



# MEMORANDUM

DATE	May 3, 2022
TO	Audiology Practice Committee
FROM	Marcia Raggio, Chair
SUBJECT	Agenda Item 3: Discussion and Possible Action Regarding Statutory and/or Regulatory Requirements Related to Audiology Aide Scope of Practice and Supervision Requirements as stated in BPC section 2530.2 and Title 16, CCR section 1399.154 through 1399.154.7

## **Background**

Reports have reached the board that due to the perceived lack of clarity regarding appropriate clinical tasks and supervision requirements for Audiology Aides, this matter is being brought before the Audiology Practice Committee. Apparently, supervisors expressed concern that either Audiology Aides were being allowed to perform any and all clinical services normally provided by an Audiologist without the training or education of an Audiologist or supervision requirements were so strict that there was little point in utilizing an aide. In some cases, Audiology Aides have been reportedly trained to a level that a supervisor considers to be “competent” for a particular clinical task and then left to perform that task independently without supervision from a supervisor who is physically present. Reports of these types of misapplication of the regulations for Audiology Aides led to the Board discussing this issue at the October 10-11, 2019.

At the October 10-11, 2019 Board meeting, the Board discussed feedback received from audiology licensees who utilize Audiology Aides, who had complained of ambiguity regarding the regulatory requirements for the clinical tasks allowed to be performed by an Audiology Aide and the type of supervision required for Audiology Aides. The Board then directed the Audiology Practice Committee (Committee) to define the tasks an audiology aide can perform and the supervision necessary, and in addition, consider any legislative or regulatory changes needed to implement that.

At the February 20, 2020 Audiology Practice Committee (Committee) meeting, the Committee discussed language from the American Academy of Audiology (AAA) and the American Speech-Language-Hearing Association (ASHA) regarding the role of an audiology assistant, which was the national terminology for what Audiology Aides are in California. The language stated that audiology assistants should be trained to do specific tasks that support the Audiologist without being allowed to make diagnostic decisions.

The Committee discussed concerns regarding whether and when the supervising Audiologist must be physically present because the regulations are unclear. The Committee decided that reviewing the AAA and ASHA lists of tasks recommended or not recommended for audiology assistants would be a good starting point to engage stakeholders in the development of a regulatory package (Note: these lists and associated materials have been updated since 2020). Board Staff brought to the Committee’s attention that any regulatory package needed to explain

why a particular task would be outside of the scope of responsibilities of an Audiology Aide and that it might be more effective to develop different levels of supervision requirements for Audiology Aides similar to the Speech-Language Pathology Assistant (SLPA) regulations. The Committee also discussed its concern that both AAA and ASHA recommend these individuals complete continuing education requirements, but understood that under current statute, that the Audiology Aide in California is a one-time registration with no renewal requirement or continuing education requirement, and that this issue would have to be addressed as part of the Sunset Review process.

At the February 2020 meeting, the Committee decided to work with staff to use the AAA and ASHA recommendations to help develop a list of tasks and supervision requirements for Audiology Aides for stakeholder consideration at a future meeting.

Due to the COVID-19 pandemic, Board Member vacancies, and limited staff resources in the interim, the Committee and Board Staff were not able to address this issue.

### **Statutory and Regulatory Provisions**

The following statutory and regulatory language pertain to the functions and supervisory requirements for an audiology aide.

Business and Professions Code Section (BPC) Section 2530.2(m) defines an audiology aide as “any person meeting the minimum requirements established by the board. An audiology aid may not perform any function that constitutes the practice of audiology unless he or she is under the supervision of an audiologist. The board may by regulation exempt certain functions performed by an industrial audiology aide from supervision provided that his or her employer has established a set of procedures or protocols that the aide shall follow in performing these functions.”

Title 16, California Code of Regulations (CCR) sections 1399.154(b) states that an Audiology Aide “means a person who (1) assists or facilitates while an audiologist is evaluating the hearing of individuals and/or is treating individuals with hearing disorders, and (2) is registered by the supervisor with the Board and the registration is approved by the Board.”

