

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD

# SUNSET REVIEW REPORT 2026

PRESENTED TO THE SENATE COMMITTEE ON BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT AND THE ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS



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# **SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD**

## **BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM**

**As of December 5, 2025**

### **Section 1 –**

#### **Background and Description of the Board and Regulated Profession**

**Provide a short explanation of the history and function of the board.<sup>1</sup> Describe the occupations/professions that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).<sup>2</sup>**

#### **Function of the Board**

The Board serves to protect the public by licensing and regulating Speech-Language Pathologists, Audiologists, and Hearing Aid Dispensers; three separate and distinct professions with their own scopes of practice and professional settings. The Board sets entry-level licensing standards, which includes examination requirements that measure the candidate's professional knowledge and clinical abilities that are consistent with the demands of the current delivery systems.

Speech-Language Pathologists provide services in the areas of speech, language, cognition, swallowing disorders, and voice to individuals across the lifespan. They provide services to individuals who have speech difficulties with respiratory, phonatory, resonance, articulation, and fluency. These difficulties may be the result of neurogenic or structural etiologies. Services are provided to individuals who have language difficulties affecting verbal expression, auditory comprehension, reading comprehension, or written expression. Speech-Language Pathologists also provide services to individuals with cognition difficulties affecting skills such as memory, attention, problem solving, reasoning, and sequencing. These difficulties could be a result of stroke, head injury, or neurogenic cause. Speech-Language Pathologists provide services to individuals who demonstrate problems with swallowing (dysphagia). These difficulties may be a result of neurological impairment, head/neck cancer or surgeries, tracheostomy, or developmental disorder. They also provide services to individuals who have voice disorders due to abuse or misuse of their voice, neurological impairment, head/neck cancer or surgery, or tracheostomy. Speech-Language Pathologists perform instrumental procedures within their scope of practice (e.g., Motion fluoroscopic evaluation of swallowing by cine or video recording, Flexible Fiberoptic Endoscopic Evaluation of Swallowing by cine or videorecording, laryngoscopy with stroboscopy). Speech-Language Pathologists coordinate care with otolaryngologists and physicians for such procedures. Speech-Language Pathologists also provide aural rehabilitation for individuals who are deaf or hard of hearing and provide therapy in the augmentative and alternative communication domain for individuals with diagnoses such as autism spectrum disorder and progressive neurological disorders. Speech-Language Pathologists work independently and collaboratively on interdisciplinary teams with other school or health care

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<sup>1</sup> The term "board" in this document refers to a board, bureau, commission, committee, council, department, division, program, or agency, as applicable. Please change the term "board" throughout this document to appropriately refer to the entity being reviewed.

<sup>2</sup> The term "license" in this document includes a license, certificate, permit or registration.

professionals in a range of settings including schools, medical, community-based facilities, and in private practice.

Audiologists provide services for individuals with hearing and balance (vestibular) disorders across the lifespan. They see individuals who may have difficulty with auditory processing skills, diminished hearing sensitivity, tinnitus (ringing in the ears), deafness, balance deficits, tumors impacting the auditory system, and medically complex individuals requiring specialized interventions. Audiologists work in various professional settings including; hospitals that provide newborn hearing screenings, pediatric clinics, university and hospital audiology clinics, private practice, professional retail, military facilities, academic institutions, and industrial, research, and forensic settings. More recently, there are an increasing number of Audiologists who participate in intraoperative neuromonitoring in the operating rooms of the state's leading hospitals. Audiologists are experts in an array of assistive technologies designed to provide individuals with access to sound, including cochlear implants, bone-anchored hearing systems, hearing aids, remote microphones and other listening aids. They provide all services to include fitting, selection, programming, and counseling on use and care of all such devices. Dispensing Audiologists are licensed to complete the sale of hearing aids for populations that range from infants to the elderly.

Hearing Aid Dispensers provide services primarily to adult individuals with hearing loss, and children over the age of sixteen. They see adults with diminished hearing sensitivity to specifically test hearing for the purpose of fitting, selecting, and programming hearing aids. Hearing Aid Dispensers are experts in an array of assistive technologies designed to provide individuals with access to sound, including hearing aids, remote microphones and other listening aids used to assist individuals with hearing in challenging environments. They provide counseling on the use and care of hearing devices as well as on-going support and programming. Hearing Aid Dispensers primarily work in professional retail settings. Under specified circumstances, Hearing Aid Dispensers may work with individuals younger than the age of sixteen (e.g., replacing a hearing aid).

To ensure ongoing consumer protection, the Board enforces standards of professional conduct by investigating applicant backgrounds, investigating complaints against licensed and unlicensed practitioners, and taking disciplinary action whenever appropriate.

As of July 1, 2025, the Board's licensing population is over 44,800 individuals and entities. According to the Occupational Outlook Handbook published by the U.S. Department of Labor's Bureau of Labor Statistics, the Speech-Language Pathologist profession is expected to grow by 15 percent, the Audiologist profession by nine (9) percent, and the Hearing Aid Dispenser profession by 18 percent in the United States from 2024-2034.

The growth rates for California have been higher than the U.S. rate in the past and are expected to continue to increase. California's demand for Speech-Language Pathologists, Audiologists, and Hearing Aid Dispensers will continue to grow in the coming years due to an aging population who will experience hearing loss, as well as those who will suffer strokes and other debilitating illnesses. In addition, there is a growing need for speech-language pathology services in California schools. This consumer demand will make the role of the Board even more critical to ensure the safety and efficacy of these professions.

It is imperative that the Board balance its education, outreach, and enforcement efforts to ensure that the Board policies are current and consistent with the acceptable standard of care in each discipline.



The Board believes the level of education and experience required to secure a license assures the public that these licensees are well trained and able to deliver the appropriate level of service. At the same time, the potential for harm to consumers in these professions is significant as testing and evaluation involves the use of sound, air pressure, electricity, and other physical stimuli in the ear and to the head. Speech-language pathology patients are at risk of aspiration of food or liquids into their lungs when undergoing swallowing evaluations. Audiologists insert a variety of instruments into the ear canal, and there is a risk of physical harm such as punctures of the skin in the ear, ear canal, ear drum and allergic reactions by electrodes or electrode paste. Likewise, hearing aid consumers can suffer damage to their ears if dispensers are not qualified or trained properly to perform otoscopy or take ear impressions for hearing aids.

The Board is responsible for regulating the following license types and categories:

- Speech-Language Pathologist [Business and Professions Code (BPC) Section 2530.2(d)-(g)] – licensed to provide assessment and therapy for individuals who have speech, language, swallowing, and voice disorders.
- Audiologist [BPC Section 2530.2(j)-(k)] – licensed to identify hearing, auditory system, and balance disorders, and provide rehabilitative services, including hearing aids and other assistive listening devices.
- Dispensing Audiologist [BPC Section 2530.2(l)] – licensed to perform the duties of an Audiologist as described above and authorized to sell hearing aids.
- Speech-Language Pathology Assistant (SLPA) [BPC Sections 2530.2(i), 2538-2538.7] – registered paraprofessionals who complete formal education and training and serve under the direction of a licensed Speech-Language Pathologist.
- Required Professional Experience Temporary License [BPC Sections 2532.2(d), 2532.25, & 2532.7] – speech-language pathology and audiology applicants completing required professional experience to qualify for full licensure, practicing under the supervision of a licensed practitioner.
- Speech-Language Pathology Aide [BPC Section 2530.2(h)] – support personnel approved to work directly under the supervision of a Speech-Language Pathologist. No requirement for formal education and training, but on-the-job training must be provided.
- Audiology Aide [BPC Section 2530.2(m)] – support personnel approved to work under the supervision of a licensed Audiologist. No requirement for formal education and training, but on-the-job training must be provided.
- Speech-Language Pathology or Audiology Temporary License [BPC Section 2532.3] – Speech-Language Pathologist or Audiologist, licensed in another state, who qualifies for a six-month license while seeking permanent licensure.
- Hearing Aid Dispenser [BPC Section 2538.11] – licensed to fit and sell hearing aids, take ear mold impressions, postfitting procedures, and directly observe the ear and test hearing in connection with the fitting and selling hearing aids.

- Hearing Aid Dispenser Temporary License [BPC Section 2538.27] – Hearing Aid Dispenser, licensed in another state, who qualifies for a 12-month temporary license while seeking permanent licensure.
- Hearing Aid Dispenser Trainee License [BPC Section 2538.28] – allows a Hearing Aid Dispenser trainee applicant to work under the supervision of a licensed Hearing Aid Dispenser for up to 18 months.
- Branch License [BPC Section 2538.34] – licenses issued to Hearing Aid Dispensers authorizing the dispenser to work at additional branch locations.

The Board is also responsible for the approval of the following:

- SLPA Training Program [BPC Section 2538.1] – Board-approved training/educational programs.
- Continuing Professional Development (CPD) Providers [BPC Section 2532.6] – entities that offer CPD courses required for license renewal of speech-language pathology and audiology licensees.
- Continuing Education Courses (CE) [BPC Section 2538.18] – CE courses offered to Hearing Aid Dispensers required for license renewal.

#### *History of the Hearing Aid Dispensers Examining Committee*

In 1970, legislation was passed (Chapter 1514, Statutes of 1970) that added Section 651.4 to Division 2 of the BPC to establish the Hearing Aid Dispensers Examining Committee (HADEC), under the jurisdiction of the Medical Board of California (MBC). The intent of the HADEC was to prepare, grade, and conduct examinations of applicants for a Hearing Aid Dispenser's license. The MBC was responsible for the HADEC's enforcement program including any disciplinary actions.

In 1988, legislation was passed (SB 225, Chapter 1162, Statutes of 1988), which transferred authority from the MBC to the HADEC, to administer the enforcement program. The legislation also allowed Hearing Aid Dispensers to use fictitious names for fitting and selling hearing aids but prohibited licensees from owning or having interest in a hearing aid dispensing business if their license had been suspended or revoked.

In 1996, SB 1592 (Chapter 441, Statutes of 1996) provided HADEC the authority to adopt, amend or repeal regulations related to the practice of fitting or selling hearing aid devices.

During the 1997-98 legislative session, the HADEC and the Speech-Language Pathology and Audiology Board (SLPAB) were reviewed by the Joint Legislative Sunset Review Committee (Joint Committee). The Joint Committee raised the issue of merging the two programs but voted against the idea. Two bills were introduced in 1998 (SB 1982 and AB 2658) which would have extended the regulation of Hearing Aid Dispensers. One proposal merged the HADEC with the SLPAB, while the other extended the sunset date of the Committee. Both bills failed and the HADEC was sunset.

In 1999, the Department of Consumer Affairs (DCA) assumed responsibility for regulating hearing aid dispensing.

In 2000, legislation was chaptered creating the Hearing Aid Dispensers Bureau within DCA and converted the former Commission to an Advisory Committee made up of professional members to provide input and recommendations regarding policy and regulatory issues to the DCA Director.

### *History of the Speech-Language Pathology and Audiology Board (SLPAB)*

The SLPAB (formerly a Committee) was created in 1973 and enacted in 1974 under the jurisdiction of the MBC (Chapter 5.3, Statutes of 1974, BPC Section 2530 et seq.). As recently as 2010, the Board regulated the speech-language pathology and audiology professions, which are two separate professions, each with individual scopes of practice, entry-level requirements, and descriptive titles.

On July 1, 1999, the SLPAB was sunset and became a program under DCA due to the failure of Senate Bill (SB) 1982 (merger bill referenced above). Subsequently, Assembly Bill (AB) 124, introduced in the 1998-99 legislative session, passed, and restored the SLPAB as a Board effective January 1, 2000.

### *Merger of the Hearing Aid Dispensers Bureau and the Speech-Language Pathology and Audiology Board*

On October 11, 2009, Governor Schwarzenegger signed Assembly Bill 1535 which merged the Hearing Aid Dispensers Bureau into the Speech-Language Pathology and Audiology Board to create the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) (BPC Section 2531), effective January 1, 2010.

## **1. Describe the makeup and functions of each of the board's committees (cf., Section 12, Attachment B).**

To balance the professional expertise and public input on the Board, the governance structure of the Board consists of two Speech-Language Pathologists; two Audiologists, one of whom must be a Dispensing Audiologist; two Hearing Aid Dispensers; and three public members, one of which who must be a licensed, Board-certified physician and surgeon in otolaryngology. Each of these members (except two public members) are appointed by the Governor. One public member is appointed by the Senate Rules Committee and one by the Speaker of the Assembly.

The Board has four standing committees that address issues and changes in the respective practices of speech-language pathology, audiology, and hearing aid dispensing. The members of these committees are appointed by the Board Chair, and the structure of these committees is at the Board Chair's discretion.

Two distinct standing committees for hearing aid dispensing exist: Hearing Aid Dispensing Committee and Hearing Aid Dispensers Practice Committee. The Hearing Aid Dispensing Committee was previously statutorily mandated but repealed by AB 2686 (Chapter 415, Statutes of 2022) due to issues with quorum. The Board continues to task this committee with reviewing and researching the practice of fitting or selling hearing aids and advises the board about this practice based on that review and research but with a membership that allows for quorum on a regular basis. The Hearing Aid Dispensers Practice Committee is tasked to address issues and changes impacting only licensed Hearing Aid Dispensers and not Dispensing Audiologists.

The Board also has three ad hoc committees consisting of two members for the purpose of working with staff to research and gather information on Board issues related to enforcement, legislation, and Sunset Review. Due to the Board's limited resources, these informal meetings are a cost-efficient means of gathering information for discussion by the full Board, which enhances the process of the Board's public meetings and addresses the needs of the professions and consumers in California. If the Board requires additional information, it invites interested parties to either a Board or committee meeting to provide the needed input and information.

The Board's current committees and their membership are provided below:

Board Committee Membership and Structure		
Audiology Practice Committee (Standing)		
Description: Addresses changes in practice patterns and recommends position statements and/or scope of practice amendments for consideration.		
Member Name	Position	Member Type
Amy White	Chair	DAU Member
Charles Sanders	Member	DAU Member
Tamara Chambers	Member	ORL/Public Member
Karen Chang	Member	Public Member
Hearing Aid Dispensers Practice Committee (Standing)		
Description: Addresses changes in practice patterns and recommends position statements and/or scope of practice amendments for consideration.		
Member Name	Position	Member Type
Tod Borges	Chair	HAD Member
VACANT	Member	HAD Member
Karen Chang	Member	Public Member
Speech-Language Pathology Practice Committee (Standing)		
Description: Addresses changes in practice patterns and recommends position statements and/or scope of practice amendments for consideration.		
Member Name	Position	Member Type
Gilda Dominguez	Chair	SLP Member
Francis David	Member	SLP Member
Tamara Chambers	Member	ORL/Public Member
Hearing Aid Dispensing Committee (Standing)		
Description: Provides policy and regulatory guidance with respect to HAD practices and recommends scope of practice amendments for consideration.		
Member Name	Position	Member Type
Tod Borges	Chair	HAD Member
VACANT	Member	HAD Member
Charles Sanders	Member	DAU Member
Amy White	Member	DAU Member
Tamara Chambers	Member	ORL/Public Member



Board Committee Membership and Structure		
Enforcement Committee (Ad Hoc)		
Description: 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.		
Member Name	Position	Member Type
Gilda Dominguez	Chair	SLP Member
Tod Borges	Member	HAD Member
Legislative Committee (Ad Hoc)		
Description: Review and recommend to the Board proposed positions on legislation impacting the Board, its licensees, and the Board's Practice Act		
Member Name	Position	Member Type
Karen Chang	Chair	Public Member
Gilda Dominguez	Member	DAU Member
Sunset Review Committee (Ad Hoc)		
Description: Develop for the Board's review, the Board's Sunset Review Report to the California Legislature		
Member Name	Position	Member Type
Gilda Dominguez	Chair	SLP Member
Amy White	Member	DAU Member
DAU: Dispensing Audiologist      ORL: Otolaryngology HAD: Hearing Aid Dispenser      SLP: Speech-Language Pathologist		

Below are tables of Board Member attendance from January 2022 through December 2025. For a detailed list of Board membership, please refer to the table after the tables of Board Member attendance.

Table 1a. Attendance			
Tod Borges, HAD Member			
Date Appointed: 12/04/2019; Date Re-Appointed: 11/24/2023			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	January 13, 2022	Teleconference	Yes
Board Meeting	February 25, 2022	Teleconference	Yes
Board Meeting	May 12–13, 2022	Sacramento, Glendora, and Teleconference	Yes
Hearing Aid Dispensing Committee	May 12–13, 2022	Sacramento, Glendora, and Teleconference	Yes
Board Meeting	August 11-12, 2022	Teleconference	Yes
Hearing Aid Dispensing	August 11-12, 2022	Teleconference	Yes
Board Meeting	October 27–28, 2022	Teleconference	Yes
Hearing Aid Dispensing Committee	October 27–28, 2022	Teleconference	Yes
Board Meeting	December 13, 2022	Teleconference	Yes
Board Meeting	February 24, 2023	Teleconference	Yes
Hearing Aid Dispensing Committee	February 24, 2023	Teleconference	Yes
Board Meeting	April 27, 2023	Teleconference	Yes

Table 1a. Attendance			
Tod Borges, HAD Member			
Date Appointed: 12/04/2019; Date Re-Appointed: 11/24/2023			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	August 25, 2023	Teleconference: Sacramento, Glendora, Daly City, Simi Valley, and Stanford	No
Board Meeting	November 30 – December 1, 2023	Sacramento and Teleconference	Yes
Hearing Aid Dispensing Committee	November 30 – December 1, 2023	Sacramento and Teleconference	Yes
Board Meeting	February 2, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark	Yes
Public Hearing	March 1, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark, Stanford	Yes
Board Meeting	March 1, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark, Stanford	Yes
Board Meeting	June 12, 2024	Sacramento and Teleconference	Yes
Board Meeting	July 18, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark, French Camp	Yes
Board Meeting	September 5 – 6, 2024	Walnut	Yes
Board Meeting	November 1, 2024	Teleconference: Sacramento, Glendora, Lodi, City of Industry, Los Angeles, French Camp	Yes
Board Meeting	December 5 – 6, 2024	Sacramento and Teleconference	Yes
Hearing Aid Dispensing Committee	December 5 – 6, 2024	Sacramento and Teleconference	Yes
Board Meeting	February 21, 2025	Sacramento and Teleconference	Yes
Hearing Aid Dispensing Committee	May 15, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Board Meeting	May 16, 2025	Teleconference, Sacramento, Glendora,	Yes
Hearing Aid Dispensing Committee	August 21, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Board Meeting	August 22, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Hearing Aid Dispensing Committee	December 4 - 5, 2025	Cerritos Community College	Yes
Board Meeting	December 4 – 5, 2025	Cerritos Community College	Yes

Table 1a. Attendance			
Tamara Chambers, Otolaryngologist/Public Member			
Date Appointed: 8/16/2024			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	September 5 – 6, 2024	Walnut	Yes
Audiology Practice Committee	September 5 – 6, 2024	Walnut	Yes

Table 1a. Attendance			
Tamara Chambers, Otolaryngologist/Public Member			
Date Appointed: 8/16/2024			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	November 1, 2024	Teleconference: Sacramento, Glendora, Lodi, City of Industry, Los Angeles, French Camp	Yes
Board Meeting	December 5 – 6, 2024	Sacramento and Teleconference	Yes
Hearing Aid Dispensing Committee	December 5 – 6, 2024	Sacramento and Teleconference	Yes
Audiology Practice Committee	December 5 – 6, 2024	Sacramento and Teleconference	Yes
Speech-Language Pathology Practice Committee	December 5 – 6, 2024	Sacramento and Teleconference	Yes
Board Meeting	February 21, 2025	Sacramento and Teleconference	Yes
Hearing Aid Dispensing Committee	May 15, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Audiology Practice Committee	May 15, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Speech-Language Pathology Practice Committee	May 15, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Board Meeting	May 16, 2025	Teleconference, Sacramento, Glendora,	Yes
Speech-Language Pathology Practice Committee	August 21, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Hearing Aid Dispensing Committee	August 21, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Audiology Practice Committee	August 21, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Board Meeting	August 22, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Speech-Language Pathology Practice Committee	December 4 – 5, 2025	Cerritos Community College	Yes
Hearing Aid Dispensing Committee	December 4 – 5, 2025	Cerritos Community College	Yes
Audiology Practice Committee	December 4 – 5, 2025	Cerritos Community College	Yes
Board Meeting	December 4 – 5, 2025	Cerritos Community College	Yes

Table 1a. Attendance			
Karen Chang, Public Member			
Date Appointed: 12/6/2017; Date Re-Appointed: 10/21/2022			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	January 13, 2022	Teleconference	Yes
Board Meeting	February 25, 2022	Teleconference	Yes
Board Meeting	May 12–13, 2022	Sacramento, Glendora, and Teleconference	Yes
Hearing Aid Dispensing Committee	May 12–13, 2022	Sacramento, Glendora, and Teleconference	Yes
Audiology Practice Committee	May 12–13, 2022	Sacramento, Glendora, and Teleconference	Yes
Board Meeting	August 11-12, 2022	Teleconference	Yes

<b>Table 1a. Attendance</b>			
Karen Chang, Public Member			
Date Appointed: 12/6/2017; Date Re-Appointed: 10/21/2022			
<b>Meeting Type</b>	<b>Meeting Date</b>	<b>Meeting Location</b>	<b>Attended?</b>
Audiology Practice Committee	August 11-12, 2022	Teleconference	Yes
Hearing Aid Dispensing	August 11-12, 2022	Teleconference	Yes
Board Meeting	October 27-28, 2022	Teleconference	Yes
Audiology Practice Committee	October 27-28, 2022	Teleconference	Yes
Hearing Aid Dispensing Committee	October 27-28, 2022	Teleconference	Yes
Board Meeting	December 13, 2022	Teleconference	No
Board Meeting	February 24, 2023	Teleconference	Yes
Audiology Practice Committee	February 24, 2023	Teleconference	Yes
Board Meeting	April 27, 2023	Teleconference	Yes
Board Meeting	August 25, 2023	Teleconference: Sacramento, Glendora, Daly City, Simi Valley, and Stanford	Yes
Audiology Practice Committee	August 25, 2023	Teleconference: Sacramento, Glendora, Daly City, Simi Valley, and Stanford	Yes
Board Meeting	November 30 – December 1, 2023	Sacramento and Teleconference	Yes
Audiology Practice Committee	November 30 – December 1, 2023	Sacramento and Teleconference	Yes
Board Meeting	February 2, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark	Yes
Public Hearing	March 1, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark, Stanford	Yes
Board Meeting	March 1, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark, Stanford	Yes
Board Meeting	June 12, 2024	Sacramento and Teleconference	No
Board Meeting	July 18, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark, French Camp	Yes
Board Meeting	September 5 – 6, 2024	Walnut	Yes
Audiology Practice Committee	September 5 – 6, 2024	Walnut	Yes
Board Meeting	November 1, 2024	Teleconference: Sacramento, Glendora, Lodi, City of Industry, Los Angeles, French Camp	Yes
Board Meeting	December 5 – 6, 2024	Sacramento and Teleconference	Yes
Audiology Practice Committee	December 5 – 6, 2024	Sacramento and Teleconference	Yes
Board Meeting	February 21, 2025	Sacramento and Teleconference	Yes
Audiology Practice Committee	May 15, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Board Meeting	May 16, 2025	Teleconference, Sacramento, Glendora,	No
Audiology Practice Committee	August 21, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes



Table 1a. Attendance			
Karen Chang, Public Member			
Date Appointed: 12/6/2017; Date Re-Appointed: 10/21/2022			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	August 22, 2025	Teleconference: Sacramento, Glendora, City of Industry	No
Audiology Practice Committee	December 4 – 5, 2025	Cerritos Community College	Yes
Board Meeting	December 4 – 5, 2025	Cerritos Community College	Yes

Table 1a. Attendance			
John Dandurand, HAD Member			
Date Appointed: 8/02/2023			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	August 25, 2023	Teleconference: Sacramento, Glendora, Daly City, Simi Valley, and Stanford	Yes
Board Meeting	December 1, 2023	Sacramento and Teleconference	Yes
Hearing Aid Dispensing Committee	November 30 – December 1, 2023	Sacramento and Teleconference	Yes
Board Meeting	February 2, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark	Yes
Public Hearing	March 1, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark, Stanford	Yes
Board Meeting	March 1, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark, Stanford	Yes
Board Meeting	June 12, 2024	Sacramento and Teleconference	Yes
Board Meeting	July 18, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark, French Camp	Yes
Board Meeting	September 5 – 6, 2024	Walnut	Yes
Board Meeting	November 1, 2024	Teleconference: Sacramento, Glendora, Lodi, City of Industry, Los Angeles, French Camp	No
Board Meeting	December 5 – 6, 2024	Sacramento and Teleconference	Yes
Hearing Aid Dispensing Committee	December 5 – 6, 2024	Sacramento and Teleconference	Yes

Table 1a. Attendance			
Francis David, SLP Member			
Date Appointed: 8/15/2025			
Meeting Type	Meeting Date	Meeting Location	Attended?
Speech-Language Pathology Practice Committee	August 21, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Board Meeting	August 22, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes

Table 1a. Attendance			
Francis David, SLP Member			
Date Appointed: 8/15/2025			
Meeting Type	Meeting Date	Meeting Location	Attended?
Speech-Language Pathology Practice Committee	December 4 – 5, 2025	Cerritos Community College	Yes
Board Meeting	December 4 – 5, 2025	Cerritos Community College	Yes

Table 1a. Attendance			
Gilda Dominguez, SLP Member			
Date Appointed: 5/21/2021			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	January 13, 2022	Teleconference	Yes
Board Meeting	February 25, 2022	Teleconference	Yes
Board Meeting	May 12–13, 2022	Sacramento, Glendora, and Teleconference	Yes
Board Meeting	August 11–12, 2022	Teleconference	Yes
Board Meeting	October 27–28, 2022	Teleconference	Yes
Board Meeting	December 13, 2022	Teleconference	Yes
Board Meeting	February 24, 2023	Teleconference	Yes
Board Meeting	April 27, 2023	Teleconference	Yes
Board Meeting	August 25, 2023	Teleconference: Sacramento, Glendora, Daly City, Simi Valley, and Stanford	Yes
Board Meeting	November 30 – December 1, 2023	Sacramento and Teleconference	Yes
Speech-Language Pathology Practice Committee	November 30 – December 1, 2023	Sacramento and Teleconference	Yes
Board Meeting	February 2, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark	Yes
Public Hearing	March 1, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark, Stanford	Yes
Board Meeting	March 1, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark, Stanford	Yes
Board Meeting	June 12, 2024	Sacramento and Teleconference	Yes
Board Meeting	July 18, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark, French Camp	Yes
Board Meeting	September 5 – 6, 2024	Walnut	Yes
Board Meeting	November 1, 2024	Teleconference: Sacramento, Glendora, Lodi, City of Industry, Los Angeles, French Camp	Yes
Board Meeting	December 5 – 6, 2024	Sacramento and Teleconference	Yes
Speech-Language Pathology Practice Committee	December 5 – 6, 2024	Sacramento and Teleconference	Yes

Table 1a. Attendance			
Gilda Dominguez, SLP Member			
Date Appointed: 5/21/2021			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	February 21, 2025	Sacramento and Teleconference	Yes
Speech-Language Pathology Practice Committee	May 15, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Board Meeting	May 16, 2025	Teleconference, Sacramento, Glendora,	Yes
Speech-Language Pathology Practice Committee	August 21, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Board Meeting	August 22, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Speech-Language Pathology Practice Committee	December 4 – 5, 2025	Cerritos Community College	Yes
Board Meeting	December 4 – 5, 2025	Cerritos Community College	Yes

Table 1a. Attendance			
Holly Kaiser, SLP Member			
Date Appointed: 5/14/2020			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	January 13, 2022	Teleconference	Yes
Board Meeting	February 25, 2022	Teleconference	Yes
Board Meeting	May 12–13, 2022	Sacramento, Glendora, and Teleconference	Yes
Board Meeting	August 11-12, 2022	Teleconference	Yes
Board Meeting	October 27–28, 2022	Teleconference	Yes
Board Meeting	December 13, 2022	Teleconference	Yes
Board Meeting	February 24, 2023	Teleconference	Yes
Board Meeting	April 27, 2023	Teleconference	Yes
Board Meeting	August 25, 2023	Teleconference: Sacramento, Glendora, Daly City, Simi Valley, and Stanford	No
Board Meeting	November 30 – December 1, 2023	Sacramento and Teleconference	Yes
Speech-Language Pathology Practice Committee	November 30 – December 1, 2023	Sacramento and Teleconference	Yes

Table 1a. Attendance			
Marcia Raggio, DAU Member			
Date Appointed: 12/17/2012 Date Re-Appointed: 11/14/2019			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	January 13, 2022	Teleconference	Yes
Board Meeting	February 25, 2022	Teleconference	Yes

Table 1a. Attendance			
Marcia Raggio, DAU Member			
Date Appointed: 12/17/2012 Date Re-Appointed: 11/14/2019			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	May 12–13, 2022	Sacramento, Glendora, and Teleconference	Yes
Hearing Aid Dispensing Committee	May 12–13, 2022	Sacramento, Glendora, and Teleconference	Yes
Audiology Practice Committee	May 12–13, 2022	Sacramento, Glendora, and Teleconference	Yes
Board Meeting	August 11-12, 2022	Teleconference	Yes
Audiology Practice Committee	August 11-12, 2022	Teleconference	Yes
Hearing Aid Dispensing	August 11-12, 2022	Teleconference	Yes
Board Meeting	October 27–28, 2022	Teleconference	Yes
Audiology Practice Committee	October 27–28, 2022	Teleconference	Yes
Hearing Aid Dispensing Committee	October 27–28, 2022	Teleconference	Yes
Board Meeting	December 13, 2022	Teleconference	Yes
Board Meeting	February 24, 2023	Teleconference	Yes
Audiology Practice Committee	February 24, 2023	Teleconference	Yes
Hearing Aid Dispensing Committee	February 24, 2023	Teleconference	Yes
Board Meeting	April 27, 2023	Teleconference	Yes
Board Meeting	August 25, 2023	Teleconference: Sacramento, Glendora, Daly City, Simi Valley, and Stanford	Yes
Audiology Practice Committee	August 25, 2023	Teleconference: Sacramento, Glendora, Daly City, Simi Valley, and Stanford	Yes

Table 1a. Attendance			
Charles Sanders, DAU Member			
Date Appointed: 11/20/2023			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	November 30 – December 1, 2023	Sacramento and Teleconference	Yes
Audiology Practice Committee	November 30 – December 1, 2023	Sacramento and Teleconference	Yes
Hearing Aid Dispensing Committee	November 30 – December 1, 2023	Sacramento and Teleconference	Yes
Board Meeting	February 2, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark	Yes
Public Hearing	March 1, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark, Stanford	Yes
Board Meeting	March 1, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark, Stanford	Yes
Board Meeting	June 12, 2024	Sacramento and Teleconference	Yes



Table 1a. Attendance			
Charles Sanders, DAU Member			
Date Appointed: 11/20/2023			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	July 18, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark, French Camp	Yes
Board Meeting	September 5 – 6, 2024	Walnut	Yes
Audiology Practice Committee	September 5 – 6, 2024	Walnut	Yes
Board Meeting	November 1, 2024	Teleconference: Sacramento, Glendora, Lodi, City of Industry, Los Angeles, French Camp	Yes
Board Meeting	December 5 – 6, 2024	Sacramento and Teleconference	Yes
Hearing Aid Dispensing Committee	December 5 – 6, 2024	Sacramento and Teleconference	Yes
Audiology Practice Committee	December 5 – 6, 2024	Sacramento and Teleconference	Yes
Board Meeting	February 21, 2025	Sacramento and Teleconference	Yes
Hearing Aid Dispensing Committee	May 15, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Audiology Practice Committee	May 15, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Board Meeting	May 16, 2025	Teleconference, Sacramento, Glendora,	Yes
Hearing Aid Dispensing Committee	August 21, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Audiology Practice Committee	August 21, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Board Meeting	August 22, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Hearing Aid Dispensing Committee	December 4 – 5, 2025	Cerritos Community College	Yes
Audiology Practice Committee	December 4 – 5, 2025	Cerritos Community College	Yes
Board Meeting	December 4 – 5, 2025	Cerritos Community College	Yes

Table 1a. Attendance			
Deborah “Debbie” Snow, Public Member			
Date Appointed: 11/30/2013 Date Re-Appointed: 12/06/2017			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	January 13, 2022	Teleconference	Yes
Board Meeting	February 25, 2022	Teleconference	Yes
Board Meeting	May 12–13, 2022	Sacramento, Glendora, and Teleconference	Yes
Board Meeting	August 11-12, 2022	Teleconference	Yes
Board Meeting	October 27–28, 2022	Teleconference	Yes

Table 1a. Attendance			
Tulio Valdez, Otolaryngologist/Public Member			
Date Appointed: 1/12/2022			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	February 25, 2022	Teleconference	Yes
Board Meeting	May 12–13, 2022	Sacramento, Glendora, and Teleconference	No
Hearing Aid Dispensing Committee	May 12–13, 2022	Sacramento, Glendora, and Teleconference	No
Audiology Practice Committee	May 12–13, 2022	Sacramento, Glendora, and Teleconference	No
Board Meeting	August 11-12, 2022	Teleconference	No
Audiology Practice Committee	August 11-12, 2022	Teleconference	Yes
Hearing Aid Dispensing	August 11-12, 2022	Teleconference	Yes
Board Meeting	October 27–28, 2022	Teleconference	Yes
Audiology Practice Committee	October 27–28, 2022	Teleconference	Yes
Hearing Aid Dispensing Committee	October 27–28, 2022	Teleconference	Yes
Board Meeting	December 13, 2022	Teleconference	Yes
Board Meeting	February 24, 2023	Teleconference	Yes
Audiology Practice Committee	February 24, 2023	Teleconference	Yes
Hearing Aid Dispensing Committee	February 24, 2023	Teleconference	Yes
Board Meeting	April 27, 2023	Teleconference	No
Board Meeting	August 25, 2023	Teleconference: Sacramento, Glendora, Daly City, Simi Valley, and Stanford	Yes
Audiology Practice Committee	August 25, 2023	Teleconference: Sacramento, Glendora, Daly City, Simi Valley, and Stanford	Yes
Board Meeting	November 30 – December 1, 2023	Sacramento and Teleconference	No
Audiology Practice Committee	November 30 – December 1, 2023	Sacramento and Teleconference	No
Hearing Aid Dispensing Committee	November 30 – December 1, 2023	Sacramento and Teleconference	No
Board Meeting	February 2, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark	No
Public Hearing	March 1, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark, Stanford	No
Board Meeting	March 1, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark, Stanford	No

Table 1a. Attendance			
Amy White, DAU Member			
Date Appointed: 1/07/2022			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	January 13, 2022	Teleconference	Yes
Board Meeting	February 25, 2022	Teleconference	Yes
Board Meeting	May 12–13, 2022	Sacramento, Glendora, and Teleconference	Yes
Hearing Aid Dispensing Committee	May 12–13, 2022	Sacramento, Glendora, and Teleconference	Yes
Audiology Practice Committee	May 12–13, 2022	Sacramento, Glendora, and Teleconference	Yes
Board Meeting	August 11-12, 2022	Teleconference	Yes
Audiology Practice Committee	August 11-12, 2022	Teleconference	Yes
Hearing Aid Dispensing	August 11-12, 2022	Teleconference	Yes
Board Meeting	October 27–28, 2022	Teleconference	Yes
Audiology Practice Committee	October 27–28, 2022	Teleconference	Yes
Hearing Aid Dispensing Committee	October 27–28, 2022	Teleconference	Yes
Board Meeting	December 13, 2022	Teleconference	Yes
Board Meeting	February 24, 2023	Teleconference	Yes
Audiology Practice Committee	February 24, 2023	Teleconference	Yes
Hearing Aid Dispensing Committee	February 24, 2023	Teleconference	Yes
Board Meeting	April 27, 2023	Teleconference	Yes
Board Meeting	August 25, 2023	Teleconference: Sacramento, Glendora, Daly City, Simi Valley, and Stanford	Yes
Audiology Practice Committee	August 25, 2023	Teleconference: Sacramento, Glendora, Daly City, Simi Valley, and Stanford	Yes
Board Meeting	November 30 – December 1, 2023	Sacramento and Teleconference	Yes
Audiology Practice Committee	November 30 – December 1, 2023	Sacramento and Teleconference	Yes
Hearing Aid Dispensing Committee	November 30 – December 1, 2023	Sacramento and Teleconference	Yes
Board Meeting	February 2, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark	No
Public Hearing	March 1, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark, Stanford	Yes
Board Meeting	March 1, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark, Stanford	Yes
Board Meeting	June 12, 2024	Sacramento and Teleconference	Yes
Board Meeting	July 18, 2024	Teleconference: Sacramento, Glendora, Lodi, Moorpark, French Camp	Yes
Board Meeting	September 5 – 6, 2024	Walnut	Yes
Audiology Practice Committee	September 5 – 6, 2024	Walnut	Yes

Table 1a. Attendance			
Amy White, DAU Member			
Date Appointed: 1/07/2022			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	November 1, 2024	Teleconference: Sacramento, Glendora, Lodi, City of Industry, Los Angeles, French Camp	Yes
Board Meeting	December 5 – 6, 2024	Sacramento and Teleconference	Yes
Hearing Aid Dispensing Committee	December 5 – 6, 2024	Sacramento and Teleconference	Yes
Audiology Practice Committee	December 5 – 6, 2024	Sacramento and Teleconference	Yes
Board Meeting	February 21, 2025	Sacramento and Teleconference	Yes
Hearing Aid Dispensing Committee	May 15, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Audiology Practice Committee	May 15, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Board Meeting	May 16, 2025	Teleconference, Sacramento, Glendora,	Yes
Hearing Aid Dispensing Committee	August 21, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Audiology Practice Committee	August 21, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Board Meeting	August 22, 2025	Teleconference: Sacramento, Glendora, City of Industry	Yes
Hearing Aid Dispensing Committee	December 4 – 5, 2025	Cerritos Community College	Yes
Audiology Practice Committee	December 4 – 5, 2025	Cerritos Community College	Yes
Board Meeting	December 4 – 5, 2025	Cerritos Community College	Yes

Below is the Board Member roster as of December 2025. For a detailed list of attendance at Board and Committee meetings, please refer to the tables above.

Table 1b. Board Member Roster					
Member Name	Date First Appointed	Date Reappointed	Date Term Expires	Appointing Authority	Type
Karen Chang, Public Member	12/6/17	10/21/22	11/30/25	Assembly	Public
Tod Borges, Hearing Aid Dispenser	12/04/19	11/24/23	1/1/28	Governor	Professional
Gilda Dominguez, Speech-Language Pathologist	5/10/21	N/A	1/1/26	Governor	Professional
Amy White, Dispensing Audiologist	1/7/22	N/A	1/1/26	Governor	Professional
Charles Sanders, Dispensing Audiologist	11/20/23	N/A	1/1/28	Governor	Professional
Tamara Chambers, Otolaryngologist, Public Member	8/16/24	N/A	1/1/29	Governor	Public
Francis David, Speech-Language Pathologist	8/15/25	N/A	1/1/29	Governor	Professional



**Table 1b. Board Member Roster**

Member Name	Date First Appointed	Date Reappointed	Date Term Expires	Appointing Authority	Type
VACANT, Hearing Aid Dispenser	N/A	N/A	N/A	Governor	Professional
VACANT, Public Member	N/A	N/A	N/A	Senate	Public

*Note: All "Appointment Dates" are when the Member signed their Oath of Office, and "Expiration Dates" include the one-year grace period unless their replacement was appointed prior to that date or the member resigned.*

**2. In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?**

The Board has not experienced a lack of a quorum within the past four years.

**3. Describe any major changes to the board since the last sunset review, including, but not limited to:**

- Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning).**

In December of 2023, the Board elected a new Board Chair, Gilda Dominguez, M.S., CCC–SLP, Speech-Language Pathologist, and new Board Vice Chair, Amy E. White, Au.D., Dispensing Audiologist.

In November of 2024, the Board appointed Cherise Burns as the Interim Executive Officer while working to fill the vacancy created when Executive Officer Paul Sanchez accepted a position within another state agency in October of 2024. During this leadership transition, Board leadership focused on maintaining core functions and services of the Board.

In December of 2024, the Board adopted its Strategic Plan for 2025-2028 (see Section 11, Attachment E). The plan was developed through the Board's collaboration with its stakeholders and strongly emphasizes consumer protection around five goal areas with objectives focused on improving services to consumers and licensees, increasing outreach to stakeholders, and enhancing the Board's enforcement program. Through interviews and surveys of its stakeholders, the Board identified challenges and opportunities in moving forward to build a foundation for the protection of, service to, and excellence in care of consumers with communication and hearing disorders.

In February of 2025, the Board appointed Cherise Burns as the new Executive Officer. During the leadership transition, Board leadership focused on filling the vacancy of the Assistant Executive Officer.

In August of 2025, the Board hired a new Assistant Executive Officer, Michael Magat. During the transition, Board leadership focused on retaining institutional knowledge, transferring managerial and supervisory responsibilities, and understanding of the Board's workload and process improvements underway.

- All legislation sponsored by the board and affecting the board since the last sunset review.

Legislation Sponsored by or Affecting the Board				
Legislative Session	Bill Number	Code Sections	Amendment	Operative Date
2021-2022	AB 107 (Salas)	BPC 115.6, 115.8, and 115.9	Requires the Board to issue a nonrenewable, 12-month temporary license to military spouses or domestic partners who 1) holds a current, active and unrestricted audiology license in another state, 2) is married to or in a domestic partnership with an active duty member of the military, and 3) where that active duty military member is currently stationed in California; Requires the license to expires 12 months after issuance, upon issuance of a permanent license, or upon denial of an application for permanent licensure; requires the Board to issue the temporary license 30 days after receipt of all necessary documentation and clearance of the applicants Department of Justice and Federal Bureau of Investigation background check; and requires the Board to publish information of all licensing options available to military spouses on the Board's website.	July 1, 2023
2021-2022	AB 2686 (Berman)	BPC sections 2530.2, 2530.5, 2530.6, 2530.7, 2531, 2531.05, 2531.1, 2531.75, 2532.25, 2532.8, 2533, 2533.1, 2533.4, 2533.6, 2534.2, 2538.3, and 2539.1	Extends the Board's sunset date until January 1, 2027; requires licensees to provide the Board with their email address; creates a renewal requirement for Audiology and Speech-Language Pathology Aide (Aide) registrations to be renewed every two years; removes the statutory requirement and membership for the Hearing Aid Dispensing Committee; expands the reasons for which the Board is authorized to take disciplinary action; revises the process for licensees seeking to petition the Board for reinstatement or modification of penalty, including specifying a minimum period of time before the licensee can petition the Board again; and changes the licensing requirements for Audiologists by clarifying that the required clinical practice must be under the direction of an audiology doctoral program and removing the requirement that the required professional experience must follow the completion of the didactic and clinical rotation requirements.	January 1, 2023

Legislation Sponsored by or Affecting the Board				
Legislative Session	Bill Number	Code Sections	Amendment	Operative Date
2021-2022	SB 1237 (Newman)	BPC section 114.3	Expands the requirement that boards waive renewal fees and continuing education requirements to include individuals on duty in the California National Guard or on active duty in the United States Armed Forces.	January 1, 2023
2021-2022	*SB 1453 (Ochoa Bogh)	BPC section 2530.2	Requires 10 supervised flexible fiber optic transnasal endoscopic procedure from a physician who performs nasal endoscopy as part of their practice and 15 supervised by a physician who performs nasal endoscopy as part of their practice or speech-language pathologist who has been verified by from an Otolaryngologist that they performed the minimum of 25 procedures and are competent to perform the procedure; requires the procedure to be performed upon the orders of a licensed physician and on patients without contraindications that would prevent the procedure from being performed safely; and requires the procedure to be performed in primary care and specialty clinics, county medical facilities, hospitals and skilled nursing facilities, hospice facilities, and medical group practices, without the presence of a physician, as long as the facility has emergency medical backup procedures, including a physician or other appropriate medical professional being readily available.	January 1, 2023
2023-2024	AB 883 (Mathis)	BPC section 115.4	Additionally requires the Board to expedite the licensure process for an applicant who supplies evidence to the Board that the applicant is an active duty member of a regular component of the Armed Forces of the United States enrolled in the United States Department of Defense SkillBridge program, and permit the Board to assist the applicant in the initial licensure process starting July 1, 2024.	July 1, 2024

Legislation Sponsored by or Affecting the Board				
Legislative Session	Bill Number	Code Sections	Amendment	Operative Date
2023-2024	SB 372 (Menjivar)	BPC section 27.5	Requires the Board to update a licensee's or registrant's license and any references to their name or gender displayed on the internet if the board receives from the licensee or registrant government-issued documentation demonstrating that their legal name or gender has been changed. The bill would require the Board to post an online statement and direct the public to contact the Board for more information if the licensee or registrant has enforcement records online referencing their former name or gender or if a search on the online license verification system is performed using a licensee's or registrant's former name.	January 1, 2024
2023-2024	SB 544 (Laird)	Government Code sections 11123.2, 11123.5, and 11124	Provides the Board an alternative set of provisions to hold meetings by teleconference.	January 1, 2024
2023-2024	*SB 612 (Ochoa Bogh)	BPC section 2530.2	Specifies that a licensed speech-language pathologist, who obtained a written verification before January 1, 2023, meets the requirements to perform a flexible fiber optic transnasal endoscopic procedure described in BPC section 2530.2(f)(1).	January 1, 2024
2023-2024	SB 887ad	BPC sections 2530.3, 2532, 2532.5, 2535.4, 2537.3, 2538.20, 2538.21, 2538.27, 2538.28, 2538.30, 2538.32, 2538.33, 2538.34, 2538.36, 2538.40, 2538.49, 2538.50, 2538.51, 2538.56, 2539.1, and 2539.6,	Replaces gendered pronouns with non-gendered pronouns	January 1, 2024

Legislation Sponsored by or Affecting the Board				
Legislative Session	Bill Number	Code Sections	Amendment	Operative Date
2023-2024	SB 1451 (Ashby)	BPC section 2054	Requires licensees who use the word "doctor" or the letters or prefix "Dr." if they have earned it to provide the exact field in which the doctoral degree was earned in any sign, business card, or letterhead, or, in an advertisement.	January 1, 2025
2023-2024	SB 1526	BPC sections 2538.3, 2538.10, 2538.25, 2538.27, and 2539.1	Clarifies the degree required for speech-language pathology assistant licensure and make grammatic correction.	January 1, 2025
2025-2026	AB 489	BPC sections 4999.8 and 4999.9	Prohibits the use of specified terms, letters, or phrases to indicate or imply possession of a license to practice a health care profession without at that time having the appropriate license required for that practice or profession by an entity who develops or deploys artificial intelligence (AI) or generative artificial intelligence (GenAI) technology that uses one or more of those terms, letters, or phrases in the advertising or functionality of AI or GenAI technology; and the use by AI or GenAI technology of a term, letter, or phrase that indicates or implies that the care, advice, reports, or assessments being offered through the AI or GenAI technology is being provided by a natural person in possession of the appropriate license to practice as a health care profession. Gives the Board the authority to pursue an injunction, restraining order, or any remedy authorized under the law to enforce these prohibitions, and allow the Board to consider each use of a prohibited term, letter, or phrases as a separate violation.	January 1, 2026
2025-2026	SB 470	Government Code sections 11123.2 and 11123.5	Extends the alternative set of provisions the Board can use to hold meetings by teleconference through January 1, 2030.	January 1, 2026
2025-2026	SB 744	BPC section 144.7	Authorizes the Board through January 1, 2030, to approve after its review any educational intuitions and programs whose accreditation is no longer recognized by the United States Department of Education on and after January 2, 2025, to retain that recognition until July 1, 2029 provided that the accrediting agency continues to operate in substantially the same manner as it did on January 1, 2025.	January 1, 2026

Legislation Sponsored by or Affecting the Board				
Legislative Session	Bill Number	Code Sections	Amendment	Operative Date
2025-2026	SB 861	BPC sections 2532.2, 2532.3, 2532.4, 2532.6, 2532.7, and 2536; Welfare and Institutions Code section 14132.55; and Education Code section 44831	Replaces gendered pronouns with non-gendered pronouns and replaces the Board's former name with its current name.	January 1, 2026
* Board Sponsored				

- All regulation changes approved by the board since the last sunset review. Include the status of each regulatory change approved by the board.

Regulation Changes Approved by the Board			
Regulation Section in Title 16	Regulation Title	Board Approval Date	Package Status
Sections 1399.112, 1399.151.2, and 1399.170.14	Fingerprints Requirements	February 13, 2009	Additional text changes approved by Board May 7, 2009, March 24-25, 2010, May 11-12, 2017, August 10-11, 2017, and May 12-13, 2022. Additional review needed.
Sections 1399.102, 399.131 1399.131.1, 1399.155 and 1399.155.1	Uniform Standards	July 26–27, 2012	Additional text changes approved by Board on February 4–5, 2016, February 9-10, 2017, and August 13, 2021. Approved by the Office of Administrative Law and filed with the Secretary of State on February 13, 2023. Became effective April 1, 2023.
Sections 1399.131 and 1399.155	Disciplinary Guidelines	July 26–27, 2012	Additional text changes approved by Board on February 4–5, 2016, February 9-10, 2017, and May 30 – June 1, 2018. The Enforcement Ad Hoc Committee reviewed the regulatory text and 2018 proposed disciplinary guidelines in 2022, 2023, 2024, and 2025. Board staff is currently developing the regulatory package.

Regulation Changes Approved by the Board			
Regulation Section in Title 16	Regulation Title	Board Approval Date	Package Status
Sections 1399.160, 1399.160.1, 1399.160.2, 1399.160.3, and 1399.160.4	Continuing Professional Development Requirements	November 6, 2015	Additional text changes approved by Board on May 12-13, 2022, August 11-12, 2022, and April 27, 2023. Approved by the Office of Administrative Law and filed with the Secretary of State on September 9, 2024. Became effective January 1, 2025.
Section 1399.127	Hearing Aid Dispenser Advertising	August 10-11, 2017	Additional text changes approved by Board on April 27, 2023. Approved by the Office of Administrative Law and filed with the Secretary of State on December 30, 2024. Became effective April 1, 2025.
Sections 1399.129 and 1399.157.1	Notice to Consumer	August 10-11, 2017	Additional text changes approved by Board on February 8-9, 2018, February 25, 2022, and October 28, 2022. Approved by the Office of Administrative Law and filed with the Secretary of State on February 6, 2023. Became effective April 1, 2023.
Section 1399.120, 1399.121, 1399.122, and 1399.152.4	Hearing Aid Dispenser Examination Process and Dispensing Audiologist Examination Requirement	October 26-27, 2017	Additional text changes approved by Board on November 29-30, 2018, May 12-13, 2022, and December 1, 2023. Additional review needed.
Section 1399.152	Approved Institutions	February 8-9, 2018	Additional text changes approved by Board on August 25, 2023. Additional review needed.
Sections 1399.170, 1399.170.2, 1399.170.15, 1399.170.16, 1399.170.17, and 1399.170.18	Speech-Language Pathology Assistant Supervision Requirements	May 31-June 1, 2018	Additional text changes approved by Board on February 20-21, 2020 and August 13, 2021. Rulemaking split into two rulemaking. Text approved by Board on May 12-13, 2022. Approved by the Office of Administrative Law and filed with the Secretary of State on March 19, 2024. Became effective July 1, 2024.



Regulation Changes Approved by the Board			
Regulation Section in Title 16	Regulation Title	Board Approval Date	Package Status
Sections 1399.170.4, 1399.170.10, and 1399.170.11	Speech-Language Pathology Assistant Program and Academic Requirements	May 31-June 1, 2018	Additional text changes approved by Board on February 20-21, 2020 and August 13, 2021. Rulemaking split into two rulemaking. Text approved by Board on August 11-12, 2022. Approved by the Office of Administrative Law and filed with the Secretary of State on July 18, 2023. Became effective October 1, 2023.
Sections 1399.153 and 1399.153.3	Required Professional Experience Direct Supervision Requirements and Tele Supervision	August 9-10, 2018	Additional text changes approved by Board on April 11-12, 2019, February 20-21, 2020, May 13-14, 2021, and October 28, 2022. Approved by the Office of Administrative Law and filed with the Secretary of State on February 13, 2023. Became effective April 1, 2023.
Sections 1399.102 and 1399.115 through 1399.119	Hearing Aid Dispensers Trainee and Supervisor Requirements	November 29-30, 2018	Additional text changes approved by Board on August 25, 2023. Additional review needed.
Sections 1399.101, 1399.150.1 and 1399.160.6	Board Location	October 8, 2021	Approved by the Office of Administrative Law and filed with the Secretary of State on May 17, 2022. Became effective July 1, 2022.
Sections 1399.113, 1399.141, 1399.151.1, 1399.153.2, 1399.160.6, 1399.170.4, and 1399.170.13	Processing Times	October 8, 2021	Additional text changes approved by Board on December 1, 2023, and September 6, 2024. Approved by the Office of Administrative Law and filed with the Secretary of State on September 23, 2025. Became effective January 1, 2026.
Sections 1399.140, 1399.140.1, and 1399.144	Hearing Aid Dispensers Continuing Education Requirements	August 11-12, 2022	Additional text changes approved by Board April 27, 2023. Approved by the Office of Administrative Law and filed with the Secretary of State on August 14, 2024. Became effective October 1, 2024.
Section 1399.152.2	Audiology Supervised Clinical Experience	December 1, 2023	Additional text changes approved by Board on December 6, 2024. Approved by the Office of Administrative Law and filed with the Secretary of State on September 22, 2025. Became effective January 1, 2026.

#### **4. Describe any major studies conducted by the board (cf. Section 11, Attachment C).**

BPC Section 139 and DCA policy require that California state licensing Boards conduct regular occupational analyses (OA) of the professions as a fundamental part of each licensure program. In addition, BPC Section 139 and DCA policy also requires a review of any national examination program used by a California licensing Board as part of its licensure program.

##### *2025 Occupational Analysis for Speech–Language Pathologists*

The Board held two OA workshops in 2025 to complete the occupational analysis for speech–language pathology. The workshops consisted of speech–language pathologists or subject matter experts with diverse backgrounds in the profession.

The Board utilizes the Educational Testing Service Praxis speech–language pathology examination which is based on the American Speech-Language-Hearing Association's (ASHA's) OA. In preparing for the OA, the Board requested the assistance of licensees in providing to the Office of Professional Examination Services (OPES) the results of ASHA's most recent national occupational analysis including:

- Process used to develop OA survey;
- Demographic items and their results;
- The rating scales employed in the OA survey;
- List of tasks and knowledge statements with their respective ratings;
- Information (group demographics) regarding the initial and final respondent samples;
- Method used to link test plan to occupational analysis;
- Process used to determine relative weights of the test plan.

Following completion of the OA, the list of task and knowledge statements is the most pertinent aspect. The additional information is utilized for the required review of the national examination program for speech–language pathology.

It is important for OPES to review the task and knowledge statements from the national occupational analysis. For examination publishers that consider this proprietary information, a model security agreement is available as a basis upon which to build a custom security agreement.

#### **5. List the status of all national associations to which the board belongs.**

The Board is a member of the National Council of State Boards (NCSB) of Examiners in Speech–Language Pathology and Audiology, which is a national professional organization for state licensing Boards to network and discuss practice issues. Topics include licensing and examination changes, enforcement trends and consumer protection issues, expansion of scopes of practice, and general health care evolution.

- **Does the board's membership include voting privileges?**

The Board is a voting member of the NCSB.

- **List committees, workshops, working groups, task forces, etc., on which the board participates.**

None.

- **How many meetings did board representative(s) attend? When and where?**

Since the last Sunset, the Board has attended one NCSB Annual Conference in Santa Fe, New Mexico in October of 2022. The Conference theme was, "Good Governance: Inclusion and Collaboration in the Regulation of Audiology and Speech-Language Pathology." Topics included, amongst others, Diversity, Equity, and Inclusion - Initiatives in the Regulatory Space and Consumer Protection; National Practitioner Databank Reporting; Over-the-Counter Hearing Aids; and State Information Exchanges. Travel restrictions have limited the Board's ability to participate in the NCSB Annual Conferences, as it is an in-person conference held out-of-state and with no virtual attendance options available for the Board to take advantage of.

