove current provisions that allow a temporary license to expire upon the denial of an application.

- **AB 555 (Lackey) Special education: assistive technology devices**

**Status:**

This is a 2-year bill. The bill was not heard in the Assembly Education Committee.

**Board Position: Oppose Unless Amended**

**Summary:**

This bill would authorize a local education agency or special education local plan area to retain, sell, or dispose of an assistive technology device, including hearing aids, if the market value of the device is less than \$5,000 and it is not needed for another individual with exceptional needs.

- **AB 885 (Quirk) Bagley-Keene Open Meeting Act: teleconferencing**

**Status:**

This is a 2-year bill. The bill was not heard in the Assembly Governmental Organization Committee.

**Board Position: Support**

**Summary:**

This bill would amend current law regarding public meetings held by teleconference to only require the agenda to include a primary physical meeting location where the public may physically attend and participate. Board members attending the meeting via teleconference or physically at the primary physical meeting location would count toward establishing a quorum. This bill would require public meetings held by teleconference to include both an audible and visual means of participation.

- **AB 1026 (Smith) Business licenses: veterans**

**Status:**

This is a 2-year bill. The bill was held under submission in the Assembly Appropriations Committee.

**Board Position: Support**

**Summary:**

This bill would require boards to grant a 50-percent fee reduction for an initial license for military veterans who provide satisfactory evidence with their application. The bill would define satisfactory evidence as a driver's license or identification card with "Veteran" printed on its face.

- **AB 1361 (Rubio) Childcare and developmental services: preschool: expulsion and suspension: mental health services: reimbursement rates**

**Status:**

This is a 2-year bill. The bill was held under submission in the Assembly Appropriations Committee.

**Board Position: Oppose Unless Amended**

**Summary:**

This bill would require specific actions to be taken prior to disenrolling or suspending a child due to a behavior issue and would require the use of suspension or expulsion only as a last resort in responding to a child's behavior. The bill includes a provision that would authorize a person with at least a master's degree in speech and language pathology to provide early childhood mental health consultation services.

- **SB 772 (Ochoa Bogh) Professions and vocations: citations: minor violations**

**Status:**

This is a 2-year bill. The bill was not heard in the Senate Business, Professions, and Economic Development Committee.

**Board Position: Oppose**

**Summary:**

This bill would prohibit the assessment of an administrative fine for minor violations if the licensee corrects the violation within 30 days. Minor violations would be defined as those that do not pose a serious health or safety threat, are not willful,

do not occur while on probation, and are not violations that the licensee has a history of committing.

#### **d. Bills with Recommended Watch Status**

- **AB 457 (Santiago) Protection of Patient Choice in Telehealth Provider Act**

**Status:**

This bill is currently on the Senate Appropriations Committee suspense file.

**Summary:**

This bill would clarify existing law regarding rebates for patient referrals to provide that payment for internet-based advertising or appointment booking services does not constitute a referral of a patient if the internet-based service provider does not recommend or endorse a licensee for the prospective patient.

- **AB 468 (Friedman) Emotional support animals**

**Status:**

This bill is scheduled for hearing on August 16<sup>th</sup> in the Senate Appropriations Committee.

**Summary:**

This bill would prohibit a healing arts licensee from providing documentation relating to an individual's need for an emotional support dog unless specified conditions are met including establishing a client-provider relationship at least 30 days in advance and completing a clinical evaluation of the individual regarding the need for an emotional support dog.

- **AB 486 (Committee on Education) Elementary and secondary education: omnibus bill**

**Status:**

This bill is scheduled for hearing on August 16<sup>th</sup> in the Senate Appropriations Committee.

**Summary:**

This education omnibus bill includes a provision regarding the assessment of a pupil's language and speech disorders in school settings. Specifically, this bill would update terminology to require a speech-language pathologist to determine that a pupil's difficulty in understanding or using language results from speech sound disorder, voice disorder, fluency disorder, language disorder, or hearing impairment or deafness. The reference to "spoken" language has been removed.

- **AB 646 (Low) Department of Consumer Affairs: boards: expunged convictions**

**Status:**

This is a 2-year bill. The bill was held under submission in the Assembly Appropriations Committee.

**Summary:**

This bill would require boards that post information on their website about a revoked license due to a criminal conviction to post the expungement order if the person reapplies for licensure or remove the initial posting if the person does not reapply for licensure, within 90 days of the board receiving an expungement order related to the conviction. The Board would be authorized to charge a fee not exceeding the reasonable cost of administering this provision.

- **AB 1221 (Flora) Consumer warranties: service contracts: cancellation: disclosures**

**Status:**

This bill is scheduled for hearing on August 16<sup>th</sup> in the Senate Appropriations Committee.

**Summary:**

This bill would expand the Song-Beverly Consumer Warranty Act to require a service contract that continues until cancelled by the buyer to disclose in a clear and conspicuous manner that the service contract continues until cancelled and provide contact information the buyer can use to cancel the service contract.

- **AB 1236 (Ting) Healing arts: licensees: data collection**

**Status:**

This is a 2-year bill. The bill is currently on the Assembly Inactive File.

**Summary:**

This bill would require healing arts boards to request specified workforce data from its licensees at the time of electronic application for a license and license renewal or at least biennially from a scientifically selected random sample of licensees. The Board would be required to report the data collected on a biennial basis and post it on the Board's website. The Board would also be required to provide the data annually to the Office of Statewide Health Planning and Development.

- **AB 1308 (Ting) Arrest and conviction record relief**

**Status:**

This is a 2-year bill. The bill was not heard in the Senate Public Safety Committee.

**Summary:**

This bill would expand current law regarding arrest and conviction record relief to allow an arrest or conviction that occurred on or after January 1, 1973 to be considered for relief.

- **SB 607 (Min) Professions and vocations**

**Status:**

This bill is currently in the Assembly Appropriations Committee.

**Summary:**

This bill would, among other things, require boards to expedite the licensure process and waive the application fee and initial license fee for applicants currently licensed in another state who are married to or in a domestic partnership with an active duty member of the military currently stationed in California.

- **SB 731 (Durazo) Criminal records: relief**

**Status:**

This bill is currently in the Assembly Appropriations Committee.

**Summary:**

This bill would expand current law regarding arrest record relief to include a person who has been arrested for a felony, including a felony punishable in state prison. This bill would also expand current conviction record relief to include a defendant convicted of a felony on or after January 1, 2005 if the defendant appears to have completed all terms of incarceration, probation, mandatory supervision, post release supervision, and parole, and a period of four years has elapsed during which the defendant was not convicted of a new offense.