Title 16 CCR section 1399.154.1 states the following:

Before allowing an aide to assist in the practice of speech-language pathology or audiology under his or her supervision, a supervisor shall register each aide with the Board on a form provided by the Board and pay the registration fee required in Section 1399.157. Regardless of their title or job classification, any support person who functions as a speech-language pathology or audiology aide and facilitates or assists a supervisor in evaluations or treatment shall be registered with the Board. In the application for registration, the supervisor shall provide to the Board, his or her proposed plan for supervising and training the speech-language pathology or audiology aide. The proposed plan for training shall be in accordance with Section 1399.154.4 and shall include the supervisor's training methods, the necessary minimum competency level of the aide, the manner in which the aide's competency will be assessed, the persons responsible for training, a summary of any past education, training and experience the aide may have already undertaken, and the length of the training program and assessment of the aide's competency level. The Board shall review the application for compliance with the requirements of this article and notify the supervisor of its disposition of the application for registration and whether further information is required in order to complete its review.

Title 16 CCR section 1399.154.2 states that an Audiology Aide's supervisor shall do all of the following:

- (a) Have legal responsibility for the health, safety and welfare of the patients.
- (b) Have legal responsibility for the acts and services provided by the speech-language pathology or audiology aide, including compliance with the provisions of the Act and these regulations.
- (c) Be physically present while the speech-language pathology or audiology aide is assisting with patients, unless an alternative plan of supervision has been approved by the Board. A supervisor of industrial audiology aides shall include a proposed plan for alternative supervision with the application form. An industrial audiology aide may only be authorized to conduct puretone air conduction threshold audiograms when performing outside the physical presence of a supervisor. The supervisor shall review the patient histories and the audiograms and make necessary referrals for evaluation and treatment.
- (d) Evaluate, treat, manage and determine the future dispositions of patients.
- (e) Appropriately train the speech-language pathology or audiology aide to perform duties to effectively assist in evaluation and/or treatment. A supervisor shall establish and complete a training program for a speech-language pathology or audiology aide in accordance with Section 1399.154.4 which is unique to the duties of the aide and the setting in which he or she will be assisting the supervisor.
- (f) Define the services which may be provided by the speech-language pathology or audiology aide. Those services shall not exceed the competency of the aide as determined by his or her education, training and experience, and shall not include any treatment beyond the plan established by the supervisor for the patient.

Title 16 CCR section 1399.154.4 requires supervisors to ensure Audiology Aides complete appropriate training programs established by the supervisor and that the training program includes, but is not limited to:

- (a) Instruction in the skills necessary to perform any acts or services which are the practice of speech-language pathology or audiology as defined in Section 2530.2 of the Code. The supervisor is not required to repeat any training which may have already been received by the aide because of any prior education, training and experience.
- (b) A supervisor shall require a speech-language pathology or audiology aide to demonstrate his or her competence to perform any acts or provide any services which are the practice of speech-language pathology or audiology as defined in Section 2530.2 of the Code which may be assigned to the aide or which the aide may provide to patients. A supervisor shall allow a speech-language pathology or audiology aide only to perform those acts or to provide those services for which he or she has been provided training and has demonstrated competency.
- (c) A supervisor shall instruct a speech-language pathology or audiology aide as to the limitations imposed upon his or her duties, acts or services by these regulations, by his or her training and skills, and by the evaluation and treatment plan for any patient.
- (d) In addition to the requirements of this section, an industrial audiology aide shall be provided training in the use of an audiometer and in the necessary techniques for obtaining valid and reliable audiograms.

It is also important to note that BPC Section 2538.20 specifically states that, "It is unlawful for an individual to engage in the practice of fitting or selling hearing aids, or to display a sign or in any other way to advertise or hold himself or herself out as being so engaged without having first obtained a license from the board under the provisions of this article."

Note: both the [AAA Code of Ethics](#), [AAA Standards of Practice](#), [ASHA Code of Ethics](#), and [ASHA Scope of Practice](#) also provide information regarding supervision of audiology assistants, students, and support personnel (see attachments).

### **Issues for Consideration**

BPC Section 2530.2(m) authorizes the Board to establish minimum requirements for the registration of an Audiology Aide and BPC Section 2530.6 authorizes the Board to designate requirements related to the extent, kind, and quality of services performed by the aide. Should the Board consider clarifying and enhancing the minimum requirements for registration, which include training, for Audiology Aides? For example, Title 16 CCR section 1399.154.4 requires the aide to complete a training program established by the supervisor prior to the aide being allowed to assist in the practice of audiology. Should the Board also consider clarifying requirements for the extent and kind of services an Audiology Aide is allowed to perform?