- **If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?**

The Board accepts two national examinations, the Praxis Examination for both speech-language pathology and audiology, both administered by the Educational Testing Service (ETS). While the Board is not directly involved with the development, scoring, and administration of the examination, the Board does conduct periodic audits through examination validation studies. These studies review the content and rigor of each examination to ensure that the scope of the examination and passing scores reflect the minimum standards of practice and entry-level requirements for licensure in California. The last audit conducted by the Board, with the facilitation of the Department's Office of Professional Examination Services, was completed in 2017 for the audiology examination, and 2025 for the speech-language pathology examination. The next occupational analysis of the audiology profession will be completed in fiscal year 2026-27.

The ETS commissions American Speech-Language-Hearing Association (ASHA) to conduct national job analysis studies which are linked to the examination validation process. The Board reviews the national ASHA studies during its examination validation and audit process to determine whether the current national professional expectations and job standards for speech-language pathology and audiology are congruent to those found in the California job analysis.

## Section 2 – Fiscal and Staff

### Fiscal Issues

6. **Is the board's fund continuously appropriated? If yes, please cite the statute outlining this continuous appropriation.**

The Board's fund is not continuously appropriated.

7. **Using Table 2. Fund Condition, describe the board's current reserve level, spending, and if a statutory reserve level exists.**

During the past four budget years, the Board's reserve level has ranged from 5.5 months to its current level of 6.7 months. At the end of FY 2025-26, the Board is projected to have a balance of \$1.68 million or 5.4 months of reserve, in its fund.

There is no reserve level mandated by statute for the Board; however, the DCA Budget Office has historically recommended that smaller programs maintain a contingency fund slightly above the standard three to six months of reserve, which is typically recommended for agencies with moderate to larger budgets. Maintaining an adequate reserve of at least six months provides for a reasonable contingency fund so that the Board has the fiscal resources to absorb any unforeseen costs, such as costly enforcement actions or other unexpected client service costs.

The Board in coordination with DCA's Organizational Improvement Office and Office of Information Services undertook a Business Modernization Project to move to new data systems that provide access for licensees and applicants to apply for licensure online and complete online transactions. The Board completed this project in June of 2023. During the Fiscal Year 2022-23, the Board spent \$411,000 in external vendor costs to transition to a new system, which was paid for by funds awarded to the Board through the California Department of Technology's Technology Modernization Fund. The level of expenditure decreased significantly after Fiscal Year 2023-24 to cover the cost of ongoing maintenance and operations of the online applications in the amount of \$20,000 annually and in the future includes ongoing system licensing costs ranging from \$35,860 to \$41,580 annually (based on applicant usage of the system and therefore could change over time).

<b>Table 2. Fund Condition</b> (list dollars in thousands)						
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26**	FY 2026/27**
Beginning Balance	\$1,440	\$1,165	\$1,595	\$1,901	\$1,920	\$1,680
Revenues and Transfers	\$2,512	\$2,955	\$3,286	\$3,454	\$3,418	\$3,362
<b>Total Resources</b>	\$3,952	\$4,120	\$4,881	\$5,355	\$5,338	\$5,042
Budget Authority	\$2,520	\$2,518	\$3,054	\$3,615	\$3,288	\$3,735
Expenditures	\$2,818	\$2,486	\$2,954	\$3,435	\$3,658	\$3,735
Loans to General Fund	\$0	\$0	\$0	\$0	\$0	\$0
Accrued Interest, Loans to General Fund	\$0	\$0	\$0	\$0	\$0	\$0
Loans Repaid From General Fund	\$0	\$0	\$0	\$0	\$0	\$0
<b>Fund Balance</b>	\$1,134	\$1,634	\$1,927	\$1,920	\$1,680	\$1,307
<b>Months in Reserve</b>	<b>5.5</b>	<b>6.6</b>	<b>6.7</b>	<b>6.2</b>	<b>5.4</b>	<b>4.1</b>
<sup>1</sup> Actuals include prior year adjustments <sup>2</sup> Expenditures include reimbursements and direct draws to the fund *Includes EO transfer to GF (AB 84) **Estimate						

**8. Describe if/when a deficit is projected to occur and if/when a fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.**

Due to the growing licensee population in most licensing categories, the Board's expenditures have steadily increased during the past four budget years. The most recent projections do not project fund insolvency in the near future. The Board works with DCA's Budget Office to closely monitor its revenues and expenditures.

The Board anticipates fee changes to the HAD written and practical examinations through the rulemaking process within the next four years. The Board is authorized to establish the fees for taking and retaking the written and practical examinations, "which shall be equal to the actual cost of preparing, grading, analyzing, and administering the examinations" (BPC section 2538.57). The current HAD examination fees were established by resolution of the Board on February 1, 2011. Applicants are currently paying \$225 for the written examination and \$500 for the practical examination. In its November – December 2023 meeting, the Board proposed increasing the written examination by \$25 and the practical examination by \$100 after reviewing the actual cost of conducting the written and practical examinations in FY 2023-24. This proposed fee increase would have to go through the formal rulemaking process before it can become effective.

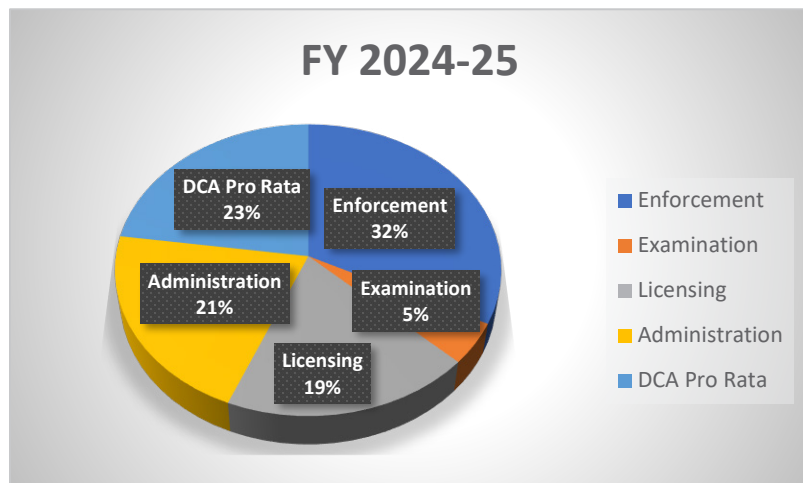
**9. Using Table 2, Fund Condition, describe year over year expenditure fluctuations and the cause for the fluctuations.**

The biggest contributors to expenditure fluctuations in the Board's budget are the Board's Attorney General costs for prosecuting enforcement cases and its Office of Professional Examination Services costs for examination development and occupational analysis and examination validation services.

Enforcement is one of the biggest drivers of year over year expenditure fluctuations, with year over year changes ranging from a reduction of 57 percent to increases of up to 146 percent. This includes two fiscal years in which the Board had to request an augmentation for its Attorney General costs as the Board was not able to reduce other expenditures enough to absorb the additional Attorney General costs. These significant cost fluctuations depend on the volume of cases up for prosecution and the nature and severity of the cases being prosecuted in any given year, as well as whether the Board must respond to a writ filed against it.

Examination costs accrued through the Office of Professional Examination Services fluctuate depending on whether the Board needs to perform a new occupational analysis for one of the three professions it regulates. This has become difficult to plan with the substantial fluctuations in Attorney General spending, so the Board has been investigating spreading out the costs of each occupational analysis over multiple fiscal years to make these costs more consistent annually and easier to build into our annual budget.

10. Using Table 3, *Expenditures by Program Component*, describe the amounts and percentages of expenditures by program component, including the cause of fluctuations aside from increasing personnel costs. Provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.



The Board operates on an annual budget of \$3.32 million, with approximately 32 percent of its budget devoted to enforcement, 23 percent to DCA pro rata, 21 percent to administration, 19 percent to licensing, and five (5) percent to examinations (see chart to the left).

The Board's enforcement budget includes expenditures for services from other agencies that contribute to the investigative and disciplinary processes, such as the Office of the Attorney

General, the Office of Administrative Hearings, and the Department of Consumer Affairs' Division of Investigation. In addition, the Department of Consumer Affairs is paid pro rata to provide support in areas that include human resources, accounting, information technology, and other administrative services.

Since the Board's last Sunset Review, printing and postage costs have risen significantly and are double to quadruple the costs the Board saw prior to Fiscal Year 2021-22. This large ongoing increase is a result of moving from State operated printers to contracted private vendors for the printing of licenses and renewal notices. As part of the Board's Budget Efficiency Reductions related to Budget Letter 24-24, in Fiscal Year 2025-26 the Board initiated renewal postcard reminders instead of the very expensive renewal notice and coupon mailed out to licensees that require printing and postage costs. Currently, over 73 percent of licensees renew online, with an additional 7.7 percent that renew manually using a form downloaded from the Board's website, resulting in 80.7 percent of the renewal notices and coupons mailed each year not being utilized. The Board expects to see reductions in printing and postage costs as well as achieving a reduction in paper and materials costs.

<b>Table 3. Expenditures by Program Component</b>							(list dollars in thousands)	
	FY 2021/22		FY 2022/23		FY 2023/24		FY 2024/25	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	\$432	\$347	\$492	\$229	\$504	\$306	\$519	\$558
Examination	\$-	\$81	\$-	\$47	\$-	\$119	\$-	\$153
Licensing	\$432	\$101	\$492	\$108	\$504	\$126	\$519	\$120
Administration *	\$607	\$116	\$685	\$125	\$578	\$116	\$589	\$110
DCA Pro Rata	\$-	\$559	\$-	\$197	\$-	\$449	\$-	\$757
Diversion (if applicable)	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
<b>TOTALS</b>	<b>\$1,471</b>	<b>\$1,204</b>	<b>\$1,669</b>	<b>\$706</b>	<b>\$1,586</b>	<b>\$1,116</b>	<b>\$1,627</b>	<b>\$1,698</b>
* Administration includes costs for executive staff, board, administrative support, and fiscal services.								

**11. Describe the amount the board has spent on business modernization, including contributions to the BreEZe program, which should be described separately.**

The Board ceased paying into the DCA BreEZe pro rata in FY 2017-18 as it was determined that the Board would pursue a different business modernization process and platform.

During Fiscal Years 2021-22 and 2022-23, the Board in coordination with DCA's Organizational Improvement Office and Office of Information Services undertook a Business Modernization Project to move to new data system that provides access to online transactions for licensees, applicants and consumers. During the process of the Business Modernization Project, the Board determined that the larger project scope of enforcement complaints, renewal applications, and general licensure forms would have to be reduced to a smaller project scope of initial licensure applications in order for the Board's Fund Condition to accommodate the costs of the project (initial and ongoing). Additionally, during the 2021-22 Fiscal Year the Board was made aware of and applied for project funding through the California Department of Technology's competitive Technology Modernization Fund program. The Board was awarded over \$411,000 during the Fiscal Years 2022-23 to cover the external vendor costs to transition to a new online system for initial application and payment submissions. The Board completed this project in March of 2023. The level of expenditure decreased significantly after Fiscal Year 2023-24 to only the cost of ongoing maintenance and operation of the Board's application workflows in the amount of \$20,000 annually and soon will include covering the Board's portion of ongoing DCA system licensing costs ranging from \$35,860 to \$41,580 annually (based on our Board's applicant usage of the system). The Board expects ongoing costs of over \$61,850 annually as the Board's application workload continues to grow to meet the high workforce demands for Speech-Language Pathologists and Speech-Language Pathology Assistants.

**12. Describe license renewal cycles and the history of fee changes over the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citations) for each fee charged by the board.**

Speech-Language Pathologists, Speech-Language Pathology Assistants, Audiologists (non-dispensing), and Continuing Professional Development Providers' licenses all renew biennially, expiring on the last day of the licensees' birth month. All Hearing Aid Dispensers' and Dispensing Audiologists' licenses renew annually.

The fees established for Hearing Aid Dispensers, Hearing Aid Dispenser Trainees, and Hearing Aid Dispenser Temporary licenses are set in statute and are currently at their maximum levels.

The Board was able to finalize a regulatory fee increase with the Office of Administrative Law for Audiologists, Speech-Language Pathologists, Speech-Language Pathology Assistants, and Speech-Language Pathology or Audiology Aides on June 29, 2021, with an implementation date of November 1, 2021 for the specified fee increases. With that regulatory fee increase, most license types are at their statutory maximum level.



Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)							
Fee	Current Fee Amount	Statutory Limit	FY 2021/22 Revenue	FY 2022/23 Revenue	FY 2023/24 Revenue	FY 2024/25 Revenue	% of Total Revenue
<b>Other Regulatory Fee</b>							
License Certification Letter (7700)	\$10	\$25	\$15	\$24	\$20	\$18	0.6%
Citation & Fine (6700)	Various	\$2,500	\$30	\$13	\$9	\$17	0.6%
Citation & Fine (7700)	Various	\$5,000	\$10	\$18	\$14	\$21	0.5%
Duplicate License (7700)	\$25	\$25	\$13	\$13	\$13	\$15	0.4%
Duplicate License (6700)	\$25	\$25	\$2	\$2	\$2	\$2	0.1%
License Certification Letter (6700)	\$15	\$15	\$2	\$1	\$1	\$1	0.0%
<b>Licenses &amp; Permits</b>							
SLP App	\$150	\$150	\$109	\$254	\$312	\$345	8.3%
Practical Exam*	\$500	\$500	\$105	\$91	\$132	\$122	3.7%
Written Exam*	\$225	\$225	\$67	\$76	\$85	\$89	2.6%
SLPA App	\$50	\$150	\$34	\$42	\$42	\$42	1.3%
HAD Initial License (HAD/DAU)	\$280	\$280	\$37	\$24	\$46	\$46	1.2%
CE Provider	\$50	\$50	\$31	\$30	\$33	\$30	1.0%
HAD App	\$75	\$75	\$18	\$19	\$24	\$23	0.7%
AU App	\$150	\$150	\$4	\$13	\$20	\$21	0.5%
HAD Trainee License	\$100	\$100	\$14	\$16	\$17	\$16	0.5%
Branch License	\$25	\$25	\$7	\$6	\$7	\$6	0.2%
CPD Provider App	\$200	\$200	\$4	\$2	\$7	\$4	0.1%
Aide Registration	\$10	\$30	\$1	\$2	\$3	\$2	0.1%
HAD Temporary License	\$100	\$100	\$2	\$1	\$2	\$1	0.0%
<b>Renewal Fees</b>							
Biennial SLP	\$110	\$150	\$1,154	\$1,363	\$1,460	\$1,533	44.9%
Biennial SLPA	\$75	\$150	\$155	\$192	\$204	\$223	6.3%
Biennial AU	\$110	\$150	\$36	\$35	\$40	\$36	1.2%
Biennial CPD	\$200	\$200	\$11	\$11	\$10	\$10	0.3%
Annual DAU	\$280	\$280	\$316	\$310	\$323	\$332	10.4%
Annual HAD	\$280	\$280	\$297	\$294	\$295	\$301	9.7%
Annual Branch	\$25	\$25	\$14	\$12	\$11	\$12	0.4%
HAD Trainee(6-month period)	\$100	\$100	\$15	\$20	\$22	\$17	0.6%
<b>Delinquent Fees</b>							
SLP Delinquent Renewal	\$25	\$25	\$20	\$20	\$24	\$25	0.7%
SLPA Delinquent Renewal	\$25	\$25	\$5	\$6	\$5	\$7	0.2%
HAD Delinquent Renewal	\$25	\$25	\$2	\$2	\$2	\$1	0.1%
AU Delinquent Renewal	\$25	\$25	\$1	\$0	\$1	\$1	0.0%
DAU Delinquent Renewal	\$25	\$25	\$1	\$1	\$1	\$1	0.0%
Branch Delinquent Renewal	\$25	\$25	\$1	\$2	\$1	\$2	0.0%

Table 4. Fee Schedule and Revenue								(list revenue dollars in thousands)
Fee	Current Fee Amount	Statutory Limit	FY 2021/22 Revenue	FY 2022/23 Revenue	FY 2023/24 Revenue	FY 2024/25 Revenue	% of Total Revenue	
Income from Surplus Money Investments	Not Applicable	Not Applicable	\$6	\$34	\$87	\$106	1.9%	
Revenue Cancelled Warrants	Not Applicable	Not Applicable	\$3	\$3	\$6	\$5	0.1%	
Dishonored Check Fee	\$25	Cost to DCA	\$0	\$1	\$0	\$0	0.0%	
*HAD Examination Fees are established by the Board. The fees listed in this table have been in effect since February 1, 2011.								
<b>Legend</b>								
AU = Audiologist			HAD = Hearing Aid Dispenser		7700 = AU/CPD/DAU/SLP/SLPA/AIDE			
CPD = Continuing Professional Development			SLP = Speech-Language Pathologist		6700 = HAD/ HAD Trainee/ HAD Temporary			
DAU = Dispensing Audiologist			SLPA = Speech-Language Pathology Assistant					

### 13. Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years.

The Board submitted two BCPs from 2020-21 to 2024-25, both of which were approved. The 2021-22 BCP was to complete planning activities and begin implementing the Board's Business Modernization Project including system integration, software licensing, project management, and staffing cost. This BCP resulted in the Board receiving permanent position authority for a 1.0 Associate Governmental Program Analyst position, but limited term funding for the position. The 2023-24 BCP was for additional staff to address increasing licensing and examination workload and unfulfilled continuing education (CE) audit workload. This BCP resulted in the Board receiving authority and funding for two positions, a 1.0 Office Technician and a 1.0 Staff Services Analyst position.

Table 5. Budget Change Proposals (BCPs)								
BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	\$ Requested	\$ Approved	\$ Requested	\$ Approved
1111-124-BCP-2021-A1	2021-22	Complete planning activities and begin implementing the Board's Business Modernization Project	1.0 Associate Governmental Program Analyst	1.0 Associate Governmental Program Analyst	\$111,000	\$111,000	\$1,006,000	\$1,006,000
1111-026-BCP-2023-GB	2023-24	Address increasing licensing and examination workload and unfulfilled continuing education audit workload	1.0 Office Technician 1.0 Staff Services Analyst	1.0 Office Technician 1.0 Staff Services Analyst	\$186,000	\$186,000	\$66,000	\$66,000

## Staffing Issues

### **14. Describe any board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.**

For the oversight and responsibility of over 44,800 licensees, the Board is significantly understaffed, as the office is allocated 14.6 positions but only funded for 13.6 positions. This responsibility includes all aspects of licensing, examinations, enforcement, development of regulations, continuing education provider approval and licensee CE audits, and now includes maintenance and operation of the new online licensing system. The Board has considerably high retention of employees, with a retention rate averaging 88 percent over the past four fiscal years, with almost all Board vacancies being created through promotional opportunities for the employee or employee retirement from State service. The Board has been fortunate to have a considerably low number of vacancies, averaging only two vacant positions per year (one of which is unfunded and therefore unfilled).

Since the last Sunset Review, the Board has had a 16 percent vacancy rate, compared to the State government average of 20 percent in February of 2024. However, with such a small number of staff, the loss of even one member can have a deleterious impact on the Board's ability to handle current workload demands. Currently, the Board is only able to handle its current workload demands by utilizing business modernization improvements that resulted in an increase in processing capacity and significant overtime. The Board's ability to maintain these workload demands using improved technology and overtime will become strained in the coming years if annual growth rates in the Board's application workload and licensee population continue their current trajectory.

One area the Board highlighted in its 2025 - 2028 Strategic Plan (see Section 11, Attachment E) under Board Administration is better defining necessary staffing levels and, if needed, obtaining additional staffing through the budget process, as well as reviewing the organizational structure to ensure appropriate oversight of Board operations and supervision of staff. Board management believes the necessary organizational review required to accomplish these goals will also help facilitate Board succession planning, to ensure long-term leadership continuity and smooth delivery of services by the Board well into the future.

### **15. Describe the board's staff development efforts and total spent annually on staff development (cf., Section 11, Attachment D).**

All staff are encouraged to take courses related to their roles and responsibilities, broaden their knowledge base, and better prepare for advancement opportunities. Cross-training is encouraged for further development and allows our small Board to function more efficiently. In addition to the training available, staff is given the opportunity to grow professionally, working on special assignments and projects.

During the past four years, the Board has spent approximately \$3,028 on staff training. The majority of training courses attended by staff are provided by DCA's SOLID training office and are included in pro rata costs. External trainings are taken by staff, such as the National Certified Investigator and Inspector Training (NCIT) Programs enforcement training for all enforcement staff through the national Council on Licensure, Enforcement and Regulation (CLEAR). CLEAR is the premier resource nationally for professional regulation and its NCIT training program has set the standard for regulatory investigation and inspection training. Some examples of classes staff have taken through DCA's SOLID training office include Responsible AI for Public Professionals,

## Section 3 – Licensing Program

**Table 6. Licensee Population**

		FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Aide	Active <sup>3</sup>	79	82	116	117
	Out of State	0	0	0	0
	Out of Country	0	0	0	0
	Delinquent/Expired	207	222	228	177
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Other <sup>4</sup>	190	233	259	376
Audiologist	Active*	1,661	1,784	1,803	1,794
	Out of State	209	208	208	224
	Out of Country	4	5	5	5
	Delinquent/Expired	365	395	401	418
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	66	122	121	54
	Other	1,095	984	1,221	1,300
Audiologist Temporary	Active	0	0	0	1
	Out of State	0	0	0	1
	Out of Country	0	0	0	0
	Delinquent/Expired	8	7	7	7
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Other	6	8	8	9
Continuing Professional Development Provider	Active	143	134	160	149
	Out of State	21	19	22	23
	Out of Country	0	0	0	0
	Delinquent/Expired	6	9	1	8
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Other	264	274	297	322
Hearing Aid Dispenser	Active	1,101	1,110	1,162	1,164
	Out of State	70	73	55	54
	Out of Country	0	0	0	0
	Delinquent/Expired	270	252	229	234
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	11	36	33	13
	Other	1,974	2,059	2,195	2,327

<sup>3</sup> Active status is defined as able to practice. This includes licensees that are renewed, current, and active.

<sup>4</sup> Other is defined as a status type that does not allow practice in California, other than retired or inactive.

**Table 6. Licensee Population**

		FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Hearing Aid Dispenser Trainee	Active	135	177	170	147
	Out of State	0	1	2	2
	Out of Country	0	0	0	0
	Delinquent/Expired	119	117	141	32
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	0	1	0	0
	Other	1,360	1,451	1,604	1,991
Hearing Aid Dispenser Temporary License	Active	20	8	13	13
	Out of State	14	3	7	9
	Out of Country	0	0	0	0
	Delinquent/Expired	41	50	53	58
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Other	126	137	143	152
Hearing Aid Dispenser Branch License	Active	573	519	683	510
	Out of State	N/A	N/A	N/A	N/A
	Out of Country	N/A	N/A	N/A	N/A
	Delinquent/Expired	721	690	626	619
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Other	2,424	2,731	3,006	3,349
Required Professional Experience	Active	1,147	1,254	1,665	1,265
	Out of State	87	43	54	49
	Out of Country	0	0	4	0
	Delinquent/Expired	493	605	638	381
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Other	5,866	6,743	7,776	10,153
Speech- Language Pathologist	Active	19,228	20,558	22,005	22,775
	Out of State	3,787	3,995	4,392	4,709
	Out of Country	43	46	56	47
	Delinquent/Expired	3,706	4,169	4,240	4,523
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	506	1,031	1,034	350
	Other	8,279	7,056	9,561	10,433
Speech- Language Pathologist Temporary	Active	0	1	1	2
	Out of State	0	1	1	1
	Out of Country	0	0	0	0
	Delinquent/Expired	0	0	4	3
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Other	1	1	1	4
Speech- Language Pathology Assistant	Active	4,166	4,635	5,169	5,323
	Out of State	154	148	160	177
	Out of Country	0	0	1	2
	Delinquent/Expired	1,145	1,247	1,296	1,339
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	160	333	338	125
	Other	1,744	2,017	2,363	2,915

Note: 'Out of State' and 'Out of Country' are two mutually exclusive categories. A licensee should not be counted in both.  
 \* Due to system reporting limitations, Audiologist data cannot be separated out from Dispensing Audiologist data.

**16. What are the board's performance targets/expectations for its licensing<sup>5</sup> program? Is the board meeting those expectations? If not, what is the board doing to improve performance?**

Since 2016-17, the Department of Consumer Affairs publishes Board application processing targets and timeframes in its Open Data Portal. The Board's data is provided below. With the exception of fiscal years 2022-23 and 2023-24, when the Board was undertaking its initial licensing Business Modernization Project and working through the application backlogs created during the project, the Board met its performance targets. The Board's Business Modernization Project required substantial staff resources in order to implement successfully, but once fully implemented has generated a significant decrease in overall processing timeframes throughout the year that the Board firmly believes will continue into the future.

Complete Applications Licensing Processing Timeframes (in days)					
License Type	Target Processing Timeframe	2021/22	2022/23	2023/24	2024/25
Aide	30	22	65	56	12
Audiologist	30	28	60	48	11
Audiologist Temporary	30	1	N/A	N/A	18
Hearing Aid Dispensers (License Application)	21	12	13	23	6
Hearing Aid Dispenser Temporary	21	21	14	16	N/A
Hearing Aid Dispenser Trainee	21	25	53	48	13
Required Professional Experience Temporary	30	12	60	57	17
Speech-Language Pathologist	30	29	58	43	9
Speech-Language Pathology Assistant	30	44	53	59	16

**17. Using Table 7a, Licensing Data by Type, describe any increase or decrease in the board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the board to address them? What are the performance barriers and what improvement plans are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?**

During the Board's last Sunset Review, the Board saw increases in its application processing timeframes despite extensive use of staff overtime due to increased application workload and manual paper-based processes. During that period, 2017-18 to 2020-21, the Board averaged 3,694 applications received annually. Since that time, the annual application workload continued to increase by approximately 32% over the last four years, with the Board averaging 4,864 applications received annually. Without the Board's Business Modernization Project, which streamlined and automated many licensing processes, the Board would not have been able to meet the continued growth in application workload within processing timeframe targets with current staff resources.

The Board's Business Modernization Project created a new online licensing system that provides applicants the ability to apply for licensure, complete online payment transactions, and remedy

application deficiencies using the online system. The new online licensing system also provides streamlined and automated processes related to staff review and processing of applications, including built-in calculation capacity when evaluating professional/clinical experience accrued by applicants, automated deficiency functionality and emails sent through the system to the applicant, and reduction in time spent manually collecting various forms and documents related to a single application.

The new online application system streamlined and automated the vast majority of application processes for both applicants and Board staff, excluding verification of examination scores and college transcripts. For example, an applicant for an RPE license used to have to obtain the wet signature of their graduate program director and their future supervisor and submit these with their application for licensure. With the new online application system, once the applicant enters their information into the system along with the email addresses of their graduate program director and their future supervisor, the system sends emails to the graduate program director and supervisor to obtain completion and secure digital signature of the necessary form. The new online application system also sends periodic email reminders to these individuals and the applicant when the form has not been completed or signed. The new online application system also streamlines processing of applications as it allows staff to review all necessary application components within one screen with access to downloadable attachments of items such as college transcripts or digital copies of the signed forms. The new online application system also sends email status updates to applicants as they progress through the licensing process and has the functionality to receive and respond to deficiency notice emails from Board staff, including the ability to upload additional documents as well as copies of completed documents and forms when needed. Altogether, this project created a more streamlined and user-friendly application process for the applicant, that helped improve application accuracy and reduce processing timeframes.

The Board undertook this project with an intensely short timeframe of under one year from start to finish. The Board obtained the necessary contracts to start the project in Summer 2023, began launching online applications for initial licensure in multiple releases starting in the Fall of 2022, and completed the creation and deployment of all initial applications for licensure in February of 2023. In total, the Board launched 29 application workflows that support the various qualification methods and online payment for the Board's 13 license types. The Board then used the same technology solution to create its new online applications to develop and launch new legislatively mandated online military spouse/domestic partner temporary license applications in June 2023.

With the short timeframe and extensive work required to create, test, and deploy the many application workflows, the Board had to divert a significant amount of staff time to successfully complete the project. This is evidenced in the higher processing timeframes seen in fiscal years 2022-23 and 2023-24, but the benefits of the new online licensing system are evidenced in fiscal year 2024-25 and ongoing.

The Board's internal tracking showed that within one year of implementation of the new online licensing system, there was a 48 percent reduction in processing times, and within two years of implementation the Board showed an average reduction of 71 percent in processing times for licensing applications. The Board now consistently averages between 1 – 2 weeks processing times for complete applications throughout the year. Additionally, the new online licensing system also increased Board application processing capacity, allowing the same four Board licensing analysts to process 27 percent more applications within one year of implementation and 34 percent more applications within two years of implementation. This has made it possible



for Board staff to meet the challenge of continued application workload growth without impacting licensing timeframes.

**Table 7a. Licensing Data by Type**

		Received	Approved/ Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps*	Incomplete Apps*	Total (Close of FY))
FY 2021/22	(Exam)									
	HAD Written	397	306	N/A	**	**	**	**	**	**
	HAD Practical	243	243	N/A	**	**	**	**	**	**
	(License)									
	AIDE	53	44	1	8	**	**	22	47	**
	AU	97	79	2	12	**	**	28	90	**
	AUT	5	4	0	1	**	**	1	5	**
	DAU	53	28	UA	UA	**	**	UA	UA	**
	CPD	19	14	0	0	**	**	5	5	**
	HA	118	114	0	43	**	**	12	N/A	**
	HTL	26	22	1	2	**	**	21	56	**
	HT	122	124	0	2	**	**	25	67	**
	HA Branch	228	263	UA	UA	**	**	UA	UA	**
	RPE	1,278	1,177	0	42	**	**	12	75	**
	SP	1,765	1,782	3	87	**	**	29	105	**
	SPT	1	1	0	0	**	**	1	N/A	**
	SPA	671	649	4	18	**	**	44	83	**
	(Renewal)									
	AU	295	253	**	**	**	**	**	**	5
	DAU	1,145	1,132	**	**	**	**	**	**	4
	CPD	57	54	**	**	**	**	**	**	4
	HA	1,083	1,056	**	**	**	**	**	**	8
	HT	162	158	**	**	**	**	**	**	2
	HA Branch	542	541	**	**	**	**	**	**	6
	SP	8,993	8,736	**	**	**	**	**	**	7
	SPA	1,799	1,732	**	**	**	**	**	**	7
FY 2022/23	(Exam)									
	HAD Written	342	309	**	**	**	**	**	**	**
	HAD Practical	181	181	**	**	**	**	**	**	**
	(License)									
	AIDE	84	52	5	22	**	**	65	83	**
	AU	114	50	1	15	**	**	60	129	**
	AUT	2	1	0	1	**	**	N/A	149	**
	DAU	37	37	UA	UA	**	**	UA	UA	**
	CPD	12	11	0	0	**	**	23	23	**
	HA	50	50	0	55	**	**	13	10	**
	HTL	15	7	2	2	**	**	14	N/A	**
	HT	170	142	0	6	**	**	53	82	**
	HA Branch	183	213	UA	UA	**	**	UA	UA	**
	RPE	1,512	1,089	11	54	**	**	60	130	**

**Table 7a. Licensing Data by Type**

		Received	Approved/ Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps*	Incomplete Apps*	Total (Close of FY))
FY 2022/23	SP	2,396	1,665	10	146	**	**	58	128	**
	SPT	4	1	3	4	**	**	8	N/A	**
	SPA	873	639	5	35	**	**	53	143	**
	(Renewal)									
	AU	248	223	**	**	**	**	**	**	4
	DAU	1,132	1,131	**	**	**	**	**	**	7
	CPD	56	54	**	**	**	**	**	**	5
	HA	1,054	1,031	**	**	**	**	**	**	8
	HT	205	206	**	**	**	**	**	**	2
	HA Branch	481	476	**	**	**	**	**	**	4
	SP	9,380	9,227	**	**	**	**	**	**	6
	SPA	2,027	1,992	**	**	**	**	**	**	6
FY 2023/24	(Exam)									
	HAD Written	396	377	**	**	**	**	**	**	**
	HAD Practical	331	331	**	**	**	**	**	**	**
	(License)									
	AIDE	85	60	4	29	**	**	56	57	**
	AU	128	89	3	19	**	**	48	109	**
	AUT	0	0	0	0	**	**	N/A	N/A	**
	DAU	54	33	UA	UA	**	**	UA	UA	**
	CPD	32	29	0	24	**	**	16	24	**
	HA	112	145	0	65	**	**	23	23	**
	HTL	15	13	UA	1	**	**	16	83	**
	HT	169	173	2	7	**	**	48	110	**
	HA Branch	226	256	11	UA	**	**	UA	UA	**
	RPE	1,415	1,469	3	67	**	**	57	182	**
	SP	1,937	2,129	13	153	**	**	43	120	**
	SPT	9	4	2	4	**	**	20	28	**
	SPA	886	914	3	55	**	**	59	134	**
	(Renewal)									
	AU	288	249	**	**	**	**	**	**	7
	DAU	1,154	1,177	**	**	**	**	**	**	4
	CPD	53	53	**	**	**	**	**	**	2
	HA	1,058	1,039	**	**	**	**	**	**	6
	HT	217	207	**	**	**	**	**	**	3
	HA Branch	489	482	**	**	**	**	**	**	2
	SP	9,922	9,714	**	**	**	**	**	**	5
	SPA	2,080	2,002	**	**	**	**	**	**	3
FY 2024/25	(Exam)									
	HAD Written	408	418	**	**	**	**	**	**	**
	HAD Practical	267	267	**	**	**	**	**	**	**
	(License)									
	AIDE	81	53	1	23	**	**	9	117	**
	AU	135	89	0	24	**	**	12	74	**

**Table 7a. Licensing Data by Type**

		Received	Approved/ Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps*	Incomplete Apps*	Total (Close of FY))
FY 2024/25	AUT	2	2	0	0	**	**	6	110	**
	DAU	45	40	UA	UA	**	**	UA	UA	**
	CPD	20	19	0	7	**	**	13	111	**
	HA	120	139	1	45	**	**	6	31	**
	HTL	14	13	0	2	**	**	N/A	82	**
	HT	157	153	3	8	**	**	12	45	**
	HA Branch	240	265	UA	UA	**	**	UA	UA	**
	RPE	1,304	1,306	1	80	**	**	17	110	**
	SP	1,523	2,298	7	435	**	**	9	66	**
	SPT	13	3	5	43	**	**	N/A	132	**
	SPA	846	821	1	0	**	**	15	83	**
	(Renewal)									
	AU	272	243	**	**	**	**	**	**	8
	DAU	1,202	1,204	**	**	**	**	**	**	4
	CPD	53	54	**	**	**	**	**	**	5
	HA	1,099	1,079	**	**	**	**	**	**	3
	HT	208	168	**	**	**	**	**	**	2
	HA Branch	471	464	**	**	**	**	**	**	3
	SP	10,601	10,505	**	**	**	**	**	**	4
	SPA	2,372	2,324	**	**	**	**	**	**	4

\* Optional. List if tracked by the board.

\*\* The Board's data systems cannot extract or calculate this data item as requested

**Table 7b. License Denial**

	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
License Applications Denied (no hearing requested)	1	0	1	1
SOIs Filed	0	2	0	2
Average Days to File SOI (from request for hearing to SOI filed)	N/A	102	N/A	38
SOIs Declined	0	0	0	0
SOIs Withdrawn	0	0	0	1
SOIs Dismissed (license granted)	0	0	0	0
License Issued with Probation / Probationary License Issued	1	0	2	0
Average Days to Complete (from SOI filing to outcome)	341	N/A	221	N/A

**18. How many licenses or registrations has the board denied over the past four years based on criminal history that is determined to be substantially related to the qualifications, functions, or duties of the profession, pursuant to BPC § 480? Please provide a breakdown of each instance of denial and the acts the board determined were substantially related.**

License or Registration Denials Based on Criminal History:

- FY 2021-22: 1
- FY 2022/23: 2
- FY 2023/24: 1
- FY 2024/25: 3

### Criminal Acts For Each Denial:

- FY 2021-22:
  - Applicant 1 denied based on conviction(s) of: DUI convictions (2).
- FY 2022-23:
  - Applicant 1 denied based on conviction(s) of: Misdemeanor for battery and child abuse and endangerment; Misdemeanor for inflicting corporal injury on spouse/cohabitant; DUI conviction; and Driving on a suspended license.
  - Applicant 2 denied based on conviction(s) of: DUI convictions (2).
- FY 2023-24:
  - Applicant 1 denied based on conviction(s) of: DUI conviction, Misdemeanor for willful cruelty to child and child endangerment.
- FY 2024-25:
  - Applicant 1 denied based on conviction(s) of: DUI conviction; DUI reduced to reckless driving.
  - Applicant 2 denied based on conviction(s) of: DUI conviction, Misdemeanor conviction of vandalism related to domestic violence incident.
  - Applicant 3 denied based on conviction(s) of: DUI convictions (2).
- **How does the board verify information provided by the applicant?**

The Board requires primary source documentation for all educational transcripts, clinical experience records, license verifications from other states, national examination scores, and professional certifications. In addition, applicants for licensure as a Speech-Language Pathologist or Audiologist must complete an externship or required professional experience (RPE). This experience is completed under a temporary license which enables the individual to work under limited supervision. The externship is recorded on the Board's RPE Verification form which is completed by an approved licensed or credentialed supervisor. The RPE supervisor is responsible for certifying the completion of the requisite hours of experience, as well as determining whether the RPE temporary licensee is competent to practice independently. Even with the new online licensing system, primary source verification is still completed, whether that is obtaining electronic signatures from supervisors or with electronic transcripts and examination scores that are submitted directly to the Board and then entered into the system.

- **What process does the board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant? Has the board denied any licenses over the last four years based on the applicant's failure to disclose information on the application, including failure to self-disclose criminal history? If so, how many times and for what types of crimes (please be specific)?**

Applicants are required to declare, under penalty of perjury, whether they have ever been denied a professional license or had license privileges suspended, revoked or disciplined or if they have ever voluntarily surrendered a professional license in California or any other state. If an applicant reports such an act, the Board requires the applicant to provide a written explanation, documentation relating to the disciplinary action, and rehabilitative efforts or changes made to prevent future occurrences.

- **Does the board fingerprint all applicants?**

Prior to licensure, all applicants are required to submit fingerprints to the Department of Justice and to the Federal Bureau of Investigation.

- **Have all current licensees been fingerprinted? If not, explain.**

All current licensees have been fingerprinted.

- **Is there a national databank relating to disciplinary actions? Does the board check the national databank prior to issuing a license? Renewing a license?**

The National Practitioner Data Bank (NPDB) is the national databank for reporting discipline on healthcare professionals. Information contained in the databank is provided by state regulatory agencies and other entities that are required to report disciplinary information. The Board reports disciplinary actions taken against its licensees to NPDB. However, not all entities consistently comply with the reporting requirement. Therefore, the information may be either non-existent or out of date. The Board or the applicant is required to pay a fee for each query prior to receiving a response. Currently, the Board does not query the NPDB prior to issuing or renewing a license because of the fiscal impact.

The Board verifies an out-of-state applicant's licensure status through other state regulatory Boards. This verification process also provides any disciplinary history, if it exists. For verification of in-state licensure status the Board can check for prior disciplinary actions through the Commission on Teacher Credentialing (CTC), and the Consumer Affairs System (CAS). At each renewal, all licensees and registrants are required to report to the Board any conviction or disciplinary action taken against their license or registration during the last renewal cycle. The Board also receives subsequent conviction information on its licensees from DOJ via email notification. Once notified of the conviction or disciplinary action, the Board requests all relevant documentation to determine if any action by the Board is necessary.

- **Does the board require primary source documentation?**

The Board requires primary source documentation for all educational transcripts, clinical experience records, license verifications from other states, national examination scores, and professional certifications. These documents must be submitted to the Board by the originating source but can be submitted electronically.

- **Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.**

The Board submits No Longer Interested (NLI) notifications to the DOJ when a license status is canceled, deceased, revoked, surrendered, or when an application is deemed abandoned. Since the launch of the CAS NLI automated implementation, staff has worked with DCA OIS to ensure data is verified and submitted to DOJ.

## **19. Describe the board's legal requirements and process for out-of-state and out-of-country applicants to obtain licensure.**

### Hearing Aid Dispensers

Pursuant to Business & Professions Code Section 2538.27, applicants applying for a license in California and who possess a valid license in another state (or states) for two or more years may apply for a temporary license. To attain full licensure as a Hearing Aid Dispenser in California, temporary license applicants are required to pass the written and practical examinations. The temporary license is valid for up to 12 months and allows applicants to immediately begin practice in California while preparing for the written and practical examinations.

Currently, there are no legal provisions for granting a license or temporary license to an individual who has practiced as a Hearing Aid Dispenser in another country.

### Speech-Language Pathologist/Audiologist

Business & Professions Code (BPC) Section 2532.3 allows an individual who holds an unrestricted license in another state or territory of the United States to obtain a temporary license for a period of six months. The temporary license authorizes the out-of-state applicant to begin work immediately, as long as fingerprinting was completed, while all other required documents and supporting information are being transmitted to the Board for review. Once all licensing information has been submitted, reviewed, and approved, the individual is eligible for a permanent license. The statute authorizes the Board to renew the temporary license one time if an extenuating circumstance exists, surrounding the individual's ability to complete the license application.

Another option for out-of-state applicants is equivalence through national certification. BPC Section 2532.8 provides a simplified application process for those who hold a national Certificate of Clinical Competence (CCC) in speech-language pathology or audiology, issued by the American Speech-Language-Hearing Association (ASHA), or American Board of Audiology (ABA) certification issued by the American Academy of Audiology. This law deems that a person has met the educational and experience requirements identified in BPC Section 2532.2 if the individual holds the national certificate.

### Out-of-Country Applicants

BPC Section 2532.2 and California Code of Regulations Code Section 1399.152.1 include an equivalency pathway for foreign-trained Speech-Language Pathologists and Audiologists. The regulations require that in lieu of a master's degree from an accredited university, an applicant may submit evidence of completion of at least 30 semester units acceptable toward a master's degree while registered in a degree program in speech-language pathology or audiology. The foreign-trained applicant must have their educational transcripts evaluated by an approved transcript evaluation service. The service provides the Board with a report of the courses taken and the academic units and clinical hours earned. The report also provides a conversion of the foreign grading scale and credit system into the U.S. grading scale, and an equivalency of the degree conferred at the international institution to that which would be earned in the U.S.

Once the Board receives an application and the transcript evaluation report, the transcripts and the evaluation report are reviewed by Board staff and, when necessary, sent to a Board-appointed expert reviewer to determine that equivalent educational and experience qualifications are met. The applicant must also take and pass the required national examination and complete the required professional experience to be eligible for a permanent license.

**20. Describe the board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.**

The Board is unaware of any military education, training, and experience that would satisfy the requirements for licensure as Speech-Language Pathologists, Speech-Language Pathology Assistants, or Audiologists. Hearing Aid Dispensers do not have minimum educational requirements for licensure.

- **How many applicants offered military education, training, or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training, or experience accepted by the board?**

To date, the Board has not received an application in which military education, training or experience was submitted toward the licensing requirements.

- **How many licensees has the board waived fees or requirements for pursuant to BPC § 114.3, and what has the impact been on board revenues?**

Since 2021-22, the Board has waived the renewal requirements and fees for one (1) licensee called to active duty as a member of the United States Armed Forces or California National Guard. Since 2021-22, the impact to the Board's revenue was minimal.

- **How many applications has the board expedited pursuant to BPC § 115.5?**

Since the Board's last Sunset Review, the Board received 86 military spouse applications. Applicants have typically encountered delays due to fingerprinting issues or when the applicant had convictions or discipline against their license in the other state; both of these issues are outside of the Board's control. The Board will continue to track and expedite military spouse applications.

## **Examinations**

**21. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required? Are examinations offered in a language other than English?**

### Hearing Aid Dispensers

Written and Practical examinations are developed, maintained and evaluated with facilitation by Office of Professional Examination Services (OPES) and in collaboration with licensed and practicing, Hearing Aid Dispensers and Dispensing Audiologists.

The Hearing Aid Dispenser's Written Examination is administered by the exam contractor PSI and assesses an applicant's knowledge and abilities as follows:

- Evaluating and interpreting audiometric test results
- Assessing client history and hearing ability (through audiometric testing)
- Selecting and evaluation of hearing aids
- Fitting a hearing aid and providing the instructions on care and use
- Troubleshooting and evaluating hearing aids.

The Board provides an English-only version of the written examination for administration under our computer-based testing contract.



The practical examination is required by BPC Section 2538.31 to be administered a minimum of two times per year. Typically, the Board administers the examination four to five times per year to accommodate applicants interested in entering the field. The practical examination requires actual demonstration of the knowledge and techniques for using instruments and equipment necessary for the fitting and selling of hearing aids.

OPES facilitates ongoing examination development workshops where subject matter experts (licensed Hearing Aid Dispensers and Dispensing Audiologists) review and update both the written and practical examinations. Approximately every five to seven years, an occupational analysis is conducted by OPES, on behalf of the Board. The most recent study was completed in 2020.

#### Speech-Language Pathologists/Audiologists

The Board does not administer a state licensing examination for Speech-Language Pathologists or Audiologists. Rather a national examination, the Praxis Series Test in Speech-Language Pathology, and the Praxis Series Test in Audiology, are administered by the Educational Testing Service (ETS), are reviewed and validated by the DCA's OPES.

OPES has worked with both ETS and American Speech-Language-Hearing Association (ASHA) regarding ongoing examination development and modification. ASHA representatives have stated that they are continually working with ETS to update the national examinations' content to reflect the evolving practices of speech-language pathology and audiology.

ETS only provides an English version of the Praxis exam. However, ETS does offer examinees needing Primary Language Not English (PLNE) accommodations. If English is not the examinee's primary language, they may be eligible for extended testing times.

PLNE accommodations are available on all test dates and at all established test centers. Examinees' who meet ETS requirements will be allowed 50 percent additional testing time.

Examinees are required to register for PLNE accommodations by completing the following:

- Complete the Certification of Documentation Form. An embossed school seal must be affixed over the signature on the certification of documentation form or the signature must be notarized. ETS has the right to request further verification, if needed, of the professional's credentials and expertise relevant to the certification of documentation form;
- Complete the Eligibility Form for Examinees Whose Primary Language Is Not English;
- Complete the Test Authorization Voucher Request Form;
- Mail the completed Test Authorization Voucher Request Form, the Certification of Documentation Form and the Eligibility Form with payment to the appropriate address.

Once the accommodation request is approved, ETS contacts the examinee with a voucher number that is used to register for a test appointment.

## **22. What are pass rates for first time vs. retakes in the past four fiscal years? Please include pass rates for all examinations offered, including examinations offered in a language other than English. Include a separate data table for each language offered.**

Examinations are not offered in a language other than English. The pass rates for the examinations required for licensure are provided in Table 8a.

For state examinations, the Board has not historically tracked first time passing scores separately from overall passing scores and has only been able to calculate the 2024-25 results for first time test takers for the Board's Written Examination and Practical Examination for Hearing Aid Dispensing. For 2024-25, the Written Examination had 106 first time test takers with a passage rate of 57 percent, and the Practical Examination had 177 first time test takers with a passage rate of 64 percent.

For the National Examinations, the Praxis in Speech-Language Pathology and the Praxis in Audiology, the Board does not approve applications to take the examination, so therefore does not get all score reports for each applicant. Thus, the Board relies on score reports to be ordered by applicants, resulting in the Board only getting score reports limited to qualifying for licensure (thus many applicants do not report failed examinations to the Board). In prior Sunset Reviews, the Board reported the test data it had available from applicants, but this led to an artificially higher passage rate being reported due to the limited data available to the Board. For this reason, the Board has requested national data trends from ETS, the Praxis administrator, and this request to provide testing passing rates for all test takers and/or first time test takers has not been provided by the time this report was approved by the Board.

Table 8a. Examination Data <sup>6</sup>			
California Examinations			
License Type		Hearing Aid Dispensing	Hearing Aid Dispensing
Exam Title		Written Examination	Practical Examination
FY 2021/22	Number of Candidates	240	165
	Overall Pass %	61%	61%
	Overall Fail %	39%	39%
FY 2022/23	Number of Candidates	249	150
	Overall Pass %	57%	57%
	Overall Fail %	43%	43%
FY 2023/24	Number of Candidates	269	313
	Overall Pass %	66%	68%
	Overall Fail %	34%	32%
FY 2024/25	Number of Candidates	345	251
	Overall Pass %	62%	73%
	Overall Fail %	38%	27%
Date of Last OA		2020	2020
Name of OA Developer		DCA OPES	DCA OPES
Target OA Date		2028	2028

<sup>6</sup> This table includes all exams for all license types as well as the pass/fail rate. Include as many examination types as necessary to cover all exams for all license types.

Table 8b. National Examination			
National Examinations			
License Type		Speech-Language Pathologist	Audiologist
Exam Title		Praxis (Speech-Language Pathology)	Praxis (Audiology)
FY 2021/22	Number of Candidates	12,910	1,347
	Overall Pass %	77%	88%
	Overall Fail %	23%	12%
FY 2022/23	Number of Candidates	14,073	1,435
	Overall Pass %	76%	89%
	Overall Fail %	24%	11%
FY 2023/24	Number of Candidates	14,257	1,635
	Overall Pass %	73%	85%
	Overall Fail %	27%	15%
FY 2024/25	Number of Candidates	15,328	1,549
	Overall Pass %	74%	84%
	Overall Fail %	26%	16%
Date of Last OA		2024	2024
Name of OA Developer		ASHA	ASHA
Target OA Date		Unknown	Unknown

**23. Is the board using computer-based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?**

Hearing Aid Dispensers

The Hearing Aid Dispenser's written examination is administered as a computer-based test. The Board currently contracts with the examination administrator, PSI. PSI handles the registration, scheduling, candidate handbook, eligibility notification, exam administration, and scoring examinations for the Board. There are 26 test centers located throughout the state and computer-based tests are administered six days per week, with the exception of specified holidays.

Speech-Language Pathology & Audiology

The ETS does offer the Praxis Series Test for speech-language pathology and audiology as a computer-based test. The Praxis Series Test for speech-language pathology and audiology are administered through an international network of testing centers.

**24. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe. Has the board approved any amendments, or is the board considering amendments to address the hindrances presented by these statutes?**

The Board has reviewed and adopted proposed amendments to its hearing aid dispensing examination administration regulatory requirements (Title 16 California Code of Regulations Section 1399.120) that restrict Board staff's management of examination applications. These regulations are currently undergoing development of regulatory documents and cost estimates required prior to filing with the Office of Administrative Law.

**25. When did the board last conduct an occupational analysis that validated the requirement for a California-specific examination? When does the board plan to revisit this issue? Has the board identified any reason to update, revise, or eliminate its current California-specific examination?**

The Board last conducted an occupational analysis of the Hearing Aid Dispenser profession in 2020 that validated the California specific Written Examination and Practical Examination for the hearing aid dispensing profession does accurately reflect the requirements for practice in the state. However, this occupational analysis did not involve a national examination review and linkage study to compare the content of the national examination with the results of the 2020 California occupational analysis to determine the extent to which the content of the national examination reflects critical California practice. The Board discussed this issue at its August 22, 2025 Board meeting and will continue to discuss the possibility of performing a national examination review and linkage study of the International Hearing Society's (IHS's) International Licensing Examination (ILE) and Practical Examination for Hearing Health Professionals in the future. Some considerations include the additional costs and resources necessary to perform the national examination review and linkage study versus the potential benefit of an alternative examination requirement in light of California-specific hearing aid dispensing laws and regulations. The Board determined at its August 2025 Board meeting to continue researching this issue and to have IHS come to a future Board meeting to provide additional information and materials on its ILE and Practical Examination.

## **School Approvals**

**26. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?**

Title 16 California Code of Regulations Section 1399.152 defines Board approved institutions. The Board has the authority to approve the professional training programs awarding graduate or doctorate degrees in speech-language pathology or audiology; however, it does not exercise such authority as the Board does not have the expertise or staff resources to serve as an accrediting body for professional training programs. Instead, the Board recognizes the accreditation of two professional accrediting organizations, the Council of Academic Accreditation, which is a subsidiary of American Speech-Language- Hearing Association and accredits both speech-language pathology and audiology programs, and the relatively new accrediting body, the Accreditation Commission for Audiology Education (ACAE) which accredits professional doctoral programs in audiology.

The Board independently reviews Speech-Language Pathology Assistant training programs. These programs are Associate of Arts or Science programs. Individuals with an undergraduate degree in Communication Disorders and Sciences may qualify for Speech-Language Pathology Assistant registration; however, the undergraduate program does not require independent review and approval by the Board. California Code of Regulations Sections 1399.170.4-1399.170.10 provide for the institutional and program requirements that must be met in order for the program to be awarded Board approval. The Board utilizes the services of subject matter experts to review applications and supporting documentation for Speech-Language Pathology Assistant programs and makes recommendations to Board staff regarding program approval.

The BPPE does not approve the professional training programs for Speech-Language Pathologists or Audiologists. Hearing Aid Dispensers do not have minimum educational requirements for licensure.

**27. How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?**

The Board has approved eight Speech-Language Pathology Assistant (SLPA) programs in total, one of which was approved since the Board's last Sunset, these are offered at community colleges and can be found throughout the State. The eight SLPA programs include:

- American River College (Sacramento, CA)
- San Joaquin Delta College (Stockton, CA)
- Reedley College (Madera, CA)
- Ventura College (Ventura, CA)
- Pasadena City College (Pasadena, CA)
- Cerritos College (Norwalk, CA)
- Santa Ana College (Santa Ana, CA)
- Orange Coast College (Costa Mesa, CA)

These programs must be accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges. The Speech-Language Pathology Assistant programs may be reviewed or audited at any time; however, the Board only conducts subsequent site reviews for an approved school if there are concerns raised regarding the administration of the Speech-Language Pathology Assistant program. If a program fails to comply with the requirements for approval as set forth in California Code of Regulations sections 1399.170.4 - 1399.170.10, the Board can remove its approval of a Speech-Language Pathology Assistant program.

**28. What are the board's legal requirements regarding approval of international schools?**

There are no legal requirements for the Board to approve international schools.

**Continuing Education/Competency Requirements**

**29. Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review.**

Speech-Language Pathologists, Audiologists, Dispensing Audiologists, & Speech-Language Pathology Assistants

Licensed Speech-Language Pathologists and non-dispensing Audiologists are required to complete 24 hours of CPD/CE from a Board-approved provider during their preceding two-year license renewal cycle. The term "Board-approved providers" refers to entities directly approved by the Board and entities explicitly recognized in statute because of their comprehensive educational review program for the respective professions. Dispensing Audiologists are required to obtain 12 hours for each renewal with at least 50 percent of the CPD/CE in hearing aid related course work and the other 50 percent in courses directly relevant to the practice of audiology. Additionally, Speech-Language Pathologists and Audiologists that supervise required professional experience temporary license holders and Speech-Language Pathology Assistants must initially

obtain six (6) hours of CPD related to supervision prior to commencing supervision and also must obtain three (3) hours of CPD related to supervision every four (4) years for required professional development supervisors and every two (2) years for Speech-Language Pathology Assistant supervisors.

Speech-Language Pathology Assistants are also required to complete CPD/CE every two years; however, the 12 hours required of Speech-Language Pathology Assistants do not have to be obtained by Board- approved providers. Instead, the Speech-Language Pathology Assistant supervisor serves as a professional development coordinator for the Speech-Language Pathology Assistant and assists the paraprofessional in developing a plan to complete the required hours through attendance at state or regional conferences, workshops or formal in-service presentations.

CPD/CE requirements allow for a specified number of self-study courses, related coursework which may include more general medical or educational course offerings, and indirect client care courses which cover legal or ethical issues, managed care issues, consultation, etc.

#### Hearing Aid Dispensers

Hearing Aid Dispensers are required to complete at least 12 hours of CE annually. At a minimum, nine (9) hours of CE must be related to direct patient care in the practice of dispensing and fitting hearing aids, while the remaining three hours may be in courses related to the discipline of hearing aid dispensing, ethics, office management, or managed care issues.

CE providers must have their courses approved by the Board. Board staff reviews the content of each course, along with the instructor's qualifications, and issues approval. If Board staff is unfamiliar with the subject area, an outside expert may be consulted.

Continuing Education			
Type	Frequency of Renewal	Number of CE Hours Required Each Cycle	Percentage of Licensees Audited
Speech-Language Pathologists	2 Years	24	5%
Speech-Language Pathology Assistant	2 Years	12	5%
Audiologist	2 Years	24	5%
Dispensing Audiologist	1 Year	12	5%
Hearing Aid Dispenser	1 Year	12	5%

In 2024 the Board updated the CE and CPD regulations for Speech-Language Pathologists, Audiologists, Dispensing Audiologists, and Hearing Aid Dispensers.