Some issues the Committee should consider regarding the development of regulations to detail tasks that can and cannot be performed by Audiology Aides are as follows:

#### **Detailing Tasks an Audiology Aide Can Perform**

- Historically, when a regulation details a list of multiple permissible tasks, the interpretation of that regulation can be that this is intended to be an exhaustive list and therefore only those tasks detailed in the regulation are permissible. Alternatively, supervisors may interpret the list to authorize other, similar tasks that are not listed as also permissible. As a result, the regulation may unnecessarily limit Audiology Aide activities or promote unlisted activities not identified in the regulation that would or would not be permitted or require similar education and training as those detailed in the regulation.
- If this option is pursued, the Committee should consider the following:
  - Should the Board identify appropriate Audiology Aide tasks or instead identify categories of appropriate tasks? For example:
    - Audiology Aides are allowed to perform maintenance, preparation, and infection control procedures for testing equipment, testing materials, and treatment rooms.
    - Audiology Aides with adequate training are allowed to perform and administer, without interpretation, standardized hearing tests and screenings.
    - Audiology Aides with adequate training are allowed to perform, without interpretation, otoscopy, tympanometry, or the taking of earmold impressions.
  - If the Board identifies appropriate tasks or categories of tasks, the Board should also detail appropriate levels of supervision for these tasks or instead define supervision levels that any task could fall under?

#### **Detailing Tasks an Audiology Aide Cannot Perform**

- If the Committee goes in the direction of detailing which tasks or categories of tasks an Audiology Aide is prohibited from performing, the Committee should consider the following issues and evaluate potential alternatives to develop any potential associated rulemaking package:
  - The risks to a patient if an Audiology Aide performs the task or category of tasks improperly and/or does not have the adequate education, training, or supervision and the severity of the potential risks.
  - Whether or not adequate training and supervision or a higher level of supervision would mitigate this risk.

- Alternatively, is there a way to more broadly define prohibited tasks and levels of supervision that would meet the same need as identifying prohibited tasks? For example:
  - Prohibiting categories of tasks prohibited by law, such as the fitting and sale of hearing aids;
  - Prohibiting any task that requires interpretation of test results or involves the diagnosis of hearing disorders;
  - Prohibiting the performance of therapies, counseling, or tasks that require specialized knowledge and professional competence;
  - Prohibiting Audiology Aides from making any decisions related to the treatment, discharge or referral of patients for services; and/or
  - Prohibiting Audiology Aides from supervising any hearing screening program.

The Board has the authority to define levels of supervision similar to how the SLPA supervision requirements are defined. For example, SLPAs have three broad levels of supervision that range from Immediate (physically present in the room), Direct (on-site), and Indirect (not on-site), and detail what duties require specified levels of supervision or when the duties require a higher level of supervision. SLPA supervision regulations can be found in Title 16 CCR sections 1399.170 and 1399.170.2 and activities, duties, and functions outside the scope of responsibilities of a SLPA are defined in Title 16 CCR section 1399.170.3.

Lastly, as part of the Board's Sunset Review process, the creation of renewal and continuing education requirements are being considered by the Legislature. If the renewal and continuing education provisions are accepted and put into our Practice Act next year, would any regulatory changes the Committee is considering require changes after the law takes effect?

**Action Requested**

Staff recommends the Audiology Practice Committee discuss the above issues for consideration with stakeholders so that the Audiology Practice Committee can determine the best course of action in relation to a potential regulatory structure for Audiology Aides and provide guidance to staff so that they can begin preparing draft regulatory language to address the issues discussed at a future meeting.

- Attachment A: American Academy of Audiology Code of Ethics
- Attachment B: American Speech-Language-Hearing Association Code of Ethics
- Attachment C: American Academy of Audiology Standards of Practice
- Attachment D: American Speech-Language-Hearing Association Scope of Practice
- Attachment E: American Academy of Audiology Position Paper Audiology Assistants
- Attachment F: American Speech-Language-Hearing Association Audiology Assistants Overview
- Attachment G: SLPA Regulations Related to SLPA Supervision and Scope of Responsibilities
- Attachment H: Examples of Potential Audiology Aide Tasks

## **Agenda Item AUD 3 – Attachments A - E**

Attachment A is the American Academy of Audiology Code of Ethics and is available at <https://www.audiology.org/about/academy-membership/ethics-2/>.

Attachment B is the American Speech-Language-Hearing Association Code of Ethics and is available at <https://www.asha.org/policy/et2016-00342/>.

Attachment C is the American Academy of Audiology Standards of Practice and is available at [https://www.audiology.org/wp-content/uploads/2021/05/StandardsofPractice.pdf\\_539945677d6235.20360502.pdf](https://www.audiology.org/wp-content/uploads/2021/05/StandardsofPractice.pdf_539945677d6235.20360502.pdf).

Attachment D is the American Speech-Language-Hearing Association Scope of Practice and is available at <https://www.asha.org/policy/sp2018-00353/>.

Attachment E is the American Academy of Audiology Position Paper Audiology Assistants and is available at [https://www.audiology.org/wp-content/uploads/2021/05/Position\\_Statement-Audiology\\_Assistants\\_Final-3.2021.pdf](https://www.audiology.org/wp-content/uploads/2021/05/Position_Statement-Audiology_Assistants_Final-3.2021.pdf).

# Audiology Assistants

## Overview

An audiology assistant is a person who, after appropriate training and demonstration of competency, performs delegated tasks that are prescribed, directed, and supervised by a certified and/or licensed audiologist. When hearing aid dealers are serving in the role of assistant, their duties will always be clarified by the supervising audiologist.

Audiology assistants may or may not be regulated by state laws and regulations, and the supervising audiologist is responsible for determining the applicable requirements in his or her state and work setting. See ASHA's [State-by-State](#) page for a summary of state requirements for audiology assistants.

Audiology assistants improve access to patient care by increasing the availability of audiology services, increase productivity by reducing wait times and enhancing patient satisfaction, and reduce costs by performing tasks that do not require the professional skills of a certified and/or licensed audiologist (Dunlop et al., 2006; Kasewurm, 2006; Saccone & Steiger, 2008).

Support personnel may assist audiologists in the delivery of services, where appropriate, provided these guidelines are followed.

- The roles and tasks of audiology assistants are assigned *only* by supervising audiologists.
- Supervising audiologists provide appropriate training that is competency-based and specific to job performance.
- Supervision is comprehensive, periodic, and documented.
- The supervising audiologist maintains the legal and ethical responsibilities for all assigned audiology activities provided by support personnel.
- Services delegated to the assistant are those that are permitted by state law, and the assistant is appropriately registered/licensed if the state so requires.
- The needs of the consumer of audiology services and protection of that consumer are always paramount. (AAA, 2010a, 2010b; ASHA, 2010; National Hearing Conservation Association, 1990)

**Note:** [Teleaudiology Clinical Technicians](#) (TCTs) provide patient/equipment interface support under the supervision of a licensed audiologist who is delivering audiology services from a site located at a distance from the actual patient testing site. TCTs are currently only being used in the Veterans Administration and are not specifically included in the scope of this document

## Affiliation with ASHA

ASHA has established an [Assistants Certification Program](#) for support personnel in speech-language pathology and audiology, open to individuals who

- are currently employed in support positions providing audiology or speech-language pathology assistant services and
- work under the supervision of an ASHA-certified audiologist (CCC-A) or speech-language pathologist (CCC-SLP).

Applicants are required to obtain the signature of their ASHA-certified supervisor(s) in order to become ASHA Associates.

## Key Issues

### **Audiology Assistants**

#### **Minimum Qualifications for Audiology Assistants**

Minimum qualifications for audiology assistants include the following:

- [minimum educational standards required by the state](#) [PDF]
- communication and interpersonal skills necessary for the tasks assigned
- a basic understanding of the needs of the population being served
- successful completion of the training requirements and competency-based skills necessary for the performance of specific, assigned tasks
- additional qualifications established by the supervising audiologist to meet the specific needs of the audiology program and the population being served
- additional requirements established by the facility of employment

#### **Roles and Responsibilities of the Audiology Assistant**

Audiology assistants engage in only those tasks that are planned, delegated, and supervised by the audiologist and permitted by state law. The duties and responsibilities assigned are based on the training, available supervision, and specific work setting. The scope of practice of the supervising audiologist also dictates the duties and responsibilities assigned to the audiology assistant. The list below provides examples and is not meant to be all inclusive.