Effective October 1, 2024, the Board updated regulations related to CE requirements for Hearing Aid Dispensers to allow updated activities and more flexible limits on the types of courses and delivery methods allowed. This included increasing the number of hours that may be obtained in related or indirect client care courses from three to four hours per renewal period but permitting no more than six hours per renewal period for courses related to equipment, devices, or other products. The updated regulations also included allowing licensees to take courses related to equipment, devices, or other products related to the fitting, programming, and troubleshooting of equipment, devices, or other products of a particular manufacturer or company only as it relates

to benefiting a client's hearing and functional use of the equipment, device, or product. The updates also created parity with other Board licensees by allowing licensees who teach a course to receive the same number of hours, once per renewal, as a licensee who attended the course. The updated regulations also clarified how many hours of CE credit Hearing Aid Dispensers and Dispensing Audiologists can receive for participating in board-sponsored examination development or administration related functions and for completing a board sponsored occupational analysis.

Effective January 1, 2025, the Board updated the CPD regulations for Speech-Language Pathologists, Audiologists, and Dispensing Audiologists to include updated activities and more flexible limits on the types of courses and delivery methods allowed. This included updating the number of hours allowed to be accrued via self-study to 50 percent of the required hours and updating the definition to a course where the course instruction and licensee participation do not occur simultaneously and requires the completion of an evaluation on what was learned during the course or at the conclusion of the course. The updated regulations also removed limitations to the number of hours that can be obtained from courses that are related to the practice of speech-language pathology or audiology and increasing the number of hours that can be obtained from indirect patient/client care courses to 25 percent of the total required hours. These updates also now permit licensees to take courses related to instruments and technology used for assessment/diagnosis or intervention, and equipment, devices, or other products that are not on the marketing, launching, or demonstrating the marketability of equipment, devices, or other products regardless of whether it focuses on a particular manufacturer's or company's equipment, devices, or products. Lastly, the updates also clarified how many hours of CPD can be accrued for completing a Board sponsored Occupational Analysis.

- **How does the board verify CE or other competency requirements? Has the board worked with the Department to receive primary source verification of CE completion through the Department's cloud?**

Certification of completion of the required CPD/CE is documented on the license renewal form, which includes a statement of compliance that must be signed by the licensee. Subsequent random audits are performed by the Board wherein actual course completion documents are requested of the licensees to verify the statements of compliance.

The Board has not had the opportunity to work with DCA regarding receiving primary source verification of CE completion through the DCA Cloud.

- **Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.**

Prior to the Board's last Sunset, the Board was only able to complete one (1) audit in 2018. After the Board's last Sunset, the Board requested and received authority to hire one Staff Services Analyst to perform ongoing CE Audits. The Board began conducting random audits to ensure compliance with CE requirements for license renewal of five percent of its licensees on an ongoing basis starting with licensees that renewed in January 2024. These ongoing audits started in Fiscal Year 2024-25, once the Board was able to fill and train the CE Auditor position on auditing procedures and citation and fine procedures. During the 2024-25 Fiscal Year, the new CE Auditor was able to complete CE audits for 5% of licensees renewing from January 2024 through June 2024.

Licensees, as a condition of renewal, must certify that they have met the CE requirements specified in regulation for their license type. During a CE audit, the Board notifies licensees of their selection and requests course completion documents for the renewal cycle being audited. The course completion documents are reviewed by Board staff to determine compliance with the CE requirements in terms of total number of hours obtained, approved provider status, and whether the course content is applicable to the profession.

California Code of Regulations Section 1399.140 requires Hearing Aid Dispensers and Dispensing Audiologists to maintain records of course completion for a period of at least two years from the renewal period in which the courses were completed, and Section 1399.160.12 requires Speech-Language Pathologists and non-dispensing Audiologists to maintain records of course completion for a period of at least two years from the date of license renewal for which the course was completed.

- **What are consequences for failing a CE audit?**

Certification of completion of the required CPD/CE is documented on the licensee's renewal form, which includes a statement of compliance that must be signed by the licensee. If a licensee does not submit verification of enough hours or submits certificates that do not meet the Board's requirements, the licensee is sent a deficiency letter or Notice of Probable Violation to see if there are any additional CPD/CE documents that the licensee has that may satisfy the CPD/CE requirements or has evidence that the licensee qualified for exemption from CPD/CE requirements due to living in a foreign country, active duty military service, or had a period of disability or primary care responsibilities for a disabled family member.

The consequences for failing a CPD/CE audit can include issuance of any of the following: educational letter, citation and fine, or formal disciplinary documents such as a letter of public reproof or accusation. The Board normally issues a licensee a citation and fine ranging from \$100 to \$5,000, depending on the number and type of hours deficient and the number of CPD/CE audits the licensee has previously failed. The citation and fine for CPD/CE will include an order of abatement to remediate the deficient hours if they have not already been made-up. Any licensee who wants to contest a Notice of Probable Violation and/or citation and fine can request an office mediation/informal conference or a formal administrative hearing with the Office of Administrative Hearings.

- **How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?**

Since Fall 2024, the Board has completed a 5 percent random selection of Speech-Language Pathologists, Speech-Language Pathology Assistants, Audiologists, and Hearing Aid Dispensers who renewed between January through June of 2024. The results for the January through June 2024 audits are provided in the table below. Overall, there is an average failure rate of 28 percent for the first six months of renewals that have been audited, which is relatively higher than the 19 percent average amongst healing arts boards who underwent Sunset Review in 2025.



<b>CE/CPD Audit Results</b>									
Audit Period	Number Audited	Passed	%	Failed	%	Exemption Granted	%	Citation Issued	%
January 2024	38	23	61%	9	24%	6	16%	8	21%
February 2024	39	22	56%	11	28%	6	15%	6	15%
March 2024	43	21	49%	15	35%	6	14%	8	19%
April 2024	49	27	55%	12	24%	7	14%	4	8%
May 2024	40	23	58%	9	23%	7	18%	3	8%
June 2024	40	21	53%	14	35%	4	10%	1	3%

The most common reasons for failure of the CE audit are having over the maximum number of self-study hours, not having enough CE hours total (either CE hours taken outside the renewal cycle or completed hours with non-approved providers), and insufficient documentation of courses taken (lacking certificates, certificates do not show if course was self-study, or certificate does not indicate the provider's approval status or other critical course details). During the course of auditing CE records of Board licensees, Board staff had to dedicate significant time and energy to educating current licensees regarding acceptable types of CE, limitations on self-study, and about what entities are approved CE providers under the Board's Practice Act.

During the audit process, Board staff have raised the question as to whether some of these issues that cause confusion or even audit failure might merit review for potential statutory amendments as part of the Board's Sunset Review. Specifically, Board staff raised the following concerns for Board consideration as potential New Issues to recommend at the Joint Sunset Review Oversight Hearings:

- Clarifying that both the national and California chapters of professional organizations qualify as approved and exempt CE providers.
- Allow mandatory training courses required by either state (e.g., California Department of Education, California Department of Developmental Services, and California Department of Health Care Services), federal, or local government entities (e.g., regional centers, county offices of education, and local departments of public or mental health) that cover professional issues that impact the provision of services to qualify as CE under the Board's Practice Act.
- Allow Speech-Language Pathology Assistants to meet their CPD requirements through the same course providers that their supervisors are allowed to fulfill their CPD requirement.
- Prohibit Speech-Language Pathology Assistants from using coursework towards a master's degree that would qualify an applicant for licensure as a speech-language pathologist pursuant to BPC Section 2532.2 towards meeting their CPD requirements as the intent of master's level coursework is to prepare the individual for a different professional role not to expand the knowledge related to practicing as a SLPA.

During the 2025-26 Fiscal Year, the Board will be auditing licensees who renewed in July through December 2024. Currently, a considerable amount of time is dedicated to citation and fine related duties associated with the CE Audit process as well as the processing of exemptions. The Board expects that it will be able to accelerate the pace of these audits in future years as Board licensees are more mindful of the Board's CPD/CE requirements and their responsibility to complete the appropriate hours as well as maintain adequate records of completion.

- **Who approves CE courses? What is the board's course approval policy?**

Board staff reviews and approves CE courses in accordance with regulatory requirements, if there is uncertainty regarding course content, a subject matter expert may be utilized to provide guidance.

- **Who approves CE providers? If the board approves them, what is the board's application review process?**

Board staff reviews and approves applications for both Board approved CPD providers and CE courses. Board staff review applications for compliance with the respective regulations for CPD provider applications and CE course content requirements. Subject matter experts may be utilized if the course content is unfamiliar to staff or requires expert review by a licensed professional in order to determine the practice relevance of the course.

The Board also accepts through statutory authority CPD provided by accredited institutions of higher learning and organizations approved as continuing education providers by either the American Speech-Language Hearing Association, the American Academy of Audiology, or the California Medical Association's Institute for Medical Quality Continuing Medical Education Program.

- **How many applications for CE providers and CE courses were received? How many were approved?**

The CE course and CPD provider application data are provided below for the last four years.

<b>CE Courses and CPD Providers Applications</b>					
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	Total
CE Course Applications Received	196	129	221	253	799
CE Course Applications Approved	186	125	221	253	785
CPD Provider Applications Received	19	12	32	20	83
CPD Provider Applications Approved	14	11	29	19	73

- **Does the board audit CE providers? If so, describe the board's policy and process.**

The Board's goal is to conduct random audits of five percent of its providers. Due to staff shortages over the past four years, the Board has been unable to conduct an audit of CPD providers since its last Sunset Review.

During a CPD provider review, a letter is sent to the provider notifying them of the audit and requesting the following information to be submitted to the Board within 30 days:

- Course syllabi;
- Information regarding the time and location of the course offering;
- Course advertisements;
- Course instructor resumes or curriculum vitas;
- Attendance rosters including names and license numbers of the attendees;
- Records of course completion.

Staff reviews the provider documentation and consults with the Board's Executive Officer if a compliance issue is noted. The Board may revoke a provider approval for failing to comply

with the continuing professional development program requirements (California Code of Regulations Section 1399.160.8).

- **Describe the board's effort, if any, to review its CE policy for the purpose of moving toward performance-based assessments of the licensee's continuing competence.**

The Board is not moving toward performance-based assessments of its licensees.

## Section 4 – Enforcement Program

### 30. What are the board's performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

DCA established standard performance measures (PM) for each Board and Bureau and set an overall goal of 12-18 months to complete consumer complaints. Each Board or Bureau was responsible for determining its performance target for each PM to achieve the 12–18-month goal.

The DCA Performance Measures and Targets and the Board's Enforcement Performance data are provided below.

Performance Measure (PM)	Definition	Performance Target
PM 1 - Volume	Number of complaints/convictions received.	*
PM 2 - Intake	Average number of days from complaint receipt, to the date the complaint was assigned to an investigator.	10 Days
PM 3 - Intake & Investigation	Average number of days from complaint receipt to closure of the investigation process for cases not transmitted to the AG. (Includes intake and investigation).	90 Days
PM 4 - Formal Discipline	Average number of days to complete the entire enforcement process for cases transmitted to the AG for formal discipline. (Includes intake, investigation, and transmittal outcome).	540 Days
PM 5 - Costs	Average costs of intake and investigation for complaints not resulting in formal discipline.	**
PM 6 - Customer Satisfaction	Customer satisfaction with the service received during the enforcement process.	***
PM 7 – Probation-Initial Contact	Average number of days from monitor assignment, to the date the monitor first makes contact with the probationer.	7 Days
PM 8 - Probation Violation	Average number of days from time a violation is reported against a probationer to the time the monitor responds.	10 Days
* Complaint volume is counted and not considered a performance measure		
** Data not collected by DCA		
*** Data not disseminated		

Board Enforcement Performance Measures						(in days)
Performance Measure	Target	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	Four-Year Average
PM 1 - Volume	*	127	149	142	263	170
PM 2 - Intake	10	5	3	5	4	4
PM 3 - Intake & Investigation	90	524	321	149	232	307
PM 4 - Formal Discipline	540	1,010	1,304	404**	1,297	1,004
PM 7 - Probation-Initial Contact	7	1	1	1	1	1
PM 8 - Probation Violation	10	2	1	10	2	4
* Complaint volume is counted and not considered a performance measure						
** FY 2023/24 was affected by a small number of formal disciplinary actions being taken, both of which had short investigation timeframes						

The Board consistently meets performance measure targets for complaint intake, probation initial contacts, and probation violations. However, since the Board's last Sunset Review, the Board's has had difficulty meeting performance measure targets related to intake and investigation timeframes (90 days) and formal discipline timeframes (540 days).

Over the last four fiscal years (2021-22 through 2024-25), the Board has been able to increase from 27 percent to 46 percent the percentage of complaints it closes within 90 days, however there are multiple factors contributing to the Board's inability to meet the intake and investigation timeframe target of 90 days.

First, turnover within the Enforcement Unit has impacted the Board since its last Sunset Review, with either a vacancy or training of new investigative staff occurring in each fiscal year. With an enforcement staff of only three investigators, vacancies and training of new staff take considerable time away from ongoing investigations.

Another factor that impacts the Board's ability to meet investigation timeframes is closure of multiple related cases with extended investigation timeframes, sworn and/or desk investigations, especially when the cases ultimately are not actionable and closed within the same fiscal year, such as 2021/22. When multiple related cases with high investigation timeframes are closed at the same time, they have an outsized impact on the Board's average investigation timeframes in that specific fiscal year.

On the technical side, the Board's legacy system used for enforcement does not have the ability to pause investigation timeframes while waiting for consumers or licensees to provide the Board with necessary medical release forms, copies of necessary documentation, or responses to the Board's investigation, all of which are necessary to proceed with investigations. Waiting for releases and documentation significantly impacts processing timeframes for most consumer complaints the Board investigates. This extends to the evidence a consumer states they have when submitting an online complaint via the DCA portal, as this system does not have the capacity for consumers to upload documents and evidence into that system. Prior to 2025, the Board used to struggle more with waiting for licensees to respond to Board investigation requests but has more recently begun utilizing citation and fine against licensees that fail to participate in the Board's investigation within the legally required timeframe. This has sped up one part of the process more recently. A similar example of cases aging unnecessarily is when a licensee is arrested, the Board opens a complaint based on the date it was notified of the arrest. The case then ages for as long as the criminal case takes to be adjudicated in addition to the Board's investigation time and administrative discipline process (if warranted), resulting in high

investigation timeframes for most all conviction related cases. While the Board had intended to streamline its enforcement processes and include complaint investigations in the Board's Business Modernization Project, this was ultimately not part of the project, therefore the Board has not streamlined its investigative processes to date and therefore some complaints continue to age while waiting on consumers to respond and the criminal justice system to conclude its processes.

Lastly, due to resource constraints and a significant decrease in the number of complaints and convictions received since the start of the COVID-19 pandemic, Board management reassigned one enforcement analyst, on a parttime basis, to the Business Modernization Project and its maintenance and operation thereafter. This reassignment was essential to the Board's success during the Business Modernization Project, and it was the Board's intention that the same employee would be able to lead the enforcement modernization project in the near future using the insights and skills gained during the initial licensing modernization project. However, given the Board's continued inability to meet investigation performance measures, the increase in complaints and convictions received in 2024-25, and uncertainty about when a future enforcement business modernization project may be possible, Board management is currently considering different strategies to address both needs within current Board resources.

In relation to the Board not meeting the formal discipline timeframe target of 540 days, the primary contributor to this is the aging of criminal conviction related cases. Of the 18 formal disciplinary actions taken by the Board since its last Sunset, more than half of those cases were criminal conviction related cases that had aged over the 540-day target. Board management will be consulting with other boards and bureaus still utilizing the same legacy system to research interim steps it can take to reduce these timeframes until an enforcement business modernization project can be undertaken to streamline all enforcement processes.

**31. Explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?**

Since the Board's last Sunset Review, the Board continued to see lower than expected complaints and licensee arrest/convictions, which started with the onset of the COVID-19 pandemic and continued for multiple years, which saw a 135 percent increase in complaints and a 14 percent increase in licensee arrests/convictions in just a single fiscal year. The increase in licensee arrests/convictions climbed modestly over the past four fiscal years, but the increase in complaints is extremely steep and the Board is not confident that this trend at this magnitude will continue.

Two of the largest factors contributing to the steep increase in complaints in the last fiscal year include the Board's discovery of various speech and audiology businesses being inappropriately organized, and the Board's ongoing CE audits of its licensees. During the course of the Board's research related to a policy inquiry from a licensee, the Board discovered that there are at least 44 speech and audiology companies organized as limited liability companies (LLCs), which is not allowed under the Moscone-Knox Professional Corporation Act and the Board's Speech-Language Pathology Corporation and Audiology Corporation laws. The Board then opened these internal complaints to work with licensees to remedy these violations. Separately, the Board's ongoing CE audits have also created complaints due to licensee failure to meet renewal requirements related to CE. For CE audit failures, the Board opens an internal complaint to start the process for remediation, which may result in the issuance of a citation and fine or other enforcement action. By the end of 2024-25, this included 28 complaints opened related to CE

audit failure. Thus, these two factors together account for 66 percent of the increase in complaints in 2024-25. The Board would not expect to see another surge in complaints based on the Board's discovery of other code violations but does expect to continue to see higher complaint levels related to CE audit failures for the next few years. There was also a modest increase in the number of licensee and anonymous complaints in the last fiscal year, the Board will continue to monitor whether these increases continue and if any violation trends emerge from the investigation of these complaints.

As discussed in the prior question on performance measures, there are multiple factors impacting the Board's ability to close more intake and investigations within the 90-day target. Within the limited resources the Board has, one area that the Board has been able to invest in since the Board's last Sunset Review was in advanced training for its enforcement staff. The Board sent its enforcement staff that perform investigations to the National Certified Investigator and Inspector Training (NCIT) Program's enforcement training through the national Council on Licensure, Enforcement and Regulation (CLEAR). CLEAR is the premier resource nationally for professional regulation and its NCIT training program has set the standard for regulatory investigation and inspection training. This training was helpful to enforcement staff in their daily duties. Unfortunately, one of the three staff that completed the training has since left the Board for a promotional opportunity within State service and the Board has not been able to send the new enforcement staff member to this training yet.

The Board has continued looking into additional training measures for the Board's enforcement Subject Matter Experts (SMEs) to ensure consistency with the expert reports and preparedness for witness testimony during administrative hearings. Due to a change in Board leadership since the last Sunset Review, the Board has only been able to complete a review of another board's SME training materials for potential use with its SMEs.

Unfortunately, other options for improvement and streamlining of enforcement processes and systems that would result in significant improvements are currently limited due to limitations on Board and DCA resources for business modernization. As stated in the last question, the Board will be looking into intermediate improvements that might be possible within existing resources, but these would lead to moderate improvements at best, not the type of timeframe reductions and workload capacity increases that were demonstrated through the Board's initial application business modernization.

<b>Table 9. Enforcement Statistics</b>				
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
<b>COMPLAINTS</b>				
Intake				
Received	77	89	81	190
Closed without Referral for Investigation	0	0	0	0
Referred to INV	78	90	80	192
Pending (close of FY)	1	0	1	0
Conviction / Arrest				
CONV Received	48	60	65	76
CONV Closed Without Referral for Investigation	0	0	0	0
CONV Referred to INV	51	61	62	79
CONV Pending (close of FY)	0	0	3	0

<b>Table 9. Enforcement Statistics</b>				
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Source of Complaint <sup>7</sup>				
Public	61	64	42	41
Licensee/Professional Groups	13	12	15	29
Governmental Agencies	25	36	56	56
Internal	22	29	14	104
Other	0	0	0	3
Anonymous	4	8	19	33
Average Time to Refer for Investigation (from receipt of complaint/conviction to referral for investigation)	5	3	5	5
Average Time to Closure (from receipt of complaint/conviction to closure at intake)	N/A	N/A	N/A	N/A
Average Time at Intake (from receipt of complaint/conviction to closure or referral for investigation)	5	3	5	4
<b>INVESTIGATION</b>				
Desk Investigations				
Opened	129	151	143	270
Closed	183	144	116	192
Average days to close (from assignment to investigation closure)	576	318	200	224
Pending (close of FY)	134	131	171	237
Non-Sworn Investigation				
Opened	N/A	N/A	N/A	N/A
Closed	N/A	N/A	N/A	N/A
Average days to close (from assignment to investigation closure)	N/A	N/A	N/A	N/A
Pending (close of FY)	N/A	N/A	N/A	N/A
Sworn Investigation				
Opened	1	5	7	10
Closed	2	3	5	5
Average days to close (from assignment to investigation closure)	258	290	242	220
Pending (close of FY)	2	1	7	13
All investigations <sup>8</sup>				
Opened	130	156	150	280
Closed	185	147	121	197
Average days for all investigation outcomes (from start investigation to investigation closure or referral for prosecution)	579	318	197	190
Average days for investigation closures (from start investigation to investigation closure)	572	318	195	179
Average days for investigation when referring for prosecution (from start investigation to referral for prosecution)	1017	299	699	473
Average days from receipt of complaint to investigation closure	1021	320	207	481
Pending (close of FY)	136	132	178	250

<sup>7</sup> Source of complaint refers to complaints and convictions received. The summation of intake and convictions should match the total of source of complaint.

<sup>8</sup> The summation of desk, non-sworn, and sworn investigations should match the total of all investigations.



<b>Table 9. Enforcement Statistics</b>				
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
<b>CITATION AND FINE</b>				
Citations Issued	7	7	4	33
Average Days to Complete (from complaint receipt/inspection conducted to citation issued)	1,009	507	211	131
Amount of Fines Assessed	\$8,600	\$11,100	\$4,500	\$33,350
Amount of Fines Reduced, Withdrawn, Dismissed	\$1,200	0	\$0	\$1,550
Amount Collected	\$5,800	\$3,800	\$2,700	\$24,100
<b>CRIMINAL ACTION</b>				
Referred for Criminal Prosecution	0	0	4	4
<b>ACCUSATION</b>				
Accusations Filed	6	1	4	2
Accusations Declined	1	0	0	0
Accusations Withdrawn	0	1	0	0
Accusations Dismissed	0	2	0	0
Average Days from Referral to Accusations Filed (from AG referral to Accusation filed)	138	80	85	111
<b>INTERIM ACTION</b>				
ISO & TRO Issued	0	0	0	0
PC 23 Orders Issued	0	0	0	0
<b>INTERIM ACTION (cont.)</b>				
Other Suspension/Restriction Orders Issued	0	0	0	0
Referred for Diversion	N/A	N/A	N/A	N/A
Petition to Compel Examination Ordered	0	0	0	0
<b>DISCIPLINE</b>				
AG Cases Initiated (cases referred to the AG in that year)	6	3	5	4
AG Cases Pending Pre-Accusation (close of FY)	3	1	2	2
AG Cases Pending Post-Accusation (close of FY)	3	2	4	2
<b>DISCIPLINARY OUTCOMES</b>				
Revocation	2	0	0	0
Surrender	2	0	0	1
Suspension only	0	0	0	0
Probation with Suspension	1	0	0	0
Probation only	3	4	2	3
Public Reprimand / Public Reprimand / Public Letter of Reprimand	0	0	0	0
Other	0	0	0	0
<b>DISCIPLINARY ACTIONS</b>				
Proposed Decision	2	0	1	0
Default Decision	2	0	0	0
Stipulations	4	4	1	4
Average Days to Complete After Accusation (from Accusation filed to imposing formal discipline)	267	248	221	262
Average Days from Closure of Investigation to Imposing Formal Discipline	420	543	322	642



<b>Table 9. Enforcement Statistics</b>				
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Average Days to Impose Discipline (from complaint receipt to imposing formal discipline)	1150	1050	404	929
<b>PROBATION</b>				
Probations Completed	2	2	6	5
Probationers Pending (close of FY)	19	22	17	15
Probationers Told	3	4	4	3
Petitions to Revoke Probation / Accusation and Petition to Revoke Probation Filed	1	1	5	3
<b>SUBSEQUENT DISCIPLINE<sup>9</sup></b>				
Probations Revoked	0	1	1	3
Probationers License Surrendered	0	0	3	1
Additional Probation Only	1	0	0	1
Suspension Only Added	0	0	0	0
Other Conditions Added Only	0	0	0	0
Other Probation Outcome	0	0	0	0
<b>SUBSTANCE ABUSING LICENSEES</b>				
Probationers Subject to Drug Testing	4	8	6	8
Drug Tests Ordered	126	285	240	259
Positive Drug Tests	15	30	7	8
<b>PETITIONS</b>				
Petition for Termination or Modification Granted	1	0	0	1
Petition for Termination or Modification Denied	0	0	0	0
Petition for Reinstatement Granted	0	0	0	0
Petition for Reinstatement Denied	0	0	0	1
<b>DIVERSION</b>				
New Participants	N/A	N/A	N/A	N/A
Successful Completions	N/A	N/A	N/A	N/A
Participants (close of FY)	N/A	N/A	N/A	N/A
Terminations	N/A	N/A	N/A	N/A
Terminations for Public Threat	N/A	N/A	N/A	N/A
Drug Tests Ordered	N/A	N/A	N/A	N/A
Positive Drug Tests	N/A	N/A	N/A	N/A
*Note: Data results may differ from DCA Annual Report Data to ensure data metrics reported in this table are internally consistent for comparison purposes.				

<sup>9</sup> Do not include these numbers in the Disciplinary Outcomes section above.

Table 10. Enforcement Aging						
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	Cases Closed	Average %
<b>Investigations (Average %)</b>						
Closed Within:						
90 Days	48	55	50	89	242	38%
91 - 180 Days	12	21	26	40	99	16%
181 - 1 Year	16	23	20	28	87	14%
1 - 2 Years	38	21	13	17	89	14%
2 - 3 Years	33	19	4	11	67	11%
Over 3 Years	36	5	3	7	51	8%
Total Investigation Cases Closed	183	144	116	192	635	
<b>Attorney General Cases (Average %)</b>						
Closed Within:						
0 - 1 Year	0	0	1	1	2	12%
1 - 2 Years	1	0	1	2	4	24%
2 - 3 Years	3	2	0	0	5	29%
3 - 4 Years	2	2	0	0	4	24%
Over 4 Years	2	0	0	0	2	12%
Total Attorney General Cases Closed	8	4	2	3	17	

### 32. What do overall statistics show for increases or decreases in disciplinary action since the last review?

In alignment with the decrease in the volume of complaints and convictions the Board has received since its last Sunset Review, there has been a similar decrease in the volume of disciplinary actions the Board has taken.

### 33. How are cases prioritized? What is the board's complaint prioritization policy?

The Board prioritizes cases as urgent, high, or routine in accordance with DCA's Complaint Prioritization and Referral Guidelines, which were recently revised in March of 2024. Each case is reviewed and expedited according to the alleged violations in the complaint. The Board takes immediate action to involve the Division of Investigations and/or the Office of the Attorney General when a complaint alleges any activity in which the probability of public harm is imminent.

- **Please provide a brief summary of the board's formal disciplinary process.**

The Board conducts disciplinary proceedings in accordance with the Administrative Procedure Act, GC § 11370, and those sections that follow. The Board conducts investigations and hearings pursuant to Government Code §§ 11180 through 11191.

The Board also uses its Disciplinary Guidelines and the Uniform Standards Related to Substance Abusing Licensees as a guide when determining appropriate levels of discipline. The Disciplinary Guidelines were established in an effort to provide consistency in determining penalties. Enforcement staff consider the Disciplinary Guidelines when

determining whether to seek revocation, suspension, and/or probation of a license. Board members use them when considering cases during hearings.

The Board has two options available to take enforcement action against a licensee who has violated the law or standard of care. In cases in which the violations do not warrant the revocation of a license or terms and conditions of probation, a citation and fine is issued. In cases in which the violations are egregious and warrant revocation, probation, or public reprimand of the licensee, the Board forwards the matter to the Office of the Attorney General (OAG) to pursue formal disciplinary action. Each decision is made in consultation with the Executive Officer.

If after the completion of an investigation, evidence substantiates gross negligence, incompetence, or unprofessional conduct, the enforcement staff, in consultation with the Enforcement Coordinator and Executive Officer, determines whether the case should be forwarded to the OAG for disciplinary action.

The OAG is responsible for prosecuting the administrative case against licensees and registrants (respondents). A respondent might be suspended from practice, have their license revoked, be placed on probation, or be publicly reprimanded, or an applicant may be denied licensure or licensed with probation. A Deputy Attorney General (DAG) in the OAG's Office Licensing Unit is assigned to these cases. The DAG works with the Board's enforcement staff to determine whether the necessary evidence exists for a successful prosecution. The burden of proof in these matters must be clear and convincing. Based on the evidence, the DAG makes recommendations regarding prosecution. Although the Board generally takes the advice of counsel, the Board has the discretion to take other action.

Formal charges are almost always filed in cases in which the health and safety of the consumer have been compromised, and in which supporting evidence can be established. The Board's Executive Officer determines whether to file formal charges for any violation of the Board's licensing laws. These formal charges are referred to as pleadings and are either in the form of an Accusation (against a licensee) or a Statement of Issues (against an applicant). In each pleading, the Executive Officer of the Board is the complainant. These documents are a written statement of charges against the individual and specify the statutes and rules allegedly violated, and the acts or omissions comprising the alleged violations.

Once an Accusation or Statement of Issues has been filed and the respondent has been served, the Board may settle with the respondent prior to a formal hearing or proceed to a formal administrative hearing at the Office of Administrative Hearing (OAH), or if the respondent fails to respond to the accusation/statement of issues a default decision is issued. Default decisions result in the revocation or denial of a license.

The licensee or applicant and Board may decide to settle at any time during the administrative process. Usually, stipulations or negotiated settlements are entered into before an administrative hearing is held to avoid the expense of the hearing while achieving discipline in alignment with the Board's Disciplinary Guidelines.

If a settlement is not reached, the Board will proceed to an administrative hearing, where an Administrative Law Judge (ALJ) with OAH presides over the hearing; an attorney (DAG) represents the Board and presents the case; and the respondent or the respondent's

representative or attorney presents its case. If the respondent fails to appear at an administrative hearing, a default decision is issued. Defaults result in the revocation or denial of a license. At the hearing, testimony and evidence are presented and there is a transcript of the proceedings available after the hearing for purchase from the court reporting company. Upon the conclusion of the administrative hearing, the ALJ will consider all testimony and evidence and will prepare a proposed decision. Once the hearing is finished, the ALJ has 30 days to prepare the proposed decision and send it to the Board. The proposed decision is submitted to the Board for consideration. Upon receipt of the proposed decision, the Board then has 100 days to take action to either adopt or reject it. If no action is taken within 100 days, the proposed decision becomes effective by operation of law.

Board members review and vote on each case where the matter is either settled prior to hearing or the ALJ issues a proposed decision. In all cases, the Board members have the option to adopt/accept, adopt/accept with edits (technical/minor), reject, or hold for discussion. If the decision is held for discussion, the Board will discuss the case during its next Board meeting in closed session and will determine whether to adopt/accept, adopt/accept with edits (technical/minor), or reject the settlement or proposed decision and write their own decision. Once adopted, the final decision is served to the respondent and becomes effective on the date specified in the final order.

**34. Are there mandatory reporting requirements? For example, are there requirements for local officials, organizations, or other professionals to report violations, or for civil courts to report to the board actions taken against a licensee. Are there problems with the board receiving the required reports? If so, what could be done to correct the problems?**

The Board is included in the Business & Professions Code Section 800 series which, among other reporting requirements, requires professional liability insurers to notify the Board of situations involving professional negligence or incompetence by licensed Speech-Language Pathologists and Audiologists, including any relevant settlement reports, arbitration awards, and judgments against the licensee. Business & Professions Code Section 803 requires the courts to report any acts of negligence, errors or omissions in practice by a licensee where death or personal injury resulted in a judgment for an amount exceeding \$30,000.

While there is no specific statutory requirement for reporting, other state licensing Boards, governmental agencies, rehabilitation facilities, etc., send disciplinary reports, audit findings, and personnel action reports to the Board for review.

There are no other laws in the Board's specific practice act(s) which require other professionals to report misconduct by a licensee; however, professionals are encouraged to report any acts of unprofessional conduct and/or matters that pose a risk to the public. The Board typically receives very few reports and is not aware of any problems with receiving the required reports.

- **What is the dollar threshold for settlement reports received by the board?**

The dollar threshold for settlement reports received by the Board is \$30,000.

- **What is the average dollar amount of settlements reported to the board?**

Since the Board's last Sunset Review, the Board has not received any settlement reports.

**35. Describe settlements the board and Office of the Attorney General on behalf of the board enter into with licensees.**

The Board refers cases to the Office of the Attorney General for disciplinary action and considers many factors when choosing to settle cases. Settlements are based on the Board's Disciplinary Guidelines and the recommendations of the Office of the Attorney General. The Board also considers the gravity of the violations pled in the accusation or statement of issues, potential or actual consumer harm, rehabilitation factors demonstrated by the licensee or applicant, and licensee or applicant complaint history when considering a settlement. In addition, the Board considers the costs and length of an administrative hearing versus the likely outcome of a hearing to determine if there is benefit in reaching a settlement.

- **What is the number of cases, pre-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?**

The Board did not enter into any pre-accusation settlement agreements since the Board's last Sunset Review.

- **What is the number of cases, post-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?**

Since its last Sunset Review, all stipulated settlement agreements the Board made were made and approved post-accusation.

- **What is the overall percentage of cases for the past four years that have been settled rather than resulting in a hearing?**

Since the Board's last Sunset Review, 72 percent of cases were settled compared to the 28 percent that went to hearing or were default decisions. This is in alignment with the prior Sunset Review, where 75 percent of cases were settled compared to 25 percent that went to hearing or were default decisions.

**36. Does the board operate with a statute of limitations? If so, please describe and provide the citation. If so, how many cases have been lost due to statute of limitations? If not, what is the board's policy on statute of limitations?**

The Board does not operate with a specific statute of limitations, however, the Office of the Attorney General has communicated the following statute of limitations criteria they follow which is used by many other healing arts Boards (including Medical Board, Board of Psychology, etc.):

Accusations shall be filed within three years after the Board discovers the act or omission alleged as the grounds for disciplinary action, or within seven years after the act or omission alleged as the grounds for disciplinary action occurs, whichever occurs first. Exceptions in which there is no statute of limitations: accusations filed against a licensee alleging procurement of a license by fraud or misrepresentation; certain circumstances alleging unprofessional conduct based on incompetence; gross negligence; repeated negligent acts of the licensee. An accusation filed against a licensee on or after January 1, 2002 alleging sexual misconduct shall be filed within three years after the Board discovers the act or omission alleged as the ground for disciplinary action, or within 10 years after the act occurs, whichever occurs first. Additionally, if an alleged act or omission involves a minor, the seven-year

limitation period from when the alleged act occurred, and the 10-year limitation period from when the alleged act occurred shall be tolled until the minor reaches the age of majority.

**37. Describe the board's efforts to address unlicensed activity and the underground economy.**

All allegations of unlicensed activity are handled with at least high priority. Many of the Board's unlicensed activity cases involve previously licensed practitioners who allow their license to become delinquent by failing to renew on time or involve support personnel who fail to file the appropriate licensing paperwork to practice under supervision. These cases typically result in the issuance of a citation and fine to the unlicensed individual, and depending upon the circumstance, also to the supervisor responsible for aiding and abetting unlicensed practice.

**Cite and Fine**

**38. Discuss the extent to which the board utilizes cite and fine authority. Discuss any changes from the last review and describe the last time regulations were updated and any changes that were made. Has the board increased its maximum fines to the \$5,000 statutory limit? Does the board have authority to issue fines greater than \$5,000? If so, under what circumstances?**

The Board is authorized by Business & Professions Code section 125.9 to issue citations which may contain an order of abatement and an order to pay an administrative fine. The Board issues citations for minor violations of the laws and regulations governing the practices of speech-language pathology, audiology, and hearing aid dispensing which do not warrant formal discipline. The Board does not have the authority to issue fines greater than \$5,000.

Since the Board's last Sunset Review, no action has been taken to modify the regulations the Board operates under for the issuance of citations and fines. Review and revision of the citation and fine regulations is something the Board will be pursuing over the next four years to create alignment between the regulations for all of the Board's regulated professions.

**39. How is cite and fine used? What types of violations are the basis for citation and fine?**

Citations and fines are issued for minor infractions of the laws and regulations (e.g., advertising violations, failure to comply with continuing professional development requirements, failure to renew a license prior to the expiration, failure to keep updated records with the Board, failure to appropriately register support personnel or trainees prior to employing the personnel to provide services, etc.). The Board has also started making greater use of citation and fine for failure to cooperate with the Board's investigations. This has improved the speed with which licensees respond to Board investigators and helped lower unnecessary case aging for some cases.

**40. How many informal office conferences, Disciplinary Review Committee reviews and/or Administrative Procedure Act appeals of a citation or fine have there been in the last four fiscal years?**

The Board scheduled and conducted 28 informal conferences/office mediations since the Board's last Sunset Review. Only one licensee requested and had a formal hearing to dispute their citation, which was upheld at hearing. The Board does not have an established Disciplinary Review Committee.

**41. What are the five most common violations for which citations are issued?**

The five most common violations for which citations are issued are:

- Failure to Comply with Continuing Professional Development Requirements
- Failure to Cooperate with the Board's investigation (or request for information related to a complaint)
- Unlicensed Practice
- False/Misleading Advertising
- Aiding and Abetting Unlicensed Practice

**42. What is the average pre- and post-appeal fine?**

Since the last Sunset Review, the average pre-appeal fine is around \$1,250 and average post-appeal fine was \$750.

**43. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines. If the board does not use Franchise Tax Board intercepts, describe the rationale behind that decision and steps the board has taken to increase its collection rate.**

When a fine is not paid within the required time, or by the next renewal date, the licensee or non-licensee's information is forwarded to DCA for referral to Franchise Tax Board for collection through its offset program.

**Cost Recovery and Restitution**

**44. Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.**

In cases that proceed to an administrative hearing, the Board seeks full cost recovery for all contracted investigation and prosecution costs (enforcement SME costs and OAG costs prior to hearing), including costs to prepare for the hearing. Note that this does not include the cost of Board staff investigation, nor does it include the OAH costs of an administrative hearing or the OAG representation costs at an administrative hearing. Additionally, the ALJ may reduce or dismiss cost recovery in a proposed decision. Business & Professions Code section 125.3 indicates, in part, that the ALJ may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case. Cost recovery is a standard term and condition specified in the Board's Disciplinary Guidelines for all proposed decisions and stipulations. Cost recovery amounts may be negotiated when entering into a stipulated settlement if such agreement encourages the respondent to settle the case with appropriate discipline and avoids further costs and delays associated with the administrative hearing process.

There have been no changes in this policy since the last review.

**45. How many and how much is ordered by the board for revocations, surrenders, and probationers? How much do you believe is uncollectable? Explain.**

There is no specific amount of cost recovery ordered for revocations, surrenders, and probationers. Each disciplinary case has its own amount of cost recovery ordered depending on the investigation and prosecution costs incurred by the Board. Probationers may request a payment

plan to reimburse the Board, and final payments are generally due within six months prior to the termination of probation. In some instances where the cost recovery amount is lower, it may be negotiated that cost recovery be paid in full within the first or second year of probation.

Cases of revocations and surrenders are typically uncollectable as the former licensee has no motivation to pay the ordered cost, either because the individual relocates to another state or changes professions.

#### 46. Are there cases for which the board does not seek cost recovery? Why?

The Board cannot order cost recovery for cases that are categorized as "Default Decisions." Default Decisions are cases where an accusation has been filed but the respondent fails to file a Notice of Defense or fails to appear at the scheduled administrative hearing. Additionally, the Board does not have authority to seek cost recovery in cases where it has denied a license or registration and a statement of issues has been filed, since cost recovery is applicable to licensees and not license applicants.

#### 47. Describe the board's use of Franchise Tax Board intercepts to collect cost recovery. If the board does not use Franchise Tax Board intercepts, describe methods the board uses to collect cost recovery.

Failure to pay cost recovery is generally a violation of probation, so it is not common for a licensee on probation to fail to pay cost recovery. Generally, the Board uses Franchise Tax Board to collect monies due if not collected within the agreed upon timeframe.

<b>Table 11. Cost Recovery<sup>10</sup></b> (list dollars in thousands)				
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Total Enforcement Expenditures	\$779	\$721	\$810	\$1,077
Potential Cases for Recovery *	8	4	2	4
Cases Recovery Ordered	5	3	0	4
Amount of Cost Recovery Ordered	\$77	\$20	\$0	\$63
Amount Collected	\$38	\$29	\$16	\$13

\* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.

#### 48. Describe the board's efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.

The Board seeks monetary restitution for consumers in cases regarding hearing aid returns and refunds, pursuant to the provisions of the Song-Beverly Consumer Warranty Act. The vast majority of cases related to hearing aid refunds result in the consumer receiving their refund during the initial complaint investigation stages, but the Board has been unable to track the amount of these refunds as consumers do not typically respond to the Board after receiving the refund to verify the amount received. If initial attempts by the Board to achieve refunds for consumers are unsuccessful, the Board will order the licensee to pay restitution in full to the consumer by means of an administrative order, stipulated settlement, or in less egregious cases, through citation and fine. Payment to the consumer must be made within a specified period of time, typically not more

<sup>10</sup> Cost recovery may include information from prior fiscal years.



than 30 days, and is tracked by the Board. Additionally, the Board can order restitution in cases involving Medi-Cal fraud, insurance fraud or in cases where a patient or client paid for services that were not provided.

As shown below, restitution by administrative order, stipulated settlement, and citation and fine are uncommon. This was also true during the Board's prior Sunset Review, which only had one fiscal year (2018-19) in which \$1,000 in restitution had been ordered and two fiscal years (2018-19 and 2020-21) in which \$1,000 was collected in each of those fiscal years.

<b>Table 12. Restitution</b> <span style="float: right;">(list dollars in thousands)</span>				
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Amount Ordered	\$0	\$0	\$0	\$0
Amount Collected	\$0	\$0	\$0	\$0

## Section 5 – Public Information Policies

### **49. How does the board use the internet to keep the public informed of board activities? Does the board post board-meeting materials online? When are they posted? How long do they remain on the board's website? When are draft-meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online?**

The Board's website features among other items, license verification, consumer complaint information, licensing applications and forms, and licensing processing timeframes, the Board's laws and regulations, publications and reports, and customer satisfaction surveys. The Board Activity page includes the Board's history; biographies and photos of our Board members; a listing of our committees, committee functions and members; and opportunities for public participation. During the strategic planning session in June of 2024, the Board members reviewed the mission and vision statement, and key values of the Board, which were adopted in September of 2024. The website has been updated to reflect these changes.

All Board and committee meeting agendas, materials, and minutes are posted online. Agendas are posted at least 10 days in advance of the meeting in accordance with the Bagley-Keene Open Meeting Act (Government Code section 11120-11132), and meeting materials are posted as early as possible given staff resources, but typically no more than the week of the meeting. The Board's goal over the next four years is to work to meet DCA's goal of posting meeting materials at least 10 days prior to the meeting. Draft meeting minutes from the previous meeting are included as an agenda item for approval in the subsequent meeting. Once edits to the minutes are completed, the approved meeting minutes are posted on the website. Due to AB 434 (Baker, Chapter 780, Statutes of 2017), the Board may need to limit accessibility to historical meeting minutes or materials to ensure our website meets current Americans with Disability Act accessibility requirements; however, all materials will be available to the public upon request.

### **50. Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings? How long will archived webcast meetings remain available online?**

The Board webcasts both Board and committee meetings when DCA's webcasting services are available. These services are limited to the number of DCA webcasters available for any given day, and when the Board is not simultaneously using Webex teleconferencing for the meeting as

Webex teleconferencing allows both live streaming and participation for users. If the Board utilizes Webex for the meeting, the meeting will be recorded and made into an accessible video linked to our website similar to DCA webcasts. The links to view these meetings are on the Board Activity page under Board Meetings on the website. The Board plans to continue webcasting its meetings when webcasting services are available, and links to webcast or Webex captured video will remain active to the extent that AB 434 requirements and DCA hosting policies allow.

**51. Does the board establish an annual meeting calendar and post it on the board's website?**

The Board has an established meeting calendar on its website that lists important dates during the calendar year. The upcoming year's calendar is typically established at the last meeting of the calendar year. The calendar is updated throughout the year to reflect any changes to the meeting information. The website currently includes scheduled meetings for 2026 and prior calendar years.

**52. Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*?**

The Board's regulations (California Code of Regulations Sections 1399.180 - 1399.187) governing the disclosure of information are consistent with DCA's Recommended Standards for Consumer Complaint Disclosure and DCA's Web Site Posting of Accusations and Disciplinary Actions.

- **Does the board post accusations and disciplinary actions consistent with BPC § 27, if applicable?**

While the Board is not subject to BPC Section 27, the Board posts accusations and disciplinary actions consistent with BPC Section 27 on its website as well as in the DCA License Search. The information can be viewed on the Enforcement page under the Consumer tab of the website.

- **Does the board post complaint dates on its website? If so, please provide a brief description of each data point reported on the website along with any statutory or regulatory authorization.**

The Board does not post complaint date or complaint information on its website; complaints are confidential pursuant to Government Code section 7923.600.

**53. What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?**

California Code of Regulations Sections 1399.182 through 1399.187 provides, upon request, information discloser including the identity and date of all undergraduate and graduate degrees awarded, summaries of any disciplinary actions taken at a health care facility that result in the termination or revocation of staff privileges for medical or disciplinary cause or reason, the date, nature, and disposition of complaints on file which have been investigated and referred to the Office of the Attorney General for legal action, civil actions against a licensee in the amount of \$30,000 or more as recovery of damages for death or personal injury caused by professional negligence. The public may access a licensee's record through the Board's website. The following information is provided on the Board's website: the licensee's name, license number, license status, issue date of license, expiration date of license, address of record (upon request) or business address, citations issued, and pending and final disciplinary actions.

Also, subject to limitations set forth in the Information Practices Act, the Public Records Act, and the California Constitution regarding personal privacy, information contained in the licensee's file may be disclosed to the public upon request.

#### **54. What methods does the board use to provide consumer outreach and education?**

California's travel restrictions have limited much of the in-person outreach that can be conducted by Board staff to consumers. However, the Executive Officer has provided virtual presentations to consumers, licensees, and students regarding Board requirements, actions, and issues relevant to various stakeholder groups. For example, the Board did live demonstrations of its new online license application system for students, including San Francisco State University, and for the members of the California Council of Academic Programs in Communication Sciences and Disorders, whose members are the chairs and directors of Communication Science and Disorders Programs. The most convenient and cost-effective platform for the Board to educate consumers, applicants, and licensees is through its website. The Board continues to work to improve its website by making it easier to navigate, ensure content is up-to-date, clear, accessible, and that language is user-friendly. The Board has also encouraged the public, licensees, and associations to join the Board's various listservs to receive regular notifications regarding Board Meetings and agendas, disciplinary actions taken by the Board, and legislation and regulation changes that impact consumers and Board licensees.

## **Section 6 – Online Practice Issues**

#### **56. Discuss the prevalence of online practice and whether there are issues with unlicensed activity.**

- **How does the board regulate online/internet practice?**

The Board has received and investigated a limited number of cases regarding unlicensed activity occurring through online practice and online sales of hearing aids, as well as improper supervision of Speech-Language Pathology Assistants via telehealth.

##### Telehealth

Treatment for both speech and hearing disorders may be effectively delivered via telehealth which includes some form of online interaction between the patient and the provider. The Board provides practice guidance on its website to assist its licensees. During and after the COVID-19 pandemic, the Board has seen a large growth in telehealth provision of speech services, including schools contracting with companies that solely provide speech services via telehealth. Complaints submitted related to telehealth often involve improper supervision of Speech-Language Pathology Assistants by either out-of-state supervisors or other issues related to the supervision requirements for Speech-Language Pathology Assistants.

##### Online Business Practices

The online purchase of hearing aids and online hearing testing has become a common business model as more companies have started marketing devices to consumers directly via the internet with claims of one-size fits all or the ability to remotely adapt the hearing aid to fit the purchaser's needs without the need for an office visit. Complaints submitted related to online sales of hearing aids usually relate to either unlicensed practice or failure to abide by the Song-Beverly Consumer Warranty Act and properly issue a refund to the consumer.

BPC Section 2538.23 governs the sale of hearing aids by catalog or direct mail. While this section does not specifically include the term "internet" sales, the intent of the section is to regulate similar business transactions. This law requires that the seller be licensed as a Hearing Aid Dispenser or dispensing audiologist in California. The law also requires that there is not "fitting, selection, or adaptation" or "advice is given with respect to fitting, selection, or adaptation" of the hearing aid. The law also requires that the seller has "received a statement which is signed by a physician and surgeon, audiologist, or a hearing aid dispenser, licensed by the State of California which verifies that Section 2538.36 and subdivision (b) of Section 2538.49 have been complied with." This would ensure that examination of the consumer's ear canal by a licensed physician, Audiologist, or a Hearing Aid Dispenser, and medical referral under certain conditions has occurred. Eliminating these requirements places the consumer at risk if underlying medical conditions are undetected and have resulted in hearing loss which may require medical or surgical procedures. The Board believes it is vitally important to continue to regulate the remote acquisition of hearing aids and require an examination of a consumer's ear canal and medical clearance.

However, regulation of hearing aid devices falls under the Federal Drug Administration (FDA), and FDA provisions do not specifically restrict the sale of hearing aids via the Internet. Further, federal law provides that no state may establish any requirement which is different from, or in addition to, the federal provisions unless the state is granted an exemption from the federal government to enforce more restrictive regulations. To date there is no federal exemption being granted for Section 2538.23; however, for well over a decade California has been effectively regulating the sale of hearing aids acquired by mail order.

On May 30, 2012, the Board sent an exemption request to the FDA. The Board received a response to its 2012 request on August 31, 2023, stating that "the applicable Federal requirements for hearing aids have changed since the Board submitted the Application, and the bases for the requested exemption are no longer in effect. As such, FDA has determined that the Application is moot." Essentially, with the changes the FDA promulgated in October of 2022 regarding Over-The-Counter hearing aids, the old sections of federal law were amended or removed. Therefore the FDA does not need to consider or approve any exemptions related to state laws regarding prescription hearing aid requirements. It is the Board's understanding that it can still require compliance with BPC Section 2538.23 for online sale of prescription hearing aids to California consumers.

- **How does the board regulate online/internet business practices outside of California?**

The Board will investigate online business practices outside of California if a complaint is filed by a California consumer. The Board has received and investigated a limited number of cases regarding unlicensed activity occurring through online practice and online sales of hearing aids, as well as improper supervision of Speech-Language Pathology Assistants via telehealth. To date, no complaint related to telehealth or online/internet business has resulted in an enforcement action. Complaints related to telehealth or online businesses are difficult for the Board to investigate, either due to the anonymous nature of the complaint submitted, resulting in a lack of critical detailed information that is necessary for the Board's investigation, or due to the lack of requirements for out-of-state based companies to cooperate with the Board's investigation. If at least one California licensee works for the online company, that can make it somewhat easier to obtain information related to the complaint, and that individual is who the Board would hold responsible for upholding Board laws and regulations related to speech-language pathology, audiology, and hearing aid dispensing. However, if the complaint is regarding unlicensed activity, the Board often encounters non-responsive businesses residing

out-of-state that are not required to cooperate with our investigation and have no incentive to cooperate. At times, the Board will engage the DCA Division of Investigation to assist with an investigation of online sales, and on rare occasions the Board may refer the complaint to a District Attorney if it might merit their investigation and prosecution, but at that point the Board is unable to investigate or prosecute the complaint any further.

- **Does the Board need statutory authority or statutory clarification to more effectively regulate online practice, if applicable?**

While the Board has not had the opportunity to test its authority in any cases related to online practice or online businesses using the disciplinary process, the Board's statutory authority could benefit from additional clarification in relation to hearing aid dispensing laws to clarify that online sales to California consumers of non-OTC or prescription hearing aids are governed by BPC Section 2538.23.

## **Section 7 – Workforce Development and Job Creation**

### **57. What actions has the board taken in terms of workforce development?**

In the area of expanding the current workforce, during the Board's prior Sunset Review, the Board recommended the revision of BPC Section 2532.8 to include Audiologists with a valid American Board of Audiology (ABA) certificate issued by the American Academy of Audiology as well as a Certificate of Clinical Competence in audiology (CCC-A) issued by the American Speech-Language-Hearing Association, which was allowed only for those who graduated before 2008. This amendment was accepted and included in the Board's 2022 Sunset bill AB 2686, and the Board began licensing Audiologists with ABA and CCC-A certificates the following year, thus streamlining licensure for Audiologists who hold these certifications and enhancing access to audiology services for California consumers. Since the implementation of AB 2686, the Board has seen a significant growth in the number of Audiologists applying for licensure with the ABA and CCC-A certificates, resulting in the Board issuing an average of 36 audiology licenses per fiscal year post implementation compared to prior fiscal years which on average resulted in the issuance of only five audiology licenses per fiscal year.

During the Audiology Practice Committee review of the scope of responsibilities regulations for Audiology Aides, the Audiology Practice Committee questioned whether a higher level of support personnel similar to the Speech-Language Pathology Assistant license type was needed in the profession of audiology. As a result of this discussion, the Board reviewed the Sunrise Process required when a licensing board wishes to create a new license type at its October 2022 Board meeting and delegated to the Audiology Practice Committee the task of researching this option and providing the Board with a recommendation as to whether it was an appropriate action for the Board to take to pursue the Sunrise Process to create an audiology assistant license type. In January 2025, the California Academy of Audiology, the professional association representing Audiologists in California, submitted a letter to the Board requesting to open discussions with the board on the possibility of creating a new license type for audiology assistants and requesting the item be added to a future Board meeting agenda. The Audiology Practice Committee completed its research and discussed the Sunrise Process at its May 2025 meeting, after being delayed by other committee work including the revisions of the Audiology Aide regulations. At that meeting, the Audiology Practice Committee determined the Board should not pursue the Sunrise Process to create an audiology assistant license type, as it would be difficult to justify the

creation of the audiology assistant license category as necessary to protect the public health, safety, or welfare as required by the Sunrise Process. Since it believes the creation of an audiology assistant license type would both advance the profession and improve access to audiological services in California, the Audiology Practice Committee instead recommended that a professional association should seek a State Assembly or Senate Member to author a bill to create an audiology assistant license type with similar licensing requirements to the Speech-Language Pathology Assistant license. At its August 2025 meeting, the Board discussed and agreed with the Audiology Practice Committee's recommendation, voted on a motion to support the idea in concept, and instructed Board staff to provide technical assistance to the professional association that seeks to sponsor a bill to create an audiology assistant license type regarding concerns over consumer protection and fiscal impacts to the Board.

In an effort to improve access to swallow therapy services to California consumers, in December 2024 the Speech-Language Pathology Practice Committee began reviewing and discussing the limitations on swallow therapy with bolus material (drinks/liquids or foods) in the current Scope of Responsibilities of a Speech-Language Pathology Assistant regulations. At its August 2025 meeting, the Speech-Language Pathology Practice Committee reviewed a "Workforce Needs Assessment in California" related to Occupational Therapy Assistants that was done as a collaboration between the California Board of Occupational Therapy (CBOT) and the California Community Colleges' Centers of Excellence for Labor Market Research (COE) and Health Workforce Initiative (HWI). During this review, the Speech-Language Pathology Practice Committee discussed how this level of workforce research related to Speech-Language Pathology Assistants could be helpful to the Board as currently the Board does not get this type of workforce data related to its support level license types (assistant or aide level). To this end, Board staff have been directed to explore how CBOT started this work with the COE and HWI and any costs associated with it to provide information to the Board in case it wishes to pursue this type of workforce assessment of its support level license types.

At the staff level, the Board's Executive Officer meets with training programs, academic groups, and students to ensure that accurate information is conveyed about the Board's licensure process and requirements. For example, the Board conducted demonstrations of the Board's new online application system the Board did live demonstrations of its new online license application system for students, including San Francisco State University, and for the members of the California Council of Academic Programs in Communication Sciences and Disorders, whose members are the chairs and directors of Communication Science and Disorders Programs.

#### **58. Describe any assessment the board has conducted on the impact of licensing delays.**

Since the Board's last Sunset Review, there have been no assessments of the impact of licensing delays. Instead of performing a study, the Board decided to positively contribute to workforce development and remove one barrier to licensure for our licensed professions, by dedicating intense resources and focus to streamlining and automating as much of the initial licensure process as was possible within the scope of the Board's Business Modernization Project. Outside of the primary source verification of examination scores and college transcripts, the Board was able to streamline and automate most all of the Board's initial licensure processes, including electronically gathering payment, signatures of applicants, supervisors, college training program directors, and human resources officials when necessary. As a result, at two years post-project implementation, the Board has been able to shorten licensing timeframes by 71 percent overall and since March of 2024 processes complete applications within one (1) to two (2) weeks.