The types of services that audiology assistants perform—if permitted by state law and when the assistant has demonstrated competence—include the following:

- greeting and escorting patients
- scheduling patients
- packaging and mailing earmold orders, device repairs, and manufacturer/lab returns
- maintaining inventories of supplies and checking function of equipment
- performing checks on hearing aids and other amplification devices
- performing troubleshooting and minor repairs to hearing aids, earmolds, and other amplification devices
- cleaning hearing aids and other amplification devices
- performing electroacoustic analysis of hearing aids and other amplification devices
- instructing patients in proper use and care of hearing aids and other amplification devices



- demonstrating alerting and assistive listening devices
- instructing patients in proper ear hygiene
- assisting audiologists in treatment programs
- assisting audiologists with setup and technical tasks
- preparing materials for ear impressions
- maintaining and restocking test and treatment rooms
- performing equipment maintenance and biological checks
- conducting hearing and tympanometric screening on older children and adults (without interpretation)
- conducting otoacoustic emission screening
- performing nondiagnostic otoscopy
- performing pure-tone audiologic reassessment on established patients
- preparing the patient for VNG/ENG or evoked testing
- assisting audiologists in hearing testing of pediatric patients
- performing pure-tone hearing screening and universal newborn hearing screening tests
- performing infection control duties within the clinic/service
- assisting patients in completing case history or other relevant forms
- interacting with hearing instrument manufacturers/suppliers regarding status of orders/repairs

Audiology assistants who are fluent in a language or languages in addition to spoken English and who have the necessary training and skills may serve as translators, interpreters, and/or cultural brokers, when needed.

Audiology assistants will not perform any task without the express knowledge and approval of the supervising audiologist or any task that may be prohibited by state or federal law. The list below provides examples and is not meant to be all inclusive.

Actions that audiology assistants are not to perform include the following:

- determining case selection or evaluation protocols
- interpreting observations or data into diagnostic statements of clinical management strategies or procedures
- participating in team or case conferences or on any interdisciplinary team, without the presence of the supervising audiologist or an audiologist designated by the supervising audiologist
- writing, developing, or modifying a patient's individualized treatment plan
- assisting with patients without following the treatment plan prepared by the audiologist or without proper supervision
- composing or signing any formal documents (e.g., treatment plans, reimbursement forms, or reports)—progress notes written by audiology assistants may be reviewed and cosigned by the supervising audiologist, subject to local facility policy
- transmitting or disclosing clinical information, either orally or in writing, to anyone, including the patient, without the approval of the supervising audiologist
- selecting patients for treatment services or discharging patients from treatment services

- counseling or consulting with the patient, family, or others regarding the patient status or service or making referrals for additional services
- referring to themselves either orally or in writing with a title other than one determined by the supervising audiologist

Audiology assistants with specialized training from the [Council for Accreditation in Occupational Hearing Conservation \(CAOHC\)](#) perform the following services under the supervision of a certified and/or licensed audiologist or physician:

- checks and calibration of audiometric instrumentation
- otoscopic screening and pure-tone threshold testing for the purpose of hearing conservation
- basic counseling of employees concerning test results and criteria for employee referral
- fit and training of employees on personal hearing protection devices
- fit testing of hearing protection devices
- assistance to CAOHC course directors in conducting training courses
- employee hearing conservation education, training, and motivation
- recordkeeping
- generation of periodic hearing conservation statistical reports

Tasks that CAOHC-certified occupational hearing conservationists shall *not* do include

- assuming the role of a professional supervisor of the audiometric monitoring portion of a hearing conservation program,
- assuming the role of an instructor of other occupational hearing conservationists,
- interpreting audiograms,
- conducting any type of audiometric testing other than air conduction, such as bone-conduction testing or speech audiometry,
- diagnosing hearing disorders,
- independently evaluating hearing conservation program effectiveness,
- conducting noise surveys and analyses or being responsible for noise-control solutions.