**59. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.**

The Executive Officer and Board members have developed presentations to share with college training programs regarding licensing requirements. In addition to making presentations directly to the colleges or their students, the Executive Officer attends meetings of the California Council of Academic Programs in Communication Sciences and Disorders, a group composed of the State's chairs and directors of Communication Science and Disorders Programs. This open line of communication allows schools to ask the Board questions related to licensing requirements and processes directly.

**60. Describe any barriers to licensure and/or employment the board believes exist.**

A longstanding issue in California has been the insufficient enrollment capacity in speech-language pathology master's programs to meet the needs of California consumers of speech services. This is a barrier to increasing the licensing populations that would meet the demand for speech-language pathology services in the state. While there have been improvements, this progress has not been able to meet the demand.

The Board continues to review and approve Speech-Language Pathology Assistant associate's degree programs as they are ready to apply for approval, and since our last Sunset have approved one additional program and is awaiting the application of another potential program, both located in Southern California. There has also been growth in Speech-Language Pathology Assistant bachelor's level programs since the Board's last Sunset. These programs offer individuals with a bachelor's degree in speech-language pathology or communication disorders an opportunity to complete the 100-hour fieldwork requirement and one or more courses specific to the Speech-Language Pathology Assistant clinical practice that cover the roles and responsibilities of the license, however the Board is not required to review and approve bachelor's level programs and therefore does not track these programs or their development.

The Board will continue to collaborate with educational stakeholders to address the growing speech and hearing services needs of the state.

**61. Provide any workforce development data collected by the board.**

As required by BPC Section 502, the Board, through DCA, collects demographic and workforce data from licensees that renew online and that data is provided directly to the California Department of Health Care Access and Information (HCAI).

HCAI data is reviewed periodically by Board executive leadership, but trends have consistently shown that the Speech-Language Pathology Assistant licensee population is our most diverse population both racially/ethnically and linguistically, and more closely aligns with the ethnic/racial and linguistic diversity of California's population overall. For speech-language pathology, this trend is not surprising since the Speech-Language Pathology Assistant license type allows entry into the speech-language pathology field with either an associate or bachelor's degree and 100 hours of fieldwork compared to a master's degree with nine months of professional experience. This also allows these individuals to work and earn a living in the field while trying to obtain further education and/or acceptance into a master's program to pursue licensure as a speech-language pathologist. As discussed earlier, there is not currently an audiology assistant level license type, but it would be expected to see greater diversity both ethnically/racially and linguistically in that population if such a license type were created with

educational requirements expected for entry to the license type to be significantly lower than a doctoral degree.

Interestingly, in looking at the hearing health services, while the Hearing Aid Dispenser's license does not require any formal education in hearing health sciences compared to the doctoral degree in audiology and 12 months of professional experience required of the Audiologist, the Hearing Aid Dispenser licensee population is only modestly more diverse racially/ethnically and linguistically than the Audiologist licensee population. However, our 2020 Occupational Analysis of the Hearing Aid Dispenser profession showed that while only a high school diploma is required for licensure, the majority of Hearing Aid Dispensers have a college degree, ranging from 47.7 percent having either an associate or bachelor's degree, and 14.1 percent having a master's or doctoral degree.

Race/Ethnicity and Language Diversity Data of Licensee Populations					
	CA Population	SLPA	SLP	HAD	AU
<b>Race/Ethnicity Data</b>					
White, Non-Hispanic	34.6%	30.4%	61.1%	53.0%	64.4%
Asian, Non-Hispanic	15.1%	10.4%	15.9%	9.4%	17.4%
Hispanic, Any Race	39.8%	50.7%	15.6%	27.7%	10.4%
Black, Non-Hispanic	5.3%	3.5%	2.4%	2.3%	3.7%
Multiracial, Non-Hispanic	4.1%	3.5%	3.5%	4.7%	3.3%
Other Race, Non-Hispanic	0.5%	1.0%	1.2%	1.9%	0.7%
Pacific Islander, Non-Hispanic	0.4%	0.2%	0.1%	0.2%	0.1%
American Indian, Non-Hispanic	0.3%	0.3%	0.1%	0.8%	0.1%
<b>Language Data</b>					
English Only	55.9%	51.3%	72.2%	65.2%	69.6%
Spanish	28.2%	38.5%	15.5%	24.4%	14.8%
Asian and Pacific Islander	10.0%	3.9%	4.8%	8.4%	7.5%
Other Indo-European	4.8%	3.2%	6.1%	5.5%	6.1%
Other	1.1%	7.1%	4.6%	4.2%	7.8%
SLPA = Speech-Language Pathology Assistant      HAD = Hearing Aid Dispenser SLP = Speech-Language Pathologist                AU = Audiologist					
Note: Licensee data is as of December 2024. Population data is as of 2023 from the U.S. Census Bureau Data Source: <a href="https://hcai.ca.gov/workforce/health-workforce/workforce-data/">https://hcai.ca.gov/workforce/health-workforce/workforce-data/</a>					

## Workforce shortages

Neither the Board nor DCA have formally collected data regarding workforce shortages since the Board's last Sunset. The Board does not currently have the resources, staff or funding, to be able to perform independent studies on workforce shortages and would have to rely on professional associations to compile this information.

## Successful training programs

Neither the Board nor DCA have collected data regarding successful training programs since the Board's last Sunset. The Board does not currently have the resources, staff or funding, to be



able to research, develop, or provide training programs for future licensees and would have to rely on professional associations and schools to create and provide this type of training.

One area of training the Board is aware of is post-baccalaureate leveling programs at some universities that help prepare students that want to pursue a career in speech-language pathology but whose undergraduate degree is not in speech-language pathology or communication science disorders. These programs get students ready to apply for and start the master's program by giving them baccalaureate level courses such as anatomy and physiology of speech, principles of audiology, and other communication science disorders courses that were required of students with a bachelor's degree in speech-language pathology or communication science disorders. The Board does not track or approve these programs and is unaware of how many licensees have participated in these programs.

For Hearing Aid Dispensers, the training options the Board is aware of include on-the-job training provided through private companies while the individual is a licensed Hearing Aid Dispenser Trainee for the company (earn and learn option). Alternatively, the national professional association, the International Hearing Society, has training manuals and programs individuals can purchase, and there are a couple other non-school and non-employment based training programs that are provided by private individuals that can be taken prior to or after obtaining the Hearing Aid Dispenser Trainee license. Most of these programs use some component of learning/training while working in a trainee/apprentice capacity. These training programs may provide information on hearing health and the auditory system, audiometric assessments, performing ear impressions, information on hearing aids, and guidance on hearing aid fitting and post-fitting counseling. Some of these programs are online and others have in-person seminars where they can obtain hands-on practice with performing auditory assessments and ear impressions. These courses appear to be designed to provide the hearing health information necessary to pass a knowledge-based written examination and the basic clinical practice information necessary to pass the practical examination required for licensure or certification in various states. The Board does not track or approve these programs and is unaware of how many licensees have participated in these programs.

**62. What actions has the board taken to help reduce or eliminate inequities experienced by vulnerable communities, including low- and moderate-income communities, communities of color, and other marginalized communities, or otherwise avoid harming those communities?**

In June 2024, the Board met to review stakeholder input on the Board's operations and receive training from DCA SOLID on Diversity, Equity and Inclusion (DEI) in relation to the development of the Board's new Strategic Plan. During this meeting and the Board's September 2024 meeting, the Board developed and adopted a new Strategic Plan that emphasizes inclusion, accessibility, consumer education, and meaningful engagement with all stakeholders.

In September of 2024, the Board finalized updates to continuing professional development regulations for Speech-Language Pathologists and Audiologists that adds coursework related to diversity, equity, and inclusion as it applies to service delivery for diverse populations as acceptable courses related to the practice of speech-language pathology and audiology. These regulations also removed the cap to the number of courses a licensee can accrue in courses related to the practice, allowing licensees to broaden their learning opportunities by taking more cultural competency and diversity, equity, and inclusion courses so that they can better serve California's diverse communities.

### **63. Describe how the board is participating in the development of online application and payment capability and any other secondary IT issues affecting the board.**

- **Is the board utilizing BreEze? What release was the board included in? What is the status of the board's change requests?**

The Board is not utilizing BreEze, but was originally assigned to be part of Release 3.

- **If the board is not utilizing BreEze, what is the board's plan for future IT needs? What discussions has the board had with DCA about IT needs and options? Is the board currently using a bridge or workaround system?**

The Board in coordination with DCA's Organizational Improvement Office and Office of Information Services (OIS), undertook a Business Modernization Project to provide the Board with an information technology solution that would transition the Board from a legacy database to a new system that would provide access for licensees and applicants to apply for licensure and complete online transactions. In 2020, the Board received budgetary authority to proceed with the project and position authority for an analyst position to address the increased workload during the development and transition to the system. However, during the solution development phase of the project, it was determined that full replacement of the Board's legacy systems could not be supported by the Board's Fund and instead the Board would need to pursue an encapsulated service layer that web-enables the legacy systems currently in place. This decision would still allow online transactions and processing of applications while also increasing the variety of product options available to the Board as technological solutions, including seeking a more cost-effective option for the Board over the long run.

In late 2021, the Board was given an opportunity to compete for an award to fund part of its Business Modernization Project through the State's Technology Modernization Fund (TMF). The TMF funding was provided through the California Department of Technology (CDT) that provided an opportunity to California state departments to submit business challenges that require an IT solution to modernize government and improve digital services for California residents and state employees. Funding from the TMF involved a multi-stage process including proposal submission, readiness assessment by the CDT, and a presentation to pitch the proposal to a TMF Selection Committee composed of executives from other state agencies and departments. Board management in partnership with the OIS developed a presentation for the TMF Selection Committee that pitched the Board's proposed online system with application, processing, and payment functionality for thirteen license types administered by the Board.

As a result of the joint presentation, in January 2022 the Board was accepted into the TMF program and was awarded funding to cover all external vendor costs for our Board's Business Modernization Project of approximately \$411,000. In the Spring of 2022, the Board was able to secure the necessary contracts with external vendors to implement the new online applications and began the project in the Summer of 2022. The Board undertook the project within an intensely short timeframe of under one year from start to finish. The Board began launching online applications for initial licensure in multiple releases starting in the Fall of 2022 and completing the creation and deployment of all initial applications for licensure in February

of 2023. In total, the Board launched 29 application workflows that support the various qualification methods and online payment for the Board's 13 license types.

The new online application system streamlined and automated the vast majority of application processes for both applicants and Board staff, excluding verification of examination scores and college transcripts. The new online application system sends emails to applicants as they progress through the licensing process to provide status updates, including the functionality to receive and respond to deficiency notice emails from Board staff and the ability to upload additional documents as well as copies of completed documents and forms. Altogether, this project created a more streamlined and user-friendly application process that helped improve application accuracy and reduce processing timeframes.

In coordination with DCA's Communications Division, Board staff also created an Apply Simply! page on the Board's website, as well as updated the normal application pages for each license type to increase visibility and access to the new online applications. To make the information easily visible to applicants, Board staff have also added a button to the Board's website homepage to link applicants to all of the new online applications.

In 2023, the Board also launched its Application Status & Details online tool for applicants to look up their application, which was developed and deployed by DCA OIS.

The Board then used the same technology solution used to create its new online applications to develop and launch new online military spouse/domestic partner temporary license applications in June 2023. These military spouse/domestic partner temporary license applications all have the same technology and usability features that provide applicants with a more streamlined and user-friendly application process.

Within one year of implementation of the new online licensing system, the Board saw a 48 percent reduction in processing times, and within two years of implementation the Board now shows an average reduction of 71 percent in processing times for licensing applications. The Board now consistently averages between 1 – 2 weeks for application processing times for complete applications throughout the year. Additionally, the new online licensing system also increased Board processing capacity, allowing the same four Board licensing analysts to process 27 percent more applications within one year of implementation and 34 percent more applications within two years of implementation. This has allowed Board staff to accommodate continued growth in application workload compared to prior years without impacting licensing timeframes.

Considering the size of the Board's staff and funding resources, the project's success was monumental. This success was due to the combination of having a dedicated and flexible team of staff and external vendors on the project, a structurally solid technology platform to work with, and the willingness of all team members to work together for the best outcome for the Board's success. Unfortunately, due to the scope and timeframe for the TMF funding proposal, the Board had to limit the scope of its Business Modernization Project to initial licensure applications. The Board's Business Modernization Project related to consumer complaints, enforcement processes, licensee supervision and address change forms, license verifications/letters of good standing, and CE audits are all still manual paper-based processes and online renewal of licensure remains limited in its functionality. Since the Board was also able to make so many time-saving changes to processes as well as data system improvements during the Business Modernization Project related to initial licensure applications, the Board

looks forward to being able to tackle the remaining modernization projects from the Board's original Business Modernization Project as Board and DCA resources and funding allow.

## Section 9 – Board Action and Response to Prior Sunset Issues

Include the following:

- **Background information concerning the issue as it pertains to the board.**
- **Short discussion of recommendations made by the committees during prior sunset review.**
- **What action the board took in response to the recommendation or findings made under prior sunset review.**
- **Any recommendations the board has for dealing with the issue, if appropriate.**

### **BOARD ADMINISTRATION ISSUES**

#### **ISSUE #1: (BOARD COMPOSITION) Does the Board's composition need to be updated to include additional members of the public?**

**Background:** In 2010, the Federal Trade Commission (FTC) brought an administrative complaint against the North Carolina State Board of Dental Examiners (BDE) for exclusion of non-dentists from the practice of teeth whitening. The FTC alleged that the BDE's decision was an uncompetitive and unfair method of competition under the FTC Act. This opened the BDE to lawsuits and substantial damages from affected parties.

The BDE was composed of 6 licensed, practicing dentists and 2 public members. The practice of teeth whitening was not addressed in the statutes comprising the Dental Practice Act. Instead of initiating a rulemaking effort to clarify the appropriate practice of teeth whitening, the BDE sent cease-and-desist letters to non-dentists in the state offering teeth whitening services. The BDE argued that the FTC's complaint was invalid because the BDE was acting as an agent of North Carolina, and according to state-action immunity, one cannot sue the state acting in its sovereign capacity for anticompetitive conduct. A federal appeals court sided with the FTC, and the BDE appealed to the United States Supreme Court (Court).

In February 2015, the Court agreed with the FTC and determined that the BDE was not acting as a state agent and could be sued for its actions. The Court ruled, "Because a controlling number of the Board's decision-makers are active participants in the occupation the Board regulates, the Board can invoke state-action antitrust immunity only if it was subject to active supervision by the State, and herethat requirement is not met."

The Court was not specific about what may constitute "active participants" or "active supervision." However, the Court did say that "active supervision" requires "that state officials have and exercise power to review particular anticompetitive acts of private parties and disapprove those that fail to accord with state policy," and that "the supervisor must review the substance of the anticompetitive decision, not merely the procedures followed to produce it."

In October 2015, the FTC released a staff guidance, *Active Supervision of State Regulatory Boards Controlled by Market Participants*, in order to better explain when active supervision of a state regulatory board would be required in order for a board to invoke the state action defense. The

guidance also aimed to highlight what factors are relevant when determining if the active supervision requirement has been satisfied. The FTC states that active supervision includes the ability of a state supervisor to review the substance of the anticompetitive decision and have the power to veto or modify a decision. The state supervisor may not be an active market participant. In addition, the FTC states that active supervision must precede the implementation of the alleged anticompetitive restraint.

The FTC states that the guidance addresses only the active supervision requirement of the state action defense, and antitrust analysis is fact-specific and context-dependent. This means that although a state action defense might not be applicable in a certain case, this does not mean that the conduct of a regulatory board necessarily violates federal antitrust laws.

On October 22, 2015, the Committees held a joint informational hearing to explore the implications of the Court decision on the DCA's professional regulatory boards and consider recommendations.

In response to the Court's decision, State Senator Jerry Hill requested an opinion from the Office of Attorney General Kamala Harris (AG). The AG released the following:

"North Carolina Dental has brought both the composition of licensing boards and the concept of active state supervision into the public spotlight, but the standard it imposes is flexible and context-specific. This leaves the state with many variables to consider in deciding how to respond.

"Whatever the chosen response may be, the state can be assured that North Carolina Dental's 'active state supervision' requirement is satisfied when a non-market-participant state official has and exercises the power to substantively review a board's action and determines whether the action effectuates the state's regulatory policies."

Boards like SLPAHADB are semiautonomous bodies whose members are appointed by the Governor. Although most of the non-healing arts boards have statutory authority for a public majority allotment in their makeup, most healing arts and non-healing arts boards are comprised of a majority of members representing the profession.

*North Carolina State Board of Dental Examiners v. FTC* placed limitations on the immunity of regulatory boards controlled by active market participants. This is because individuals who are directly affected by their own rulemaking may not be able to detect their biases, potentially placing their benefit over those of the public. As the Supreme Court stated, "Dual allegiances are not always apparent to an actor."

Although the boards are tied to the state through various structural and statutory oversights, it is presently unclear whether current laws and practices are sufficient to ensure that the boards are state actors and, thus, immune from legal action. Changing SLPAHADB's composition to increase the number of public members may provide certain benefits such as: limiting the potential for Board action to be viewed as providing marketplace advantages to licensees, particularly in the hearing aid dispensing arena in light of recent federal action to make devices more accessible; decreasing SLPAHADB's risk of exposure to lawsuits and; orient the Board towards a more public, patient, and client centric program.

**Staff Recommendation: The Committees should discuss whether a proposal to alter the Board's composition may be beneficial to the Board, patients, clients, and the public.**

### **Board's 2022 Response:**

Currently, the Board has three (3) public members, one (1) of whom is a licensed physician and ENT. The Board is open to discussing the possibility of increasing the number of public members on our Board. We would note that increasing the number of Board members could have additional cost and quorum implications.

### **Board's 2025 Update:**

Currently, the Board's primary concern is that the public member seat appointed by the Senate has remained empty since it was vacated by Debbie Snow in November of 2022, additionally the public member seat appointed by the Assembly entered its grace year as of November 30, 2025. Without adequate public member participation due to vacancies of public members, this increases the risks of creating the perception of market interest that the committee mentions regardless of how much the Board may try to ensure that consumer protection remains paramount in all decisions. Additionally, the composition of the Board having two licensed members for each of the professions of speech-language pathology, audiology, and hearing aid dispensing has remained vital to receiving adequate input for Board decisions, therefore the Board would not recommend reducing the number of licensed positions. The Board would again reiterate that it is open to the discussion of adding additional public member seats but notes this would be less critical than ensuring that the current public member seats are always filled.

### **ISSUE #2: (HEARING AID DISPENSING COMMITTEE) Should the size of the Hearing Aid Dispensing Committee be reduced?**

**Background:** The Hearing Aid Dispensing Committee is the Board's only statutorily required committee and must include the Board's two Audiologist board members, two Hearing Aid Dispenser board members, the Otolaryngologist public member, and one of the Board's two other public members. The Governor is responsible for appointing each of the Board members except for two public members, one of whom is appointed by the Senate Rules Committee and the other by the Speaker of the Assembly. The Hearing Aid Dispensing Committee has not had a quorum of members since January 1, 2021 due to the Dispensing Audiologist, one Hearing Aid Dispenser, and the Otolaryngologist positions being vacant. The Board asserts that the lack of a quorum requires the Board to address issues that would otherwise be under the Hearing Aid Dispensing Committee's purview.

For comparison, the Speech-Language Pathology and Audiology committees each have three and four members, respectively. The Board recommends reducing the size of the Hearing Aid Dispensing Committee to four members, specifically by eliminating one Audiologist position and allowing for another public member to serve on the Hearing Aid Dispensing Committee if the Otolaryngologist position is vacant.

**Staff Recommendation:** *The Board should explain to the Committees the difficulty filling the current vacancies and provide more information about what the Hearing Aid Dispensing Committee does. Moreover, the Committees should work with the Board to determinate the universe of options to address this issue.*

### **Board's 2022 Response:**

The primary responsibilities of the Hearing Aid Dispensing Committee (HAD Committee) are to provide policy and regulatory guidance with respect to hearing aid dispensing practices and recommend scope of practice amendments for consideration by the board. Accordingly, the HAD Committee is responsible for investigating issues involving the practice of fitting or selling of hearing aids and provides advice to the Board based on the committee's review and research of pertinent practice findings. Essential to this process is the composition of the committee's professional and public representation that provides critical perspectives to the deliberations of pertinent practice issues that ultimately lead to appropriate and effective recommendations to the board. The committee consistently operates with an awareness of relevant consumer protection issues. Thus, it monitors the needed requirements for maintaining the appropriate scope of practice for hearing aid dispensers, including issues involving continuing education and the supervision of hearing aid dispensing trainees.

The HAD Committee is the Board's only legislatively mandated committee and is required to have six members: two hearing aid dispensers, two audiologists, and two public members, one of which must be a licensed otolaryngologist (ENT). For the majority of 2021, this committee had three vacancies including a hearing aid dispenser, an audiologist, and a licensed otolaryngologist. Thus, the committee was unable to complete its work involving the potential development, review and revision of important policies related to the profession due to the lack of quorum. Consumers can be harmed if the Board is unable to address issues related to the hearing aid dispensing profession in a timely manner. Filling Board Member positions is outside the Board's control, and it cannot speak to the difficulties of filling vacancies for the appointing authorities.

The Board recommends amending BPC Section 2531.05 to change the membership of the HAD Committee from six (6) members to four (4) members. The recommended language would eliminate one licensed Audiologist and one public member and allow for another public member to serve on the committee if the Otolaryngologist public member position is vacant. Alternatively, the Board and HAD Committee would benefit from having more flexibility in the mandated, specified positions.

### **Board's 2025 Update:**

As part of the Board's prior sunset bill, AB 2686 (Ch. 415, Statutes of 2022), the statutory requirement for the composition of the Board's Hearing Aid Dispensing Committee was removed from BPC Section 2531.05. The Board continues to utilize a smaller group of members as the Hearing Aid Dispensing Committee to provide policy and regulatory guidance with respect to hearing aid dispensing practices. The current composition of the committee includes two Dispensing Audiologists, two Hearing Aid Dispensers, and the Otolaryngologist public member, which can be substituted by either of the two public member positions in case of a vacancy. The flexibility to determine the appropriate size and composition of the Hearing Aid Dispensing Committee has ensured that there have not been any quorum issues since the Board's last Sunset, allowing a variety of issues to be fully discussed by the Committee including hearing aid dispensing advertising and hearing aid trainee supervision regulations.

**ISSUE #3: (LICENSEE CONTACT INFORMATION) Should the Board be authorized to require licensees to share and keep a current email address with the Board?**

**Background:** Under existing law, the Board has no authority to require licensees to provide an email address to facilitate communication with the Board. The Board asserts that email is critically important for information to be shared quickly, efficiently, and inexpensively. The Board notes that it relied heavily on email during the COVID-19 pandemic to provide licensees with updates regarding the Board's office closure and waivers to various rules and regulations.

It is a stated goal in the Board's Strategic Plan for 2021-2024 to receive the statutory authority to collect email addresses to better communicate with licensees. It does not propose requiring licensees to create an email account for the purposes of providing an email address to the Board.

**Staff Recommendation:** *The Board should explain to the Committees how it communicates with licensees who do not have an email address on file and consider whether an opt-out would be appropriate for those licensees who prefer an alternative method of communication.*

**Board's 2022 Response:**

The Board communicates with its licensees in a variety of ways, including its website, traditional mail, and voluntary email/list serv groups based on their interests.

The current limitations on the Board's ability to require email addresses from its licensees limits the effectiveness of Board communication of critical practice and emergency communications, such as those related to COVID-19, and changes to laws and regulations that impact the Board's licensees. If given the authority to require licensees to provide their email address to the Board, an opt-out policy would be appropriate, and those licensees could continue to get information and updates from the Board on its website.

**Board's 2025 Update:**

As part of the Board's prior sunset bill, AB 2686 (Ch. 415, Statutes of 2022), the statutory requirement that Board applicants, registrants, and licensees provide their email address to the Board was established. The Board's new online licensing system ensures that we capture all applicant email address information during the application process. Unfortunately, due to the limited nature of the Board's online renewal platform, the online renewal system does not capture registrant and licensee email addresses, therefore the Board must rely on paper-based registrant and licensee address change forms to update their email address. This has slowed the Board's progress in obtaining registrant and licensee emails since the Board's last Sunset. If the Board had access to a more robust online renewal system, the Board could not only begin capturing registrant and licensee emails, but it could also start updating their address of record using the same transaction. This would also broaden who can renew online to include registrants and licensees in an inactive status (currently not available).



#### **ISSUE #4: (REGULATIONS) What is the current timeframe for Board regulatory packages to be approved and finalized?**

**Background:** Promulgating regulations is at the heart of the Board's work to implement the law and establish a framework for consumer protection. According to the OAL, a "regulation" is any rule, regulation, order or standard of general application or the amendment, supplement, or revision of any rule, regulation, order, or standard adopted by any state agency to implement, interpret, or make specific the law enforced or administered by it. When adopting regulations, every department, division, office, officer, bureau, board or commission in the executive branch of the California state government must follow the rulemaking procedures in the Administrative Procedure Act (APA) (Government Code section 11340 et seq.) and regulations adopted by OAL, unless expressly exempted by statute from some or all of these requirements. The APA requirements are designed to provide the public with a meaningful opportunity to participate in the adoption of regulations or rules that have the force of law by California state agencies and to ensure the creation of an adequate record for the OAL and judicial review.

The rulemaking process does provide some discretion to agencies. While each agency must comply with timeframe requirements and must produce the same uniform documents supporting rulemaking efforts to submit to OAL, there are not the same standards for how regulation packages are determined, written, and produced.

Prior to 2016, boards and bureaus like the Board that are organized within DCA filed rulemaking packages directly with OAL. Boards and bureaus were not required to submit rulemaking packages to DCA or the overseeing agency for review and approval prior to submission for publication in the Notice Register. OAL reported that this process was unusual within state government: most programs must submit regulations packages to their respective agency for approval. As a result, in September 2016, the Secretary of the Business, Consumer Services and Housing Agency (BCSH) changed the procedures: boards and bureaus were now required to submit rulemaking packages to the DCA and BCSH for review prior to filing with OAL. BCSH stated that the reason for the decision was an increase in the number of regulations disapproved by OAL for failing to meet their statutory requirements.

According to a 2019 DCA report to the Legislature, Internal Review of Regulation Procedures, "the resulting enhanced scrutiny from Agency and DCA's Legal Affairs Division successfully reduced the number of disapproved regulation packages, with the number of disapprovals falling from nine in 2016 to only one in 2018." The report also found that "while disapproval rates plummeted, a consequence was lengthened timelines to adopt regulations. Several boards and bureaus raised objections to the lengthened review time and reported difficulty obtaining timely updates about regulation packages under review." The "pre-review" process required regulations to go through DCA's entire review process prior to the package being submitted for public comment. DCA established a formal Regulations Unit to "minimize the length of time it currently takes to review regulatory packages; allow board and bureau attorneys to focus on the increased workload of non-regulatory work; respond to the demand of regulation packages under review and the increase of regulation packages from AB 2138 (Chiu and Low; Chapter 995, Statutes of 2018); avoid the habitual carry-over of regulation packages; and, enhance the level of regulation training provided to boards and bureaus to improve the quality of regulations and create efficiencies by having better quality packages submitted for review."

It would be helpful for the Committees to have a better understanding of the status of necessary Board regulations, the timeframe for regulations to be processed and complete and what efficiencies the Board has realized since the creation of the Regulations Unit.

**Staff Recommendation:** *The Board should provide the Committees with an update on pending regulations and the current timeframes for regulatory packages. In addition, the Board should inform the Committees of any achieved efficiencies in promulgating regulations in recent years.*

**Board's 2022 Response:**

The Board is pleased with the recent progress Board staff have been making on its regulatory packages. The Board completed two (2) regulatory packages in 2021, is actively working on seven (7) regulatory packages and has four (4) regulatory packages that need additional staff and legal review prior to actively working on these regulatory packages.

The timeframe of each regulatory package depends on the complexity of the proposed changes, but the Board expects to notice four (4) more regulatory packages by the end of 2022 and expects these four (4) regulatory packages to be completed in early to mid-2023. For example, even making small changes to reduce barriers to licensure for some applicants leads to extensive changes being needed due to some of the antiquated regulations the Board has.

In August of 2021, the Board was able to fill a fulltime regulations analyst position that is dedicated to working on regulatory packages, prior to that, the Board's parttime legislative analyst was working on regulations packages as time permitted. The additional resources made available through the DCA Regulations Unit was a critical addition for the Board in 2020 and allowed the Board to continue its regulatory work for much of the year even as Board leadership was dealing with added pandemic related responsibilities and staff leave during that time period.

**Board's 2025 Update:**

Since the Board's last Sunset, the Board had to discontinue the use of a parttime legislative analyst starting in FY 2023-24, at which time the Board's fulltime regulatory analyst assumed those legislative duties. This change has caused only a modest slowdown in the Board's regulatory output in recent years, as the Board has still been able to promulgate nine regulatory packages since its last Sunset Review. This includes one regulatory package in FY 2021-22, three regulatory packages in FY 2022-23, two regulatory packages in FY 2023-24, and three regulatory packages in FY 2024-25. These packages range in complexity and length from updating continuing professional development requirements for licensees and supervision requirements for specified license types, down to lower complexity packages including updating the Board's location in regulations and removing outdated processing times. The Board continues to work on five regulatory packages that have been under development for multiple years, as well as starting new regulatory packages related to supervision of speech-language pathology and audiology aides. Additionally, the Board has already promulgated two additional packages in the first half of FY 2025-26, both of which become effective January 1, 2026. While this continued progress within the regulatory area is based on low legislative workload, the Board believes that this is currently acceptable given other competing demands for Board resources and recent budget austerity measures required at the State level.

## **BOARD BUDGET ISSUES**

### **ISSUE #5: (COST PRESSURES BEYOND THE BOARD'S CONTROL AND IMPACTS TO THE FUND)**

**The Board pays over 20 percent of its revenue to pro rata costs charged for various services. Recent increases to the Attorney General's client billing rate for hours spent representing the Board in disciplinary matters may result in cost pressures for the Board's fund. What options does the Board have when cost pressures beyond its control impact revenue and expenses?**

**Background:** The DCA is almost entirely funded by a portion of the licensing fees paid by California's state-regulated professionals in the form of "pro rata." Pro rata funds DCA's two divisions, the Consumer and Client Services Division (CCSD) and the Division of Investigations (DOI). CCSD is the primary focus of this issue and contains the Administrative and Information Services Division (the Executive Office, Legislation, Budgets, Human Resources, Business Services Office, Fiscal Operations, Office of Information Services, Equal Employment Office, Legal, Internal Audits, and SOLID training services), the Communications Division (Public Affairs, Publications Design and Editing, and Digital Print Services), and the Division of Program and Policy Review (Policy Review Committee, Office of Professional Examination Services, and Consumer Information Center).

Pro rata is apportioned primarily based on the number of authorized staff at each board, rather than based on the amount of DCA's services programs use. DCA does charge boards based on actual use for some services, such as the Office of Information Services, the Consumer Information Center, the Office of Professional Examination Services, and DOI. Based on DCA's own figures, actual pro rata costs for every board have increased of an average of over 100 percent since FY 2012-2013.

The Board pays pro rata from its fund, the majority of revenue for which comes from licensing and renewal fees. It would be helpful for the Committees to understand what services it receives for the high pro rata costs it pays DCA.

In July of 2019, the California Department of Justice announced that it was utilizing language included in the Governor's Budget authorizing it to increase the amount it billed to client agencies for legal services. The change was substantial: the attorney rate increased by nearly 30% from \$170 to \$220, the paralegal rate increased over 70% from \$120 to \$205, and the analyst rate increased 97% from \$99 to \$195. While justification was provided for why an adjustment to the rates was needed, the rate hike occurred almost immediately and without meaningful notice to client agencies. For special funded entities such as the Committee, unexpected cost pressures can quickly prove problematic. It would be helpful to understand whether the Board has had any fiscal challenges resulting from the increase in the Attorney General's billing rate.

The Board does not have dedicated information technology staff and utilizes DCA Web and SharePoint Services staff to post and update content on the Board's website. The Board pays DCA Pro Rata that covers the Board's shared costs for these services.

**Staff Recommendation: DCA and the Board should explain to the Committees what services the Board receives for the pro rata costs it pays DCA. Furthermore, the Committees may wish to inquire about the Board's ability to update its website as needed.**

### **Board's 2022 Response:**

The Board addresses cost pressures within its control by continuously monitoring its budget and costs, and when necessary, reduce expenditures for a variety of costs including supplies, mailings, travel, and occasionally delaying examination workload until the Board can fund the work.

When Office of Attorney General (OAG) costs exceed the Board's budget, the Board can request a current year augmentation for those costs and for Office of Administrative Hearings, which the Board had to do in the 2020-21 Fiscal Year. This ensures the Board can continue its mission critical consumer protection enforcement actions. The Board closely monitors each AG case including monthly billing reports and actively provides direction for each case.

In the first year after the OAG fee increases, the Board saw a 28 percent increase in its OAG costs over the prior two fiscal years average. In terms of OAG and other legal fees, these costs can be significantly increased by even one case where the respondent licensee exercises their right to appeal all the way up to the superior court (Writ).

The Board gets some of the following services for DCA Pro Rata:

- Human Resources including payroll processing and positing of job vacancies,
- SOLID Training and Planning Solutions for their WebEx meeting moderation services, Strategic Planning, surveys, and staff training;
- Legal Affairs for legal advice and counsel;
- Business Services Office for contracts, purchases, and payments;
- Office of Information Services for PC support, telecom needs, networking needs, web posting, and business modernization projects; and
- Publication design and digital print services.

It would be extremely difficult for the Board to be able to afford to hire staff to perform any or all these functions and thus utilizing DCA resources that are paid for through Pro Rata are the best utilization of the Board's resources for these types of functions.

Regarding the Board's ability to update its own website, the Board does not have the staff resources necessary for current Licensing and Enforcement workload let alone any resources it could dedicate to the ADA remediation and posting of content to our website. DCA Web and SharePoint Services fairly intakes and triages board and bureau requests for website updates based on legal posting requirements, urgency, and level of ADA remediation needed for content.

### **Board's 2025 Update:**

The Board reiterates the indispensable nature of the services that DCA Pro Rata and the OAG provide to the Board. The Board's Fund could not absorb the costs for staffing to complete these human resources, information technology, legal counsel, or OAG prosecutorial functions. However, due to the cost cutting measures necessary to comply with Budget Letters 24-20 and 24-24, the Board has trimmed all expenditure areas that would have previously given the Board some flexibility to absorb increased OAG costs when OAG caseload and/or case complexity is high in any given fiscal year. Such cost-cutting measures include committing to keeping half of all Board meetings as teleconference meetings every year to save on travel costs as well as making full usage of no-cost or minimal-cost location options for in-person meetings. The Board expects that with the reductions taken from Budget Letters 24-20 and 24-24, it will have to make more frequent use of current year augmentation requests for OAG and Office of Administrative Hearing (OAH) costs due to the lack of flexibility remaining in its budget. The Board continues to actively monitor both OAG and OAH

workload and costs but remains committed to ensuring that prosecution of cases involving patient harm, sexual misconduct, and substance abusing licensees are fully prosecuted in order to protect the public.

### **BOARD LICENSING ISSUES**

#### **ISSUE #6: (SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AIDES) Should renewal and CE requirements for Speech-Language Pathology and Audiology Aides be enacted?**

**Background:** Speech-Language Pathology and Audiology Aides are permitted to assist licensed Speech-Language Pathologists and Audiologists under direct supervision or under an alternative plan of supervision. As a permitted designation, Speech-Language Pathology and Audiology Aides have no formal education requirements, standards for discipline, or CE requirements. In FY 20-21, there were only 28 registered Speech Language-Pathology Aides operating in California. In contrast, in FY 20-21, there were 4,146 Speech-Language Pathology Assistants, a licensed position that fills many of the same roles of care and has annual renewal requirements.

In 2016, the Board sought to eliminate the Speech-Language Pathology Aide designation, but the Committees chose not to pursue the Board's recommendation given the impact it would have on current Speech-Language Pathology Aides. The Board remains concerned that the lack of renewal or CE requirements for this designation jeopardizes consumer protection. The Board proposes to establish renewal and CE requirements for Speech-Language Pathology and Audiology Aides.

**Staff Recommendation:** *The Board should provide more information to the Committees about harm that has occurred, consumer complaints, and any enforcement actions taken by the Board. The Committees may wish to consider the potential impacts of imposing renewal or CE requirements, including benefit to consumers, costs to Speech-Language Pathology Aides, and enforcement by the Board.*

#### **Board's 2022 Response:**

The Board receives very few complaints against Speech-Language Pathology and Audiology Aides (Aides); however, the law stipulates that the supervising Audiologist or Speech-Language Pathologist is always responsible for support personnel under their supervision and the quality of care and services provided to the client. Patients served by Audiology Aides could be at risk of physical harm such as punctures of the skin in the ear, ear canal, and ear drum if audiological or tympanometric procedures or ear mold impressions are performed incorrectly or without adequate training and supervision.

While most support for Speech-Language Pathologists comes from licensed Speech-Language Pathology Assistants (SLPAs), support personnel that are registered as Speech-Language Pathology Aides are not required by law to renew or receive ongoing training. For Audiologists, support comes from Audiology Aides that may have a broader range of duties (there is no distinction for individuals with more education and experience like there is for SLPAs) but who are also not required by law to renew or receive ongoing training.

Support personnel for other professions, such as veterinary assistants, certified nurse assistants, and registered dental assistants have renewal requirements, and certified nurse assistants and registered

dental assistants also must complete in-service or continuing education hours to keep abreast of necessary skills.

The Board recommends the Committees consider strengthening consumer protections related to the Aides registration by creating renewal and CE requirements for these registrants that will help ensure these individuals keep abreast of necessary knowledge and skills specific to their support duties.

### **Board's 2025 Update:**

As part of the Board's prior sunset bill, AB 2686 (Ch. 415, Statutes of 2022), the Board was given the statutory authority to require Speech-Language Pathology and Audiology Aides (Aides) to renew their registration every two years, including setting a renewal fee and updating the board on their duties performed while assisting their supervisor and the training program and assessment methods used to ensure continued competency. Unfortunately, due to the need to also update the respective scope of responsibilities and supervision requirements for aides to ensure consumer protection, the regulatory package needed to implement these renewal requirements has been delayed. This licensee population is extremely low in comparison to other Board license types, at 0.7% of the Board's licensees, and therefore the package's urgency was lower than other packages the Board has been working on. The Board expects this regulatory package to be completed within the next two fiscal years given Board staff resources.

### **ISSUE #7: (AUDIOLOGY LICENSING REQUIREMENTS) Should the audiology licensing requirements be updated to reflect current educational and professional experience standards?**

**Background:** Current law requires applicants for licensure as an Audiologist to satisfactorily complete 12 months of full-time professional experience, or the part-time equivalent, following the didactic and clinical rotation requirements of their doctoral program. CCR require students to complete a minimum of 300 clinical hours, although California State University system and private audiology doctoral programs generally require students to complete about 1,850 clinical and professional experience hours.

The Board asserts that the requirement to complete 12 months of professional experience, or the part-time equivalent, following the didactic and clinical rotation requirements impedes licensure for international students who are unable to complete the 12-month professional education requirement due to visa limitations; applicants who completed their doctoral education in another state where 12 months of professional experience are not required; students who accrue 12 months' worth of hours in fewer than 12 months; and students who are unable to complete 1,850 hours in 12 months.

The Board proposes allowing hours accumulated in clinical rotations or experiences to count towards the 12-month professional experience requirement. This change would make California aligned with national standards.

**Staff Recommendation:** *The Committees may wish to gain information from program directors about current program requirements for clinical training and professional experience. Moreover, the Committees should consider whether program completion or completion of a minimum number of hours of clinical training or professional development could provide greater flexibility to aspiring Audiologists while maintaining the same level of rigorous education and training.*

## **Board's 2022 Response:**

In 2008, California changed its entry level requirement for licensure in audiology to that of a clinical doctorate (see Business and Professions Code (BPC) Section 2532.25.) Under these updated requirements, applicants must complete the requirements in BPC Section 2532.25 (b)(2), which states that applicants must 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. The statute further states that the required professional experience shall follow completion of the didactic and clinical rotation requirements of the audiology doctoral program.

In 2020, it was brought to the board's attention by the audiology doctoral program directors in California that while they saw the value in requiring the RPE license, the requirement that all RPE clinical hours had to be earned following the completion of all programmatic coursework and clinical rotations was creating a significant hardship for their students. During multiple meetings between the board's Audiology Practice Committee and the program directors of the audiology doctoral training programs in California, it was learned that there were several roadblocks created by the requirements of this statute:

- 1) International students who were earning their clinical doctorates in California, were limited by visa requirements that only allow them to accrue external professional experience in the US for a total of 12 months, of which some of the time already had to be used during their clinical rotations. Leaving these students ineligible for a California license.
- 2) Students who completed their RPE in another state and were attempting to gain licensure in California were not able to do so if their clinical experience requirement was less than 12 months, but due to their total program clinical and professional experience hours combined would have benefited from greater flexibility.
- 3) Some students who were unable to complete all of the RPE hours in 12 months would have benefited from the flexibility to meet the remaining month(s) with clinical rotations.

The Board had extensive discussions with doctoral audiology program representatives throughout 2020 regarding the potential to move to an hours requirement as opposed to a month's requirement, the biggest concern with simply moving to an hours requirement is that students can work extensive overtime hours to reach the 1,850 within as little as 8-9 months, which results in a crammed and non-optimal experience where the student does not learn all of the necessary components of the professional experience. Many programs expressed the need for a minimum number of months of professional experience was necessary to accrue all the necessary components of the professional experience. There were two additional problems identified by doctoral programs with moving to an hours-based requirement. Doctoral training program directors informed the Board that it is already very difficult to secure acceptable professional experience sites (called externship sites), and not being able to guarantee the student would be working at the site for a specified period of time would make this even more difficult to secure high-quality sites. The other problem doctoral programs expressed with moving to an hours-based requirement, was that it could create issues with the program's accreditation depending on their accreditation agency.

During the 2020 Audiology Practice Committee and Board meetings, information was provided by audiology doctoral program directors regarding potential statutory changes. It was learned that due to the design of most clinical doctoral program curricula in audiology, students were receiving fully supervised training in a number of clinical rotations during the first few years of their programs. Thus, discussions arose that suggested that the board might allow part of the time spent in some pre-RPE experiences to count toward the RPE requirement of 12 months. These discussions on how to implement the changed statutory requirements through regulations are currently ongoing, but



considering these discussions, allowing at least some aspects of the supervised clinical rotation time should be counted. The Board is currently developing a survey to seek more detailed clinical training and professional experience data from program directors to better inform the Board's future development of regulations.

The Board recommends updating the Audiology licensing requirements to reflect current educational and professional experience standards while also reducing barriers to licensure for students that hold international visas or were educated outside of California.

### **Board's 2025 Update:**

As part of the Board's prior sunset bill, AB 2686 (Ch. 415, Statutes of 2022), the Board was given statutory flexibility regarding when the audiology RPE could begin. However, upon completion and review of the survey of audiology doctoral program directors in 2023, the Board found that most audiology doctoral program directors did not want students to start the RPE experience any earlier than they currently do but would appreciate the flexibility if required for international students and clarification and clean-up to the clinical experience regulations. From that point forward, the Board asks as part of the audiology RPE application when the applicant is expected to complete, or has completed, all clinical program requirements (excluding any externship related course). However, the Board no longer requires the applicant to start their RPE after that date and bases approval of the start of the RPE experience on the recommendation of the audiology doctoral program director that is guiding the experience. This allows audiology doctoral program directors clarity on the clinical experience and flexibility in when to recommend a student for the audiology RPE.

**ISSUE #8: (RECIPROCITY) Should the Board grant reciprocity for licensure to applicants who hold the national Certificate of Clinical Competence in audiology (CCC-A) issued by the American Speech-Language-Hearing Association, or the American Board of Audiology certification issued by the American Academy of Audiology?**

**Background:** Prior to 2009, the Board was authorized to grant licensure as an Audiologist to applicants who had earned a national CCC-A from the American Speech-Language-Hearing Association. However, when the licensing requirements for Audiologists were amended in 2009 to require a doctoral degree, reciprocity was limited those individuals who earned a CCC-A on or before December 31, 2007.

The American Academy of Audiology similarly issues the American Board of Audiology certification, although the Board does not have the authority to accept the certification in lieu of the state's specified licensing requirements. Both certifications have specific education and training requirements for certification and require audiologists to participate in CPD and ethics training to maintain the certification.

The Board proposes to extend reciprocity to Audiologists who hold a CCC-A that was issued on or after January 1, 2008 and to Audiologists who hold the American Board of Audiology certification from the American Academy of Audiology.

**Staff Recommendation:** *The Board should provide additional information to the Committees about the comparability of the CCC-A issued by the American Speech-Language-Hearing Association and the American Board of Audiology certification issued by the American Academy of Audiology to the state's current licensing requirements for Audiologists.*



### **Board's 2022 Response:**

Nationally, there are 13,727 ASHA certified CCC-A holders and 1,292 American Academy of Audiology certified ABA holders, many from other states, that would potentially qualify for California licensure and would benefit from this form of reciprocity.

The Board has reviewed and approved the CCC-A and ABA certifications as comparable to state licensure.

Both certifications require the following:

- A doctoral degree in audiology from accredited programs;
- The equivalence of a year of fulltime professional experience;
- Adherence to their own associations code of ethics; and
- CE for renewal of certification and require ethics as part of that CE.

The differences between the two certifications include:

- For initial certification –
  - ABA certification allows doctoral programs to be accredited by Accreditation Commission for Audiology Education (ACAE);
  - ABA requires 2,000 hours of supervised direct patient care experience while CCC-A requires 1,820 and after 2020 bases the experience on meeting 106 knowledge and skill points rather than number of hours over 9 months;
- For renewal of certification –
  - ABA requires 20 hours of CE per year while CCC-A requires 30 hours of CE every 3 years.

Due to current workforce shortages in the field of audiology, the lack of the deemed equivalent options further exacerbates the lack of access to audiological services for California consumers. The Board recommends the Committees consider extending the deemed equivalent options to ABA holders and CCC-A holders who graduated after 2008, which will enhance reciprocity for out-of-state license holders and most importantly enhance access to audiology services to California consumers.

### **Board's 2025 Update:**

As noted in Section 7, during the Board's prior Sunset Review, the Board recommended the revision of BPC Section 2532.8 to include Audiologists with a valid American Board of Audiology (ABA) certificate issued by the American Academy of Audiology or a Certificate of Clinical Competence in Audiology (CCC-A) issued by the American Speech-Language-Hearing Association, which was allowed only for those who graduated before 2008. This amendment was added to the Board's Issues and accepted and included in the Board's 2022 Sunset bill AB 2686 (Ch. 415, Statutes of 2022). The Board began licensing Audiologists with ABA and CCC-A certificates the following year, thus streamlining licensure for Audiologists who hold these certifications and enhancing access to audiology services for California consumers.

Since implementation, the Board has seen significant growth in the number of Audiologists applying for licensure with the ABA and CCC-A certificates, resulting in the Board issuing an average of 36 audiology licenses per fiscal year (which is 28 percent of the audiology licenses issued) post implementation compared to the prior fiscal years, 2020-21 through 2022-23, which on average resulted in the issuance of only six audiology licenses per fiscal year (which was seven percent of audiology licenses issued). This is in comparison with the average number of Audiologists licensed

through the audiology RPE pathway of 65 audiology licenses per fiscal year (which is 51 percent of audiology licenses issued). This licensure pathway has now grown from an average of seven percent of audiology licenses issued per year, from 2020-21 through 2022-23, to an average of 28 percent of audiology licenses issued per year in 2023-24 and 2024-25. The Board hopes that this additional licensure avenue continues to allow for significant growth in the number of Audiologists serving California consumers.

**ISSUE #9: (HEARING AID DISPENSER REGULATION MODERNIZATION) Should regulations and licensure requirements related to hearing aids and Hearing Aid Dispensers be updated to reflect the evolving marketplace?**

**Background:** Hearing Aid Dispensers do not have any formal education requirements but must pass a written and practical exam for licensure in California. Hearing Aid Dispensers may fit and sell hearing aids, take ear mold impressions, perform postfitting procedures, directly observe the ear, and test hearing for the purpose of fitting and selling hearing aids. Hearing Aid Dispensers licensed by another state may qualify for a temporary license in California for 12 months while seeking permanent licensure, and a Hearing Aid Dispenser Trainee License allows an applicant to work under the supervision of a licensed Hearing Aid Dispenser for up to 18 months.

Hearing Aid Dispensers must complete a minimum of 12 hours of approved CE annually. Nine (9) hours must be related to patient care while the other three (3) may be related to the practice of hearing aid dispensing, ethics, office management, or managed care issues. The Board has not completed an audit of CPD providers or licensees since 2018.

Hearing aids are available for purchase online, often advertised as one-size fits all or capable of being remotely modified for the buyer. The Federal Drug Administration (FDA) regulates hearing aid devices and does not restrict the sale of hearing aids online. Moreover, states are prohibited from imposing more restrictive regulations, unless granted a federal exemption. The Board requested an exemption from the FDA on May 30, 2012, and has not received a response.

Nonetheless, California has been regulating the sale of mail order hearing aids. California law requires the consumer's ear canal to be examined by a licensed physician, Audiologist, or a Hearing Aid Dispenser, and a medical referral in some cases. The Board maintains that these requirements protect consumer safety and should not be eliminated.

On October 20, 2021, the FDA issued a proposed rule to establish a new category of OTC hearing aids for adults with mild to moderate hearing loss. OTC hearing aids would be subject to specific manufacturing and labeling requirements to protect user safety but could be sold directly to consumers in person and online without the need for a medical exam or fitting. Hearing aids for adults with severe hearing loss and minors would be considered prescription devices subject to additional regulation. The proposed rule would continue to prohibit states from enacting more stringent requirements on the sale of OTC hearing aids.

**Staff Recommendation:** *The Board should provide the Committees with information about potential impacts stemming from the federal proposed rule on the licensure of Hearing Aid Dispensers and the sale of hearing aids in California. The Committees may wish to further study the evolution of the marketplace for hearing aids in California and collect more information about national occupational licensing trends.*

### **Board's 2022 Response:**

The Food and Drug Administration has proposed creating a new category of Over-The-Counter (OTC) hearing aids for mild to moderate hearing loss. Under the proposed regulation, individuals would not need a Board license to sell, dispense, distribute, or provide customer support for OTC hearing aids. However, sale and fitting of prescription hearing aids will still require Board licensure and oversight under the proposed regulations. Prescription hearing aids will continue to be needed for the foreseeable future as OTC hearing aids cannot address moderate to severe hearing loss, and most consumers are not able to discern their actual level of hearing loss.

Concerns raised by the Board include the following:

- Lack appropriate consumer protections in regard to device output levels and limits that could allow harm to the consumers ear, especially consumers with disabilities
- Need for age verification so that minors are adequately protected from purchasing inappropriate hearing devices
- Need for a federal return policy to ensure consumer protections

Consumers of hearing aid services are some of the State's most vulnerable populations, including disabled young children and the elderly. Patients of Hearing Aid Dispensers could be at risk of punctures to the skin in the ear, ear canal, and ear drum if otoscopy or ear mold impressions are performed incorrectly. Therefore, for both consumer protection and enforcement of laws regarding warranties for prescription hearing aids licensure of Hearing Aid Dispensers continues to be necessary despite the creation of OTC hearing aids for mild to moderate hearing loss.

### **Board's 2025 Update:**

As of August 16, 2022, the FDA issued its final rule regarding OTC hearing aids. The FDA finalized the rule after receiving and reviewing more than 1,000 public comments. Comments were summarized in the final rule, along with FDA's responses. The final rule incorporated several changes from the proposed rule, including lowering the maximum sound output to reduce the risk to hearing from over-amplification of sound, revising the insertion depth limit in the ear canal, requiring that all OTC hearing aids have a user-adjustable volume control, and simplifying the phrasing throughout the required device labeling to ensure it is easily understood. The final rule also included performance specifications and device design requirements specific to OTC hearing aids.

The effective date for the final rule was October 17, 2022. Manufacturers of hearing aids sold prior to the effective date of the final rule had 240 days after its publication to comply with the new or revised requirements. For hearing aids that have not been offered for sale prior to the effective date, compliance with the new or revised requirements had to be achieved before marketing the device, including obtaining 510(k) clearance if applicable.

The Board had suggested that the FDA, at a minimum, should have a warning on the outside package to advise consumers of the danger of prolonged exposure to the upper limit output and amend the text in in proposed Section 800.30(c)(2)(i)(B) to include an identical warning on the inside packaging, as well as require a gain limit of 25dB or a low and high gain limit range. However, the FDA declined to add labeling requirements regarding prolonged exposure to the upper limit output and declined to include a gain limit. The FDA did lower output limits to 111 and 117 dB SPL.

The Board had also suggested requiring age verification at the time of purchase as an added consumer protection measure, however the FDA also declined to require age verification at the time of purchase of OTC hearing aids.

Lastly, the Board had suggested a minimal standard of return policy in the regulations governing OTC hearing aids and that this information be provided to consumers on the Outside Package Labeling prior to the "Manufacturer's return policy" in proposed Section 800.30(c)(1)(i)(F). The Board also recommends that the "Manufacturer's return policy" include a phone number and web address where consumers can contact the manufacturer regarding returns. However, the FDA declined to establish minimal standard of return policy or change the "Manufacturer's return policy."

The Board has received very few complaints mentioning OTC hearing aids and the Board has not seen any significant drop in the number of Hearing Aid Dispenser and Dispensing Audiologist applications since the implementation of the FDA rule. The Board is also not aware of the percentage of Hearing Aid Dispensers and Dispensing Audiologists that in addition to prescription hearing aids also sell OTC hearing aids. When the Board conducts the next Occupational Analysis for Hearing Aid Dispensers and Audiologists, this issue should be incorporated into the survey data to get a better idea of the percentage of licensees selling OTC hearing aids.

Licensure for Hearing Aid Dispensers and Dispensing Audiologists continues to be necessary despite the creation of OTC hearing aids. The use of OTC hearing aids is limited to use for general mild to moderate hearing loss, during which time many consumers may not even realize they are suffering from hearing loss. Therefore, the board continues to believe that licensure is necessary for both consumer protection and enforcement of laws regarding warranties for prescription hearing aids.

#### **ISSUE #10: (CE) Should the state's CE requirements for licensees be revised?**

**Background:** Each profession licensed by the Board is required to complete CPD or CE requirements. Licensed Speech-Language Pathologists and Audiologists must complete 24 hours of CPD/CE every two-year license period. Dispensing Audiologists must obtain 12 hours of CPD/CE each renewal period, with six hours related to hearing aids and six hours related to audiology. Speech-Language Pathologists and Audiologists who will be responsible for supervising temporary license holders and assistants must take an additional six (6) hours of CPD related to supervision beforehand and complete three (3) hours of CPD every four (4) years for professional development supervisors and every two (2) years for Speech-Language Pathology Assistant supervisors. Speech-Language Pathology Assistants are also required to complete 12 hours of CPD/CE every two (2) years, achievable by attending conferences, workshops, formal presentations, self-study courses, related courses, none of which are required to be approved by the Board. Hearing Aid Dispensers must complete a minimum of 12 hours of approved CE annually. Nine (9) hours must be related to patient care while the other three (3) may be related to the practice of hearing aid dispensing, ethics, office management, or managed care issues.

Licensees must certify on their license renewal form that they have completed the required CPD/CE. Although the Board's goal is to annually audit five (5) percent of licensees, staff and resource shortages have prevented the Board from conducting an audit of all licensees since 2018. The COVID- 19 pandemic delayed a scheduled audit in 2020, though the Board plans to resume CE audits this year.

If audited, licensees must provide documentation demonstrating completion of the CPD/CE requirements. To date, the Board and the DCA have not utilized CE document submission via the DCA Cloud. The Board has stated that it has been focused on priorities identified in their Business

Modernization Project, including online application submission and application status tracking, but will be focusing on technological solutions to enhance the Board's CE audit capacity in the future.

Failure to meet the CPD/CE requirements may result in a citation and fine. The 2018 audit revealed that roughly 78 percent compliance rate among licensees. 17 percent of licensees were initially out of compliance and ultimately two (2) percent were cited and fined for failing to come into compliance.

The Board is also responsible for approving CPD providers and CE courses. Although the Board's goal is to conduct random audits of five (5) percent of CPD/CE providers, the Board has not conducted an audit since 2018 due to staff shortages and the impact of COVID-19 on CPD/CE completion.