## **Ethical Obligations of Audiology Assistants**

Although the ASHA Code of Ethics does not apply directly to any individual who is working in a support role (e.g., technician, aide, or assistant) under the supervision of an audiologist, those individuals in a support role must be knowledgeable about the provisions of the Code. Individual state licensing boards may have ethical requirements for audiology assistants. See ASHA's [State Overviews](#) for specific information.

Because the ethical responsibility for patient care or for subjects in research studies cannot be delegated, the audiologist or hearing scientist takes overall responsibility for the actions of the assistants when they are performing assigned duties. If the assistant engages in activities that violate the Code of Ethics, the supervising professional may be found in

violation of the Code. It is imperative that the supervising professional and the assistant behave in a manner that is consistent with the principles and rules outlined in the Code. See [ASHA's Issues in Ethics: Audiology Assistants](#).

## **Education and Training for Audiology Assistants**

Consider the following in developing training programs for audiology assistants:

- Training for audiology assistants should be well defined and specific to the assigned task(s).
- Supervising audiologists ensure that the scope and intensity of training encompass all of the activities assigned to audiology assistants.
- Training should be competency based and provided through a variety of formal and informal instructional methods with written policies and procedures.
- Audiologists should provide audiology assistants with written information on roles and functions. Ongoing training opportunities should be provided to ensure that practices are current and that skills are maintained.
- Training includes, but is not limited to, the identification of and appropriate response to cultural and linguistic factors affecting service delivery.

The supervising audiologist is responsible for maintaining written documentation of completed training activity. Most audiology assistants receive their education and training on-site by the supervising audiologist/employer. Currently, ASHA is aware of only one formal audiology assistant training program in the country, at [Nova Southeastern University](#).

## **Supervision**

### **Qualifications of a Supervising Audiologist**

In order to serve as a supervisor, ASHA requires that an audiologist hold a full, current, and unrestricted license to practice audiology from a state, territory, commonwealth, or the District of Columbia (where applicable) and recommends that the audiologist have a Certificate of Clinical Competence in Audiology granted by ASHA. In the case of an individual exempted from state licensure based on practice in a specific institution or setting, ASHA recommends the individual meet one of the following conditions:

- have a Certificate of Clinical Competence in Audiology granted by ASHA
- have met the requirements for certification from ASHA
- passed a national examination in audiology

### **Roles and Responsibilities of the Supervising Audiologist**

The supervising audiologist has the ultimate clinical, ethical, and legal responsibility for the care provided to the patient. Responsibilities of the supervising audiologist include

- administrative actions related to audiology assistants, such as hiring, training, determining competency, and conducting performance evaluations;
- final approval of all directives given by administrators and other professionals regarding audiology tasks;
- delegation and supervision of specific tasks to the support person (such tasks must not exceed the knowledge and skills of audiology assistants or exceed their scope of practice—specifically the exercise of professional judgment, interpretation of results, or development or modification of treatment plans);
- assessment of the audiology assistant's proficiency in performing assigned tasks on a predetermined, periodic basis;
- providing feedback to the audiology assistant to promote continuous performance improvement.

### **Amount and Frequency of Supervision**

The supervising audiologist is responsible for determining the level of supervision that is required based on the activities that are delegated to the assistant, the skills of the assistant, and the clinical setting. On some occasions, multiple levels of supervision are utilized. Permissible levels of supervision for audiology assistants include the following direct and indirect services.

**Direct:** The supervising audiologist is present in the same room while the audiology assistant is engaged in direct health care activities.

**Indirect:** The supervising audiologist is in the same physical area and is immediately accessible to the audiology assistant. The supervising audiologist meets and interacts with patients/clients as needed. The audiology assistant and supervising audiologist discuss, plan, or review evaluation and treatment. Area supervision is available only when the audiology assistant has been formally assigned a graduated level of responsibility commensurate with this type of supervision. This level is synonymous with direct supervision.

**General:** Services are furnished by the audiology assistant under the supervising audiologist's guidance. The supervising audiologist's presence is not required during services, but the supervising audiologist must be immediately available by phone or pager and able to be physically present as needed.

The amount and type of supervision required are based on the skills and experience of the audiology assistant, the needs of patients/clients served, the service delivery setting, the tasks assigned, and other factors.

- More intense supervision will be required during the orientation of a new audiology assistant; at the initiation of a new program, task, or equipment; or when there is a change in patient/client status. In general, audiology assistants with less education, training, or experience require more intense and more immediate supervision than do those with more advanced education and training or experience
- The level of supervision is determined by the experience and demonstrated competence of the audiology assistant and the complexity of the patient/client's

health care needs. The supervising audiologist directs the care of the patient and provides supervision based on the nature of the patient/client's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the audiology assistant being supervised.

- Audiology practices encourage and permit trainees to assume increasing levels of responsibility commensurate with their individual progress, experience, skills, knowledge, and judgment, provided those responsibilities remain within the scope appropriate for an assistant.
- The number of audiology assistants supervised by an audiologist must be consistent with the delivery of appropriate, quality service, and any applicable state law. It is the responsibility of the individual supervisor to protect the interests of patients/clients in a manner consistent with state licensure requirements, where applicable, and the ASHA Code of Ethics.

See [Teleaudiology Clinical Technicians](#) for specific information on TCT supervision.

### **Ethical Requirements for Supervising Audiologists**

ASHA strives to ensure that its members and certificate holders preserve the highest standards of integrity and ethical practice. The ASHA Code of Ethics (ASHA, 2010) sets forth the fundamental principles and rules considered essential to this purpose. The Code of Ethics applies to all individuals who are members of ASHA, regardless of whether they are certified members, nonmembers holding the Certificate of Clinical Competence from the Association, or applicants for membership or certification.

The following principles and rules of the ASHA Code of Ethics specifically address issues that are pertinent when an audiologist supervises support personnel in the provision of services or when conducting research:

**Principle of Ethics I:** Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activity, and they shall treat animals involved in research in a humane manner.

*Guidance:* The supervising audiologist remains responsible for the care and well-being of the client or research subject. If the supervisor fails to intervene when the assistant's behavior puts the client or subject at risk or when services or procedures are implemented inappropriately, the supervisor could be in violation of the Code of Ethics.

**Principle of Ethics I, Rule A:** Individuals shall provide all services competently.

*Guidance:* The supervising audiologist must ensure that all services, including those provided directly by the assistant, meet practice standards and are administered competently. If the supervisor fails to intervene or correct the actions of the assistant as needed, this could be a violation of the Code of Ethics.

**Principle of Ethics I, Rule C:** Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race

or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.

*Guidance:* The supervising audiologist is responsible for ensuring that there is no discrimination in service delivery, as indicated above. Discrimination exhibited by the audiology assistant could be a violation of the Code of Ethics.

**Principle of Ethics I, Rule D:** Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.

*Guidance:* The supervising audiologist must ensure that clients and subjects are informed of the title and qualifications of the assistant. This is not a passive responsibility; that is, the supervisor must make this information easily available and understandable to the clients or subjects and not rely on the individual to inquire about or ask directly for this information. Any misrepresentation of the assistant's qualifications or role could result in a violation of the Code of Ethics by the supervisor.

**Principle of Ethics I, Rule E:** Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

*Guidance:* The supervising audiologist is responsible for monitoring and limiting the role of the assistant as described in these guidelines and in accordance with applicable licensure laws.

**Principle of Ethics I, Rule F:** Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.

*Guidance:* The supervising audiologist is responsible for providing appropriate and adequate direct and indirect supervision to ensure that the services provided are appropriate and meet practice standards. The audiologist should document supervisory activities and adjust the amount and type of supervision to ensure that the Code of Ethics is not violated.

**Principle of Ethics II, Rule B:** Individuals shall engage in only those aspects of the profession that are within the scope of their professional practice and competence, considering their level of education, training, and experience.

*Guidance:* The supervising audiologist is responsible for ensuring that he or she has the skills and competencies needed to provide appropriate supervision. This may include seeking continuing education in the area of supervision practice.