**Staff Recommendation: The Board should provide more information about its staff and resource shortages and licensees' compliance with CPD/CE requirements. Moreover, the Committees may wish to evaluate the merit of CPD/CE and consider alternative strategies to ensure competency of licensees.**

**Board's 2022 Response:**

The Board takes the continued competency of its licensees and the related continuing education requirements very seriously. Continuing Professional Development (CPD) and Continuing Education (CE) requirements are intended to protect consumers by ensuring licensees increase their professional knowledge and skill to maintain ethical and competent practice and enhance services to consumers. Over the last two years during the COVID-19 pandemic, there have been considerable advances in on-line self-study course offerings. Entire multi-day conferences were conducted that could be seen through live streaming (which is considered a live course) but also were recorded to be seen afterwards by even more learners as self-study courses. This provides far greater opportunities for licensees to learn. Many licensees who are juggling busy schedules and perhaps childcare, appreciate the flexibility of self-study so that they can have access to more CPD opportunities. Ultimately, consumer benefit when professionals are better trained to provide the best evidence-based services and practices. The Board discussed all these considerations and has been revising the current CPD requirements for Speech-Language Pathologists and Audiologists to reduce the burdens of the current 25 percent limitation on self-study to 50 percent as well as clarifying the definition of what constitutes self-study. This change will bring conformity with the self-study limitation for Hearing Aid Dispensers and Dispensing Audiologists.

Regarding CE Audits, the Board last conducted a CE Audit in 2018, where 5 percent of licensees were audited. For the 2018 CE Audit, the initial pass rate was 79 percent (a fail rate of 21 percent), where 17 percent failed to meet CE/CPD requirements and 4 percent did not respond to the Board. Of those that initially failed the audit, approximately 70 percent of those that failed corrected their deficiency within 30 days, resulting in 11 percent of those that failed or did not respond to the CE Audit being cited and fined. Of those that initially failed the audit, the reasons for failure included the following:

- 73 percent did not have evidence of completion of the required hours (most were able to get this evidence and correct the deficiency within 30 days)
- 17 percent exceeded self-study limitations
- 10 percent took non-approved CE courses or courses from non-approved providers

The Board had planned to conduct another CE Audit in 2020, however with the onset of the COVID-19 pandemic and the waiving of all CPD and CE requirements under DCA Waivers, the Board determined that it would have been extremely tone-deaf and onerous to require licensees to

undergo an audit during this time of crisis. Board licensees will need adequate time to accrue the necessary CPD and CE hours in 2022 (requirement to complete within 6 months of waiver expiration) and the Board will restart its auditing of licensees in late 2022.

The Board continues to seek additional staff resources to conduct CPD and CE audits as the growing workload demands in the Licensing and Enforcement Units have overwhelmed staff's ability to keep abreast of workload. The Board is working the DCA Budget Office to attain additional staff resources through the State Budget process.

The Board is open to looking into enhancing its CPD and CE requirements to include competency-based models and components. Due to the extensive research and collaboration needed to develop profession specific competency-based CE models, the efforts the Board knows of by other boards to implement these profession specific competency-based models were often spearheaded nationally (national association of licensing boards or national professional associations) then tailored to state specific needs and goals. One important aspect of this type of endeavor for our Board that may differ from other Boards is that each of the three professions may need to incorporate different learning modalities or professional activities. If this type of endeavor were initiated by the Board instead of by a national board or professional association, this could be very complex and resource consuming project for our small staff.

### **Board's 2025 Update:**

In September of 2024, the Board finalized the rulemaking for the CPD requirements for Speech-Language Pathologists and Audiologists discussed in the prior Sunset Review. Per the Board's guidance, this package did not include a competency-based model or component.

Effective January 1, 2025, Speech-Language Pathologists, Audiologists, and Dispensing Audiologists have new requirements and activities to fulfill their continuing professional development (CPD) requirements. These finalized regulations instituted the following changes:

- Increases the number of hours that may be obtained from self-study to half (50 percent) of the total required hours;
- Defines self-study as a course where the course instruction and licensee participation do not occur simultaneously, and requires the completion of an evaluation on what was learned during the course or at the conclusion of the course;
- Removes limitations to the number of hours that can be obtained from courses that are related to the practice of speech-language pathology or audiology;
- Increases the number of hours that can be obtained from indirect patient/client care courses to 25 percent of the total required hours;
- Permits courses related to hearing aid dispensing to be on equipment, devices, or other products that is not on the marketing, launching, or demonstrating the marketability of equipment, devices, or other products regardless of whether it focuses on a particular manufacturer's or company's equipment, devices, or products;
- Permits two hours for completing a Board sponsored Occupational Analysis;
- Permits two hours of hearing aid dispensing related coursework for each day of service for a maximum of four hours per renewal for Dispensing Audiologists serving the Board as a selected participant in Board-sponsored examination development or administration related functions;
- Defines direct patient/client care as courses that covers the current practice of speech-language pathology or audiology and may include content on instruments and technology used for assessment/diagnosis or intervention;

- Prohibits courses related to instruments and technology that are on the marketing, launching, or demonstrating the marketability of instruments and technology regardless of whether it focuses on a particular manufacturer's or company's instruments and technology; and
- Clarified current regulations by making CPD requirements consistent with the Board's CPD audit process and the professional learning requirements for similar license types and course content.

Altogether these regulations provide additional flexibility in the course delivery formats that licensees can accrue their CPD hours with as well as broadening and enhancing the types of courses that licensees can use towards their CPD requirements to enhance their competency.

As stated in Section 3, due to obtaining additional staff resources through the State budget process, the Board was able to begin conducting ongoing CE audits of licensees CPD starting in Fall 2024. The Board has completed a 5 percent random selection of Speech-Language Pathologists, Speech-Language Pathology Assistants, Audiologists, and Hearing Aid Dispensers who renewed between January through June of 2024. The results for the January through June 2024 audits are provided in the table below.

<b>CE/CPD Audit Results</b>									
Audit Period	Number Audited	Passed	%	Failed	%	Exemption Granted	%	Citation Issued	%
January 2024	38	23	61%	9	24%	6	16%	8	21%
February 2024	39	22	56%	11	28%	6	15%	6	15%
March 2024	43	21	49%	15	35%	6	14%	8	19%
April 2024	49	27	55%	12	24%	7	14%	4	8%
May 2024	40	23	58%	9	23%	7	18%	3	8%
June 2024	40	21	53%	14	35%	4	10%	1	3%

As the data shows, there is currently an average failure rate of 28 percent for the first six months of renewals that have been audited. This percentage is relatively higher than the average for most healing arts boards who underwent Sunset Review in 2025, where the average failure rate across those boards was around 19 percent. However, those boards have a longer history of ongoing CPD audits of their licensees. The most common reasons for failure of the CPD audit are having over the maximum number of self-study hours, not having enough CPD hours total (either CPD hours taken outside the renewal cycle or completed hours with non-approved providers), and insufficient documentation of courses taken (lacking certificates, certificates do not show if course was self-study, or certificate does not indicate the provider's approval status or other critical course details).

During the 2025-26 Fiscal Year, the Board will be continuing its ongoing audits of licensees. Currently, a considerable amount of time is dedicated to citation and fine related duties associated with the CPD Audit process. The Board expects that it will be able to accelerate the pace of these audits in future years as Board licensees are more mindful of the Board's CPD requirements and their responsibility to complete the appropriate hours as well as maintain adequate records of completion.



## **BOARD ENFORCEMENT ISSUES**

**ISSUE #11: (ENFORCEMENT) Should the Board be given explicit authorization to discipline licensees who offer or receive kickbacks in exchange for patient referrals?**

**Background:** Existing law prohibits licensees from offering or receiving kickbacks in exchange for patient referrals, but the Board is not expressly permitted to enforce violations of this kind. The Board has indicated that it cannot effectively prosecute these violations unless the licensee is criminally convicted for the same offense. As such, the Board stipulated that the Office of the Attorney General encouraged the Board to seek statutory authorization to enforce these violations. The Board notes that third party administrators who work with insurance companies to direct patients/clients to licensed Audiologists and Hearing Aid Dispensers are creating incentives for unlawful referrals. Currently, the Board has approximately 26 cases of alleged unlawful referrals pending investigation.

**Staff Recommendation:** *The Board should advise the Committees on how many licensees violate this prohibition and whether another entity is responsible for enforcement.*

### **Board's 2022 Response:**

The Board does not know how many licensees may be in violation of this prohibition, but we currently have 26 pending investigations of alleged unlawful referrals, which the Board cannot comment on at this time. The Board would note that its jurisdiction is limited to the conduct of its licensees.

The primary enforcer of Business and Professions Code section 650 in reference to the Board's licensees, is the Board. The Board received guidance from the Office of Attorney General that for these types of violations to be independent grounds for unprofessional conduct, the Board should include the reference to BPC Section 650 in its statutory provisions related to grounds for action against a licensee in BPC Section 2533. Without this provision in our Practice Act, licensees would have to be criminally convicted for the same offense to effectively prosecute these violations. This seems to be an unnecessarily high burden to enforce BPC Section 650 and the Board therefore recommends the Committee consider adding it to the Board's Practice Act.

### **Board's 2025 Update:**

As part of the Board's prior sunset bill, AB 2686 (Ch. 415, Statutes of 2022), the Board was given statutory authority to refuse to suspend, revoke, or impose terms and conditions upon the license of any licensee for engaging in any act in violation of BPC Section 650. However, the Board has not received any complaints related to BPC Section 650 since its last Sunset Review.

**ISSUE #12: (DISCIPLINE GOALS AND TIMEFRAMES) Is the Board meeting the performance targets of its enforcement program?**

**Background:** DCA has established a number of performance measures such as the number of complaints/convictions received, the average number of days from complaint receipt to the date the complaint was assigned to an investigator, the average number of days from complaint receipt to closure of the investigation process for cases not transmitted to the Attorney General, and the average number of days to complete the entire enforcement process for cases transmitted to the Attorney General for formal discipline.



The Board regularly does not meet the performance targets for complaint investigation or formal discipline timeframes. The Board notes that most of investigations are resolved within the 90-day performance target, but some require more time due to the complexity of the complaints.

Although the Board does not operate according to specific statutes of limitation, the Office of the Attorney General does, consistent with the statutes of limitation it follows for many other hearing arts boards. However, the Board notes that it has not been limited in taking enforcement actions against licensees due to statutes of limitation.

The Board reports that its enforcement workload has increased with the growth of its licensee population. While the number of complaints and licensee arrest/convictions declined during the COVID-19 pandemic, complaints and licensee arrests/convictions have increased 66 percent on average over the last five (5) years. Nonetheless, the Board reports that there has been little change in the number of disciplinary actions the Board has taken since its last Sunset Review. The Board notes that there is no direct correlation between the number of complaints received and the disciplinary actions taken by the Board in a particular year. Disciplinary action is taken based on the nature and specific evidence in each case, therefore in some years there could be more complaints that result in discipline due to the nature and evidence of the specific complaint than other years. The types of complaints that the Board received prior to and during the COVID-19 pandemic have not changed. The most common complaints the Board receives are refund/warranty issues, false or misleading advertising, unprofessional conduct, criminal charges/convictions, and unlicensed activities. Some significant differences the Board has seen are the decline in arrests and convictions of Board licensees during the pandemic as well as a general decline in complaints due to consumers accessing fewer services, which the Board attributes to worksite closures and social distancing measures during the pandemic.

The Board is authorized to issue citations which may include an order of abatement and/or an order to pay a fine. Citations are issued in response of minor violations of related laws and regulations that do not warrant formal discipline

In 2006, the former SLPAB increased the maximum allowable fine for Speech-Language Pathology and Audiology from \$2,500 to \$5,000. The maximum allowable fine for Hearing Aid Dispensers has not been increased.

**Staff Recommendation: *The Committees may wish to gather more information from the Board and the Office of the Attorney General about the investigative process and the Board's citation, cost recovery, and restitution practices.***

**Board's 2022 Response:**

According to the Board's Enforcement Performance Measure data, the Board consistently meets the targets for complaint intake and probation initial contact and violations but does not meet the performance targets for complaint investigation or formal discipline timeframes. Staffing vacancies in the Enforcement Unit since the last Sunset ranging from a 2/3 vacancy rate to a 1/3 vacancy rate had a big impact on the Board's enforcement timeframes. With such a small enforcement team, even one vacancy has a big impact on the Board's ability to meet enforcement timeframes.

While the Board has not been able to meet the performance targets for complaint investigation, the majority of investigations are closed within the performance target of 90 days, but due to the complexity of some complaints, additional investigative time is necessary.

The Board has worked to reduce the amount of time for PM 4 by ensuring regular and consistent follow-up with the Office of the Attorney General on cases referred for discipline, by proactively engaging in early settlement negotiations when deemed appropriate, and by limiting the amount of time given to a respondent during settlement negotiations. However, there are several time factors that are outside of the Board's control with regard to PM 4, including the case processing done by the Office of the Attorney General and the Office of Administrative Hearings.

### **Board's 2025 Update:**

As discussed in Section 4, the Board's Enforcement Performance Measure data continues to show that the Board consistently meets performance measure targets for complaint intake, probation initial contacts, and probation violations. However, since the Board's last Sunset Review, the Board's has continued to have difficulty meeting performance measures related to intake and investigation timeframes and formal discipline timeframes.

<i>Board Enforcement Performance Measures</i>						<i>(in days)</i>
Performance Measure	Target	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	Four-Year Average
PM 1 – Volume	*	127	149	142	263	170
PM 2 – Intake	10	5	3	5	4	4
PM 3 - Intake & Investigation	90	524	321	149	232	307
PM 4 - Formal Discipline	540	1,010	1,304	404**	1,297	1,004
PM 7 – Probation-Initial Contact	7	1	1	1	1	1
PM 8 - Probation Violation	10	2	1	10	2	4
* Complaint volume is counted and not considered a performance measure						
** FY 2023/24 was affected by a small number of formal disciplinary actions being taken, both of which had short investigation timeframes						

Over the last four years, the Board has been able to increase from 27 percent to 46 percent the percentage of complaints it closes within 90 days, however there are multiple factors contributing to the Board's inability to meet the intake and investigation timeframe target of 90 days. One factor includes turnover within the Enforcement Unit in each fiscal year since its last Sunset Review. With an enforcement staff of only three investigators, vacancies and training of new staff take considerable time away from ongoing investigations.

Another factor impacting the Board's ability to meet intake and investigation timeframes was closure of multiple related cases that had extended investigation timeframes, sworn and/or desk investigations, but were ultimately not actionable. Additionally, the Board's lack of an enforcement business modernization project along with the legacy data system leaves the Board with manual and slow processes that allow many complaints to age unnecessarily.

Lastly, due to Board resource constraints and a significant decrease in the number of complaints and convictions received since the pandemic, Board management reassigned one enforcement analyst, on a parttime basis, to the Business Modernization Project and its maintenance and operation thereafter. This reassignment was essential to the Board's success during the Licensing Business Modernization Project, and it was the Board's hope that the same employee would be able to lead the enforcement modernization project in the near future using the insights and skills gained during the initial licensing modernization project. However, given the Board's continued

inability to meet intake and investigation performance measures, the increase in complaints and convictions received in 2024-25, and uncertainty about when a future enforcement business modernization project may be possible. Board management is currently considering different strategies to address both needs within current Board resources.

In relation to the Board not meeting the formal discipline timeframe target of 540 days, the primary contributor to this is the aging of criminal conviction related cases. Of the 18 formal disciplinary actions taken by the Board since its last Sunset, more than half of those cases were criminal conviction related cases that had aged over the 540-day target. Board management will be consulting with other boards and bureaus still utilizing the same legacy system to research interim steps it can take to reduce these timeframes until an enforcement business modernization project can be undertaken to streamline all enforcement processes.

### **TECHNICAL CHANGES**

**ISSUE #13: (TECHNICAL CHANGES MAY IMPROVE EFFECTIVENESS OF THE ACT AND BOARD OPERATIONS)**  
There are amendments to the Act that are technical in nature but may improve Board operations and the enforcement of the Act.

**Background:** There are instances in the Act where technical clarifications may improve Board operations and application of the statutes governing SLPAHADB's work.

**Staff Recommendation:** *The Committees may wish to amend the Act to include technical clarifications.*

#### **Board's 2022 Response:**

The Board appreciates the Committees assistance in amending its Practice Act to provide additional clarity and technical clean-up where needed.

#### **Board's 2025 Update:**

The Board appreciated the Committees assistance in providing additional clarity and technical clean-up to the Board's Practice Act during its 2022 Sunset Review and looks forward to working with the Committees on additional clarifying and technical clean-up items during our 2026 Sunset Review.

### **COVID-19**

**ISSUE #14: (IMPACTS OF THE COVID-19 PANDEMIC)** Since March 2020, there have been a number of waivers issued through executive orders that impact Board operations, licensees, providers, and patients throughout the state. Do any of these waivers warrant an extension or statutory changes? How has the Speech-Language, Audiology, and Hearing Aid Dispensers Board addressed issues resulting from the pandemic, and how does the Board aim to continue to address these issues as the pandemic endures?

**Background:** In response to the COVID-19 pandemic, a number of actions were taken by the Governor, including the issuance of numerous executive orders in order to address the immediate crisis. For example, on March 30, 2020, the Governor issued Executive Order N-39-20 authorizing the

Director of DCA to waive any statutory or regulatory professional licensing relating to healing arts during the duration of the COVID-19 pandemic – including rules relating to examination, education, experience, and training.

Some of the waivers impact Board work and licenses. For example, [Executive Order N-40-20](#) permits the Director of DCA to waive any statutory or regulatory requirements with respect to CE for a number of healing arts licensees. The Board noted in its 2021 Sunset Review Report that it worked with DCA on the following approved waivers:

- **Modification of the Direct Monitoring Requirements for RPE Licenses and the Direct Supervision Requirements for Speech-Language Pathology Assistant Licenses (DCA-22-214)** – Originally approved May 6, 2020 and extended on July 1, August 27, October 22, and December 15 of 2020, and February 26, April 30, July 1, August 31 of 2021, and October 31, 2021. This waived the in-person supervision requirements for RPE License holders and Speech-Language Pathology Assistants through March 31, 2022.
- **Modification of License Reactivation or Restoration Requirements (DCA-22-212)** – Approved on January 11, 2022, this waives CE requirements for reactivation of a license and any fees associated with reactivation of a license (including any renewal, delinquency, penalties, late fees, or any other statutory or regulatory fees) for Speech-Language Pathologists through April 1, 2022.
- **Modification of the Limitations on Renewing of Hearing Aid Dispenser Temporary Licenses and Hearing Aid Dispenser Trainee Licenses (DCA-21-188)** – Originally approved May 29, 2020 and extended on September 17, and December 15 of 2020, and February 26, April 30, July 1, and August 31 of 2021. This waived the statutory limitations on renewing Hearing Aid Dispenser Temporary Licenses and the limitation on the number of times a Hearing Aid Dispenser Trainee License can be renewed. Specifically, this waiver removes the limitation that Hearing Aid Dispenser Temporary Licenses cannot be renewed in BPC section 2538.27(b) and removes the limitation that Hearing Aid Dispenser 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 Hearing Aid Dispenser Temporary Licenses and Hearing Aid Dispenser Trainee Licenses by six (6) months for eligible licensees. This waiver only applies to Hearing Aid Dispenser Temporary Licenses that expire between March 31, 2020, through October 31, 2021, and Hearing Aid Dispenser Trainee Licenses that have been renewed twice and expire between October 31, 2020, through October 31, 2021.
- **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, July 1, and August 31 of 2021. This waived the limitation that an RPE License cannot be reissued for more than 12 months in Title 16 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 October 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 October 31, 2021.

Two (2) of the Board's waiver request were denied, a summary of each is provided below.

- **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 BPC 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.
- **Modification of Board CE Requirements to Remove Self-Study Restrictions** – This waiver would have waived the limitations on self-study CE and CPD for the purposes of renewal in Title 16 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 DCA 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.

COVID-19 led to a strong interest in developing frameworks for telehealth and telesupervision. On September 27, 2021, Governor Newsom issued a news release to announce the signing of Executive Order N-16-21 to extend telehealth services expansion. The Board stipulates that Speech-Language Pathology Assistants and RPE Licensees that have been trained to use telehealth technology and receive the appropriate direct telesupervision can provide telehealth. All tasks performed still need to meet the same standard of care as in-person therapy.

Due to COVID-19 and any future State of Emergencies, the Board believes it is necessary to require all licensees to provide the Board with a current email address in order to communicate urgent information in a quick, efficient, and cost-effective manner. The Board should discuss how it will implement this collection of all licensee email addresses.

Despite COVID-19 limitations and challenges, the Board was able to conduct Hearing Aid Dispenser practical examinations. After having to cancel most of its 2020 practical examinations due to COVID-19, examinations resumed in October 2020 with robust safety and sanitation precautions. Board staff used larger examination rooms and utilized sanitation measures as required by State health and safety guidelines. The Board should discuss future plans for these procedures.

The Speech-Language Pathology, Audiology, and Hearing Aid Dispensers Board reports that during the COVID-19 pandemic, the Board implemented rotational teleworking policies for staff. At the beginning of the COVID-19 pandemic, the paper-based application and complaint processes and older computer equipment presented unique teleworking difficulties. These difficulties included coordination efforts amongst staff and delayed updates to applicants and consumers when paper applications or complaint materials were not immediately available to staff. In 2021, the Board utilized funds available to it to outfit all staff members with laptops and Microsoft Teams in an effort to ameliorate some of these issues.

Overall, as COVID-19 still has a sizeable infection rate in California and infection rates may increase with new variants in the future, the Board should discuss plans to adapt throughout the ongoing pandemic.

**Staff Recommendation: *The Board should update the Committees on the impact to licensees and patients stemming from the pandemic and potential challenges for practitioners. The Board should discuss any statutory changes that are warranted as a result of the pandemic.***

**Board's 2022 Response:**

All Board licensees were significantly impacted by the COVID-19 pandemic, and Board staff worked diligently to help mitigate impacts where it was able to in order to ensure continued services to California consumers. During this critical period, the DCA Waivers allowed licensees to stay focused on meeting the immediate needs of consumers during such extraordinary times.

Speech-Language Pathologists were significantly impacted by the COVID-19 pandemic. Prior to the pandemic the majority of Speech-Language Pathologists had been seeing their patients or students in-person individually or in small groups. With the pandemic, they had to immediately shift to using telehealth services for safe distancing. It required reformulating therapy practices and business models to accommodate this change and with it came many technological challenges. The profession rapidly stepped up in order to serve consumers with quality therapeutic services. For those new to telehealth, it meant purchasing and learning to use new equipment and therapy tools. Not only was telehealth critical to use throughout the pandemic but it is still used currently in schools and other settings to ease safety concerns and to help with consumer access to therapy services.

Audiologists and Hearing Aid Dispensers were also significantly impacted by the COVID-19 pandemic, with many Audiologists and Hearing Aid Dispensers having to close their private practices or retail locations at the beginning of the pandemic or only operating at minimal capacity for emergency hearing aid repairs and programming. This had an enormous impact on licensee's livelihoods with some closing branch offices during this time. Further into the pandemic, licensees were able to reopen or fully open their practices and retail locations for services, with a strong emphasis on safety and sanitation protocols in our practices.

At the beginning of the pandemic, Board management worked quickly to mobilize all available resources to aid licensees to continue providing necessary services to consumers in a safe manner. The Board immediately began working with the Department to utilize the Governor's Executive Orders to ensure continuity of consumer services during the pandemic. The Board submitted a total of five (5) waiver requests and also supported and utilized the Department's CE waivers for healing arts professionals and license reactivation waivers for Speech-Language Pathologists.

The Board hopes that as we all get back to a more normal status in the coming months, that the DCA waivers the Board requested or supported will have allowed licensees the ability to continue providing services safely while not completely disrupting the pipeline for future licensees or being overly burdensome on licensees.

The Board is currently reviewing all CE and CPD requirements and the allowance of telesupervision for Required Professional Experience and Speech-Language Pathology Assistants, at this point the Board's Practice Committees have all expressed concerns that having no self-study limitations or no in-person supervision requirements on a permanent basis has inherent drawbacks and expressed that while they were critical emergency measures, they are not the direction the Board wishes to pursue at this time.

One statutory change that the Board is requesting that came to light due to the pandemic, is the change to when Audiology doctoral students can start accruing professional experience towards

licensure. While this issue came to the Board's attention because of the pandemic, it highlighted issues that out-of-state students and students with Federal Visa restrictions struggled with prior to the pandemic. The Board and clinical doctoral audiology programs all believe this is a reasonable change and that is why the Board is seeking this change as part of our Sunset Review.

#### **Board's 2025 Update:**

The Board has not identified any additional COVID-19 measures that warrant statutory changes but was grateful for the ability to utilize DCA waivers during the pandemic.

### **CONTINUED REGULATION OF HEALTH CARE PROFESSIONALS BY THE SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD OF CALIFORNIA**

**ISSUE # 15: (CONTINUED REGULATION BY SPEECH LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD) Should the licensing and regulation of various professionals be continued and be regulated by the current Board membership?**

**Background:** Patients, clients, and the public are best protected by strong regulatory boards with oversight of licensed professions. The Board has shown a strong commitment toward efficiency and effectiveness, responding to practice and operational issues in a proactive, forward-thinking manner.

**Staff Recommendation:** *The licensing and regulation of various health professionals by the Speech Language Pathology and Audiology and Hearing Aid Dispensers Board should be continued, to be reviewed again on a future date to be determined.*

#### **Board's 2022 Response:**

The Board appreciates Committee Staff's analysis and recommendation that the Board continue to regulate the professions of Speech-Language Pathology and Audiology and Hearing Aid Dispensers. The Board is proud of the work that members and Board staff have accomplished since our last Sunset Review and look forward to the improvements that will be coming to fruition in the near future.

#### **Board's 2025 Update:**

The Board appreciates Committee Staff's commitment to reviewing and analyzing the Board's 2026 Sunset Review report and looks forward to working with the Committees to ensure the continued regulation of the professions of Speech-Language Pathology and Audiology and Hearing Aid Dispensers.



## Section 10 – New Issues

**This is the opportunity for the board to inform the committees of solutions to issues identified by the board and by the committees. Provide a short discussion of each of the outstanding issues and the board's recommendation for action that could be taken by the board, by DCA, or by the Legislature to resolve these issues (i.e., policy direction, budget changes, and legislative changes) for each of the following:**

- **Issues raised under prior sunset review that have not been addressed.**

The only remaining issue from the Board's prior Sunset Review is the promulgation of regulations related to Speech-Language Pathology and Audiology Aides, which is still under review by the Board and is expected to be completed within the next two fiscal years with the Board's current staff resources.

- **New issues identified by the board in this report.**

a) Continuing Professional Development Updates for Speech-Language Pathologists and Audiologists

*Background*

During the course of auditing CPD records of Board licensees, Board staff had to educate a lot of current licensees regarding acceptable types of CPD and about what entities are approved CPD providers under the Board's Practice Act. During this process, Board staff have raised the question as to whether this issue might merit review for potential statutory amendments as part of the Board's Sunset Review.

BPC section 2532.6 requires that CPD services shall be obtained from the following entities:

- Accredited institutions of higher learning.
- Organizations approved as continuing education providers by the:
  - o American Speech-Language Hearing Association (ASHA),
  - o American Academy of Audiology (AAA), or
  - o California Medical Association's (CMA's) Institute for Medical Quality Continuing Medical Education Program (note this is now only called the CMA Continuing Medical Education Program).
- Entities or organizations approved as continuing professional development providers by the Board.

BPC section 2532.6 also exempts the following entities from any application or registration fees that the Board may charge for continuing education providers:

- Accredited institutions of higher learning.
- Organizations approved as continuing education providers by the following entities:
  - o ASHA
  - o AAA, or
  - o CMA's Institute for Medical Quality Continuing Medical Education Program (note this is now only called the CMA Continuing Medical Education Program).

What became apparent through the CPD audit process was that licensees were often not paying close attention to the CPD approval status of course providers if they looked like



they were approved by either the national or state professional associations. In practice, the California chapters of ASHA and AAA are both approved providers of CPD by the national association for their CPD courses, therefore this is not a problem, but it would be clearer if the statute named these providers separately.

This is less clear with the national American Medical Association (AMA) and CMA (which is the Accreditation Council for Continuing Medical Education (ACCME) accreditor for CME in California). Both of these entities, AMA and CMA (through ACCME), participate in the same AMA Physician's Recognition Award (PRA) Credit System, where AMA and ACCME have simplified and aligned their expectations for accredited CME activities certified for AMA PRA Category 1 Credit. The AMA PRA credit system standards are designed to encourage innovation and flexibility in CME activities certified for AMA PRA Category 1 Credit while continuing to ensure that activities meet education standards and are independent of commercial influence. These aligned criteria ensure providers have to meet Educational Planning and Evaluation Criteria, including ensuring that providers:

- incorporate into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their learners;
- generate activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement;
- use educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity; the provider develops activities/educational interventions in the context of desirable physician attributes (competencies); and
- analyze changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

While it is less common for Board licensees to take AMA PRA Category 1 Credit courses, the Board has seen licensees taking American Academy of Pediatric courses that were approved as AMA PRA Category 1 Credit such as Building Blocks To Create Medical Homes for Children With Autism, Intellectual Disability; Heads Up on Headphones: Protecting Kids' Hearing Health; Social-Emotional Development of Infants and Young Children During COVID Recovery; or Implicit Bias: Enhancing Pediatric Care and Minimizing Harm for Children and Families. Licensees have to specify how physician approved courses relate to their practice as a speech-language pathologist or audiologist, since these courses can be very beneficial to a licensee's practice and clearly allowing both AMA and CMA courses would be beneficial.

Another issue that became clear during CPD audits of licensees was that many were taking mandatory training courses required by either state (California Department of Education, California Department of Developmental Services, and California Department of Health Care Services), federal, or local government entities (such as regional centers, county offices of education, and local departments of public or mental health) that cover a variety of professional issues that impact their provision of services. These include courses addressing neurodevelopmental strategies to help children in different care environments, mandatory child abuse and neglect reporting requirements, implicit bias training, cultural humility and client-centered practice, and courses to train SLPs in the specific documentation requirements for state or local systems for tracking patient/student progress. These types of courses are different than employment required sexual harassment prevention trainings in that they directly impact the delivery and documentation of patient/student care. Additionally, even if a licensee were required to take a course like

mandatory child abuse and neglect reporting requirements annually, with the Board's regulations it would only be allowed to count once per renewal cycle due to the Board's regulations, and it is critical to consumer protection that licensees have updated information on legal reporting requirements meant to protect children, elderly, and developmentally disabled individuals.

### *Committee and Board Actions*

At the August 2025 meeting, the Board reviewed and approved amendments to the CPD requirements for Speech-Language Pathologists and Audiologists for inclusion as part of the Sunset Review Report. The Board voted to include the following entities as acceptable CPD service providers and exempt these entities from any application or registration fees that the Board may charge for continuing education providers:

- California Academy of Audiology,
- California Speech-Language Hearing Association,
- American Medical Association, or
- Federal, state, or local government entities.

### *Effect on Consumers*

This would extend to the Board the opportunity to allow required courses from federal, state, or local government entities to count for CPD credit. The Board could further define in regulations how courses related to consumer protection and direct patient care as a speech-language pathologist or audiologist would count for CPD credit. This would also make changes consistent with the Board's interpretation of statutes regarding approved or exempt CPD providers and provide better clarity regarding the CPD requirements for Speech-Language Pathologists and Audiologists.

### *Proposed Text*

BPC section 2532.6.

(a) The Legislature recognizes that the education and experience requirements of this chapter constitute only minimal requirements to assure the public of professional competence. The Legislature encourages all professionals licensed and registered by the board under this chapter to regularly engage in continuing professional development and learning that is related and relevant to the professions of speech-language pathology and audiology.

(b) The board shall not renew any license or registration pursuant to this ~~article~~chapter unless the applicant certifies to the board that he or she has completed in the preceding two years not less than the minimum number of continuing professional development hours established by the board pursuant to subdivision (c) for the professional practice authorized by his or her license or registration.

(c) (1) The board shall prescribe the forms utilized ~~for~~ and the number of hours of required continuing professional development for persons licensed ~~or registered~~ under this ~~article~~chapter.

(2) The board shall have the right to audit the records of any applicant to verify the completion of the continuing professional development requirements.

(3) Applicants shall maintain records of completion of required continuing professional development coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(d) The board shall establish exceptions from the continuing professional development requirements of this section for good cause as defined by the board.

(e) (1) The continuing professional development services shall be obtained from:

(A) Accredited~~accredited~~ institutions of higher learning,

(B) Organizations~~organizations~~ approved as continuing education providers by either the American Speech-Language Hearing Association or the American Academy of Audiology, the California Medical Association's ~~Institute for Medical Quality~~ Continuing Medical Education Program, the California Academy of Audiology, the California Speech-Language Hearing Association, or the American Medical Association,

(C) A federal, state, or local government entity, or

(D) Other~~other~~ entities or organizations approved as continuing professional development providers by the board, in its discretion.

(2) No hours shall be credited for any course enrolled in by a licensee that has not first been approved and certified by the board, if the board has sufficient funding and staff resources to implement the approval and certification process.

(3) The continuing professional development services offered by these entities may, but are not required to, utilize pretesting and posttesting or other evaluation techniques to measure and demonstrate improved professional learning and competency.

(4) An accredited institution of higher learning, an organization approved as continuing education providers by either the American Speech-Language Hearing Association or the American Academy of Audiology, and the California Medical Association's Institute for Medical Quality Continuing Education Program, the California Academy of Audiology, the California Speech-Language Hearing Association, or the American Medical Association, or a federal, state, or local government entity shall be exempt from any application or registration fees that the board may charge for continuing education providers.

(5) Unless a course offered by entities listed in paragraph (4) meets the requirements established by the board, the course may not be credited towards the continuing professional development requirements for license renewal.

(6) The licensee shall be responsible for obtaining the required course completion documents for courses offered by entities specified in paragraph (1).

(f) The board, by regulation, shall fund the administration of this section through professional development services provider and licensing fees to be deposited in the Speech-Language Pathology and Audiology Board Fund. The fees related to the administration of this section shall be sufficient to meet, but shall not exceed, the costs of administering the corresponding provisions of this section.

(g) The continuing professional development requirements adopted by the board shall comply with any guidelines for mandatory continuing education established by the Department of Consumer Affairs.

b) Continuing Professional Development Updates for Speech-Language Pathology Assistants

*Background*

Similar to the previous issue, during the course of auditing CPD records for Speech-Language Pathology Assistants (SLPAs), Board staff had to educate current SLPAs regarding the limitations on the acceptable types of CPD that are allowed according to

the Board's statutes and regulations. This became clear when SLPAs were responding to the audit with self-selected self-study courses that would have been acceptable for their supervisor's CPD requirements, but due to the statutes and regulations for SLPAs, it is not allowed unless it is the independent study program approved by the supervisor. During this process, Board staff again raised the question as to whether this issue might merit review for potential statutory amendments as part of the Board's Sunset Review.

BPC section 2538.1.(b) (6) states that the Board shall adopt regulations regarding the:

*Minimum continuing professional development requirements for the speech-language pathology assistant, not to exceed 12 hours in a two-year period. The speech-language pathology assistant's supervisor shall act as a professional development advisor. The speech-language pathology assistant's professional growth may be satisfied with successful completion of state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these concerning communication and related disorders.*

The Board specifies the number of hours in Title 16 CCR 1399.170.14:

*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.*

#### *Committee and Board Actions*

The Speech-Language Pathology Practice Committee (SLP Committee) met on May 15, 2025, to discuss if SLPAs should be allowed to fulfil their CPD requirement from other course providers.

BPC section 2538.1(b)(6) states that SLPAs may satisfy their CPD requirements only through:

- State or regional conferences,
- Workshops,
- Formal in-service presentations,
- Independent study programs, or
- Any combination of these.

However, BPC section 2532.6 allows the SLPAs supervisor to fulfil their CPD requirement from courses provided by:

- Accredited institutions of higher learning.
- Organizations approved as continuing education providers by the
  - o American Speech-Language Hearing Association,
  - o American Academy of Audiology, or
  - o California Medical Association's Continuing Medical Education Program.
- Other entities or organizations approved as continuing professional development providers by the Board.

At its May 2025 meeting, the SLP Committee determined that SLPAs should be allowed to satisfy their CPD through the same course providers their supervisors are allowed to fulfill their CPD requirement.

At the August 2025 meeting, the SLP Committee also considered whether to statutorily define independent study programs to have the same meaning as self-study and whether SLPAs should be prohibited from using coursework towards a master's degree that would qualify an applicant for licensure as a speech-language pathologist pursuant to BPC Section 2532.2 towards meeting SLPA CPD requirements. The SLP Committee determined that defining independent study to mean the same as self-study in statute was not preferable and that they would prefer the Board to engage stakeholders and define independent study in regulations. In contrast, the Committee did agree with the prohibition against using coursework towards a master's degree being accepted as CPD for SLPAs as the intent of master's level coursework is to prepare the individual for a different professional role not to expand the knowledge related to practicing as a SLPA.

At the August 2025 meeting, the SLP Committee and subsequently the Board reviewed and approved the proposed language, as amended during the SLP Committee, related to SLPA CPD requirements to be included as part of the Board's Sunset Review Report.

### *Effect on Consumers*

These proposed statutory changes provide clarity and consistency across license types on CPD requirements and will broaden the types of continuing education opportunities available to SLPAs to enhance their provision of services to consumers.

### *Proposed Text*

#### BPC section 2538.1

- (a) The board shall adopt regulations, in collaboration with the State Department of Education, the Commission on Teacher Credentialing, and the Advisory Commission on Special Education, that set forth standards and requirements for the adequate supervision of speech-language pathology assistants.
- (b) The board shall adopt regulations as reasonably necessary to carry out the purposes of this article, that shall include, but need not be limited to, the following:
  - (1) Procedures and requirements for application, registration, renewal, suspension, and revocation.
  - (2) Standards for approval of ~~Associate Degree~~ Speech-Language Pathology Assistant associate degree-training programs based upon standards and curriculum guidelines established by the National Council on Academic Accreditation in Audiology and Speech-Language Pathology, or the American Speech-Language-Hearing Association, or equivalent formal training programs consisting of two years of technical education, including supervised field placements. The board may impanel site review committees to conduct onsite evaluations, inspections, and investigations of a speech-language pathology assistant training program and to assess the training program's compliance with the board's laws and regulations. The members of the site review committee shall receive no compensation but shall be reimbursed for their actual travel and per diem expenses by the institution that is the subject of the evaluation, inspection, or investigation.
  - (3) Standards for accreditation of a Speech-Language Pathology Assistant associate degree-training program's institution by the Accrediting Commission for

Community and Junior Colleges of the Western Association of Schools and Colleges or the Senior College Commission of the Western Association of Schools and Colleges, or equivalent accreditation.

(4) The scope of responsibility, duties, and functions of speech-language pathology assistants, that shall include, but not be limited to, all of the following:

- (A) Conducting speech-language screening, without interpretation, and using screening protocols developed by the supervising speech-language pathologist.
- (B) Providing direct treatment assistance to patients or clients under the supervision of a speech-language pathologist.
- (C) Following and implementing documented treatment plans or protocols developed by a supervising speech-language pathologist.
- (D) Documenting patient or client progress toward meeting established objectives, and reporting the information to a supervising speech-language pathologist.
- (E) Assisting a speech-language pathologist during assessments, including, but not limited to, assisting with formal documentation, preparing materials, and performing clerical duties for a supervising speech-language pathologist.
- (F) When competent to do so, as determined by the supervising speech-language pathologist, acting as an interpreter for non-English-speaking patients or clients and their family members.
- (G) Scheduling activities and preparing charts, records, graphs, and data.
- (H) Performing checks and maintenance of equipment, including, but not limited to, augmentative communication devices.
- (I) Assisting with speech-language pathology research projects, in-service training, and family or community education.

The regulations shall provide that speech-language pathology assistants are not authorized to conduct evaluations, interpret data, alter treatment plans, or perform any task without the express knowledge and approval of a supervising speech-language pathologist.

(5) The requirements for the wearing of distinguishing name badges with the title of speech-language pathology assistant.

(6) Minimum continuing professional development requirements for the speech-language pathology assistant, not to exceed 12 hours in a two-year period. The speech-language pathology assistant's supervisor shall act as a professional development advisor. The speech-language pathology assistant's professional growth may be satisfied with successful completion of state or regional conferences, workshops, formal in-service presentations, independent study programs, courses offered by entities listed in paragraph (1) of subdivision (e) of Section 2532.6, or any combination of these concerning communication and related disorders. Coursework from a master's degree that would qualify an applicant for licensure as a speech-language pathologist pursuant to Section 2532.2 shall not be used to satisfy this requirement.

(7) Minimum continuing professional development requirements for the supervisor of a speech-language pathology assistant.

(8) The type and amount of direct and indirect supervision required for speech-language pathology assistants.

(9) The maximum number of assistants permitted per supervisor.

(10) A requirement that the supervising speech-language pathologist shall remain responsible and accountable for clinical judgments and decisions and the

maintenance of the highest quality and standards of practice when a speech-language pathology assistant is utilized.

- **New issues not previously discussed in this report.**

- a) Authority to Create a Retired License Status for Board Specified Licensees with Board Specific Requirements

*Background*

At its May 2025 meeting, the Board discussed possible action to create a retired license status under the authority of BPC section 464 or to seek statutory authority in its Practice Act. For a considerable number of years, Board licensees have requested to be placed in a retired status instead of having to continue to renew their license or having their license expire for a specified time before it can be cancelled.

During the CPD audits, this became a growing concern when Board staff came across a handful of licensees who failed their CPD audit because they have professionally retired and should have been in an inactive status, but instead kept renewing as active status because they were either unaware of the inactive status and what it meant or made a mistake on their renewal form. Many of these licensees chose to maintain their license as they preferred to have a license that appeared to be in good standing instead of having an expired or cancelled status, which licensees feel has a negative connotation.

*Committee and Board Actions*

In May 2025, the Board discussed possible action to create a retired license status under the BPC section 464 but determined that it lacked the following standards that should be required of a retired license status to maintain public safety:

1. Restricting licensees from placing their license on retired status if they are currently on a restricted license (i.e., license subject to a Board imposed disciplinary order such as probation), they have not abated any issued Board citation and fine, or they are currently under investigation for an active complaint or conviction.
2. Restricting licensees from reinstating their license to active status if they have been out of practice for a specified number of years.
3. Restricting the number of times a licensee can reinstate from retired to active status.

To address these concerns, the Board determined that it should seek statutory authority in its Practice Act to create a retired license and directed Board staff to draft proposed legislative language that could be included as part of the Board's Sunset Review.

In August 2025, the Board additionally discussed whether a licensee on retired status for more than three years who has continuously maintained a current valid active and clear license in the same profession in another state or US territory should be allowed to reinstate their license to active status without retaking any examination or reapplying for initial licensure. At this meeting, the Board also discussed whether licensees on retired status should be able to use the title "retired," which they agreed to, or abbreviations denoting retired status, which the Board did not agree with. The Board then voted to adopt the proposed language provided below for inclusion in the Board's Sunset Review Report.

## *Effect on Consumers*

This bill will make it easier for consumers seeking local practicing licensees for services, as currently, there are many retired licensees maintaining an active license but not providing services to consumers.

### *Proposed Text*

Add BPC Article 1, section XXXX.X

(a) The board shall issue, upon an application prescribed by the board and payment of a fee of \$75, a retired license to a licensed speech-language pathologist, audiologist, hearing aid dispenser, or dispensing audiologist who holds a license that is current and active or a license that is inactive, and whose license is not suspended, revoked, surrendered, is subject to disciplinary action under this chapter, has an Accusation filed against their license by the Attorney General's office and the charges are pending, or is confirmed by an internal investigation report signed by the Executive Officer to be under investigation by the board .

(b) The holder of a retired license issued pursuant to this section shall not engage in any activity for which an active license is required or represent that they have an active license.

(c) A retired license shall not be subject to renewal.

(d) The holder of a retired license may apply once to restore their license to active status if the holder of a retired license meets all of the following requirements:

(1) Has not committed an act or crime constituting grounds for denial, revocation, or discipline of a license.

(1) Pays the renewal fee required.

(2) Completes the required continuing education as specified in subdivision (e) .

(3) Complies with the fingerprint submission requirements established by the board in regulation.

(4) (i) The retired license was issued less than three years from the date of issuance, or, (ii) The retired license was issued more than three years from the date of issuance, but the holder has continuously maintained a current, valid, active, and clear license in the same profession in another state or US territory within the United States.

(e) A holder of a retired license requesting to restore their license to active status pursuant to subdivision (d) shall complete continuing education equivalent to that required for a single license renewal period. Continuing education shall be completed in accordance with Section 2532.6 or Section 2538.18 except that all hours may be completed through self-study as defined by the board in regulation.

(f) The board shall issue a retired license for a second time pursuant to subdivision (a). A license shall remain on retired status after it has been placed on retired status for the second time.

(g) The holder of a retired license shall apply for and obtain a new license if they have been on retired status for more than three years from the date of issuance, unless the holder continuously maintains a current, valid, active, and clear license in the same profession in another state or US territory within the United States.

(h) The holder of a retired license shall be permitted to use the title "retired." The designation of retired shall not be abbreviated in any way.



## b) Hearing Aid Dispensing Branch Office Language Clean-up

### *Background*

At the December 2024 Board meeting, the Board was asked if a Hearing Aid Dispenser Trainee can do their unsupervised hours at a location other than their primary place of business and if they need a branch license to practice at those other locations. It was also asked whether the supervisor needs a branch license for the trainee to work there. At its May 2025 meeting, the Hearing Aid Dispensing Committee (HAD Committee) reviewed statutory and regulatory requirements regarding hearing aid dispenser trainees' supervision and operating at locations of their supervisor.

### *Committee and Board Actions*

At its May 2025 meeting, the HAD Committee determined that allowing a hearing aid trainee to maintain a branch office license pursuant to BPC section 2538.34 would be inconsistent with BPC section 2538.30, which prohibits the management or independent operation of a business that engages in the fitting or sale of hearing aids by temporary and trainee licensees, and suggested that statutory changes should be considered. The HAD Committee identified that words like "manage" and "independently operate a business" as used in BPC section 2538.30 should be defined in regulation but not the word "maintain" as used in BPC section 2538.34. The Committee determined that the word "maintain" as used in BPC section 2538.34 may not accurately capture the situation a hearing aid dispenser trainee may be in and suggested that statutory changes should be considered. At its May 2025 meeting, the HAD Committee also discussed whether businesses could be maintained, operated, or managed by a different hearing aid dispenser. Businesses could also be maintained, operated, or managed by someone who does not fit or sell a hearing aid and are employed by a corporation, partnership, trust, association, or other like organization provided that any and all fitting or selling of hearing aids is conducted by the individuals who are licensed pursuant to BPC section 2538.20. The Committee also identified that "temporary basis" as used in BPC section 2538.34 should be clarified and suggested that statutory changes should be considered as part of the Board's Sunset Review Report.

The proposed statutory changes were reviewed and approved at the December 2025 Board meeting for inclusion in the Board's Sunset Review Report.

### *Effect on Consumers*

None; these proposed statutory changes provide clarity and consistency on the requirements for addresses of record and Branch Office requirements for Board licensees and staff.

### *Proposed Text*

Business and Professions Code (BPC) section 2538.33

(a) Before engaging in the practice of fitting or selling hearing aids, each licensee shall notify the board in writing of the address or addresses where they are to engage, or intend to engage, in the practice of fitting or selling hearing aids, and of any changes in the address or addresses ~~their place of business~~ within 30 days of engaging in that practice.

(b) If ~~a street~~ the address provided pursuant to subdivision (a) is not the address at which the licensee receives mail, the licensee shall also notify the board in writing of the mailing address for each location where the licensee is to engage, or intends to engage, in the practice of fitting or selling hearing aids, and of any change in the mailing address or address of their place or places of business.

BPC section 2538.34

(a) Every hearing aid dispenser licensee who engages in the practice of fitting or selling hearing aids shall have ~~and maintain~~ an established retail business address ~~to engage in that fitting or selling~~, routinely open for service to customers or clients. The address of ~~the licensee's~~ that place of business shall be registered with the board as provided in Section 2538.33.

(b) Except as provided in subdivision (c), if a hearing aid dispenser engages in the practice of fitting or selling hearing aids at licensee maintains more than one place of business within this state, they shall apply for and procure a branch office duplicate license for each place of business branch office maintained. The application shall state the name of the person and the address location of the place or places of business for which the branch office duplicate license is desired.

(c) A hearing aid dispenser may, without obtaining a branch office duplicate license ~~for a branch office~~, engage on a temporary basis in the practice of fitting or selling hearing aids at ~~the primary or branch location of another licensee's~~ business or at a location or facility that they may use on a temporary basis, provided that the hearing aid dispenser notifies the board in advance in writing of the dates and addresses of those businesses, locations, or facilities at which they will engage in the practice of fitting or selling hearing aids.

(1) For purposes of this subdivision, "temporary basis" means a limited and short period of time that is not intended to occur repeatedly.

#### c) Proposed Technical Clean-up and Non-Substantive Statutory Amendments

##### *Recommendations*

The Board respectfully submits the following technical and non-substantive statutory amendments to the Board's Practice Act for consideration.

BPC Section 2530.2.

As used in this chapter, unless the context otherwise requires:

(a) "Board" means the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.

(b) "Person" means any individual, partnership, corporation, ~~limited liability company~~, or other organization or combination thereof, except that only individuals can be licensed or registered under this chapter.

(c) A "speech-language pathologist" is a person who practices speech-language pathology.

(d) The practice of speech-language pathology means all of the following:

(1) The application of principles, methods, instrumental procedures, and noninstrumental procedures for measurement, testing, screening, evaluation, identification, prediction, and counseling related to the development and disorders of speech, voice, language, or swallowing.

- (2) The application of principles and methods for preventing, planning, directing, conducting, and supervising programs for habilitating, rehabilitating, ameliorating, managing, or modifying disorders of speech, voice, language, or swallowing in individuals or groups of individuals.
- (3) Conducting hearing screenings.
- (4) Performing suctioning in connection with the scope of practice described in paragraphs (1) and (2), after compliance with a medical facility's training protocols on suctioning procedures.
- (e) (1) Instrumental procedures referred to in subdivision (d) are the use of rigid and flexible endoscopes to observe the pharyngeal and laryngeal areas of the throat in order to observe, collect data, and measure the parameters of communication and swallowing as well as to guide communication and swallowing assessment and therapy. Passage of these instruments without the presence of a physician and surgeon is subject to paragraph (2).
- (2) Nothing in this subdivision shall be construed as a diagnosis. Any observation of an abnormality shall be referred to a physician and surgeon.
- (f) (1) A licensed speech-language pathologist shall not perform a flexible fiber optic transnasal endoscopic procedure unless they have received written verification from one otolaryngologist certified by the American Board of Otolaryngology – Head and Neck Surgery that the speech-language pathologist has performed a minimum of 25 supervised flexible fiber optic transnasal endoscopic procedures and they are competent to perform these procedures. Of these 25 procedures, the first 10 procedures shall be supervised by a licensed physician and surgeon who performs nasal endoscopy as part of their practice and the subsequent 15 procedures shall be supervised by either a licensed physician and surgeon who performs nasal endoscopy as part of their practice or by another licensed speech-language pathologist who is verified as competent in performing flexible fiber optic transnasal endoscopic procedures. The speech-language pathologist shall have this written verification on file and readily available for inspection upon request by the board. A speech-language pathologist with a verification on file shall pass a flexible fiber optic transnasal endoscopic instrument only upon the orders of a licensed physician and surgeon. The order by a physician and surgeon is deemed to allow a speech-language pathologist with verification, in accordance with this paragraph, to perform fiber optic transnasal endoscopic procedures at a location based on the patient's medical needs that complies with procedures specified in paragraph (1) of subdivision (g).
- (2) A licensed speech-language pathologist who holds a written verification pursuant to this subdivision that was issued before January 1, 2023, shall be deemed to meet the requirements described in paragraph (1).
- (g) (1) A licensed speech-language pathologist shall only perform flexible endoscopic procedures described in ~~subdivision (e)~~ subdivision (f) in the following settings that requires the facility to have protocols for emergency medical backup procedures, including a physician and surgeon or other appropriate medical professionals being readily available.
  - (A) A clinic, as defined in Section 1200 of the Health and Safety Code.
  - (B) A facility described in Chapter 2.5 (commencing with Section 1440) of Division 2 of the Health and Safety Code.
  - (C) A health facility, as defined in Section 1250 of the Health and Safety Code.
  - (D) A hospice facility licensed pursuant to Chapter 8.5 (commencing with Section 1745) of Division 2 of the Health and Safety Code.

(E) A medical group practice, including a professional medical corporation, as defined in Section 2406, another form of corporation controlled by physicians and surgeons, a medical partnership, a medical foundation exempt from licensure, or another lawfully organized group of physicians and surgeons that provides health care services.

(2) A licensed speech-language pathologist performing flexible fiber optic transnasal endoscopic procedures on patients who have contraindications to the procedure shall consult and document clearance with the physician and surgeon that the licensed speech-language pathologist can safely perform the procedure. For purposes of this paragraph, contraindications for these procedures may include, but are not limited to, cases of bilateral obstruction of nasal passages, refractory epistaxis, cardiac disorder with acute risk of vasovagal episode and bradycardia, history of vasovagal episodes, facial trauma, recent trauma to the nasal cavity, or surrounding tissue and structures secondary to surgery or injury, severe bleeding disorders, severe movement disorders, severe agitation, and inability to cooperate with the examination.

(h) "Speech-language pathology aide" means any person meeting the minimum requirements established by the board, who works directly under the supervision of a speech-language pathologist.

(i) (1) "Speech-language pathology assistant" means a person who meets the academic and supervised training requirements set forth by the board and who is approved by the board to assist in the provision of speech-language pathology under the direction and supervision of a speech-language pathologist who shall be responsible for the extent, kind, and quality of the services provided by the speech-language pathology assistant.

(2) The supervising speech-language pathologist employed or contracted for by a public school may hold a valid and current license issued by the board, a valid, current, and professional clear clinical or rehabilitative services credential in language, speech, and hearing issued by the Commission on Teacher Credentialing, or other credential authorizing service in language, speech, and hearing issued by the Commission on Teacher Credentialing that is not issued on the basis of an emergency permit or waiver of requirements. For purposes of this paragraph, a "clear" credential is a credential that is not issued pursuant to a waiver or emergency permit and is as otherwise defined by the Commission on Teacher Credentialing. Nothing in this section referring to credentialed supervising speech-language pathologists expands existing exemptions from licensing pursuant to Section 2530.5.

(j) An "audiologist" is one who practices audiology.

(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-fitting~~ of hearing aids.

(l) A "dispensing audiologist" is ~~a person an audiologist~~ who is authorized to sell hearing aids ~~pursuant to their audiology license~~.

(m) "Audiology aide" means any person meeting the minimum requirements established by the board who works directly under the supervision of an audiologist. The board may by regulation exempt certain functions performed by an industrial audiology aide from supervision provided that their employer has established a set of procedures or protocols that the aide shall follow in performing these functions.

(n) "Medical board" means the Medical Board of California.

(o) A "hearing screening" performed by a speech-language pathologist means a binary puretone screening at a preset intensity level for the purpose of determining if the screened individuals are in need of further medical or audiological evaluation.

(p) "Cerumen removal" means the nonroutine removal of cerumen within the cartilaginous ear canal necessary for access in performance of audiological procedures that shall occur under physician and surgeon supervision. Cerumen removal, as provided by this section, shall only be performed by a licensed audiologist. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but shall include all of the following:

(1) Collaboration on the development of written standardized protocols. The protocols shall include a requirement that the supervised audiologist immediately refer to an appropriate physician any trauma, including skin tears, bleeding, or other pathology of the ear discovered in the process of cerumen removal as defined in this subdivision.

(2) Approval by the supervising physician of the written standardized protocol.

(3) The supervising physician shall be within the general vicinity, as provided by the physician-audiologist protocol, of the supervised audiologist and available by telephone contact at the time of cerumen removal.

(4) A licensed physician and surgeon may not simultaneously supervise more than two audiologists for purposes of cerumen removal.

#### BPC section 2530.3.

(a) A person represents themselves to be a speech-language pathologist when they hold themselves out to the public by any title, business name, or description of services incorporating the words "speech pathologist," "speech pathology," "speech therapy," "speech correction," "speech correctionist," "speech therapist," "speech clinic," "speech clinician," "language pathologist," "language pathology," "logopedics," "logopedist," "communicology," "communicologist," "aphasiologist," "voice therapy," "voice therapist," "voice pathology," or "voice pathologist," "language therapist," or "phoniatrist," or any similar titles; or when they purport to treat stuttering, stammering, or other disorders of speech.

(b) A person represents themselves to be an audiologist when they hold themselves out to the public by any title, business name, or description of services incorporating the terms "audiology," "audiologist," "audiological," "hearing clinic," "hearing clinician," "hearing therapist," or any similar titles.

#### BPC section 2530.5.

(a) Nothing in this chapter shall be construed as restricting hearing testing conducted by licensed physicians and surgeons or by persons conducting hearing tests under the direct supervision of a physician and surgeon.

(b) Nothing in this chapter shall be construed to prevent a licensed hearing aid dispenser from engaging in testing of hearing and other practices and procedures used solely for the fitting and selling of hearing aids nor does this chapter restrict persons practicing their licensed profession and operating within the scope of their licensed profession or employed by someone operating within the scope of their licensed professions, including

persons fitting and selling hearing aids who are properly licensed or registered under the laws of the State of California.

(c) Nothing in this chapter shall be construed as restricting or preventing the practice of speech-language pathology or audiology by personnel holding the appropriate credential from the Commission on Teacher Credentialing as long as the practice is conducted within the confines of or under the jurisdiction of a public preschool, elementary, or secondary school by which they are employed and those persons do not either offer to render or render speech-language pathology or audiology services to the public for compensation over and above the salary they receive from the public preschool, elementary, or secondary school by which they are employed for the performance of their official duties.

(d) Nothing in this chapter shall be construed as restricting the activities and services of a student or speech-language pathology intern in speech-language pathology pursuing a course of study leading to a degree in speech-language pathology at an accredited or approved college or university or an approved clinical training facility, provided that these activities and services constitute a part of their supervised course of study and that those persons are designated by the title as "speech-language pathology intern," "speech-language pathology trainee," or other title clearly indicating the training status appropriate to their level of training.

(e) Nothing in this chapter shall be construed as restricting the activities and services of a student or audiology intern in audiology pursuing a course of study leading to a degree in audiology at an accredited or approved college or university or an approved clinical training facility, provided that these activities and services constitute a part of their supervised course of study and that those persons are designated by the title as "audiology intern," "audiology trainee," or other title clearly indicating the training status appropriate to their level of training.

(f) Nothing in this chapter shall be construed as restricting the practice of an applicant who is obtaining the required professional experience specified in subdivision (c) of Section 2532.2 or subdivision (b) of Section 2532.25 and who has been issued a temporary license pursuant to Section 2532.7. The number of applicants who may be supervised by a licensed speech-language pathologist or a speech-language pathologist having qualifications deemed equivalent by the board shall be determined by the board. The supervising speech-language pathologist shall register with the board the name of each applicant working under their supervision, ~~and shall submit to the board a description of the proposed professional responsibilities of the applicant working under their supervision.~~

The number of applicants who may be supervised by a licensed audiologist or an audiologist having qualifications deemed equivalent by the board shall be determined by the board. The supervising audiologist shall register with the board the name of each applicant working under their supervision, and shall submit to the board a description of the proposed professional responsibilities of the applicant working under their supervision.

(g) Nothing in this chapter shall be construed as restricting hearing screening services in public or private elementary or secondary schools so long as these screening services are provided by persons registered as qualified school audiometrists pursuant to Sections 1685 and 1686 of the Health and Safety Code or hearing screening services supported by the State Department of Health Care Services so long as these screening services are provided by appropriately trained or qualified personnel.

(h) Persons employed as speech-language pathologists or audiologists by a federal agency shall be exempt from this chapter.

(i) Nothing in this chapter shall be construed as restricting consultation or the instructional or supervisory activities of a faculty member of an approved or accredited college or university for the first 60 days following appointment after the effective date of this subdivision.

BPC section 2530.6.

(a) Speech-language pathologists and audiologists supervising speech-language pathology or audiology aides shall register with the board the name of each aide working under their supervision.

(b) The number of aides who may be supervised by a licensee shall be determined by the board.

(c) The supervising audiologist or speech-language pathologist shall be responsible for the extent, kind, and quality of services performed by the aide, consistent with the board's designated standards and requirements.

(d) A speech-language pathology and audiology aide registration shall expire every two years and is subject to the renewal requirements in Article 6 (commencing with Section 2535).

(e) At the time of registration renewal, the speech-language pathologist or audiologist supervising the speech-language pathology or audiology aide shall update the board on the duties the aide performs while assisting the supervisor in the practice of speech-language pathology or audiology, and the training program and assessment methods the supervisor is utilizing to ensure the aide's continued competency.

(f) An aide shall not advertise or otherwise represent that they hold a license as a speech-language pathologist, speech-language pathology assistant, or audiologist.

BPC section 2530.8.

Every person holding a license or registration under this chapter shall display it conspicuously in their primary place of practice or business.

BPC section 2530.9

(a) An aide or a required professional experience license holder shall not be the sole proprietor of, manage, or independently operate a business that engages in the practice of practice of speech-language pathology or audiology.

(b) A speech-language pathology assistant shall not be the sole proprietor of, manage, or independently operate a business that engages in the practice of speech-language pathology.

~~BPC section 2531.3.~~

~~The board shall examine every applicant for a speech-language pathology license or an audiology license at the time and place designated by the board in its discretion, but at least once in each year; and for that purpose may appoint qualified persons to give the whole or any portion of the examination, who shall be designated as commissioners on examination. A commissioner on examination need not be a member of the board, but shall be subject to the same rules and regulations and shall be entitled to the same fee as if he or she were a member of the board.~~

~~The board shall perform all examination functions, including but not limited to, participation in uniform examination systems.~~

~~BPC section 2531.4.~~

~~The board shall have full authority to investigate and to evaluate each and every applicant applying for a license to practice speech-language pathology or a license to practice audiology and to determine the admission of the applicant to the examination, if administered by the board, or to issue a license, in conformance with the provisions of, and qualifications required by, this chapter.~~

BPC section 2531.5.

The board shall issue, suspend, and revoke licenses or registrations and approvals to practice speech-language pathology ~~and audiology~~, audiology, and hearing aid dispensing as authorized by this chapter.

BPC section 2532.

No person shall engage in the practice of speech-language pathology or audiology or represent themselves as a speech-language pathologist or audiologist unless they are licensed in accordance with this ~~article~~chapter.

BPC section 2532.2.

Except as required by Section 2532.25, to be eligible for licensure by the board as a speech-language pathologist or audiologist, the applicant shall possess all of the following qualifications:

(a) Possess at least a master's degree in speech-language pathology, communication disorders, communication sciences and disorders, communicative disorders, speech, language, and hearing sciences or audiology from an educational institution approved by the board or qualifications deemed equivalent by the board.

(b) (1) Submit evidence of the satisfactory completion of supervised clinical practice with individuals representative of a wide spectrum of ages and communication disorders. The board shall establish by regulation the required number of clock hours, not to exceed 375 clock hours, of supervised clinical practice necessary for the applicant.

(2) The clinical practice shall be under the direction of an educational institution approved by the board.

~~(c) Submit~~(c) (1) Submit evidence of no less than 36 weeks of satisfactorily completed supervised professional full-time experience or 72 weeks of professional part-time experience obtained under the supervision of a licensed speech-language pathologist or audiologist or a speech-language pathologist or audiologist having qualifications deemed equivalent by the board. This experience shall be evaluated and approved by the board. The required professional experience shall follow completion of the requirements listed in subdivisions (a) and (b). Full time is defined as at least 36 weeks in a calendar year and a minimum of 30 hours per week. Part time is defined as a minimum of 72 weeks and a minimum of 15 hours per week.

(2) A speech-language pathologist or audiologist who holds a license from another state or territory of the United States or who holds equivalent qualifications as determined by the board and who has completed no less than one year of full-time continuous employment as a speech-language pathologist or audiologist within the past three years is exempt from the supervised professional experience in subdivision (c).

(d) ~~(1) Pass~~Pass an examination or examinations approved by the board. ~~The board shall determine the subject matter and scope of the examinations and may waive the 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 his or her examination may be reexamined at a subsequent examination upon payment of the reexamination fee required by this chapter.~~

~~(2) A speech-language pathologist or audiologist who holds a license from another state or territory of the United States or who holds equivalent qualifications as determined by the board and who has completed no less than one year of full time continuous employment as a speech-language pathologist or audiologist within the~~



~~past three years is exempt from the supervised professional experience in subdivision (c).~~

(e) As applied to licensure as an audiologist, this section shall apply to applicants who graduated from an approved educational institution on or before December 31, 2007.

BPC 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 audiology doctoral program at 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 an audiology doctoral program at an educational institution approved by the board.

(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.

BPC section 2532.4.

(a) The board ~~shall~~may direct applicants to be examined for knowledge in whatever theoretical or applied fields in speech-language pathology or audiology it deems appropriate. It ~~shall~~may examine the applicant with regard to ~~their~~his or her professional skills and ~~their~~his or her judgment in the utilization of speech-language pathology or audiology techniques and methods.

(b) ~~The examination may be written or oral or both. The examination shall be given at least once a year at the time and place and under such supervision as the board may determine.~~ The board shall determine what shall constitute a passing grade.

(c) ~~The board shall keep an accurate recording of any oral examination and keep the recordings as well as any written examination as part of its records for at least two years following the date of examination. The board at its discretion may waive the examination or examinations when in the judgment of the board the applicant has already demonstrated competence in areas covered by the examination or examinations.~~

(d) The examination or examinations required by the board for a license under this article may be conducted by the board or by a public or private organization specified by the

board. The examination or examinations may be conducted under a uniform examination system, and for that purpose, the board may make arrangements with organizations furnishing examination or examinations materials as may, in its discretion, be desirable. All aspects of the examination or examinations shall be in compliance with Section 139.

~~BPC section 2532.5.~~

~~Every person holding a license under this chapter shall display it conspicuously in their primary place of practice.~~

BPC section 2533.

The board may refuse to issue, or issue subject to terms and conditions, a license or registration on the grounds specified in Section 480, or may suspend, revoke, or impose terms and conditions upon the license or registration of any licensee or registrant for any of the following:

(a) Conviction of a crime substantially related to the qualifications, functions, and duties of a speech-language pathologist or audiologist or hearing aid dispenser, as the case may be. The record of the conviction shall be conclusive evidence thereof.

(b) Securing a license or registration by fraud or deceit.

(c) (1) The use or administering to themselves of any controlled substance.

(2) The use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent or in a manner as to be dangerous or injurious to the licensee or registrant, to any other person, or to the public, or to the extent that the use impairs the ability of the licensee or registrant to practice speech-language pathology or audiology or hearing aid dispensing safely.

(3) More than one misdemeanor or any felony involving the use, consumption, or self-administration of any of the substances referred to in this section.

(4) Any combination of paragraph (1), (2), or (3).

The record of the conviction shall be conclusive evidence of unprofessional conduct.

(d) Engaging in any act in violation of Section 650.

(e) Advertising in violation of Section 17500. Advertising an academic degree that was not validly awarded or earned under the laws of this state or the applicable jurisdiction in which it was issued is deemed to constitute a violation of Section 17500.

(f) Committing a dishonest or fraudulent act that is substantially related to the qualifications, functions, or duties of a ~~licensee~~ license or registration.

(g) Incompetence, gross negligence, or repeated negligent acts.

(h) Other acts that have endangered or are likely to endanger the health, welfare, and safety of the public.

(i) Use by a hearing aid dispenser of the term "doctor" or "physician" or "clinic" or "audiologist," or any derivation thereof, except as authorized by law.

(j) The use, or causing the use, of any advertising or promotional literature in a manner that has the capacity or tendency to mislead or deceive purchasers or prospective purchasers.

(k) Any cause that would be grounds for denial of an application for a license or registration.

(l) Violation of Section 1689.6 or 1793.02 of the Civil Code.

(m) Violation of a term or condition of a probationary order of a license or registration issued by the board pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(n) Violation of a term or condition of a conditional license or registration issued by the board pursuant to this section.

- (o) Disciplinary action taken by any public agency in any state or territory for any act substantially related to the practice of speech-language pathology, audiology, or hearing aid dispensing.
- (p) Aiding or abetting any person to engage in the unlicensed practice of speech-language pathology, audiology, or hearing aid dispensing.
- (q) Violating or attempting to violate, directly or indirectly, any of the provisions of this chapter.
- (n) Rendering professional services in violation of Section 13404.5 and 17701.04 of the Corporation Code.

BPC section 2533.1.

A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge substantially related to the qualifications, functions, and duties of a speech-language pathologist, audiologist, or hearing aid dispenser is deemed to be a conviction within the meaning of this article. The board may order a licensee or registrant be disciplined or denied a license or a registration as provided in Section 2533 when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence irrespective of a subsequent order under Section 1203.4, 1203.4a, or 1203.41 of the Penal Code allowing the person to withdraw their plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

BPC section 2533.4.

Whenever a person other than a person licensed or registered under this chapter~~speech-language pathologist, audiologist, or hearing aid dispenser~~ has engaged in an act or practice which constitutes an offense under this chapter, a superior court of any county, on application of the board, may issue an injunction or other appropriate order restraining the conduct. Proceedings under this section shall be governed by Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure. The board may commence action in the superior court under this section on its own motion.

BPC section 2533.6.

(a) A person whose license or registration has been revoked, suspended, or surrendered~~or suspended~~, or who has been placed on probation, may petition the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board for reinstatement or modification of penalty, including modification or termination of probation, after a period of not less than the following minimum period of time has elapsed from the effective date of the decision ordering that disciplinary action:

- (1) At least three years for reinstatement of a license or registration revoked for unprofessional conduct or surrendered, except that the board may, for good cause shown, specify in a revocation order that a petition for reinstatement may be filed after two years.
- (2) At least two years for early termination or one year for modification of a condition of probation of three years or more.
- (3) At least one year for reinstatement of a license or registration revoked for mental or physical illness, or for modification of a condition, or termination of probation of less than three years.

(b) The petition shall be on a form provided by the board and shall state any facts and information as may be required by the board, including, but not limited to, proof of compliance with the terms and conditions of the underlying disciplinary order. The petition

shall be verified by the petitioner who shall file an original and sufficient copies of the petition, together with any supporting documents, for the members of the board, the administrative law judge, and the Attorney General.

(c) The petition may be heard by the board, with the matter presided over by an administrative law judge. After a hearing on the petition, the administrative law judge shall provide a decision as determined by the board which shall be acted upon in accordance with the Administrative Procedure Act.

(d) The board or the administrative law judge hearing the petition may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the license or registration was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. The hearing may be continued, as the board or the administrative law judge finds necessary.

(e) The administrative law judge when hearing a petition for reinstating a license or registration, or modifying a penalty, may recommend the imposition of any terms and conditions deemed necessary.

(f) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. No petition shall be considered while there is an accusation or petition to revoke probation pending against the petitioner. The board may deny, without a hearing or argument, any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section.

(g) The board may deny, without a hearing or argument, any petition for termination or modification of probation filed pursuant to this section for any of the following:

(1) The petitioner has failed to comply with the terms and conditions of the disciplinary order.

(2) The board is conducting an investigation of the petitioner while they are on probation.

(3) The petitioner has a subsequent arrest that is substantially related to the qualifications, functions, or duties of the licensee or registrant and this arrest occurred while on probation.

(4) The petitioner's probation with the board is currently tolled.

(h) Nothing in this section shall be deemed to alter Sections 822 and 823.

#### BPC section 2534.2.

The amount of the fees prescribed by this chapter is that established by the following schedule:

(a) (1) The application fee and renewal fee for speech-language pathologists and nondispensing audiologists shall be established by the board in an amount that does not exceed one hundred fifty dollars (\$150) but is sufficient to support the functions of the board that relate to the functions authorized by this chapter, excluding Article 9 (commencing with Section 2539.1).

(2) The application fee and renewal fee for dispensing audiologists shall be established by the board in an amount that does not exceed two hundred eighty dollars (\$280) but is sufficient to support the functions of the board that relate to the functions authorized by this chapter.

(b) The delinquency fee shall be twenty-five dollars (\$25).

(c) The reexamination fee shall be established by the board in an amount that does not exceed seventy-five dollars (\$75).

(d) The registration fee and renewal fee of an aide shall be established by the board in an amount that does not exceed thirty dollars (\$30).

- (e) A fee to be set by the board of not more than one hundred dollars (\$100) shall be charged for each application for approval as a speech-language pathology assistant.
- (f) A fee of one hundred fifty dollars (\$150) shall be charged for the issuance of and for the renewal of each approval as a speech-language pathology assistant, unless a lower fee is established by the board.
- (g) The duplicate wall certificate fee is twenty-five dollars (\$25).
- (h) The duplicate renewal receipt fee is twenty-five dollars (\$25).
- (i) The application fee and renewal fee for a temporary license is thirty dollars (\$30).
- (j) The fee for issuance of a license or registration status and history certification letter shall be established by the board in an amount not to exceed twenty-five dollars (\$25).

BPC section 2535.

~~(a) All licenses issued under Section 2532.2 as of January 1, 1992, shall expire at 12 a.m. of the last date of the birth month of the licensee during the second year of a two-year term if not renewed.~~

~~(b)~~ (a) All licenses or registrations issued under Section 2530.6, 2532, and 2538 ~~this chapter, except those licenses issued pursuant to subdivision (a),~~ shall expire at 12 a.m. of the last date of the birth month of the licensee or registrant during the second year of a two-year term, if not renewed.

(c) To renew an unexpired license or registration, the licensee or registrant shall, on or before the date of expiration of the license or registration, apply for renewal on a form provided by the board, accompanied by the prescribed renewal fee.

BPC section 2535.2.

Except as provided in Section 2535.3, a license or registration that has expired may be renewed at any time within five years after its expiration upon filing of an application for renewal on a form prescribed by the board and payment of all accrued and unpaid renewal fees. If the license or registration is not renewed on or before its expiration, the licensee or registrant, as a condition precedent to renewal, shall also pay the prescribed delinquency fee. Renewal under this section shall be effective on the date on which the application is filed, on the date on which all renewal fees are paid, or on the date on which the delinquency fee is paid, whichever last occurs. If so renewed, the license or registration shall continue in effect through the expiration date provided in Section 2535, after the effective date of the renewal, when it shall expire and become invalid if it is not again renewed.

BPC section 2535.4.

A person who fails to renew their license or registration within the five years after its expiration may not renew it, and it may not be restored, reissued, or reinstated thereafter, but that person may apply for and obtain a new license or registration if they meet all of the following requirements:

(a) Have not committed any acts or crimes constituting grounds for denial of licensure or registration under Division 1.5 (commencing with Section 475).

(b) Take and pass the examination or examinations, if any, that would be required of them if an initial application for licensure or registration was being made, or otherwise establishes to the satisfaction of the board that, with due regard for the public interest, they are qualified to practice as a speech-language pathologist or audiologist, as the case may be.

(c) Pays all of the fees that would be required if an initial application for licensure or registration was being made. In addition, the board may charge the applicant a fee to cover the actual costs of any examination that it may administer.

BPC section 2538.3.

A person applying for approval as a speech-language pathology assistant shall have graduated from a speech-language pathology assistant associate degree program, or equivalent course of study, approved by the board. A person who has successfully graduated from a board-approved bachelor's degree program in speech-language pathology, ~~or communication disorders, speech, language and hearing sciences, communication sciences and disorders, or communicative disorders~~ shall be deemed to have satisfied an equivalent course of study.

BPC section 2538.5.

This article shall not be construed to limit the utilization of a speech aide or other personnel employed by a public school working under the direct supervision of a credentialed speech-language pathologist as set forth in subdivision (c) of Section 3051.1 of Title 5 of the California Code of Regulations so long as the speech or personnel is not performing the scope of responsibility, duties, and functions of speech-language pathology assistants as described in 2538.1(b)(4).

BPC section 2538.7.

(a) No person who is not registered as a speech-language pathology assistant shall utilize the title speech-language pathology assistant, SLP assistant, or the letters "SLPA," or a similar title that includes the words speech or language when combined with the term assistant.

(b) No person who is not registered as a speech-language pathology assistant shall perform the duties or functions of a speech-language pathology assistant, except as provided by this ~~article~~chapter.

BPC section 2538.8

A speech-language pathology assistant shall not advertise or otherwise represent that they hold a license as a speech-language pathologist.

BPC section 2538.10

For the purposes of this article, the following definitions shall apply:

(a) "Advertise" and its variants include the use of a newspaper, magazine, social media, or other publication, book, notice, circular, pamphlet, letter, handbill, poster, bill, sign, placard, card, label, tag, window display, store sign, radio, or television announcement, or any other means or methods now or hereafter employed to bring to the attention of the public the practice of fitting or selling of hearing aids.

(b) "License" means a ~~hearing aid dispenser license~~ to engage in the practice of fitting or selling hearing aids to an individual or individuals with impaired hearing issued pursuant to this article and includes a temporary or trainee license.

(c) "Licensee" means a person holding a license issued pursuant to this article and includes a permanent, temporary, or trainee license.

(d) "Hearing aid" means any wearable instrument or device designed for, or offered for the purpose of, aiding or compensating for impaired human hearing.

(e) "Fund" means the Speech-Language Pathology and Audiology and Hearing Aid

BPC section 2538.11

(a) "Practice of fitting or selling hearing aids," as used in this article, means those practices used for the purpose of selection and adaptation of hearing aids, including direct observation of the ear, testing of hearing in connection with the fitting and selling

of hearing aids, taking of ear mold impressions, fitting or sale of hearing aids, and any necessary postfitting counseling.

The practice of fitting or selling hearing aids does not include the act of concluding the transaction by a retail clerk.

When any audiometer or other equipment is used in the practice of fitting or selling hearing aids, it shall be kept properly calibrated and in good working condition, and the calibration of the audiometer or other equipment shall be checked at least annually.

(b) A ~~hearing aid dispenser~~ licensee shall not conduct diagnostic hearing tests when conducting tests in connection with the practice of fitting or selling hearing aids.

(c) Hearing tests conducted pursuant to this article shall include those that are in compliance with the Food and Drug Administration Guidelines for Hearing Aid Devices and those that are specifically covered in the licensing examination prepared and administered by the board.

#### BPC section 2538.13

In fitting hearing aids, a ~~hearing aid dispenser~~ licensee shall not take facial measurements or fit, adjust, or adapt lenses or spectacle frames, except that a hearing aid dispenser may replace the temple or temples of a person's spectacle frames with a temple or temples incorporating hearing aid components.

#### BPC section 2538.14

"Hearing aid dispenser," as used in this article, means a person issued a permanent license pursuant to this article~~engaged in the practice of fitting or selling hearing aids to an individual with impaired hearing.~~

#### BPC section 2538.18.

All ~~holders of licenses to sell or fit hearing aids~~ hearing aid dispensers shall continue their education after receiving ~~the~~ their license. The board shall provide by regulation, as a condition to the renewal of a license, that ~~licensees~~ the hearing aid dispenser shall submit documentation satisfactory to the board that they have informed themselves of current practices related to the fitting of hearing aids by having pursued courses of study satisfactory to the board or by other means defined as equivalent by the board.

Continuing education courses shall be subject to monitoring to ensure compliance with the regulations adopted by the board pursuant to this section.

#### BPC section 2538.20.

Except for what is prohibited by Section 655.2 and Section 13404.5 and 17701.04 of the Corporations Code, 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 themselves out as being so engaged without having first obtained a license from the board under the provisions of this article. Nothing in this article shall prohibit a corporation, partnership, trust, association, or other like organization maintaining an established business address from engaging in the business of fitting or selling, or offering for sale, hearing aids at retail without a license, provided that any and all fitting or selling of hearing aids is conducted by the individuals who are licensed pursuant to the provisions of this article. A person whose license as a hearing aid dispenser has been suspended or revoked shall not be the proprietor of a business that engages in the practice of fitting or selling hearing aids nor shall that person be a partner, shareholder, member, or fiduciary in a partnership, corporation, association, or trust that maintains or operates that business, during the period

of the suspension or revocation. This restriction shall not apply to stock ownership in a corporation that is listed on a stock exchange regulated by the Securities and Exchange Commission if the stock is acquired in a transaction conducted through that stock exchange.

BPC section 2538.23.

(a) Hearing aids may be sold online, by catalog, or direct mail provided that:

(1) The seller is licensed as a hearing aid dispenser in this state.

(2) There is no fitting, selection, or adaptation of the instrument and no advice is given with respect to fitting, selection, or adaptation of the instrument and no advice is given with respect to the taking of an ear impression for an earmold by the seller.

(3) The seller has received a statement which is signed by a physician and surgeon, audiologist, or a hearing aid dispenser, licensed by the State of California which verifies that Section 2538.36 and subdivision (b) of Section 2538.49 have been complied with.

(b) A copy of the statement referred to in paragraph (3) of subdivision (a) shall be retained by the seller for the period provided for in Section 2538.38.

(c) A licensed hearing aid dispenser who sells a hearing aid under this section shall not be required to comply with subdivision (b) of Section 2538.49.

BPC section 2538.26.

The board shall issue a license to all applicants who have satisfied this ~~article~~chapter, who are at least 18 years of age, who possess a high school diploma or its equivalent, who have not committed acts or crimes constituting grounds for denial of licensure under Section 480, and who have paid the fees provided for in Section 2538.57. No license shall be issued to any person other than an individual.

BPC section 2538.28.

(a) An applicant who has fulfilled the requirements of Section 2538.24, and has made application therefor, and who proves to the satisfaction of the board that they will be supervised and trained by a hearing aid dispenser who is approved by the board may have a trainee license issued to them. The trainee license shall entitle the trainee licensee to fit or sell hearing aids as set forth in regulations of the board. The supervising dispenser shall be responsible for any acts or omissions committed by a trainee licensee under their supervision that may constitute a violation of this ~~article~~chapter.

(b) The board shall adopt regulations setting forth criteria for its refusal to approve a hearing aid dispenser to supervise a trainee licensee, including procedures to appeal that decision.

(c) A trainee license issued pursuant to this section is effective and valid for six months from date of issue. The board may renew the trainee license for an additional period of six months. Except as provided in subdivision (d), the board shall not issue more than two renewals of a trainee license to any applicant. Notwithstanding subdivision (d), if a trainee licensee who is entitled to renew a trainee license does not renew the trainee license and applies for a new trainee license at a later time, the new trainee license shall only be issued and renewed subject to the limitations set forth in this subdivision.

(d) A new trainee license may be issued pursuant to this section if a trainee license issued pursuant to subdivision (c) has lapsed for a minimum of three years from the expiration or cancellation date of the previous trainee license. The board may issue only one new trainee license under this subdivision.



BPC section 2538.37.

No hearing aid shall be sold by an individual licensed under this ~~article~~<sup>chapter</sup>, to a person 16 years of age or younger, unless within the preceding six months a recommendation for a hearing aid has been made by both a board-certified, or a board-eligible physician specializing in otolaryngology, and by a state licensed audiologist. A replacement of an identical hearing aid within one year shall be an exception to this requirement.

BPC section 2538.38.

A ~~licensee~~ hearing aid dispenser shall, upon the consummation of a sale of a hearing aid, keep and maintain records in the licensee's office or place of business at all times and each record shall be kept and maintained for a seven-year period. All records related to the sale and fitting of hearing aids shall be open to inspection by the board or its authorized representatives upon reasonable notice. The records kept shall include:

- (a) Results of test techniques as they pertain to fitting of the hearing aid.
- (b) A copy of the written notice and the written receipt required by Section 2538.35 and the written recommendation and receipt required by Section 2538.36 when applicable.
- (c) Records of maintenance or calibration of equipment used in the practice of fitting or selling hearing aids.

BPC section 2538.48.

It is unlawful to engage in the practice of fitting or selling hearing aids in this state without having at the time of so doing a valid, unrevoked, and unexpired license ~~or temporary license~~.

BPC section 2538.49

It is unlawful for a ~~licensee~~ licensed hearing aid dispenser to fit or sell a hearing aid unless they first do all of the following:

- (a) Comply with all provisions of state laws and regulations relating to the fitting or selling of hearing aids.
- (b) Conduct a direct observation of the purchaser's ear canals.
- (c) Inform the purchaser of the address and office hours at which the licensee shall be available for fitting or postfitting adjustments and servicing of the hearing aid or aids sold.

BPC section 2538.50.

It is unlawful to advertise by displaying a sign or otherwise or hold themselves out to be a person engaged in the practice of fitting or selling hearing aids without having at the time of so doing a valid, unrevoked license ~~or temporary license~~.

BPC section 2538.51

It is unlawful to engage in the practice of fitting or selling hearing aids without the ~~licensee~~ hearing aid dispenser having ~~and maintaining~~ an established business address, routinely open for service to their clients.

BPC section 2538.53.

- (a) A license issued under this article expires at midnight on its assigned renewal date.
- (b) To renew an unexpired permanent license, the ~~licensee~~ hearing aid dispenser shall, on or before the date of expiration of the license, apply for renewal on a form provided by the board, accompanied by the prescribed renewal fee.
- (c) ~~Temporary~~ Trainee license holders shall renew their ~~licenses~~ license in accordance with Section ~~2538.28~~ 2538.27, and apply for that renewal on a form provided by the board, accompanied by the prescribed renewal fee for ~~temporary licenses~~ trainee license.

(d) Each ~~duplicate~~ license issued for a branch office shall expire on the same date as the permanent license of the hearing aid dispenser to whom the ~~duplicate~~ branch office license was issued. ~~These duplicate~~ Branch office license or licenses shall be renewed according to subdivision (b).

BPC section 2538.57

The amount of fees and penalties prescribed by this article shall be those set forth in this section unless a lower fee is fixed by the board:

- (a) The fee for applicants applying for the first time for a license is seventy-five dollars (\$75), which shall not be refunded, except to applicants who are found to be ineligible to take an examination for a license. Those applicants are entitled to a refund of fifty dollars (\$50).
- (b) The fees for taking or retaking the written and practical examinations shall be amounts fixed by the board, which shall be equal to the actual cost of preparing, grading, analyzing, and administering the examinations.
- (c) The initial temporary or trainee license fee is one hundred dollars (\$100). The fee for renewal of a ~~temporary~~ trainee license is one hundred dollars (\$100) for each renewal.
- (d) The initial permanent license fee is two hundred eighty dollars (\$280). The fee for renewal of a permanent license is not more than two hundred eighty dollars (\$280) for each renewal.
- (e) The initial branch office license fee is twenty-five dollars (\$25). The fee for renewal of a branch office license is twenty-five dollars (\$25) for each renewal.
- (f) The delinquency fee is twenty-five dollars (\$25).
- (g) The fee for issuance of a replacement license is twenty-five dollars (\$25).
- (h) The continuing education course approval application fee is fifty dollars (\$50).
- (i) The fee for official certification of licensure is fifteen dollars (\$15).

BPC section 2539.1.

- (a) ~~(1) On and after January 1, 2010, in~~ In addition to satisfying the licensure and examination requirements described in Sections 2532, 2532.2, and 2532.25, no licensed audiologist shall sell hearing aids unless they complete an application for a dispensing audiology license, pay all applicable fees, and pass an examination, approved by the board, relating to selling hearing aids.  
~~(2) The board shall issue a dispensing audiology license to a licensed audiologist who meets the requirements of paragraph (1).~~
- (b) ~~(1) On and after January 1, 2010, a licensed audiologist with an unexpired license to sell hearing aids pursuant to Article 8 (commencing with Section 2538.10) may continue to sell hearing aids pursuant to that license until that license expires pursuant to Section 2538.53, and upon that expiration the licensee shall be deemed to have satisfied the requirements described in subdivision (a) and may continue to sell hearing aids pursuant to their audiology license subject to this chapter. Upon the expiration of the audiologist's license to sell hearing aids, the board shall issue them a dispensing audiology license pursuant to paragraph (2) of subdivision (a). This paragraph~~ The Board shall not prevent an audiologist who also has a hearing aid dispenser license from maintaining dual or separate licenses if they choose to do so.  
~~(2) A licensed audiologist whose license to sell hearing aids, issued pursuant to Article 8 (commencing with Section 2538.10), is suspended, surrendered, or revoked shall not be authorized to sell hearing aids pursuant to this subdivision and they shall be subject to the requirements described in subdivision (a) and the other provisions of this chapter.~~
- (c) A licensed hearing aid dispenser who meets the qualifications for licensure as an audiologist described in Sections 2532, 2532.2, and 2532.25 shall be deemed to have

satisfied the requirements of paragraph (1) of subdivision (a) for the purposes of obtaining a dispensing audiology license.

(d) For purposes of subdivision (a), the board shall provide the hearing aid dispenser examination provided by the former Hearing Aid Dispensers Bureau until the next examination validation and occupational analysis is completed by the Department of Consumer Affairs pursuant to Section 139 and a determination is made that a different examination is to be administered.

BPC section 2539.2.

(a) Hearing aids may be sold online, by catalog, or direct mail provided that:

(1) The seller is licensed as an audiologist in this state and is authorized to sell hearing aids pursuant to Section 2539.1.

(2) There is no fitting, selection, or adaptation of the instrument and no advice is given with respect to fitting, selection, or adaptation of the instrument and no advice is given with respect to the taking of an ear impression for an earmold by the seller.

(3) The seller has received a statement which is signed by a physician and surgeon, audiologist, or a hearing aid dispenser, licensed by the State of California which verifies that Section 2539.6 has been complied with.

(b) A copy of the statement referred to in paragraph (3) of subdivision (a) shall be retained by the seller for the period provided for in Section 2539.10.

BPC section 2539.6.

(a) Whenever any of the following conditions are found to exist either from observations by the licensed dispensing audiologist or on the basis of information furnished by the prospective hearing aid user, a licensed dispensing audiologist shall, prior to fitting or selling a hearing aid to any individual, suggest to that individual in writing that the individual's best interests would be served if they consult a licensed physician and surgeon specializing in diseases of the ear or, if none are available in the community, a duly licensed physician and surgeon:

(1) Visible congenital or traumatic deformity of the ear.

(2) History of, or active, drainage from the ear within the previous 90 days.

(3) History of sudden or rapidly progressive hearing loss within the previous 90 days.

(4) Acute or chronic dizziness.

(5) Unilateral hearing loss of sudden or recent onset within the previous 90 days.

(6) Significant air-bone gap (when generally acceptable standards have been established).

(7) Visible evidence of significant cerumen accumulation or a foreign body in the ear canal.

(8) Pain or discomfort in the ear.

(b) No referral for medical opinion need be made by any licensed dispensing audiologist in the instance of replacement only of a hearing aid that has been lost or damaged beyond repair within one year of the date of purchase. A copy of the written recommendation shall be retained by the licensed dispensing audiologist for the period provided for in Section 2539.10. A person receiving the written recommendation who elects to purchase a hearing aid shall sign a receipt for the same, and the receipt shall be kept with the other papers retained by the licensed dispensing audiologist for the period provided for in Section 2539.10. Nothing in this section required to be performed by a licensed dispensing audiologist shall mean that the licensed dispensing audiologist is engaged in the diagnosis of illness or the practice of medicine or any other activity prohibited by the provisions of this code.

BPC section 2539.8.

~~No hearing aid shall be sold by an individual licensed as an audiologist under this chapter to a person 16 years of age or younger, unless within the preceding six months a recommendation for a hearing aid has been made by both a board-certified, or a board-eligible physician specializing in otolaryngology, and by a state licensed audiologist. A replacement of an identical hearing aid within one year shall be an exception to this requirement.~~

BPC section 2539.12.

A licensed dispensing audiologist who is the owner, manager, or franchisee at a location where hearing aids are fit or sold, shall be responsible for the adequacy of the fitting or selling of any hearing aid fit and sold by any licensee or licensees at that location.

BPC section 2539.14.

(a) A licensed dispensing audiologist who satisfies the requirements of Section 2539.1 is authorized to sell hearing aids pursuant to the requirements in Article 8 (commencing with Section 2538.10).

(b) ~~The~~ The provisions of subdivisions (b) and (c) of Section 2538.11, ~~and the provisions of~~ Section 2538.12, ~~and the provisions of~~ Section 2538.37 do not apply to a licensed audiologist who satisfies the requirements of Section 2539.1.

BPC section 2539.15

All dispensing audiologists shall continue their education after receiving their license. The board shall provide by regulation, as a condition to the renewal of a license, that the dispensing audiologist shall submit documentation satisfactory to the board that they have informed themselves of current practices related to audiology and the fitting of hearing aids by having pursued courses of study satisfactory to the board or by other means defined as equivalent by the board.

Continuing education courses shall be subject to monitoring to ensure compliance with the regulations adopted by the board pursuant to this section.

BPC section 2539.16

(a) A license issued under this article expires at midnight on its assigned renewal date.

(b) To renew an unexpired license, the licensee shall, on or before the date of expiration of the license, apply for renewal on a form provided by the board, accompanied by the prescribed renewal fee.

BPC section 2539.17

Except as otherwise provided in this article, an expired license may be renewed at any time within three years after its expiration on filing of an application for renewal on a form prescribed by the board, and payment of all accrued and unpaid renewal fees. If the license is renewed after its expiration the licensee, as a condition precedent to renewal, shall also pay the delinquency fee prescribed by this article. Renewal under this section shall be effective on the date on which the application is filed, on the date on which the renewal fee is paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs. If so renewed, the license shall continue in effect through the date provided in Section 2539.16 which next occurs after the effective date of the renewal, when it shall expire if it is not again renewed.

BPC section 2539.18

A license which has been suspended is subject to expiration and shall be renewed as provided in this article but such renewal does not entitle the holder of the license, while it remains suspended and until it is reinstated, to engage in the fitting or selling of hearing aids, or in any other activity or conduct in violation of the order or judgment by which the license was suspended. A license which has been revoked is subject to expiration, but it may not be renewed. If it is reinstated after its expiration, the licensee, as a condition precedent to its reinstatement, shall pay a reinstatement fee in an amount equal to the renewal fee in effect on the last regular renewal date before the date on which it is reinstated, plus the delinquency fee, if any, accrued at the time of its revocation.

BPC section 2539.19

A license that is not renewed within three years after its expiration may not be renewed, restored, reissued, or reinstated thereafter, but the holder of the expired license may apply for and obtain a new license if all of the following apply:

(a) They have not committed acts or crimes constituting grounds for denial of licensure under Section 480.

(b) They pay all of the fees that would be required if they were applying for a license for the first time.

(c) They take and pass the examination that would be required if they were applying for a license for the first time or otherwise establish to the satisfaction of the board that, with due regard for the public interest, they are qualified to practice as a dispensing audiologist.

- **New issues raised by the Committees.**

None at this time.

## **Section 11 – Attachments**

**Please provide the following attachments:**

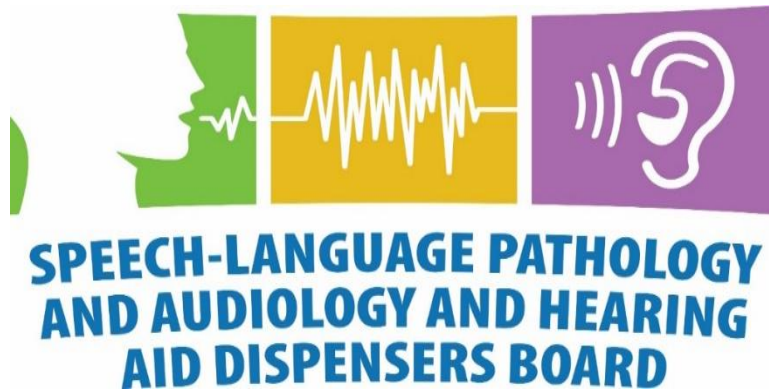
- A. Board's administrative manual
- B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1)
- C. Major studies, if any (cf., Section 1, Question 4)
- D. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 2, Question 15)
- E. Board's Strategic Plan 2025 - 2028



SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY  
& HEARING AID DISPENSERS BOARD

# ATTACHMENT A





# **Board Administrative Procedure Manual**

**May 2025**

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Attachment C: Sunset Review Report  
Attachment D: Strategic Plan  
Attachment E: Law Book

## **CHAPTER 1. INTRODUCTION**

### **Overview**

In 1973, the Legislature established the Speech-Language Pathology and Audiology Board (SLPAB) to protect the public from the unauthorized and unqualified practice of speech-language pathology and audiology. The SLPAB licensed speech-language pathologists and audiologists. A speech-language pathologist provides services in the areas of speech, language, voice, cognition, fluency, and swallowing disorders to individuals across the lifespan. They see individuals who may have language difficulties with verbal expression, auditory comprehension, reading comprehension, and/or written expression. A speech-language pathologist also provides aural rehabilitation for individuals who are deaf or hard of hearing and provides therapy in the augmentative and alternative communication domain for individuals with diagnoses such as autism spectrum disorder and progressive neurological disorders. An audiologist provides services for individuals with hearing loss and balance (vestibular) disorders across the lifespan.

In 2001, the Legislature created the Hearing Aid Dispensers Bureau (HADB) as the licensing and regulatory agency for hearing aid dispensers, defined in statute as individuals engaged in the fitting or selling of hearing aids to an individual with impaired hearing. The HADB was charged with the education and protection of consumers in the purchase of hearing aids by ensuring the competency of hearing aid dispensers.

In 2010 the SLPAB and HADB were merged to create a new entity, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board). It also changed the governance structure of the Board to the following: two speech-language pathologists, two audiologists (one of whom must be a dispensing audiologist), and two hearing aid dispensers, all to be appointed by the Governor. The Governor also has the appointing authority for a public member seat to be occupied by a licensed physician and surgeon, certified in otolaryngology. Two other public member seats are to be appointed by the Senate Committee on Rules and the Speaker of the Assembly, respectively. Board members may serve up to two, four-year terms. Board members are paid \$100 for each day actually spent in the discharge of official duties and are reimbursed travel expenses.

The Board is one of the boards, bureaus, commissions, and committees within the Department of Consumer Affairs (DCA), part of the Business, Consumer Services and Housing Agency under the aegis of the Governor. DCA is responsible for consumer protection and representation through the regulation of licensed professions and the provision of consumer services. While DCA provides administrative oversight and support services, the Board has policy autonomy and sets its own policies, procedures, and initiates its own regulations.

Protection of the public is the highest priority for the Board in exercising its licensing, regulatory and disciplinary functions. Whenever the protection of the public is

inconsistent with other interests sought to be promoted, the protection of the public shall be paramount (Business and Professions Code (BPC) §2531.02.)

The purpose of this handbook is to provide guidance to Board members regarding general processes and procedures involved with their position on the Board. It also serves as a useful source of information for new Board members as part of the induction process.

### **Mission**

We protect the people of California by promoting standards and enforcing the laws and regulations that ensure the qualifications and competence of providers of speech-language pathology, audiology and hearing aid dispensing services.

### **Vision**

Every person in the State of California has access to the highest quality diagnosis and treatment of communication and hearing disorders, and related services.

### **Values**



## **Board Function**

The Board regulates the practices of speech-language pathology, audiology, and hearing aid dispensing in California by licensing those who meet minimum standards of competency. Among its functions, the Board promulgates laws and regulations; issues, renews, suspends, and revokes licenses; and imposes disciplinary sanctions, when necessary.

## **General Rules of Conduct**

The following rules of conduct detail expectations of Board members. The Board is comprised of both public and professional members with the intention that, together, the Board can collectively protect the public and regulate the speech-language pathology, audiology and hearing aid dispensing professions.

- Board members' actions shall serve to uphold the principle that the Board's primary mission is to protect the public.
- Board members shall recognize the equal role and responsibilities of all Board members.
- Board members shall adequately prepare for Board responsibilities.
- Board members shall not speak or act for the Board without proper authorization.
- Board members shall maintain the confidentiality of non-public documents and information.
- Board members shall act fairly and be nonpartisan, impartial and unbiased in their role of protecting the public.
- Board members shall treat all applicants, candidates, and licensees in a fair and impartial manner.
- Board members shall not use their positions on the Board for personal, familial or financial gain.

## **CHAPTER 2. BOARD MEETING PROCEDURES**

All healing arts boards under DCA, including the Board must meet in accordance with the provisions set forth by the Bagley-Keene Open Meeting Act. The Board will use Robert's Rules of Order, to the extent that it does not conflict with state law (e.g., Bagley-Keene Open Meeting Act), as a guide when conducting the meetings.

### **Bagley-Keene Open Meetings Act**

The Bagley-Keene Act of 1967, officially known as the Bagley-Keene Open Meeting Act, implements a provision of the California Constitution which declares that "the meetings of public bodies and the writings of public officials and agencies shall be open to public scrutiny," and explicitly mandates open meetings for California State agencies, Boards, and commissions. The act facilitates accountability and transparency of government activities and protects the rights of citizens to participate in State government deliberations. Similarly, California's Brown Act of 1953 protects citizen rights with regard to open meetings at the county and local government level.

The Bagley-Keene Act stipulates that the Board is to provide adequate notice of meetings to be held to the public as well as provide an opportunity for public comment. The meeting is to be conducted in an open session, except where closed session is specifically noted.

The Bagley-Keene Act also stipulates that a majority of the Board members cannot participate in a series of communications of any kind, directly or through personal intermediaries, or technological devices (such as email) to discuss, deliberate, or take action on any matter within the subject matter of the Board's jurisdiction outside of the Board meetings.

To learn all of the provisions set forth by the Bagley-Keene Open Meeting Act, see Attachment A entitled *Guide to the Bagley-Keene Open Meeting Act*.

### **Frequency of Meetings**

The Board is mandated to hold two meetings annually (BPC section 101.7) but generally meets four times annually to make policy decisions and review committee recommendations. Additional meetings may be called by the Chair or by written request of any two members of the Board. The Board is required to hold at least one meeting in Northern California and one meeting in Southern California, but endeavors to meet in different geographic locations throughout the state when possible as a convenience to the public and licensees. To enhance opportunities for public participation, web-based teleconference is offered at all meetings, when available.

## **Board Member Attendance at Board Meetings**

Board members must attend each meeting of the Board. Meeting dates are approved by the Board at the last Board meeting of the calendar year.

If a member is unable to attend, they are asked to contact the Board Chair and the Executive Officer and provide a reason to be excused from the meeting.

## **Quorum**

Five Board members constitute a quorum of the Board for the transaction of business. Either having members physically in attendance or by teleconference, with proper notice, can meet the requirement for a quorum. The concurrence of a majority of those members of the Board present and voting at a meeting duly held at which a quorum is present shall be necessary to constitute an act or decision of the Board.

## **Agenda Items (Government Code (GC) § 11125 et seq.)**

Any Board members may submit items for a Board Meeting agenda to the Board Chair with a copy to the Executive Officer six to eight weeks prior to the meeting. Members may also recommend agenda items for a future meeting agenda during a meeting under Future Agenda Items. A motion and vote may be taken but is not necessary. The Board Chair will confer with the Executive Officer and Board Legal Counsel regarding the future agenda items. It will be a standing item to review the status of future agenda items that have been recommend by Board members that may not have made the current Board Meeting agenda.

Staff maintains a list of action items to research and bring back to a future Board Meeting. Staff may recommend the issue be referred to a Committee first to be vetted. Prior to items being placed on the agenda, staff conducts research to determine if an item is appropriate for Board discussion. This research starts with identifying how the item meets our mandate to protect the health and safety of California consumers. In addition, staff researches potential benefits to the State, identifies the current professional trends and what other states are doing. For items requiring legislative and/or regulatory changes, staff identifies potential concerns by anticipating who would be in support of or in opposition to the bill and/or rulemaking.

No item shall be added to the agenda subsequent to the provision of the meeting notice.

If the agenda contains matters that are appropriate for closed session, the agenda shall cite the particular statutory section and subdivision authorizing the closed session.

Items not included on the agenda may not be discussed.

## **Notice of Meetings (GC § 11120 et seq.)**

The minutes are a summary, not a transcript, of each Board Meeting. They shall be prepared by Board staff and submitted for review by Board members before the next Board Meeting. Board Minutes shall be approved at the next scheduled meeting of the Board. When approved, the minutes shall serve as the official record of the meeting and be made available to the public on the Board's website.

## **Recording of Meetings**

The meetings are recorded and available to the public on the Board's website.

## **Use of Electronic Devices During Meetings**

Members should not text or email each other during an open meeting on any matter within the Board's jurisdiction.

Use of electronic devices, including laptops, during the meetings is solely limited to access the Board Meeting materials that are in electronic format or to participate in web-based teleconference meetings.

## **Making a Motion at Meetings**

When new business is to be introduced or a decision or action is to be proposed, Board members should make a motion to introduce a new piece of business or to propose a decision or action. All motions must reflect the content of the meeting's agenda – the Board cannot act on business that is not listed on the agenda.

Upon making a motion, Board members must speak slowly and clearly as the motion is being recorded. Members who opt to second a motion simply say, "I second the motion," "I second it," or "Second." Additionally, it is important to remember that once a motion has been made and seconded, it is inappropriate to make a second motion until the initial one has been resolved or withdrawn.

The basic process of a motion is as follows:

1. An agenda item has been thoroughly discussed and reviewed.
2. The Board Chair opens a forum for a member to make a motion on the discussed item.
3. A member makes a motion before the Board.
4. Another member seconds the motion.
5. The Board Chair solicits additional comment from the Board and then the public.

6. The Board Chair puts forth the motion to a vote.
7. The vote of each Board member shall be recorded via rollcall vote. Members in favor of the motion say “aye” and members opposed to the motion say “no.” Members may also vote to “abstain” meaning a non-vote. Members may also vote to “recuse” meaning that they disqualify themselves from participation in a decision on grounds such as potential conflict of interest or personal involvement. Recusal is the proper response to a conflict of interest. No vote will be recorded for a member who has been “recused” for a particular item. A member who has recused themselves from an item must leave the dais and not participate in discussion or voting on the item.
8. Upon completion of the voting, the result of the vote will be announced (e.g., “the ayes have it and the motion passes” or “the no’s have it and the motion fails”).



## **CHAPTER 3. TRAVEL & SALARY POLICIES & PROCEDURES**

### **Travel Approval (DCA Travel Guide)**

Board members shall have the Executive Officer's approval for travel except for regularly scheduled Board and Committee Meetings to which the Board member is assigned.

### **Travel Arrangements**

Board staff will assist Board members in making travel arrangements for each Board member as required. These arrangements will be made through the appropriate State employee systems for booking travel.

### **Out-of-State Travel (State Administrative Manual § 700 et seq.)**

For out-of-state travel, Board members will be reimbursed for actual lodging expenses, supported by vouchers, and will be reimbursed for meal and supplemental expenses. Out-of-state travel for all persons representing the state of California is controlled and must be approved by the Governor's Office and the Department of Consumer Affairs.

### **Travel Claims (State Administrative Manual § 700 et seq. and DCA Travel Guide)**

Rules governing reimbursement of travel expenses for Board members are the same as for management-level state staff. All expenses shall be claimed on the appropriate travel expense claim forms. Board members will be provided with completed travel claim forms submitted on their behalf. Board staff maintains these forms and completes them as needed. It is advisable for Board members to submit their travel expense forms immediately after returning from a trip and not later than two weeks following the trip.

In order for the expenses to be reimbursed, Board members shall follow the procedures contained in DCA Travel Guide provided as Attachment B.

### **Salary Per Diem (BPC § 103)**

Compensation in the form of salary per diem and reimbursement of travel and other related expenses for Board members is regulated by BPC § 103.

This section also provides for the payment of salary per diem for Board members "for each day actually spent in the discharge of official duties," and provides that the Board members "shall be reimbursed for traveling and other expenses necessarily incurred in the performance of official duties." "Official duties" includes, but is not limited to, authorized attendance at other gatherings, events, meetings, hearings, or conferences, and committee work; review of enforcement cases to submit a ballot vote; time spent to prepare for Board or Committee Meetings; and time spent traveling to and from a Board or Committee Meeting.

## CHAPTER 4. SELECTION OF OFFICERS AND COMMITTEES

### Officers of the Board

The Board shall elect from its members a Chair and Vice Chair to hold office for one year or until their successors are duly elected and qualified.

### Roles and Responsibilities of Board Officers

#### Chair

- **Board Business:** Conducts the Board's business in a professional manner and with appropriate transparency. Adheres to the highest ethical standards and uses Roberts Rules of Order as a guide and the Bagley-Keene Open Meetings Act during all Board Meetings.
- **Board Vote:** Conducts rollcall vote or delegates it to a staff.
- **Board Affairs:** Ensures that Board matters are handled properly, including preparation of pre-meeting materials, committee functioning, and orientation of new Board members.
- **Governance:** Ensures the prevalence of Board governance policies and practices. Acts as a representative of the Board as a whole.
- **Board Meeting Agendas:** Develops agendas for meetings with the Executive Officer and Legal Counsel. Presides at Board Meetings.
- **Executive Officer:** Establishes search and selection committee who will work with DCA in hiring an Executive Officer. Convenes Board discussions for the annual performance appraisal of the Executive Officer each calendar year.
- **Board Committees:** Seeks volunteers for committees and coordinates individual Board members assignments. Makes sure each committee has a chairperson, and stays in touch with chairpersons to be sure that their work is carried out. Obtains a debrief from each Board Committee chairperson at the next Board Meeting.
- **Yearly Board Officers Elections:** Notify members of Board Officers election prior to the last Board meeting of the calendar year.
- **Community and Professional Representation:** Represents the Board in the community on behalf of the organization as does the Executive Officer.
- **Sunset:** Develops, with the Vice Chair and staff, the Board's Sunset Review Report to the California Legislature for the Board's review.

## **Vice Chair**

- **Board Business:** Performs the duties and responsibilities of the Chair when the Chair is absent.
- **Board Budget:** Serves as the Board's budget liaison with staff and may assist staff in the monitoring and reporting of the budget to the Board. Reviews budget change proposals with staff.
- **Strategic Plan:** Serves as the Board's strategic planning liaison with staff and may assist staff in the monitoring and reporting of the strategic plan to the Board.
- **Board Member On-Boarding:** Welcomes new members to the Board and is available to answer questions. May participate in on-Boarding meeting with staff and new members.
- **Sunset:** Develops, with the Chair and staff, the Board's Sunset Review Report to the California Legislature for the Board's review.

## **Election of Board Officers**

The Board elects Board Officers at the last meeting of the calendar year. Officers serve a term of one-year, beginning January 1 of the next calendar year. All officers may be elected on one motion as a slate of officers unless more than one Board member is running per office. An officer may be re-elected and serve for more than one term.

## **Board Officer Vacancies**

If an office becomes vacant during the year, an election shall be held at the next Board meeting. If the office of the Chair becomes vacant, the Vice Chair shall assume the office of the Chair until the election for Chair is held. Elected officers shall then serve the remainder of the term.

## **Committees and Creation of Committees**

The Chair shall establish committees, whether standing or special, as necessary.

The following committees have been created by the Board and consist of Board members that meet on a regular basis for the purpose of discussing specific issues in depth and provide feedback and any recommendations to the full Board:

- **Hearing Aid Dispensing Committee** – Provides policy and regulatory guidance with respect to HAD practices and recommends scope of practice amendments for consideration.

- Audiology Practice Committee – Addresses changes in practice patterns and recommends position statements and/or scope of practice amendments for consideration.
- Hearing Aid Dispensing Practice Committee – Addresses changes in practice patterns and recommends position statements and/or scope of practice amendments for consideration.
- Speech-Language Pathology Practice Committee – Addresses changes in practice patterns and recommends position statements and/or scope of practice amendments for consideration.
- Sunset Review Ad Hoc Committee – Develop for the Board's review the Board's Sunset Review Report to the California Legislature. See Attachment C for the Sunset Review Report.
- Enforcement Ad Hoc Committee – 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.
- Legislative Ad Hoc Committee – Review and recommend to the Board proposed positions on legislation impacting the Board, its licensees, and the Board's Practice Act.

### **Committee Appointments**

The composition of the committees and the appointment of the members shall be determined by the Board Chair in consultation with the Vice Chair and the Executive Officer. In determining the composition of each committee, the Chair shall solicit interest from the Board members during a public meeting. The Chair shall strive to give each Board member an opportunity to serve on at least one committee. Appointment of non-Board members to a committee is subject to the approval of the Board.

## **CHAPTER 5. BOARD ADMINISTRATION AND STAFF**

### **Board Administration**

Board members should be concerned primarily with formulating decisions on Board policies rather than decisions concerning the means for carrying out a specific course of action. It is inappropriate for Board members to become involved in the details of program delivery. Strategies for the day-to-day management of programs, operations and staff shall be the responsibility of the Executive Officer. Board members should not interfere with day-to-day operations, which are under the authority of the Executive Officer.

### **Board Staff**

The Board's essential functions are comprised of ensuring speech-language pathologists, audiologists, and hearing aid dispensers licensed in the State of California meet professional licensure and examination requirements and follow legal, legislative and regulatory mandates. The Board is also responsible for the enforcement of State of California requirements and regulations as they pertain to licensure and the professions.