**Principle of Ethics II, Rule D:** Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.

*Guidance :* The supervising audiologist must ensure that the assistant only performs those activities and duties that are defined as appropriate for the level of training and experience and in accordance with applicable licensure laws. If the assistant exceeds the practice role that has been defined for him or her, and the supervising audiologist fails to correct this, the supervisor could be found in violation of the Code of Ethics.

**Principle of Ethics IV, Rule B:** Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.

*Guidance:* Because the assistant provides services as “an extension” of those provided by the professional, the audiologist is responsible for informing the assistant about the Code of Ethics and monitoring the performance of the assistant. Failure to do so could result in the audiologist's being found in violation of the Code.

For the most current information pertaining to ethics and support personnel, see [ASHA's Issues in Ethics: Audiology Assistants](#).

## Current SLPA Regulations Related to SLPA Supervision and Scope of Responsibilities

### 16 CCR § 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 setting, for purposes of interpreting the provisions in this Article.

(c) "Direct supervision" means on-site 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 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, 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.

### 16 CCR § 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.

**16 CCR § 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,
- (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.

## Examples of Potential Audiology Aide Tasks

### Potentially Acceptable Tasks

- 1) Greeting and escorting patients
- 2) Scheduling patients
- 3) Packaging and mailing earmold orders, device repairs, and factory returns
- 4) Conducting inventories of equipment and supplies
- 5) Performing checks, troubleshooting and minor repairs on hearing amplification devices, earmolds, assistive listening devices and implantable devices
- 6) Performing electroacoustic analysis of hearing aids and other amplification devices
- 7) Instructing patients in proper use and care of hearing amplification devices, earmolds, assistive listening devices and implantable devices
- 8) Demonstrating alerting and assistive listening devices
- 9) Assisting audiologists in treatment programs
- 10) Assisting audiologists with physical preparation of patient for evaluation
- 11) Preparing materials for ear impressions
- 12) Maintaining and restocking test and treatment rooms
- 13) Performing equipment maintenance and biologic checks
- 14) Performing pure-tone hearing screening (without interpretation)
- 15) Conducting otoacoustic emission tests (without interpretation)
- 16) Assisting audiologists in conditioning and centering of patients during hearing evaluation
- 17) Administering newborn hearing screening
- 18) Performing non-diagnostic otoscopy
- 19) Performing ear impressions under the direct supervision of an audiologist
- 20) Performing infection control duties
- 21) Serve as a test assistant during behavioral pediatric evaluations
- 22) Performing telehealth duties at the discretion of the audiologist and allowed by state law

Potentially Prohibited Tasks

- 1) Perform any procedure for which the audiology assistant is not qualified or has not been adequately trained
- 2) Take earmold impressions for amplification or recreation without qualifying training in the task and direct supervision by a licensed audiologist
- 3) Perform tympanometry without qualifying training in the task and direct supervision by a licensed audiologist
- 4) Perform patient preparation for ABR evaluation without qualifying training in the task and direct supervision by a licensed audiologist
- 5) Interpret test results
- 6) Participate in team or case conferences, or any inter-disciplinary team without the presence of the supervising audiologist or designated audiologist
- 7) Create, develop, or modify a patient's individualized treatment plan
- 8) Assist with patients without following the treatment plan prepared by the audiologist or without proper supervision
- 9) Sign any formal documents such as hearing aid delivery receipts, treatment plans, reimbursement forms, or reports. (Notes written by audiology aides must be reviewed and co-signed by the licensed audiologist.)
- 10) Diagnose hearing disorders
- 11) Select patients for treatment services or discharge patients from treatment services
- 12) Disclose clinical or confidential information either verbally or in writing to anyone without approval of the licensed audiologist
- 13) Make referrals for additional services; counsel or consult with the patient, family or others regarding the patient status or service
- 14) Represent themselves as an audiologist
- 15) Provide tinnitus counseling and treatment
- 16) Supervise or manage infant hearing screening programs
- 17) Supervise or manage occupational hearing conservation/prevention programs
- 18) Determine the suitability of hearing aids
- 19) Select or recommend hearing amplification devices, earmolds, assistive listening devices and implantable devices
- 20) Fit or dispense hearing instruments, including but not limited to initial programming or changes to prescribed programming
- 21) Perform aural (re)habilitation
- 22) Perform any telehealth prohibited by state law