### **Appointment of Executive Officer**

The Board shall employ an Executive Officer and other necessary staff in carrying out the provisions of the Board's Practice Act.

The Executive Officer serves at the pleasure of the Board members who provide direction to the Executive Officer in the areas of program administration, budget, strategic planning, and coordination of meetings. The Executive Officer's salary is based on pay scales set by California Department of Human Resources (Cal HR). The Executive Officer shall be entitled to traveling and other necessary expenses in the performance of their duties as approved by the Board.

### **Executive Officer Performance Appraisal**

Board members shall conduct an appraisal of the performance of the Executive Officer on an annual basis using the forms created by DCA Office of Human Resources.

### **Legal Counsel**

The Board's Legal Counsel provides "in-house" counsel. Opinions and counsel provided by the Board's Legal Counsel is protected from public disclosure by the attorney-client privilege.

## **Strategic Planning**

The Board should update the strategic plan periodically (i.e., every three to five years) with the option to use a facilitator to conduct the plan update. At the end of the calendar year, an annual review conducted by the Board will evaluate the progress toward strategic goal achievement as stated in the strategic plan and identify any areas that may require amending. See Attachment D for the Strategic Plan.

## **Legislation**

In the event that time constraints preclude Board action on legislation, the Board delegates to the Executive Officer and the Board Chair and Vice Chair the authority to take action on legislation that would affect the Board. The Board shall be notified of such action as soon as possible.

## **CHAPTER 6. OTHER POLICIES AND PROCEDURES**

### **Board Member Orientation and Training (BPC § 453, GC § 11121.9, GC § 12950.1)**

Newly appointed and re-appointed members shall complete a training and orientation program provided by DCA within one year of assuming office. This one-day class will discuss Board member obligations and responsibilities.

All Board members shall complete all required training and submit compliance documentation including, but not limited to, the documents specified below:

- Board Member Orientation Training (BMOT) provided by DCA (complete within one (1) year of assuming office).
- Ethics Training provided by the Office of the Attorney General (complete within first six (6) months of assuming office and every two (2) years thereafter).
- Conflict of Interest Filing, *Form 700 – Statement of Economic Interests*, provided by DCA (complete within thirty (30) days of assuming office, every April 1<sup>st</sup> thereafter, and within thirty (30) days of leaving the Board).
- Sexual Harassment Prevention Training provided by DCA (complete within thirty (30) days of assuming office and every two (2) years thereafter on odd numbered years).
- Defensive Driver Training provided by Department of General Services (complete once every four years).

Upon assuming office, members will receive a copy of the Bagley-Keene Open Meetings Act, which lists public meeting laws that provide the guidelines for Board Meetings (see Attachment A).

Members will also receive a Law book, which includes a copy of the Board's practice act, regulations, disciplinary guidelines, and other related statutes (see Attachment E).

Additional Board member resources can be found at [https://www.dca.ca.gov/about\\_us/board\\_members/](https://www.dca.ca.gov/about_us/board_members/).

Business cards can be provided to each Board member with the Board's name, address, telephone, and website address. A Board member's business address, telephone, and email address may be listed on the card at the member's request.

### **Board Member Disciplinary Actions**

The Board may censure a member if, after a hearing before the Board, the Board determines that the member has acted in an inappropriate manner. The Chair of the

Board shall sit as chair of the hearing unless the censure involves the Chair's own actions, in which case the Vice Chair of the Board shall sit as chair. In accordance with the Bagley-Keene Open Meetings Act, the censure hearing shall be conducted in open session.

### **Removal of Board Members (BPC §§ 106 and 106.5)**

The Governor has the power to remove from office at any time any member of any Board appointed by them for continued neglect of duties required by law or for incompetence, unprofessional, or dishonorable conduct. The Governor may also remove from office a Board member who directly or indirectly discloses examination questions from an examination for licensure to an applicant or candidate.

### **Resignation of Board Members (GC § 1750)**

In the event that it becomes necessary for a Board member to resign, a letter shall be sent to the appropriate appointing authority (Governor, Senate Rules Committee, or Speaker of the Assembly) with the effective date of the resignation. State law requires written notification. A copy of this letter shall also be sent to the director of DCA, the Board Chair, and the Executive Officer.

### **Conflict of Interest (GC § 87100)**

No Board member may make, participate in making, or in any way attempt to use their official position to influence a governmental decision in which they know or have reason to know they have a financial interest. Any Board member who has a financial interest shall disqualify themselves from making or attempting to use their official position to influence the decision. Any Board member who believes they are entering into a situation where there is a potential for a conflict of interest should immediately consult the Board's Legal Counsel.

### **Contact with Candidates, Applicants and Licensees**

Board members should not intervene on behalf of a candidate or an applicant for licensure for any reason, nor should they intervene on behalf of a licensee. All inquiries regarding licensees, applications, and enforcement matters should be referred to the Executive Officer.

### **Communication with Other Organizations and Individuals**

Any and all representations made on behalf of the Board must be made by the Executive Officer or Board Chair, unless approved otherwise. All correspondence shall be issued on the Board's standard letterhead or email and will be created and disseminated by the Executive Officer, or their designee.



## **Gifts from Candidates and Applicants**

Gifts of any kind to Board members or staff from candidates and applicants for licensure is not permitted and will be promptly returned unless they are perishable goods that cannot effectively be returned to the sender.

## **Request for Records Access**

Board member may not access the file of a licensee, candidate, or applicant without the Executive Officer's knowledge and approval of the conditions for access. Records or copies of records shall not be removed from the Board's Office.

## **Ex Parte Communications (GC § 11430.10 et seq.)**

The Government Code contains provisions prohibiting ex parte communications. An ex parte communication is a communication to the decision-maker made by one party to an enforcement action without participation by the other party. While there are specified exceptions to the general prohibition, the key provision is found in subdivision (a) of GC § 11430.10, which states:

“While the proceeding is pending, there shall be no communication, direct or indirect, regarding any issue in the proceeding to the presiding officer from an employee or representative of an agency that is a party or from an interested person outside the agency, without notice and an opportunity for all parties to participate in the communication.”

Board members are prohibited from an ex parte communication with Board enforcement staff while a proceeding is pending. Occasionally, an applicant who is being formally denied licensure, or a licensee against whom disciplinary action is being taken, will attempt to directly contact Board members.

- If the communication is written, the Board member should read only far enough to determine the nature of the communication. Once they realize it is from a person against whom an action is pending, they should reseal any physical documents received and send them to the Executive Officer.
- If the communication is a telephone call, the Board member should immediately tell the person they cannot speak to them about the matter. If the person insists on discussing the case, the person should be told that the Board member will be required to recuse themselves from any participation in the matter. Therefore, continued discussion is of no benefit to the applicant or licensee.

If a Board member believes that they have received an unlawful ex parte communication, they should contact the Board's Legal Counsel for further guidance.

## **CHAPTER 7. COMPLAINT AND DISCIPLINARY PROCESS**

The Board conducts disciplinary proceedings in accordance with the Administrative Procedure Act, GC § 11370, and those sections that follow. The Board conducts investigations and hearings pursuant to Government Code §§ 11180 through 11191.

The Board also uses its Disciplinary Guidelines and the Uniform Standards Related to Substance Abusing Licensees as a guide when determining appropriate levels of discipline. The Disciplinary Guidelines were established in an effort to provide consistency in determining penalties. Enforcement staff consider the Disciplinary Guidelines when determining whether to seek revocation, suspension, and/or probation of a license. Board members use them when considering cases during hearings. The guidelines are updated when necessary and are distributed to Deputy Attorney Generals and Administrative Law Judges who work on cases with the Board. Disciplinary Guidelines can be found in the Law Book provided as Attachment E.

### **Disciplinary Options**

The Board has two options available to impose discipline against a licensee. In cases in which the violations do not warrant the revocation of a license or terms and conditions of probation, a citation and fine is issued. In cases in which the violations are egregious and warrant revocation, probation, or public reprimand of the licensee, the Board forwards the matter to the Attorney General's office to pursue formal disciplinary action. Each decision is made in consultation with the Executive Officer.

### **Citation and Fine**

A citation and fine issued to the licensee is considered an administrative action and is subject to public disclosure. The fines range from \$100 to a maximum of \$2,500 for each investigation. In specified circumstances, a fine up to a maximum of \$5,000 may be issued. All citation and fines issued include an order of abatement in which the licensee must provide information or documentation that the violation has been corrected. The licensee is afforded the opportunity to informally and formally appeal the issuance of the citation and fine as described in Title 16 California Code of Regulations Sections 1399.135-1399.139 and 1399.159-1399.159.4.

### **Formal Disciplinary Actions**

If after the completion of an investigation, evidence substantiates gross negligence, incompetence, or unprofessional conduct, the enforcement analyst, in consultation with the Enforcement Coordinator and Executive Officer, determines whether the case should be forwarded to the Attorney General's Office for disciplinary action.

## **Attorney General's Office**

The Attorney General's Office is responsible for prosecuting the administrative case against licensees and registrants (respondents). A respondent might be suspended from practice, have their license revoked, be placed on probation, or be publicly reprimanded, or an applicant may be denied licensure or licensed with probation. A Deputy Attorney General (DAG) in the Attorney General's Office Licensing Unit is assigned to these cases. The DAG works with the Board's enforcement staff to determine whether the necessary evidence exists for a successful prosecution. The burden of proof in these matters must be clear and convincing. Based on the evidence, the DAG makes recommendations regarding prosecution. Although the Board generally takes the advice of counsel, the Board has the discretion to take other action.

## **Filing Formal Charges**

Formal charges are almost always filed in cases in which the health and safety of the consumer has been compromised, and in which supporting evidence can be established. The Board's Executive Officer determines whether to file formal charges for any violation of the Board's licensing laws. These formal charges are referred to as pleadings. In each pleading, the Executive Officer of the Board is the complainant.

Pleadings are:

- **Accusations:** A written statement of charges against the holder of a license or registration, to revoke, suspend or limit the license, specifying the statutes and rules allegedly violated, and the acts or omissions comprising the alleged violations.
- **Statement of Issues:** A written statement of the reasons for denial of an application for a license or registration, specifying the statutes and rules allegedly violated, and the acts or omissions comprising the alleged violations.
- **Petition for reinstatement or reduction of penalty:** A person whose license or registration was revoked, suspended or placed on probation can petition for that license or registration to be reinstated, to have the penalty reduced, or for the probation to be terminated.

Many boards have specific regulations relating to petitions. Hearings on petitions usually take place before the Board itself at a scheduled board meeting, with an Administrative Law Judge (ALJ) presiding. The Board usually goes into closed session after the hearing to deliberate and decide the outcome. The ALJ usually prepares the Decision, for signature of the Board Chair. Some boards prefer to have the ALJ, sitting alone, hear petitions and render a proposed decision to the board. This may also happen when the Board does not have a quorum at a board meeting.

## **Actions Preceding an Administrative Hearing**

Once an Accusation or Statement of Issues has been filed and the respondent has been served, several outcomes may occur:

- The respondent may wish to settle the matter prior to a formal hearing.
- The respondent may file a notice of defense and request an administrative hearing. All hearings are held before an ALJ from the Office of Administrative Hearings.
- The respondent may fail to respond to the accusation/statement of issues and not file a notice of defense.

At any stage of this process, the Board may withdraw the Accusation or Statement of Issues for any reason or enter into a stipulated settlement with the respondent.

If the respondent fails to respond within fifteen (15) days of receiving the Accusation or Statement of Issues, a Default Decision is issued. Default Decisions result in the revocation or denial of a license.

## **Stipulation or Negotiated Settlements**

The licensee or applicant and Board may decide to settle at any time during the administrative process. Usually, stipulations or negotiated settlements, are entered into before an administrative hearing is held to avoid the expense of the hearing while achieving discipline in alignment with the Disciplinary Guidelines. Stipulations prior to an administrative hearing eliminate the six months to one-year delay that may result from attempting to schedule a mutually agreeable hearing date. In some circumstances, the public is better served because the resolution time is reduced, the Board and respondent save time and money, and consumer protection is still maintained.

In negotiating a stipulation, the DAG works closely with the Board's Executive Officer and Enforcement Coordinator to arrive at a stipulation or negotiated settlement that will be acceptable to the Board. Stipulation terms are given to the DAG representing the Board by the enforcement staff with approval of the Executive Officer, utilizing the Board's Disciplinary Guidelines. Stipulations are negotiated and drafted by the DAG, the respondent, and the respondent's legal counsel. Pre-hearing conferences are a more formal method for developing a negotiated settlement. These hearings involve the Executive Officer and/or the Enforcement Coordinator, the respondent, respondent's attorney, and an ALJ.

The settlement is reduced to a written stipulation and order which sets forth the settlement terms and proposed disciplinary order. The written stipulation and order is forwarded to the Board for its consideration.

During the settlement process, the DAG has been advised by the Executive Officer or through the Enforcement Coordinator regarding acceptable terms. The DAG may advocate before the Board for approval of the settlement. The Board may accept the settlement and issue its decision and order based on the settlement. If the Board rejects the settlement, a new settlement may be submitted to the Board at a later time, or the case may proceed to an administrative hearing before an ALJ.

### **Office of Administrative Hearings**

The Office of Administrative Hearings (OAH) consists of two divisions located in six regional offices at major population centers throughout the State. The General Jurisdiction Division conducts hearings, mediations, and settlement conferences for more than 1,000 state, local, and county agencies. This is the division that conducts the hearings for the Board. The Special Education Division conducts hearings and mediations for school districts and parents of children with special education needs throughout the State.

In an administrative hearing, the ALJ presides over the hearing; an attorney (DAG) represents the Board and presents the case; and the respondent or the respondent's representative or attorney presents its case. Testimony and evidence are presented and there is a transcript of the proceedings available after the hearing. Upon the conclusion of the administrative hearing, the ALJ will consider all of the testimony and evidence and will prepare a Proposed Decision. Once the hearing is finished, the ALJ has thirty (30) days to prepare the proposed decision and send it to the Board. The Proposed Decision is submitted to the Board for consideration. Upon receipt of the Proposed Decision, the Board then has one hundred (100) days to take action to either adopt or reject it. If no action is taken within one hundred (100) days, the proposed decision becomes effective by operation of law.

If the respondent fails to appear at an administrative hearing, a Default Decision is issued. Defaults result in the revocation or denial of a license.

### **Board Review of Stipulations and Proposed Decisions**

The Board members review and vote on each case where the matter is either settled prior to hearing or the ALJ issues a proposed decision. In all cases, the Board members have the option to adopt/accept, adopt/accept with edits (technical/minor), reject, or hold for discussion.

## **Ballot Procedure**

Proposed Stipulations and Proposed Decisions are usually presented to the Board for its consideration by ballot. Ballot is done by electronic mail. Ballot packet materials are confidential and include the following:

- Memo from enforcement staff listing the cases for review and decision
- Ballot
- Legal documents (Proposed Decision, Proposed Stipulation or Default Decision, and Accusation or Statement of Issues)
- Memo from the assigned Deputy Attorney General (Proposed Stipulated Settlement cases only)

Deliberation and decision-making should be done independently and confidentially by each Board member. Voting members may not communicate with each other, and may not contact the DAG, the respondent, anyone representing the respondent, any witnesses, the “complainant,” the ALJ, or anyone else associated with the case.

Additionally, Board members should not discuss pending cases with staff, except as to technical questions of procedure or to ask whether additional information is available, and whether the Board may properly consider such information. If a Board member has any procedural questions not specific to evidence, or any question specifically related to the cases, the questions should be directed to the Board’s Legal Counsel.

Completed ballots are due at the Board office no later than the due date indicated in the ballot package. The due dates are established in accordance with the timelines indicated in Administrative Procedure Act. Therefore, it is critical that Board members return their votes by the due date. It may be your vote that is the deciding vote in the outcome of a case.

Ballot materials should be retained until notification by enforcement staff that the outcome of cases has been decided. Once a decision is final, the ballot packet materials must be confidentially destroyed.

## Ballot Vote Definitions

- **Adopt/Accept:** A vote to adopt/accept means that you agree with the action as written.
- **Adopt/Accept with Edits:** A vote to adopt/accept with edits means that you agree with the action but it needs technical or minor changes that do not affect the factual or legal base of the stipulation.
- **Reject:** A vote to reject means that you disagree with one or more portions of the proposed action and do not want it adopted as the Board's decision.
- **Hold for Discussion:** A vote to hold for discussion means that you wish to have some part of the action changed in some way (e.g., increase penalty, reduce penalty, etc.) or you may believe an additional or a different term or condition of probation should be added, or that a period of suspension should be longer.

## Ballot Outcome for Stipulations or Negotiated Settlements

- **Adopt/Accept** – If the decision of the Board is to adopt the terms proposed in the stipulation, the stipulation becomes effective within thirty (30) days and the respondent is notified.
- **Adopt/Accept with Edits** – If the decision of the Board is to adopt the terms proposed in the stipulation with technical or minor changes, the changes are made, the stipulation becomes effective within thirty (30) days, and the respondent is notified.
- **Reject**– If the Board decides to reject the stipulation, the respondent is notified, and the matter resumes the process for a formal administrative hearing before an ALJ or a new settlement may be submitted to the Board at a later date. *Note: a majority vote to adopt will prevail over a minority vote to reject.*
- **Hold for Discussion** – If one (1) Board member votes to hold the case for discussion, the case is discussed at the next available meeting during a closed session. *Note: A Board member may seek procedural clarification from the Board's Legal Counsel without holding the case for discussion.*

## Ballot Outcome for Proposed Decisions

- Adopt/Accept – If the decision of the Board is to adopt the proposed decision, the decision becomes effective within thirty (30) days and the respondent is notified.
- Adopt/Accept with Edits – If the decision of the Board is to adopt the proposed decision with technical or minor changes, the changes are made, the decision becomes effective within thirty (30) days, and the respondent is notified.
- Reject – If the Board decides to reject the proposed decision, the respondent is notified. Transcripts from the administrative hearing are requested. Board members review the transcripts and evidence and meet during a closed session to write their own decision. *Note: a majority vote to adopt will prevail over a minority vote to reject.*
- Hold for Discussion – If one (1) Board member votes to hold the case for discussion, the case is discussed at the next available meeting during a closed session. *Note: A Board member may seek procedural clarification from the Board's Legal Counsel without holding the case for discussion.*

## Disqualification

With some limited exception, a Board member cannot decide a case if that Board member investigated, prosecuted or advocated in the case, or is subject to the authority of someone who investigated, prosecuted, or advocated in the case. A Board member may also be disqualified for bias, prejudice, financial conflict of interest or other conflicts of interest related to the case.





SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY  
& HEARING AID DISPENSERS BOARD

# ATTACHMENT B



## BOARD MEMBERS

Name	Position	Member Type
Gilda Dominguez	Board Chair	Speech–Language Pathologist
Amy White	Board Vice Chair	Audiologist
Tod Borges	Board Member	Hearing Aid Dispenser
Tamara Chambers	Board Member	Public Member, Otolaryngologist
Karen Chang	Board Member	Public Member
Francis David	Board Member	Speech–Language Pathologist
Charles Sanders	Board Member	Audiologist
VACANT	Board Member	Hearing Aid Dispenser
VACANT	Board Member	Public Member

## 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. Standing Committees bring all matters to the full Board for a vote.

<b>SLP PRACTICE COMMITTEE</b> <i>Addresses changes in practice patterns and recommends position statements and/or scope of practice amendments for consideration.</i>		
Name	Position	Profession
Gilda Dominguez	Chair	SLP
Francis David	Member	SLP
Tamara Chambers	Member	ORL/Public
<b>AUDIOLOGY PRACTICE COMMITTEE</b> <i>Addresses changes in practice patterns and recommends position statements and/or scope of practice amendments for consideration.</i>		
Name	Position	Profession
Amy White	Chair	DAU
Charles Sanders	Member	DAU

Tamara Chambers	Member	ORL/Public
Karen Chang	Member	Public
<b>HEARING AID DISPENSERS PRACTICE COMMITTEE</b> <i>Addresses changes in practice patterns and recommends position statements and/or scope of practice amendments for consideration.</i>		
<b>Name</b>	<b>Position</b>	<b>Profession</b>
Tod Borges	Chair	HAD
VACANT	Member	HAD
Karen Chang	Member	Public
<b>HEARING AID DISPENSING COMMITTEE</b> <i>Provides policy and regulatory guidance with respect to hearing aid dispensing 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
Charles Sanders	Member	DAU
Amy White	Member	DAU
Tamara Chambers	Member	ORL/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>
Gilda Dominguez	Chair	SLP
Amy White	Member	DAU

<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>
Gilda Dominguez	Chair	SLP
Tod Borges	Member	HAD
<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
Gilda Dominguez	Member	SLP

**Legend:**

DAU - Dispensing Audiologist

ORL/ENT - Otolaryngologist/Ear, Nose & Throat

HAD - Hearing Aid Dispenser

SLP - Speech-Language Pathologist

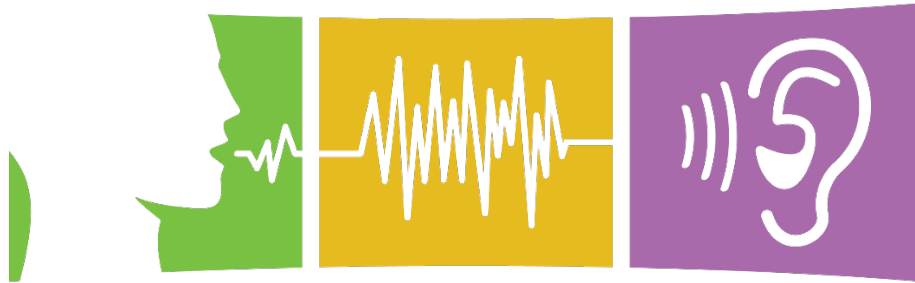




SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY  
& HEARING AID DISPENSERS BOARD

# ATTACHMENT C





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

## OCCUPATIONAL ANALYSIS OF THE SPEECH-LANGUAGE PATHOLOGIST PROFESSION



SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID  
DISPENSERS BOARD

# OCCUPATIONAL ANALYSIS OF THE SPEECH-LANGUAGE PATHOLOGIST PROFESSION



February 2025





## OFFICE OF PROFESSIONAL EXAMINATION SERVICES

Maria Avalos, MA, Research Data Specialist I  
Heidi Lincer, PhD, Chief

This occupational analysis report is mandated by California Business and Professions Code § 139 and by DCA *OPES 22-01 Licensure Examination Validation Policy*.

## EXECUTIVE SUMMARY

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of the speech-language pathologist profession in California. The purpose of the OA is to define the profession in terms of critical tasks that speech-language pathologists must be able to perform competently at the time of licensure. The results of this OA provide a description of practice for the speech-language pathologist profession that can be used to review the Praxis Speech-Language Pathology Test.

OPES test specialists began by researching the profession and conducting telephone interviews with licensed speech-language pathologists working throughout California. The purpose of these interviews was to identify the tasks performed by speech-language pathologists and to determine the knowledge required to perform those tasks safely and competently. Using the information gathered from the research and the interviews, OPES test specialists developed a preliminary list of tasks performed by speech-language pathologists in their profession, along with statements representing the knowledge needed to perform those tasks.

In April 2024, OPES test specialists convened a workshop to review and refine the preliminary lists of tasks and knowledge statements describing speech-language pathologist practice in California. Speech-language pathologists participated in the workshops as subject matter experts (SMEs). The SMEs were from diverse backgrounds in the profession (e.g., work setting, geographic location of practice, years licensed). The SMEs identified changes and trends in speech-language pathologist practice, determined demographic questions for the OA questionnaire, and performed a preliminary linkage of the tasks and knowledge statements to ensure that all tasks had a related knowledge statement, and all knowledge statements had a related task. Additional tasks and knowledge statements were created as needed to complete the scope of the content areas of the description of practice.

After the workshop, OPES test specialists developed a three-part OA questionnaire to be completed by speech-language pathologists statewide. Development of the OA questionnaire included a pilot study that was conducted with a group of speech-language pathologists who participated in the telephone interviews and the April 2024 workshop. The pilot study participants' feedback was incorporated into the final questionnaire, which was administered August 15, 2024–September 13, 2024.

In the first part of the OA questionnaire, speech-language pathologists were asked to provide demographic information related to their practice and work setting. In the second part, speech-language pathologists were asked to rate how often they perform each task in their current practice (Frequency) and how important the task is to effective performance in their current practice (Importance). In the third part, speech-language pathologists were asked to rate how important each knowledge statement is to effective performance in their current practice (Importance).

In August 2024, OPES sent an online OA questionnaire invitation email to 13,169 licensed speech-language pathologists. The list of licensees was provided by the Board. As of the writing of this report, there are a total of 15,658 licensed speech-language pathologists in California.

A total of 2,520 speech-language pathologists responded to the OA questionnaire email invitation. The final number of respondents included in the data analysis was 916 (19% of those who initially responded). This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and working as a speech-language pathologist in California. Second, OPES excluded questionnaires containing responses that were less than 75% complete.

OPES test specialists then performed data analyses on the task and knowledge ratings obtained from the questionnaire respondents. The task importance and frequency ratings were combined to derive an overall criticality index for each task statement. The mean of importance ratings was used as the criticality index for each knowledge statement.

Once the data were analyzed, OPES test specialists conducted an additional workshop with speech-language pathologists in September 2024. The SMEs evaluated the criticality indices and determined whether any tasks or knowledge statements should be eliminated. The SMEs in this group also established the final linkage between tasks and knowledge statements, reviewed the task and knowledge statement content areas, and defined those content areas. The SMEs then evaluated the preliminary content area weights and determined the final weights for the description of practice.

The California Speech-Language Pathology Description of Practice is structured into five content areas that are weighted relative to the other content areas. It identifies the tasks and knowledge critical to competent speech-language pathologist practice in California at the time of licensure.

## OVERVIEW OF THE CALIFORNIA SPEECH-LANGUAGE PATHOLOGY DESCRIPTION OF PRACTICE

CONTENT AREAS	CONTENT AREA DESCRIPTIONS	PERCENT WEIGHT
1. General Competencies	This area assesses a candidate's knowledge of linguistic and cultural awareness, applicable regulations, and professional and ethical standards related to core areas of practice across clients, disorders, and treatment settings.	15
2. Assessment	This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.	25
3. Diagnosis, Goal Setting, and Treatment Planning	This area assesses a candidate's knowledge of interpreting and analyzing assessment information for accurate diagnosis and developing treatment plans and interventions.	25
4. Treatment Intervention and Procedures	This area assesses a candidate's knowledge of delivering culturally relevant treatment interventions and procedures based on assessment and diagnostic information that are measurable, objective, and consistent with the client's readiness and ability to engage in treatment.	25
5. Treatment Outcomes and Effectiveness	This area assesses a candidate's knowledge of interpreting data to determine client progress and treatment efficacy in relation to goals and of modifying treatment plans as appropriate.	10
Total		100

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## CHAPTER 1 | INTRODUCTION

### PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) as part of the Board's comprehensive review of the speech-language pathologist profession in California. The purpose of the OA is to identify critical activities performed by speech-language pathologists in California. The results of this OA provide a description of practice for the speech-language pathologist profession that can then be used to review the Praxis Speech-Language Pathology Test developed by the Educational Testing Service (ETS).

To become a fully licensed speech-language pathologist in California, a candidate must:

1. Submit to fingerprinting.
2. Hold a Master's degree or equivalent in speech-language pathology from an accredited educational institution.
3. Have completed 300 hours of supervised clinical practicum in three different clinical settings.
4. Have completed 36 weeks of full-time or 72 weeks of part-time supervised Required Professional Experience (RPE) while holding an RPE temporary license. If experience was completed in California, applicants must have held an RPE temporary license during that time.
5. Effective September 1, 2014, pass the Praxis Speech-Language Pathology Test administered by the Educational Testing Service (ETS) Praxis Series with a minimum score of 162. The exam must not be more than five years old. Applicants must authorize ETS to report their test score to the Board using Report Code R8544.

To become a licensed speech-language pathologist in California, applicants must complete one of the following five pathways to licensure:

#### Option #1

Required Professional Experience (RPE). Upon completion of 36 full-time weeks (or 72 part-time weeks) of required professional experience under an RPE Temporary License, applicants must submit the Permanent License Application, including the RPE Verification Form.

#### Option #2

Equivalent qualifications. For those with a current Certificate of Competence issued by ASHA.

#### Option #3

Licensed in another state. Must possess an active and current license from another state. If applicants also hold a current ASHA certification, the applicant must use Option #2.

#### Option #4

Previously licensed in California. Held a license in California that expired more than 5 years ago.

#### Option #5

Foreign educated graduates. Completed graduate education outside the United States. Upon completion of all required weeks of required professional experience under an RPE Temporary License, applicants must submit the Permanent License Application, including the RPE Verification Form.

### PARTICIPATION OF SUBJECT MATTER EXPERTS

California speech-language pathologists participated as subject matter experts (SMEs) during the OA to ensure that the description of practice directly reflects current speech-language pathologist practice in California. These SMEs represented the profession in terms of work setting, geographic location of practice, and years licensed. The SMEs provided technical expertise and

information regarding different aspects of practice through workshops. During workshops, the SMEs developed and reviewed the tasks and knowledge statements describing speech-language pathologist practice, organized the tasks and knowledge statements into content areas, evaluated the results of the OA, and developed the description of practice.

## ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensure, certification, and registration programs in the State of California adhere strictly to federal and state laws and regulations, as well as to professional guidelines and technical standards. For the purposes of OAs, the following laws and guidelines are authoritative:

- California Business and Professions Code (BPC) § 139.
- 29 Code of Federal Regulations Part 1607 – Uniform Guidelines on Employee Selection Procedures (1978).
- California Fair Employment and Housing Act, Government Code § 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2018), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure program to meet these standards, it must be solidly based upon the job activities required for practice.

## DESCRIPTION OF OCCUPATION

The speech-language pathologist occupation is described as follows in BPC § 2530.2:

(c) A “speech-language pathologist” is a person who practices speech-language pathology.

(d) The practice of speech-language pathology means all of the following:

(1) The application of principles, methods, instrumental procedures, and noninstrumental procedures for measurement, testing, screening, evaluation, identification, prediction, and counseling related to the development and disorders of speech, voice, language, or swallowing.

(2) The application of principles and methods for preventing, planning, directing, conducting, and supervising programs for habilitating, rehabilitating, ameliorating, managing, or modifying disorders of speech, voice, language, or swallowing in individuals or groups of individuals.

(3) Conducting hearing screenings.

(4) Performing suctioning in connection with the scope of practice described in paragraphs (1) and (2), after compliance with a medical facility's training protocols on suctioning procedures.

## CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONNAIRE

### TASKS AND KNOWLEDGE STATEMENTS

To develop preliminary lists of tasks and knowledge statements, OPES test specialists gathered information from literature reviews of profession-related sources (e.g., previous OA reports, articles, industry publications, laws and regulations) and conducted telephone interviews with licensed speech-language pathologists working throughout California.

In April 2024, OPES test specialists facilitated a workshop to review and refine the tasks and knowledge statements. Five SMEs from diverse backgrounds (e.g., work setting, geographic location of practice, years licensed) participated in the workshop. During the workshop, the SMEs evaluated the tasks and knowledge statements for technical accuracy, level of specificity, and comprehensiveness. In addition, the SMEs evaluated the organization of tasks within content areas to ensure that the content areas were independent and non-overlapping.

During this workshop, the SMEs also reviewed proposed demographic questions and evaluated the scales that would be used for rating tasks and knowledge statements in an online OA questionnaire to be sent to speech-language pathologists statewide.

OPES used the final lists of tasks and knowledge statements, demographic questions, and rating scales to develop the online OA questionnaire.

### QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed the online OA questionnaire designed to solicit ratings by speech-language pathologists of the tasks and knowledge statements. Those surveyed were instructed to rate how often they perform each task in their current practice (Frequency) and how important each task is to the effective performance in their current practice (Importance). In addition, they were instructed to rate how important each item of knowledge is to effective performance in their current practice (Importance). The OA questionnaire also included a demographic section to obtain relevant

professional background information about responding speech-language pathologists. The OA questionnaire is Appendix A.

## PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire. The draft questionnaire was reviewed by the Board and then sent to 14 SMEs who had participated in the telephone interviews and the workshop. OPES received feedback on the pilot study from 10 respondents. The SMEs reviewed the tasks and knowledge statements in the questionnaire for technical accuracy and for whether they reflected speech-language pathologist practice. The SMEs also provided the estimated time for completion of the questionnaire, as well as information about online navigation and ease of use. OPES test specialists used this feedback to refine the final questionnaire, which was administered August 15, 2024–September 13, 2024.

## CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

### SAMPLING STRATEGY AND RESPONSE RATE

In August 2024, OPES sent an online OA questionnaire invitation email to 13,169 licensed speech-language pathologists who had an email address on file with the Board. As of the writing of this report, there are a total of 15,658 licensed speech-language pathologists in California. The email invitation is Appendix B.

A total of 2,520 speech-language pathologists responded to the OA questionnaire email invitation. The final number of respondents included in the data analysis was 916 (19% of those who initially responded). This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and working as a speech-language pathologist in California. Second, OPES excluded questionnaires containing responses that were less than 75% complete. The final respondent sample appears to represent the California speech-language pathologist profession based on the sample's demographic composition.

### DEMOGRAPHIC SUMMARY

As shown in Table 1 and Figure 1, the responding speech-language pathologists reported a range of years of experience. Of the respondents, 50.7% reported that they had worked as a speech-language pathologist for less than 5 years, 36.2% reported that they had worked as a speech-language pathologist for 6–10 years, 7.8% reported working as a speech-language pathologist for 11–20 years, 2.7% reported working as a speech-language pathologist for 21–29 years, and 2.6% reported having worked as a speech-language pathologist for 30 or more years.

Table 2 and Figure 2 show that 63.0% of respondents reported that they work 31–40 hours per week as a speech-language pathologist, while 20.1% reported that they work 41 or more hours per week, 7.5% reported that they work 21–30 hours per week, 5.7% reported that they work 11–20 hours per week, and 3.7% reported that they work 10 or fewer hours per week.



When asked about their highest level of education, 97.2% of respondents reported a master's degree and 1.9% reported a doctorate degree (Table 3 and Figure 3).

Table 4 and Figure 4 show that 55.2% of the respondents reported that the majority of their responsibilities are as a school-based service provider, while 35.8% are as a clinical services provider, 2.7% as a supervisor of clinicians, 1.2% as a director/supervisor of a clinical program, and 0.8% as a college/university professor/instructor.

Respondents were asked to identify the service that was their primary activity. Table 5 and Figure 5 show that 79.5% reported their primary activity to be direct client care, 4.6% reported treatment planning/preparation, 3.7% reported client IEP, 3.1% reported client documentation/reports, 3.1% reported supervision, 2.6% reported case management, and 1.4% reported teaching/training.

When respondents were asked to identify the service that was their secondary activity, 42.7% reported client documentation/reports, 19.8% reported client IEP, 7.4% reported case management, 6.0% reported direct client care, 5.9% reported treatment planning/preparation, 5.5% reported family and caregiver contact/counseling, 4.4% reported collaboration/consultation, 4.3% reported supervision, 2.1% reported administrative, and 1.3% reported teaching/training (Table 6 and Figure 6).

Respondents were asked to identify their primary work setting. Table 7 and Figure 7 show that the majority of respondents, 61.9%, reported that they work in a public school setting, while 14.4% reported a private practice setting, 12.3% reported a speech and language clinic, 12% reported a hospital setting, 12% reported a web-based treatment/telemedicine setting, 8.5% reported a preschool/day care setting, 7.2% reported a Regional Center setting, 6.6% reported a skilled nursing/acute rehab/long-term care/subacute care setting, 5.3% reported a home health/assisted living setting, 3.4% reported a nonpublic school setting, and 1.9% reported a university/university clinic setting.

Table 8 and Figure 8 show the age groups that speech-language pathologists serve. Respondents reported 66.4% for both children 6–8 years of age and for preschool, 63.8% reported children 9–11 years of age, 44.9% reported young adolescents, 30.1% reported adolescents, 24.3% reported young adults, 23.9%

reported toddlers, 22.8% reported adults, 19.5% reported older adults, and 10% reported infants.

As shown in Table 9 and Figure 9, 66.2% of speech-language pathologists reported speech sound disorders as their area of specialization, 57.8% reported developmental language disorder, 54.6% reported autism and related disorders, 43.9% reported phonological disorders, 36.5% reported early intervention, 34.6% reported augmentative and alternative communication, 33% reported developmental disabilities, 28.9% reported cognitive linguistic disorders, 25.3% reported fluency and fluency disorders, 21% reported feeding and swallowing disorder, 14.1% reported voice and voice disorders, 13% reported neurophysiological/neurogenic disorders, 4.5% reported orofacial disorders, 4.4% reported hearing and hearing disorders, 4.1% reported gerontology, 1.9% reported aural rehabilitation, and 1.5% reported alaryngeal speech.

Table 10 shows that 90.7% of respondents do not hold other state-issued licenses. Table 11 and Figure 10 show that 60.7% do not hold other certificates/credentials, 10.4% reported that they hold a teaching certification, 3.6% reported that they hold a special education certification, 3.5% reported that they have an assistive technology certification, and 2.2% reported that they have a Bilingual, Crosscultural, Language and Academic Development (BCLAD) certification.

Table 12 and Figure 11 show the location of respondents' primary work setting, with 83.1% responding that they work in an urban setting, and 16.0% work in a rural setting.

Table 13 shows the location of respondents' primary practice by geographical region, with the highest percentage (30.0%) of respondents practicing in Los Angeles County and its vicinity, and 17.5% practicing in the San Francisco Bay Area. A breakdown of regional data organized by county is Appendix C.

TABLE 1 – YEARS LICENSED

YEARS	NUMBER (N)	PERCENT
0–5	464	50.7
6–10	332	36.2
11–20	71	7.8
21–29	25	2.7
30 or more	24	2.6
Total	916	100

FIGURE 1 – YEARS LICENSED

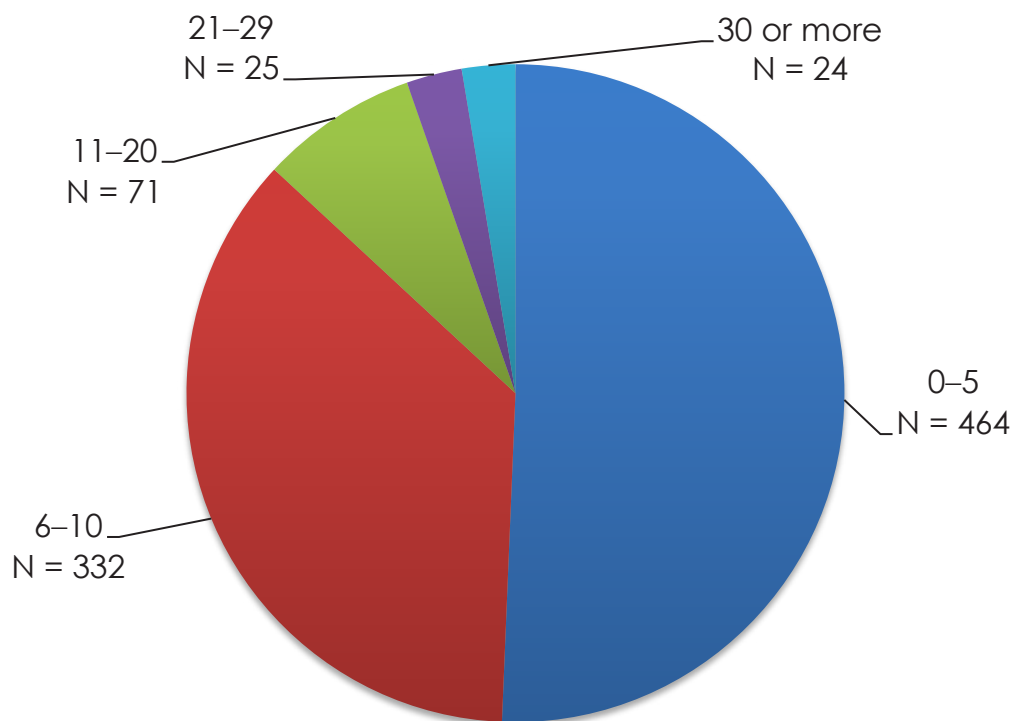


TABLE 2 – HOURS WORKED PER WEEK

HOURS	NUMBER (N)	PERCENT
10 or fewer	34	3.7
11–20	52	5.7
21–30	69	7.5
31–40	577	63.0
41 or more	184	20.1
Total	916	100

FIGURE 2 – HOURS WORKED PER WEEK

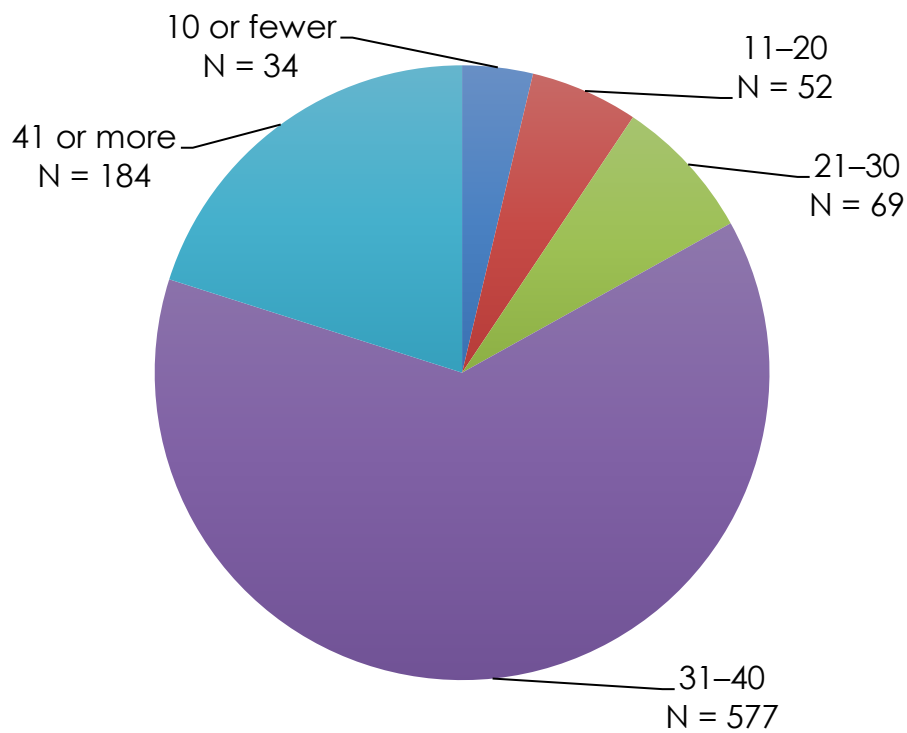


TABLE 3 – HIGHEST LEVEL OF EDUCATION ACHIEVED

TYPE	NUMBER (N)	PERCENT
Master's in speech-language pathology or communications	890	97.2
Doctorate in speech-language pathology or communications	17	1.9
Other	9	1.0
Total	916	*100.1

\*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 3 – HIGHEST LEVEL OF EDUCATION ACHIEVED

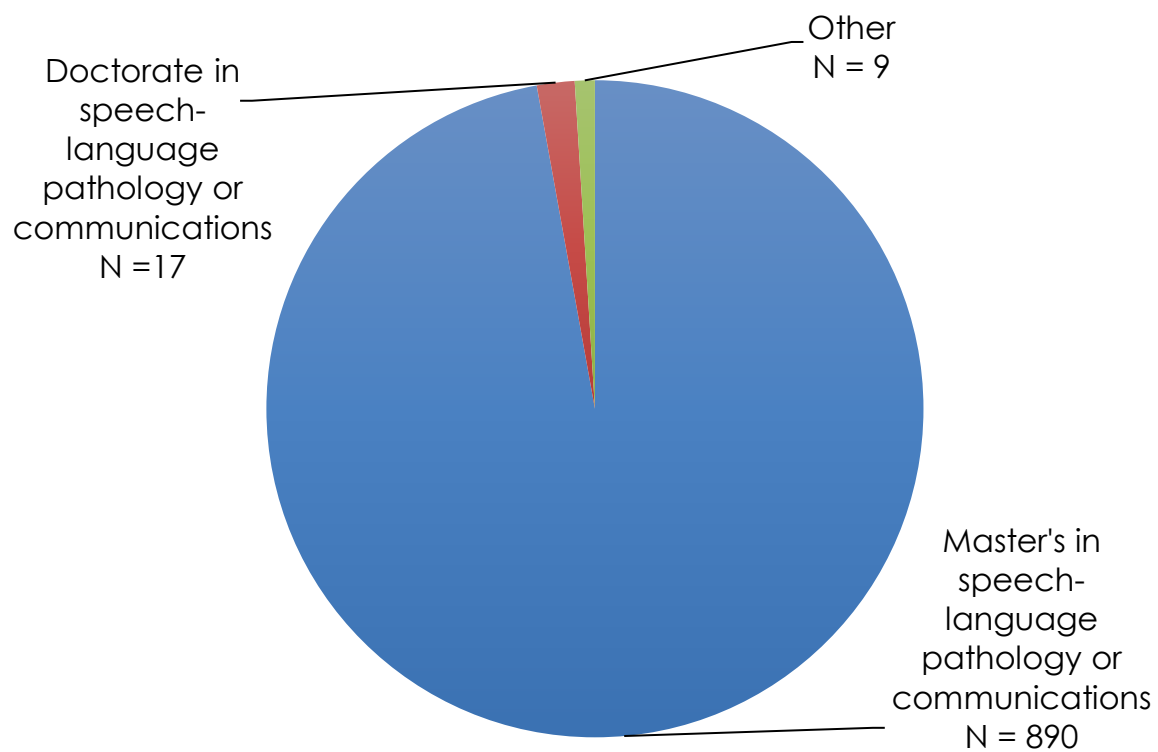


TABLE 4 – MAJORITY OF RESPONSIBILITIES

CLASSIFICATION	NUMBER (N)	PERCENT
Clinical services provider	328	35.8
College / university professor / instructor	7	.8
Consultant	1	.1
Director / Chair of education program	1	.1
Director / Supervisor of a clinical program	11	1.2
School-based service provider	506	55.2
Supervisor of clinicians	25	2.7
CEU provider	1	.1
Other	35	3.8
Missing	1	.1
Total	916	*99.9

\*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 4 – MAJORITY OF RESPONSIBILITIES

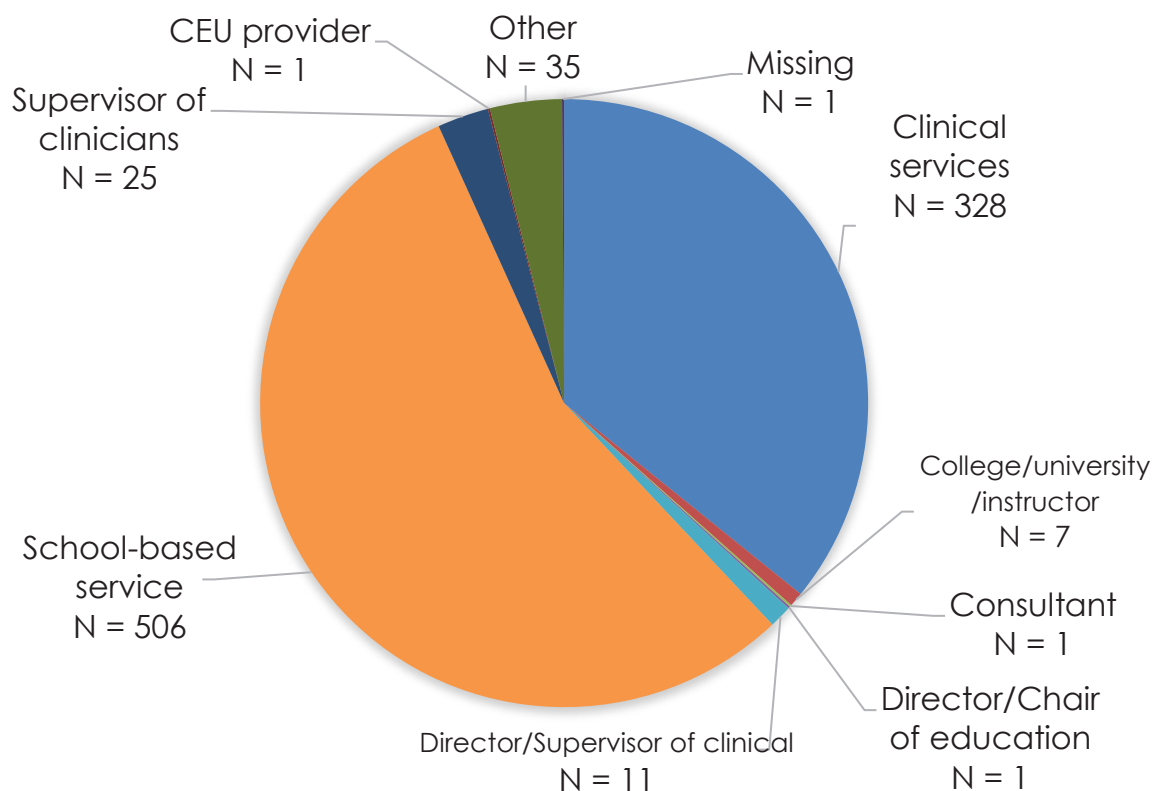


TABLE 5 – PRIMARY SERVICE ACTIVITY PROVIDED

SERVICES	NUMBER (N)	PERCENT
Client IEP (IDT meetings)	34	3.7
Client documentation / reports	28	3.1
Family and caregiver contact / counseling	4	.4
Direct client care (screening, assessment, treatment)	728	79.5
Treatment planning / preparation	42	4.6
Collaboration / consultation (professional staff, teachers)	5	.5
Supervision (SLP-associated medical staff, support staff)	28	3.1
Research / grant writing	2	.2
Teaching / training (staff, students, parents)	13	1.4
Case management (intake, referrals, follow-up)	24	2.6
Administrative (scheduling, staffing, HR, meetings)	8	.9
Professional development	0	0
Total	916	100

FIGURE 5 – PRIMARY SERVICE ACTIVITY PROVIDED

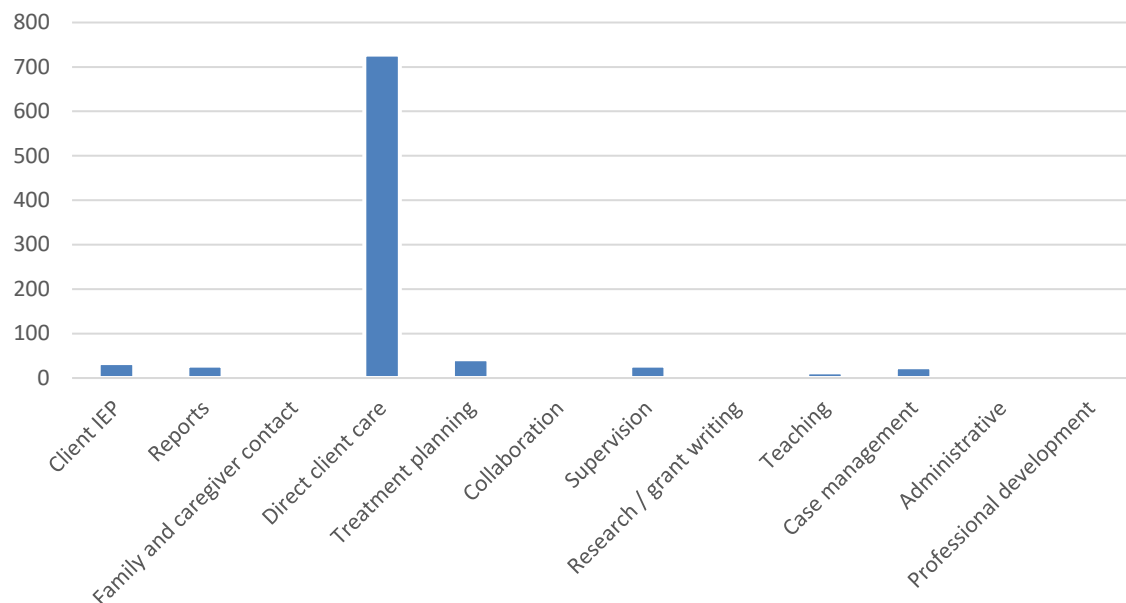


TABLE 6 – SECONDARY SERVICE ACTIVITY PROVIDED

SECONDARY ACTIVITY	NUMBER (N)	PERCENT
Client IEP (IDT meetings)	181	19.8
Client documentation / reports	391	42.7
Family and caregiver contact / counseling	50	5.5
Direct client care (screening, assessment, treatment)	55	6.0
Treatment planning / preparation	54	5.9
Collaboration / consultation (professional staff, teachers)	40	4.4
Supervision (SLP-associated medical staff, support staff)	39	4.3
Research / grant writing	1	.1
Teaching / training (staff, students, parents)	12	1.3
Case management (intake, referrals, follow-up)	68	7.4
Administrative (scheduling, staffing, HR, meetings)	19	2.1
Professional development	3	.3
Missing	3	.3
Total	916	*100.1

\*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 6 – SECONDARY SERVICE ACTIVITY PROVIDED

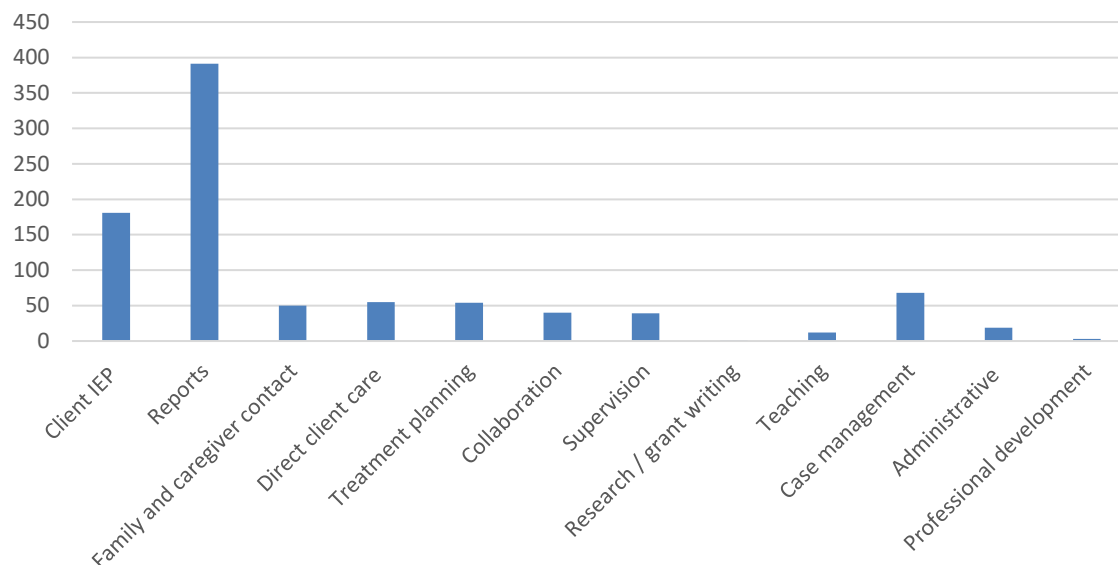




TABLE 7 – PRIMARY WORK SETTING WHERE SERVICES ARE PROVIDED

SETTING	NUMBER (N)	PERCENT
Correctional facility	2	0.2
Public school	566	61.9
Group home / sheltered workshop	2	0.2
Regional Center	66	7.2
Home health / assisted living	49	5.3
Skilled nursing / acute rehab / long-term care / subacute care	60	6.6
Hospital	111	12.0
Speech and language clinic	114	12.3
Nonpublic school (NPS)	31	3.4
University / university clinic	17	1.9
Preschool / day care	78	8.5
Web-based treatment / telemedicine	110	12.0
Private practice	133	14.4
Other (please specify)	35	3.8

Note: Respondents were asked to select all that apply.

FIGURE 7 – PRIMARY WORK SETTING WHERE SERVICES ARE PROVIDED

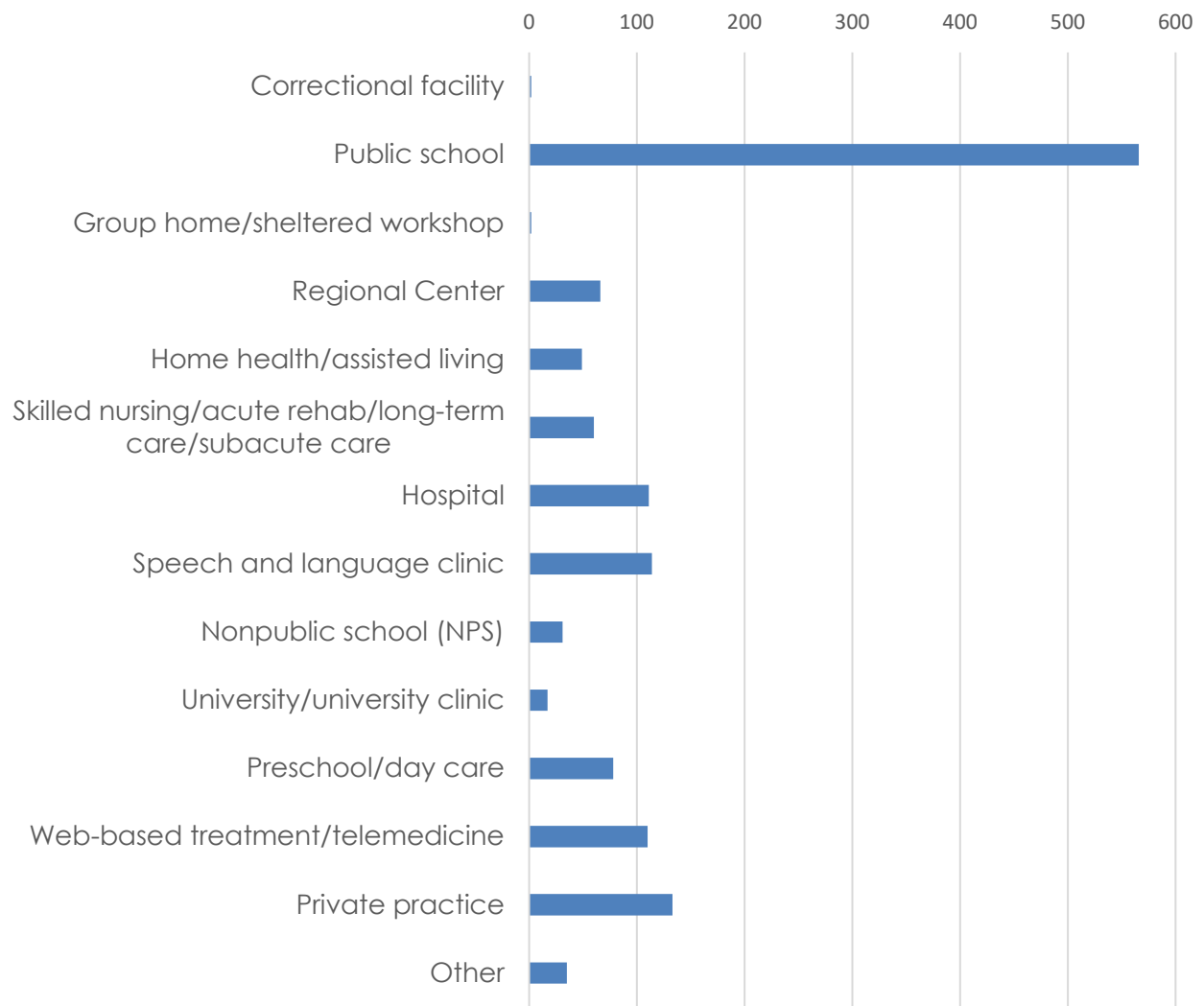


TABLE 8 – AGE GROUPS RECEIVING SERVICES

AGE GROUP	NUMBER (N)	PERCENT
Older adults (71+ years of age)	179	19.5
Adults (23–70 years of age)	209	22.8
Young adults (18–22 years of age)	224	24.3
Adolescents (15–17 years of age)	277	30.1
Young adolescents (12–14 years of age)	411	44.9
Children (9–11 years of age)	584	63.8
Children (6–8 years of age)	608	66.4
Preschool (3–5 years of age)	608	66.4
Toddlers (1–2 years of age)	218	23.9
Infants (0–12 months of age)	92	10.0
Other	7	0.8

Note: Respondents were asked to select all that apply.

FIGURE 8 – AGE GROUPS RECEIVING SERVICES

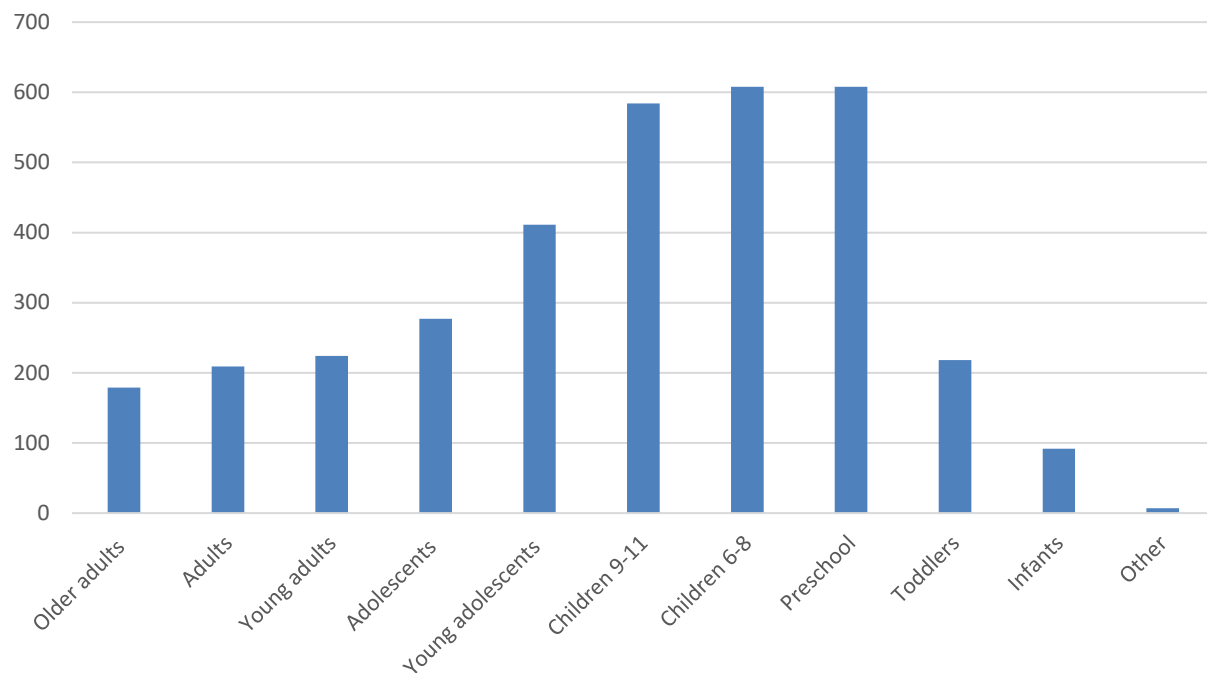


TABLE 9 – AREA OF SPECIALIZATION

AREA OF SPECIALIZATION	NUMBER (N)	PERCENT
Alaryngeal speech	14	1.5
Augmentative and alternative communication	316	34.6
Aural rehabilitation	17	1.9
Autism and related disorders	499	54.6
Cognitive linguistic disorders	264	28.9
Developmental disabilities	302	33.0
Developmental language disorder	529	57.8
Early intervention	334	36.5
Feeding and swallowing disorder	192	21.0
Fluency and fluency disorders	233	25.3
Gerontology	38	4.1
Hearing and hearing disorders	40	4.4
Neurophysiological/neurogenic disorders	119	13.0
Orofacial disorders	41	4.5
Phonological disorders	402	43.9
Speech sound disorders (articulation/phonology)	606	66.2
Voice and voice disorders	129	14.1
Other (Please specify)	52	5.7

Note: Respondents were asked to select all that apply.

FIGURE 9 – AREA OF SPECIALIZATION

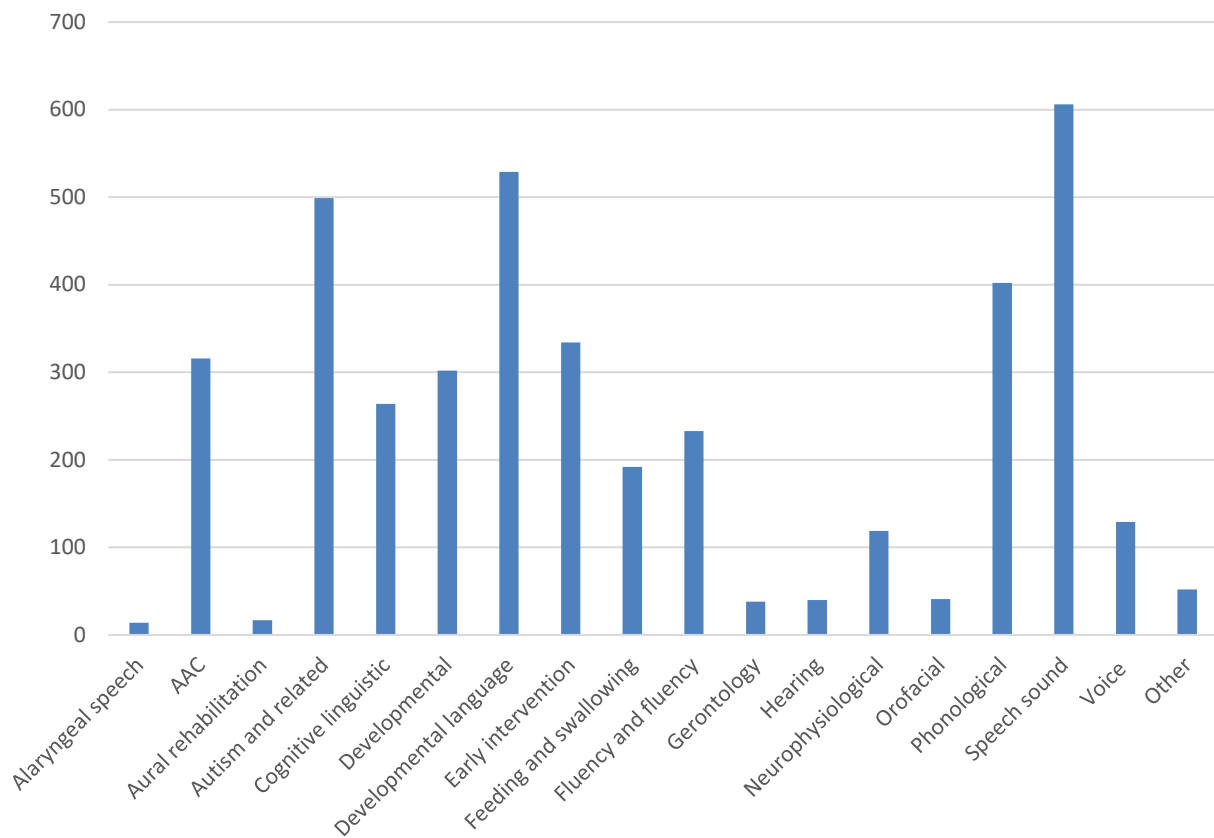


TABLE 10 – OTHER STATE-ISSUED LICENSES

STATE-ISSUED LICENSES	NUMBER (N)	PERCENT
None	831	90.7
Audiologist	1	0.1
Hearing Aid Dispenser	0	0
Occupational Therapist	0	0
Physical Therapist	0	0
Other (please specify)	22	2.4

Note: Respondents were asked to select all that apply.

TABLE 11 – OTHER CERTIFICATES/CREDENTIALS

CERTIFICATES/CREDENTIALS	NUMBER (N)	PERCENT
None	556	60.7
Administrative Services	6	0.7
Applied Behavior Analysis	8	0.9
Assistive Technology	32	3.5
Bilingual, Crosscultural, Language and Academic Development (BCLAD)	20	2.2
Crosscultural, Language and Academic Development (CLAD)	8	0.9
Resource Specialist	5	0.5
Special Education	33	3.6
Teaching	95	10.4
Other (please specify)	86	9.3

Note: Respondents were asked to select all that apply.

FIGURE 10 – OTHER CERTIFICATES/CREDENTIALS

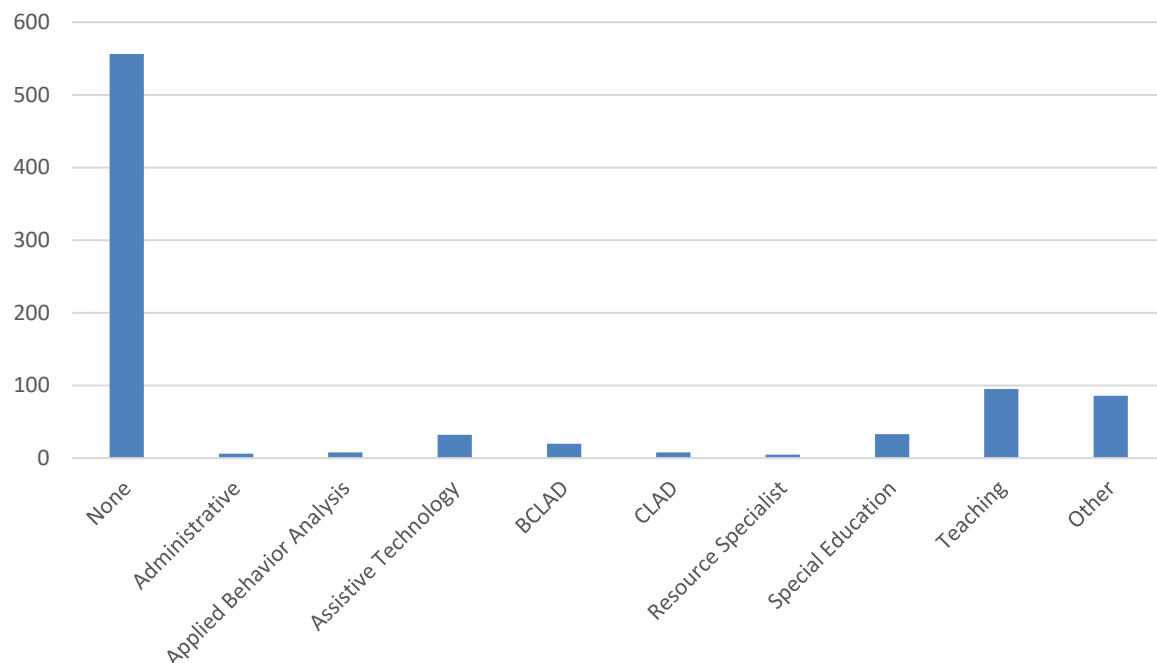


TABLE 12 – LOCATION OF PRIMARY WORK SETTING

LOCATION	NUMBER (N)	PERCENT
Urban (more than 50,000 people)	761	83.1
Rural (fewer than 50,000 people)	147	16.0
Missing	8	0.9
Total	916	100.0

FIGURE 11 – LOCATION OF PRIMARY WORK SETTING

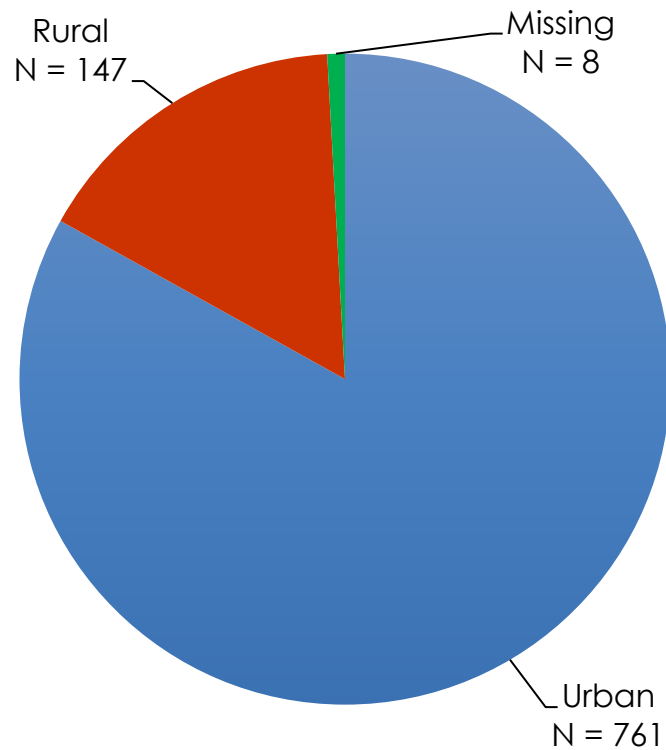




TABLE 13 – RESPONDENTS BY REGION

REGION NAME	NUMBER (N)	PERCENT
Los Angeles County and Vicinity	275	30.0
San Francisco Bay Area	160	17.5
San Diego County and Vicinity	97	10.6
San Joaquin Valley	94	10.3
Riverside and Vicinity	92	10.0
South/Central Coast	72	7.9
Sacramento Valley	58	6.3
Sierra Mountain Valley	29	3.2
North Coast	23	2.5
Shasta-Cascade	5	.5
Missing	11	1.2
Total	916	100.0

## CHAPTER 4 | DATA ANALYSIS AND RESULTS

### RELIABILITY OF RATINGS

OPES evaluated the task and knowledge ratings obtained from the questionnaire respondents with a standard index of reliability, coefficient alpha ( $\alpha$ ), which ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the tasks and knowledge statements. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 14 displays the reliability coefficients for the task rating scale in each content area. The overall ratings of task frequency and task importance within each content area showed moderate reliability. Table 15 displays the reliability coefficients for the knowledge statement rating scale in each content area. The overall ratings of knowledge importance across each content area were highly reliable. These results indicate that the responding speech-language pathologists rated the tasks and knowledge statements consistently throughout the questionnaire.

TABLE 14 – TASK SCALE RELIABILITY

CONTENT AREA	NUMBER OF TASKS	$\alpha$ FREQUENCY	$\alpha$ IMPORTANCE
1. General Competencies	15	.790	.783
2. Assessment	21	.848	.852
3. Diagnosis, Goal Setting, and Treatment Planning	6	.687	.664
4. Treatment Intervention and Procedures	13	.751	.804
5. Treatment Outcomes and Effectiveness	5	.869	.887
Total	60		

TABLE 15 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA	NUMBER OF KNOWLEDGE STATEMENTS	$\alpha$ IMPORTANCE
1. General Competencies	15	.908
2. Assessment	41	.935
3. Diagnosis, Goal Setting, and Treatment Planning	20	.919
4. Treatment Intervention and Procedures	23	.906
5. Treatment Outcomes and Effectiveness	5	.911
Total	104	

### TASK CRITICALITY INDICES

To calculate the criticality indices of the task statements, OPES test specialists used the following formula. For each respondent, OPES first multiplied the frequency rating (Fi) and the importance rating (Ii) for each task. Next, OPES averaged the multiplication products across respondents as shown below:

$$\text{Task criticality index} = \text{mean } [(F_i) \times (I_i)]$$

The tasks included in the survey are Appendix D, which includes their mean frequency and importance ratings and their associated criticality indices.

OPES test specialists convened a workshop of eight SMEs in September 2024. The purpose of this workshop was to identify the essential tasks and knowledge required for safe and competent speech-language pathologist practice at the time of licensure. The SMEs reviewed the mean frequency and importance ratings for each task and its criticality index to determine whether to establish a cutoff value below which tasks should be eliminated. Based on their review of the relative importance of tasks to speech-language pathologist practice, the SMEs determined that no cutoff value should be set and that all the tasks should be retained except for task 7 from Content Area 1 – General Competencies.

SMEs agreed to eliminate task 7 because ASHA requires 2 years of experience before allowing SLPs to supervise others. The eliminated task is highlighted in Appendix D.

## KNOWLEDGE IMPORTANCE RATINGS

To determine the importance of each knowledge statement, the mean importance (K Imp) rating for each knowledge statement was calculated. The knowledge statements included in the survey are presented in Appendix E, along with their mean importance ratings, sorted in descending order by content area.

The SMEs participating in the September 2024 workshop also reviewed the knowledge statement mean importance ratings. After reviewing the mean importance ratings and considering their relative importance to speech-language pathologist practice, the SMEs determined that no cutoff value should be set, and all the knowledge statements should be retained except for knowledge statements 10 and 11 from Content Area 1 – General Competencies. Knowledge statements 10 and 11 were eliminated because they were linked to the eliminated Task 7. The eliminated knowledge statements are highlighted in Appendix E.

## TASK-KNOWLEDGE LINKAGE

The SMEs who participated in the September 2024 workshop reviewed the preliminary assignments of the tasks and knowledge statements to content areas from the April 2024 workshop. They then confirmed the final linkage between tasks and knowledge statements.

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## CHAPTER 5 | DESCRIPTION OF PRACTICE

### CONTENT AREAS AND WEIGHTS

The SMEs in the September 2024 workshop were also asked to finalize the weights of the content areas that would form the California Speech-Language Pathologist Description of Practice. OPES test specialists presented the SMEs with preliminary weights of the content areas, which were calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks, as shown below.

$$\frac{\text{Sum of Criticality Indices for Tasks in Content Area}}{\text{Sum of Criticality Indices for All Tasks}} = \text{Percent Weight of Content Area}$$

The SMEs evaluated the preliminary content area weights in terms of how well they reflected the relative importance of each content area to entry-level speech-language pathologist practice in California. Through discussion, the SMEs determined that adjustments to the preliminary weights were necessary to reflect the relative importance of each area to speech-language pathologist practice more accurately. A summary of the preliminary and final content area weights is presented in Table 16.

TABLE 16 – CONTENT AREA WEIGHTS

CONTENT AREA	PERCENT PRELIMINARY WEIGHT	PERCENT FINAL WEIGHT
1. General Competencies	27	15
2. Assessment	32	25
3. Diagnosis, Goal Setting, and Treatment Planning	13	25
4. Treatment Intervention and Procedures	18	25
5. Treatment Outcomes and Effectiveness	10	10
Total	100	100

The SMEs reviewed the content areas and wrote descriptions for each content area. The content areas and associated weights were then finalized and provide the basis of the California Speech-Language Pathology Description of Practice. The final description of practice is presented in Table 17.

TABLE 17 – CALIFORNIA SPEECH-LANGUAGE PATHOLOGY DESCRIPTION OF PRACTICE

**Content Area 1: General Competencies (15%)**

This area assesses a candidate's knowledge of linguistic and cultural awareness, applicable regulations, and professional and ethical standards related to core areas of practice across clients, disorders, and treatment settings.

Tasks		Associated Knowledge Statements
T1.	Provide treatment plan to client that is consistent with professional and ethical standards.	K1. Knowledge of professional guidelines, standards, and ethics related to Speech-Language Pathologist practice.
T2.	Maintain client confidentiality and security of documentation in compliance with federal and state regulations.	K4. Knowledge of state and federal laws and regulations related to client rights and legal protections.
T3.	Maintain health and safety protocols for preventing disease transmission in compliance with state regulations.	K3. Knowledge of laws and regulations related to client and worker health and safety, including universal precautions.
T4.	Provide culturally and linguistically relevant services in assessment and treatment decisions.	K7. Knowledge of cultural and linguistic differences that affect assessment and treatment of diverse client populations, families, and caregivers.
T5.	Collaborate with other professionals to provide a treatment plan that is culturally and linguistically relevant.	K6. Knowledge of collaboration models used to develop relationships with clients, client families, caregivers, and other professionals. K7. Knowledge of cultural and linguistic differences that affect assessment and treatment of diverse client populations, families, and caregivers.



## Content Area 1: General Competencies (15%), continued

This area assesses a candidate's knowledge of linguistic and cultural awareness, applicable regulations, and professional and ethical standards related to core areas of practice across clients, disorders, and treatment settings.

Tasks		Associated Knowledge Statements
T6. Refer client to other professionals or agencies based on the Speech-Language Pathologist competency level and client needs.	K5.	Knowledge of procedures to use to advocate for specialized programs that support quality client care.
	K8.	Knowledge of different approaches to communicate information about client condition, care, and treatment to clients, the client families, caregivers, and other professionals.
	K15.	Knowledge of available resources for clients, client families, and caregivers to support quality client care.
T8. Communicate clinical information to the client, the client's family, and other professionals in compliance with regulatory guidelines.	K1.	Knowledge of professional guidelines, standards, and ethics related to Speech-Language Pathologist practice.
	K2.	Knowledge of state and federal regulations that impact Speech-Language Pathologist practice.
	K12.	Knowledge of professional standards of written communication for different clinical and educational purposes.
T9. Educate and train the client, the client's family, and other care providers in techniques and strategies that will support the client's treatment.	K6.	Knowledge of collaboration models used to develop relationships with clients, client families, caregivers, and other professionals.
	K9.	Knowledge of procedures for counseling and educating the clients, client families, caregivers, and other professionals about client care and treatment.
	K15.	Knowledge of available resources for clients, client families, and caregivers to support quality client care.

### Content Area 1: General Competencies (15%), continued

This area assesses a candidate's knowledge of linguistic and cultural awareness, applicable regulations, and professional and ethical standards related to core areas of practice across clients, disorders, and treatment settings.

Tasks		Associated Knowledge Statements
T10. Review diagnostic and treatment reports, treatment plans, and professional correspondence when developing client's treatment plan.	K1. Knowledge of professional guidelines, standards, and ethics related to Speech-Language Pathologist practice.	
	K14. Knowledge of methods for integrating research outcomes into evidence-based clinical and educational practice.	
T11. Document diagnostic and treatment reports, treatment plans, treatment activities, session logs, and professional correspondence consistent with professional standards.	K12. Knowledge of professional standards of written communication for different clinical and educational purposes.	
T12. Implement research and evidence-based practices to provide quality care to clients.	K13. Knowledge of procedures for applying research methodology and the scientific method to clinical and educational practice.	
	K14. Knowledge of methods for integrating research outcomes into evidence-based clinical and educational practice.	
T13. Provide in-service training to increase awareness of communication and swallowing disorders.	K8. Knowledge of different approaches to communicate information about client condition, care, and treatment to clients, the client families, caregivers, and other professionals.	

### Content Area 1: General Competencies (15%), continued

This area assesses a candidate's knowledge of linguistic and cultural awareness, applicable regulations, and professional and ethical standards related to core areas of practice across clients, disorders, and treatment settings.

Tasks		Associated Knowledge Statements
T14. Participate in community education to increase awareness of communication and swallowing disorders.	K4.	Knowledge of state and federal laws and regulations related to client rights and legal protections.
	K5.	Knowledge of procedures to use to advocate for specialized programs that support quality client care.
	K8.	Knowledge of different approaches to communicate information about client condition, care, and treatment to clients, the client families, caregivers, and other professionals.
	K15.	Knowledge of available resources for clients, client families, and caregivers to support quality client care.
T15. Follow guidelines for use of interpreters and translators for non-English speaking clients.	K1.	Knowledge of professional guidelines, standards, and ethics related to Speech-Language Pathologist practice.
	K7.	Knowledge of cultural and linguistic differences that affect assessment and treatment of diverse client populations, families, and caregivers.

## Content Area 2: Assessment (25%)

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks	Associated Knowledge Statements
T16. Identify individuals and groups at risk for communication and swallowing disorders based on work setting protocols.	K16. Knowledge of effects of cognitive, behavioral, and cultural and linguistic factors on communication, feeding, and swallowing behaviors. K25. Knowledge of the phonologic, morphologic, syntactic, semantic, and social-pragmatic aspects of typical human communication and their development. K26. Knowledge of neurodiversity and its impact on social-pragmatic communication development. K47. Knowledge of typical progression and development in the acquisition of English for learners who are non-native English speakers. K48. Knowledge of social, familial, cultural, and linguistic influences on communication.

## Content Area 2: Assessment (25%), continued

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks	Associated Knowledge Statements
T17. Screen for presence of communication and swallowing disorders based on federal and state regulations and work setting protocols.	K17. Knowledge of screening procedures for social-pragmatic communication disorders. K18. Knowledge of screening procedures for feeding and swallowing disorders. K19. Knowledge of screening procedures for hearing impairments. K20. Knowledge of screening procedures for speech and language disorders involving voice, resonance, and fluency. K21. Knowledge of screening procedures for cognitive-linguistic impairments. K22. Knowledge of screening procedures for language disorders. K23. Knowledge of screening procedures for articulation, phonology, and motor-speech disorders. K55. Knowledge of procedures for performing and interpreting client screenings and assessments using augmentative and alternative communication (AAC) and prosthetic communication devices.
T18. Identify indicators that prompt further assessment or referral.	K27. Knowledge of effects of communication and feeding and swallowing impairments on client behavior, emotional adjustment, health status, and client academic, vocational, and social success. K30. Knowledge of psychosocial impact of communication and feeding and swallowing disorders across the lifespan. K31. Knowledge of epidemiology of communication and feeding and swallowing disorders.

## Content Area 2: Assessment (25%), continued

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks	Associated Knowledge Statements
T19. Assess client history to identify potential causal factors and correlates related to client communication and swallowing status.	K28. Knowledge of methods and procedures for obtaining client case history and performing client assessment. K32. Knowledge of effects of neurotoxins and drugs on communication, feeding, and swallowing. K49. Knowledge of procedures for basic interpretation of audiograms.
T20. Document observed client behaviors and emotions that impact assessment.	K17. Knowledge of screening procedures for social-pragmatic communication disorders. K45. Knowledge of strategies for managing challenging client behaviors during assessment. K46. Knowledge of strategies for engaging clients and client families in the assessment process. K48. Knowledge of social, familial, cultural, and linguistic influences on communication.
T21. Select assessment instruments, procedures, settings, and materials based on client needs including cultural and linguistic factors.	K33. Knowledge of standardized methods and procedures for conducting objective assessments.

## Content Area 2: Assessment (25%), continued

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks		Associated Knowledge Statements
T22. Assess client in all areas of suspected disorder or impairment including voice, resonance, swallowing, fluency, articulation, phonology, morphology, syntax, semantics, pragmatics, and cognitive-communication, and communication modalities.	K33.	Knowledge of standardized methods and procedures for conducting objective assessments.
T23. Assess client's communication in the area of fluency.	K54.	Knowledge of procedures for assessing fluency including types of dysfluency, concomitant behaviors, and cognitive-affective and social-emotional factors.
T24. Assess client's communication in the areas of articulation and intelligibility.	K34.	Knowledge of procedures for assessing speech sound production including perceptual characteristics, oral and physiological structure, motor planning, and execution.
T25. Assess client's language including phonology, morphology, syntax, semantics, and social-pragmatics.	K25. K26. K38.	Knowledge of the phonologic, morphologic, syntactic, semantic, and social-pragmatic aspects of typical human communication and their development. Knowledge of neurodiversity and its impact on social-pragmatic communication development. Knowledge of procedures for assessing language and communication including phonology, morphology, syntax, semantics, social-pragmatics, and oral language aspects of literacy and prelinguistic communication.

## Content Area 2: Assessment (25%), continued

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks		Associated Knowledge Statements
T26. Assess client's cognitive-linguistic functioning.	K39.	Knowledge of procedures for assessing cognition including attention, memory retention, memory retrieval, sequencing, problem solving, thought organization, and executive functioning.
T27. Assess client's feeding and swallowing.	K27.	Knowledge of effects of communication and feeding and swallowing impairments on client behavior, emotional adjustment, health status, and client academic, vocational, and social success.
	K29.	Knowledge of effects of medical conditions, procedures, and treatments on communication, feeding and swallowing.
	K32.	Knowledge of effects of neurotoxins and drugs on communication, feeding, and swallowing.
	K40.	Knowledge of procedures for identifying structural, physiological, sensory, or behavior-based oropharyngeal and esophageal deficits and their effects on client feeding and swallowing.
	K43.	Knowledge of procedures for assessing orofacial myofunctional disorders.
	K50.	Knowledge of principles of assessing adequacy of anatomical and physiological structures using imaging.
	K51.	Knowledge of principles of assessing adequacy of anatomical and physiological structures using aerodynamic analysis.
	K52.	Knowledge of principles of assessing adequacy of anatomical and physiological structures by applying acoustic measures, tactile cues, and electromyography (EMG).
	K53.	Knowledge of principles of calibration and operation of instrumentation.



## Content Area 2: Assessment (25%), continued

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks	Associated Knowledge Statements
T28. Assess client's communication in the areas of motor speech and intelligibility.	K24. Knowledge of the characteristics of speech, including acoustics, aerodynamics, and articulatory movements. K34. Knowledge of procedures for assessing speech sound production including perceptual characteristics, oral and physiological structure, motor planning, and execution.
T29. Assess client's communication skills as they relate to aural rehabilitation.	K41. Knowledge of procedures for assessing language processing. K49. Knowledge of procedures for basic interpretation of audiograms. K53. Knowledge of principles of calibration and operation of instrumentation.
T30. Assess client's options for alaryngeal communication.	K37. Knowledge of procedures for assessing alaryngeal speech.
T31. Assess impact of client communication impairment on academic, social, and vocational functioning based on federal and state eligibility criteria.	K27. Knowledge of effects of communication and feeding and swallowing impairments on client behavior, emotional adjustment, health status, and client academic, vocational, and social success. K44. Knowledge of procedures for performing school assessments in compliance with California Education Code.

## Content Area 2: Assessment (25%), continued

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks	Associated Knowledge Statements
T32. Assess client readiness for prosthetic management as related to functional communication.	K24. Knowledge of the characteristics of speech, including acoustics, aerodynamics, and articulatory movements. K35. Knowledge of procedures for assessing resonance including oral, nasal, and velopharyngeal structures and functions. K36. Knowledge of procedures for assessing voice including respiratory, supralaryngeal, laryngeal, and pharyngeal structure and functions. K55. Knowledge of procedures for performing and interpreting client screenings and assessments using augmentative and alternative communication (AAC) and prosthetic communication devices.
T33. Assess client readiness for augmentative and alternative communication (AAC) for functional communication.	K42. Knowledge of procedures for assessing client ability to use and benefit from augmentative and alternative communication (AAC). K55. Knowledge of procedures for performing and interpreting client screenings and assessments using augmentative and alternative communication (AAC) and prosthetic communication devices.
T34. Perform instrumental assessment of supralaryngeal, laryngeal, and pharyngeal subsystems to further assess swallowing function and severity of dysphagia.	K36. Knowledge of procedures for assessing voice including respiratory, supralaryngeal, laryngeal, and pharyngeal structure and functions. K40. Knowledge of procedures for identifying structural, physiological, sensory, or behavior-based oropharyngeal and esophageal deficits and their effects on client feeding and swallowing. K50. Knowledge of principles of assessing adequacy of anatomical and physiological structures using imaging.

## Content Area 2: Assessment (25%), continued

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks	Associated Knowledge Statements
T35. Consider client English language proficiency level when determining the need for bilingual assessment of English language learners.	K47. Knowledge of typical progression and development in the acquisition of English for learners who are non-native English speakers.
T36. Provide assessment results to the client, the client's family, other professionals, and referral sources to facilitate service transition.	K48. Knowledge of social, familial, cultural, and linguistic influences on communication. K56. Knowledge of potential impacts of client communication impairment on client-family or -caregiver relationships.

### Content Area 3: Diagnosis, Goal Setting, and Treatment Planning (25%)

This area assesses a candidate's knowledge of interpreting and analyzing assessment information for accurate diagnosis and of developing treatment plans and interventions.

Tasks	Associated Knowledge Statements	
T37. Analyze assessment results to identify and prioritize treatment of communication or swallowing disorders.	K64.	Knowledge of effects of oral, pharyngeal, and laryngeal anomalies on communication, feeding, and swallowing.
	K66.	Knowledge of effects of neurological disorder and dysfunction on communication, feeding, and swallowing.
	K71.	Knowledge of components of diagnostic assessment reports that provide comprehensive description of client communication, feeding, and swallowing.
	K72.	Knowledge of procedures for determining eligibility, initiating treatment, and prioritizing treatment targets.
	K74.	Knowledge of procedures for differential diagnosis.

### Content Area 3: Diagnosis, Goal Setting, and Treatment Planning (25%), continued

This area assesses a candidate's knowledge of interpreting and analyzing assessment information for accurate diagnosis and of developing treatment plans and interventions.

Tasks	Associated Knowledge Statements
T38. Analyze assessment results to identify accommodations or modifications that may be required in client environment.	K57. Knowledge of effects of genetic disorders on communication, feeding, and swallowing.
	K58. Knowledge of effects of neonatal risk factors on communication, feeding, and swallowing.
	K61. Knowledge of procedures for identifying and adapting to the demands of client linguistic abilities, cognitive abilities, and social environments to improve communication.
	K62. Knowledge of effects of developmental disabilities on communication, feeding, and swallowing.
	K63. Knowledge of effects of auditory deficits on client communication and on client academic, social, and vocational skills.
	K64. Knowledge of effects of oral, pharyngeal, and laryngeal anomalies on communication, feeding, and swallowing.
	K65. Knowledge of effects of respiratory compromise on communication, feeding, and swallowing.
	K66. Knowledge of effects of neurological disorder and dysfunction on communication, feeding, and swallowing.
	K67. Knowledge of effects of psychiatric disorders on communication, feeding, and swallowing.
	K68. Knowledge of effects of gastrointestinal disorders on communication, feeding, and swallowing.
K75.	Knowledge of effects of sensory processing and behavioral disorders on communication, feeding, and swallowing.

### Content Area 3: Diagnosis, Goal Setting, and Treatment Planning (25%), continued

This area assesses a candidate's knowledge of interpreting and analyzing assessment information for accurate diagnosis and of developing treatment plans and interventions.

Tasks	Associated Knowledge Statements
T39. Document assessment results to develop comprehensive description of client communication strengths and weaknesses.	<p>K60. Knowledge of professional standards for documenting assessment results and treatment recommendations.</p> <p>K71. Knowledge of components of diagnostic assessment reports that provide comprehensive description of client communication, feeding, and swallowing.</p>
T40. Develop evidence-based treatment plans that includes goals, objectives, and interventions based on client needs.	<p>K60. Knowledge of professional standards for documenting assessment results and treatment recommendations.</p> <p>K61. Knowledge of procedures for identifying and adapting to the demands of client linguistic abilities, cognitive abilities, and social environments to improve communication.</p> <p>K69. Knowledge of procedures for developing and defining treatment goals, service delivery options, treatment supports, and resources.</p> <p>K73. Knowledge of procedures for determining optimal treatment settings based on assessment results.</p>
T41. Determine specific augmentative and alternative communication systems and treatment plans.	<p>K59. Knowledge of interventions and procedures for using aided and unaided augmentative and alternative communication (AAC) applications in diagnosis and treatment.</p> <p>K72. Knowledge of procedures for determining eligibility, initiating treatment, and prioritizing treatment targets.</p>

### Content Area 3: Diagnosis, Goal Setting, and Treatment Planning (25%), continued

This area assesses a candidate's knowledge of interpreting and analyzing assessment information for accurate diagnosis and of developing treatment plans and interventions.

Tasks	Associated Knowledge Statements
T42. Collaborate with clients, client families, caregivers, other professionals, and referral sources to gain consensus on the treatment plan based on assessment results and treatment plan.	<p>K70. Knowledge of procedures for gaining consensus and support with clients and client families regarding options for the treatment plans.</p> <p>K76. Knowledge of procedures for addressing family and caregiver factors that impact client care and treatment.</p>

#### Content Area 4: Treatment Intervention and Procedures (25%)

This area assesses a candidate's knowledge of delivering culturally relevant treatment interventions and procedures based on assessment and diagnostic information that are measurable, objective, and consistent with the client's readiness and ability to engage in treatment.

Tasks		Associated Knowledge Statements
T43. Provide treatment interventions to improve client articulation and phonological skills.	K77.	Knowledge of interventions for treating speech sound disorders including perceptual characteristics, physiological structure, and function.
	K88.	Knowledge of the phonemic repertoire of the English language and its grammatical structure and other aspects of speech and language sufficient to discriminate and produce acoustically correct models for client.
T44. Provide treatment interventions to improve client voice and resonance given medical clearance.	K79.	Knowledge of interventions for treating resonance disorders including those related to oral, nasal, and velopharyngeal structures and functions.
	K80.	Knowledge of interventions for treating voice disorders including those related to respiratory, supralaryngeal, and laryngeal structures and functions.
T45. Provide treatment interventions to improve client fluency.	K97.	Knowledge of interventions for treating fluency disorders, including types of dysfluency, concomitant behaviors, and cognitive-affective and social-emotional factors.
T46. Provide treatment interventions to improve client language morphology, syntax, semantics, pragmatics, and communication modalities.	K82.	Knowledge of interventions for treating language and communication disorders in the areas of phonology, morphology, syntax, semantics, social-pragmatics, and oral language as they apply to literacy and prelinguistic communication.



#### Content Area 4: Treatment Intervention and Procedures (25%), continued

This area assesses a candidate's knowledge of delivering culturally relevant treatment interventions and procedures based on assessment and diagnostic information that are measurable, objective, and consistent with the client's readiness and ability to engage in treatment.

Tasks	Associated Knowledge Statements
T47. Provide treatment interventions to improve client cognitive-communication skills.	<p>K78. Knowledge of interventions for treating neurogenic speech disorders.</p> <p>K83. Knowledge of interventions for treating cognition in the areas of attention, memory retention, memory retrieval, sequencing, problem solving, thought organization, and executive functioning.</p>
T48. Provide treatment interventions to improve client feeding and swallowing.	<p>K84. Knowledge of interventions for treating feeding and swallowing disorders including those related to oral, pharyngeal, laryngeal, and esophageal structures and functions.</p> <p>K85. Knowledge of interventions for treating feeding and swallowing disorders including those related to nutritional and hydration status, sensory issues, and behavior.</p> <p>K87. Knowledge of interventions for treating orofacial myofunctional disorders.</p>
T49. Provide treatment interventions to improve client communication skills related to aural rehabilitation.	<p>K98. Knowledge of interventions and procedures for treating communication impairments in the area of language processing.</p> <p>K99. Knowledge of interventions, procedures, and equipment for aural rehabilitation related to hearing loss.</p>

#### Content Area 4: Treatment Intervention and Procedures (25%), continued

This area assesses a candidate's knowledge of delivering culturally relevant treatment interventions and procedures based on assessment and diagnostic information that are measurable, objective, and consistent with the client's readiness and ability to engage in treatment.

Tasks	Associated Knowledge Statements
T50. Provide treatment interventions that consider client age, primary language background, cognitive and physical abilities, emotional and behavioral status, and culture.	<p>K92. Knowledge of interventions for adapting to the demands of client linguistic, cognitive, and social environments to improve client communication.</p> <p>K93. Knowledge of instructional accommodations and modifications for improving client learning environment.</p> <p>K94. Knowledge of strategies for maintaining client engagement in treatment programs.</p> <p>K95. Knowledge of strategies for managing challenging client behavior.</p>
T51. Provide treatment interventions and strategies that support communication between clients and communication partners.	<p>K86. Knowledge of interventions for treating neurodiverse clients diagnosed with communication disorders.</p> <p>K94. Knowledge of strategies for maintaining client engagement in treatment programs.</p> <p>K95. Knowledge of strategies for managing challenging client behavior.</p> <p>K96. Knowledge of strategies for facilitating and managing group therapy sessions.</p>
T52. Provide training to family and caregivers to support client treatment.	<p>K91. Knowledge of procedures for training family, caregivers, and support personnel in the programming and use of clients augmentative and alternative communication (AAC) device.</p> <p>K94. Knowledge of strategies for maintaining client engagement in treatment programs.</p>

#### Content Area 4: Treatment Intervention and Procedures (25%), continued

This area assesses a candidate's knowledge of delivering culturally relevant treatment interventions and procedures based on assessment and diagnostic information that are measurable, objective, and consistent with the client's readiness and ability to engage in treatment.

Tasks		Associated Knowledge Statements	
T53.	Produce acoustically correct models for targeted phonemes, grammatical features, and other aspects of speech and language as identified in treatment plans.	K77.	Knowledge of interventions for treating speech sound disorders including perceptual characteristics, physiological structure, and function.
		K88.	Knowledge of the phonemic repertoire of the English language and its grammatical structure and other aspects of speech and language sufficient to discriminate and produce acoustically correct models for client.
T54.	Provide treatment for alaryngeal speech using instrumental and non-instrumental interventions.	K81.	Knowledge of interventions for treating communication disorders involving alaryngeal speech.
T55.	Implement augmentative and alternative communication (AAC) interventions that meet client immediate and ongoing treatment needs.	K89.	Knowledge of interventions using aided and unaided augmentative and alternative communication (AAC) applications in treatment.
		K90.	Knowledge of procedures for selecting augmentative and alternative communication (AAC) applications that meet client treatment needs.
		K91.	Knowledge of procedures for training family, caregivers, and support personnel in the programming and use of clients augmentative and alternative communication (AAC) device.

### Content Area 5: Treatment Outcomes and Effectiveness (10%)

This area assesses a candidate's knowledge of interpreting data to determine client progress and treatment efficacy in relation to goals and of modifying treatment plans as appropriate.

Tasks	Associated Knowledge Statements
T56. Establish methods for monitoring treatment progress and outcomes to evaluate treatment plan efficacy.	<p>K100. Knowledge of data collection and analysis methodologies for assessing status, evaluating progress, and modifying treatment plans.</p> <p>K102. Knowledge of procedures for evaluating the effectiveness of specific treatment strategies.</p>
T57. Collect treatment outcome data to measure client functional gains and efficacy of targeted environmental modifications.	<p>K100. Knowledge of data collection and analysis methodologies for assessing status, evaluating progress, and modifying treatment plans.</p> <p>K102. Knowledge of procedures for evaluating the effectiveness of specific treatment strategies.</p>
T58. Use data to modify client treatment plans and to determine client readiness for dismissal or discharge from treatment.	K103. Knowledge of components of progress reports and discharge summaries to provide post-treatment status and recommendations for follow-up.
T59. Write progress reports or discharge summaries to document client progress and level of functioning related to focus of treatment.	<p>K100. Knowledge of data collection and analysis methodologies for assessing status, evaluating progress, and modifying treatment plans.</p> <p>K104. Knowledge of professional standards for written communication regarding client progress reports and discharge summaries.</p>

### **Content Area 5: Treatment Outcomes and Effectiveness (10%), continued**

This area assesses a candidate's knowledge of interpreting data to determine client progress and treatment efficacy in relation to goals and of modifying treatment plans as appropriate.

Tasks	Associated Knowledge Statements
T60. Provide recommendations to client at completion of treatment.	K101. Knowledge of the defined guidelines for discharge from treatment. K103. Knowledge of components of progress reports and discharge summaries to provide post-treatment status and recommendations for follow-up. K104. Knowledge of professional standards for written communication regarding client progress reports and discharge summaries.

## CHAPTER 6 | CONCLUSION

The OA of the speech-language pathologist profession described in this report provides a comprehensive description of current speech-language pathologist practice in California. The procedures employed to perform the OA were based on a content validation strategy to ensure that the results accurately represent speech-language pathologist practice. Results of this OA provide information regarding current practice that can be used to review the Praxis Speech-Language Pathology Test developed by ETS.

Use of the California Speech-Language Pathology Description of Practice contained in this report ensures that the Board is compliant with BPC § 139.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

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## APPENDIX A | QUESTIONNAIRE





## Message from the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

**SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD**  
1601 Response Road, Suite 260, Sacramento, CA 95815  
P (916) 287-7915 | [www.speechandhearing.ca.gov](http://www.speechandhearing.ca.gov)



06/20/2024

Dear Licensed Speech-Language Pathologist:

Thank you for opening this online survey. You have been selected to participate in an occupational analysis of the speech-language pathologist profession by the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers (Board).

The Board is collecting information about the tasks currently performed by speech-language pathologists in California, the importance of the tasks, and the knowledge needed to perform the tasks safely and effectively. We will use this information to ensure that the national speech-language pathologist examinations reflect current practice in California. We worked with different groups of speech-language pathologists to develop a survey to capture this information.

The survey should take about one hour to complete. For your convenience, you do not have to complete the survey in a single session. You can resume where you stopped as long as you reopen the survey from the same computer and use the same web browser. Before you exit, complete the page that you are on. The program will save responses only on completed pages.

Your responses will be kept confidential. They will not be tied to your license or personal information. Individual responses will be combined with responses from other speech-language pathologists, and only group data will be analyzed.

The weblink is available 24 hours a day, 7 days a week. Please submit your completed survey by September 13, 2024. If you have questions or need assistance with the survey, please contact Maria Avalos with the Office of Professional Examination Services at [Maria.Avalos@dca.ca.gov](mailto:Maria.Avalos@dca.ca.gov).

We value your contributions and appreciate your dedication to the speech-language pathologist profession in California. You will be credited two hours of continuing education upon completion of the survey.

Sincerely,

Paul Sanchez  
Executive Officer



## Part I - Personal Data

**Complete this survey only if you are currently licensed and have worked as a speech-language pathologist in California within the last 12 months.**

**The Board recognizes that every licensed speech-language pathologist may not perform all of the tasks or use all of the knowledge contained in this survey. However, your participation is essential to the success of this study.**

**The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code section 1798 et seq.) and will be used only for the purpose of analyzing the data from this survey.**

**\* 1. Do you currently work as a licensed speech-language pathologist in California?**

- ☐ Yes  
☐ No



## Part I - Personal Data

2. How many years have you been licensed as a speech-language pathologist in California?

- ☐ 0-5
- ☐ 6-10
- ☐ 11-20
- ☐ 21-29
- ☐ 30 or more

3. How many hours a week do you work as a speech-language pathologist?

- ☐ 10 or fewer
- ☐ 11-20
- ☐ 21-30
- ☐ 31-40
- ☐ 41 or more

4. What is your highest level of education?

- ☐ Master's in speech-language pathology or communication
- ☐ Doctorate in speech-language pathology or communication
- ☐ Other formal education (please specify)

5. How would you classify the majority of your responsibilities as a licensed speech-language pathologist?

- ☐ Clinical services provider
- ☐ College / university professor / instructor
- ☐ Consultant
- ☐ Director / Chair of an education program
- ☐ Director / Supervisor of a clinical program
- ☐ School-based service provider
- ☐ Supervisor of clinicians
- ☐ CEU provider
- ☐ Other (Please specify)

6. Which of the following services is your primary activity?

- ☐ Client IEP (IDT meetings)
- ☐ Client documentation / reports
- ☐ Family and caregiver contact / counseling
- ☐ Direct client care (screening, assessment, treatment)
- ☐ Treatment planning / preparation
- ☐ Collaboration / consultation (professional staff, teachers)
- ☐ Supervision (SLP-associated medical staff, support staff)
- ☐ Research / grant writing
- ☐ Teaching / training (staff, students, parents)
- ☐ Case management (intake, referrals, follow-up)
- ☐ Pre-referral interventions
- ☐ Administrative (scheduling, staffing, HR, meetings)
- ☐ Professional development

7. Which of the following services is your secondary activity?

- ☐ Client IEP (IDT meetings)
- ☐ Client documentation / reports
- ☐ Family and caregiver contact / counseling
- ☐ Direct client care (screening, assessment, treatment)
- ☐ Treatment planning / preparation
- ☐ Collaboration / consultation (professional staff, teachers)
- ☐ Supervision (SLP-associated medical staff, support staff)
- ☐ Research / grant writing
- ☐ Teaching / training (staff, students, parents)
- ☐ Case management (intake, referrals, follow-up)
- ☐ Prereferral interventions
- ☐ Administrative (scheduling, staffing, HR, meetings)
- ☐ Professional development

8. In which of the following settings do you currently provide services? (Check all that apply.)

- ☐ Correctional facility
- ☐ Public school
- ☐ Group home / sheltered workshop
- ☐ Regional Center
- ☐ Home health / assisted living
- ☐ Skilled nursing / acute rehab / long-term care / subacute care
- ☐ Hospital
- ☐ Speech and language clinic
- ☐ Nonpublic school (NPS)
- ☐ University / university clinic
- ☐ Preschool / day care
- ☐ Web-based treatment / telemedicine
- ☐ Private practice
- ☐ Other (please specify)

9. What age groups do you currently serve? (Check all that apply.)

- ☐ Older adults (71+ years of age)
- ☐ Adults (23-70 years of age)
- ☐ Young adults (18-22 years of age)
- ☐ Adolescents (15-17 years of age)
- ☐ Young adolescents (12-14 years of age)
- ☐ Children (9-11 years of age)
- ☐ Children (6-8 years of age)
- ☐ Preschool (3-5 years of age)
- ☐ Toddlers (1-2 years of age)
- ☐ Infants (0-12 months of age)
- ☐ Other (please specify)

10. What are your area(s) of specialization? (Check all that apply.)

- ☐ Alaryngeal speech
- ☐ Alternative and augmentative communication
- ☐ Aural rehabilitation
- ☐ Autism and related disorders
- ☐ Cognitive linguistic disorders
- ☐ Developmental disabilities
- ☐ Developmental language disorder
- ☐ Early intervention
- ☐ Feeding and swallowing disorders
- ☐ Fluency and fluency disorders
- ☐ Gerontology
- ☐ Hearing and hearing disorders
- ☐ Neurophysiological / neurogenic disorders
- ☐ Orofacial disorders
- ☐ Phonological disorders
- ☐ Speech sound disorders (articulation / phonology)
- ☐ Voice and voice disorders
- ☐ Other (please specify)

11. What other state-issued licenses do you hold? (Check all that apply.)

- ☐ None
- ☐ Audiologist
- ☐ Hearing Aid Dispenser
- ☐ Occupational Therapist
- ☐ Physical Therapist
- ☐ Other (please specify)

12. What other certificates / credentials do you hold? (Check all that apply.)

- ☐ None
- ☐ Administrative Services
- ☐ Applied Behavior Analysis
- ☐ Assistive Technology
- ☐ Bilingual, Crosscultural, Language and Academic Development (BCLAD)
- ☐ Crosscultural, Language and Academic Development (CLAD)
- ☐ Resource Specialist
- ☐ Special Education
- ☐ Teaching
- ☐ Other (please specify)

13. What is the location of your primary work setting?

- ☐ Urban (more than 50,000 people)
- ☐ Rural (fewer than 50,000 people)

## Part I - Personal Data

14. In what California county do you perform the majority of your work as a speech-language pathologist?

- |                                    |                                       |                                     |
|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="radio"/> Alameda      | <input type="radio"/> Marin           | <input type="radio"/> San Mateo     |
| <input type="radio"/> Alpine       | <input type="radio"/> Mariposa        | <input type="radio"/> Santa Barbara |
| <input type="radio"/> Amador       | <input type="radio"/> Mendocino       | <input type="radio"/> Santa Clara   |
| <input type="radio"/> Butte        | <input type="radio"/> Merced          | <input type="radio"/> Santa Cruz    |
| <input type="radio"/> Calaveras    | <input type="radio"/> Modoc           | <input type="radio"/> Shasta        |
| <input type="radio"/> Colusa       | <input type="radio"/> Mono            | <input type="radio"/> Sierra        |
| <input type="radio"/> Contra Costa | <input type="radio"/> Monterey        | <input type="radio"/> Siskiyou      |
| <input type="radio"/> Del Norte    | <input type="radio"/> Napa            | <input type="radio"/> Solano        |
| <input type="radio"/> El Dorado    | <input type="radio"/> Nevada          | <input type="radio"/> Sonoma        |
| <input type="radio"/> Fresno       | <input type="radio"/> Orange          | <input type="radio"/> Stanislaus    |
| <input type="radio"/> Glenn        | <input type="radio"/> Placer          | <input type="radio"/> Sutter        |
| <input type="radio"/> Humboldt     | <input type="radio"/> Plumas          | <input type="radio"/> Tehama        |
| <input type="radio"/> Imperial     | <input type="radio"/> Riverside       | <input type="radio"/> Trinity       |
| <input type="radio"/> Inyo         | <input type="radio"/> Sacramento      | <input type="radio"/> Tulare        |
| <input type="radio"/> Kern         | <input type="radio"/> San Benito      | <input type="radio"/> Tuolumne      |
| <input type="radio"/> Kings        | <input type="radio"/> San Bernardino  | <input type="radio"/> Ventura       |
| <input type="radio"/> Lake         | <input type="radio"/> San Diego       | <input type="radio"/> Yolo          |
| <input type="radio"/> Lassen       | <input type="radio"/> San Francisco   | <input type="radio"/> Yuba          |
| <input type="radio"/> Los Angeles  | <input type="radio"/> San Joaquin     |                                     |
| <input type="radio"/> Madera       | <input type="radio"/> San Luis Obispo |                                     |



## Part II - Task Ratings

### INSTRUCTIONS FOR RATING TASKS

This part of the survey lists 60 tasks. Please rate each task as it relates to your current job as a speech-language pathologist.

Rate the tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance). The boxes for rating the Frequency and Importance of each task have drop-down lists. Click on the "down" arrow in each box to see the rating options, and then select the value that applies to your current job. Your Frequency and Importance ratings should be separate and independent. The ratings that you assign using one rating scale should not influence the ratings that you assign using the other rating scale.

If the task is NOT part of your current job, rate the task "0" (zero) Frequency and "0" (zero) Importance. Use the following Frequency and Importance rating scales to rate each task statement.

#### FREQUENCY SCALE

HOW OFTEN do you perform these tasks in your current job? Make your ratings relative to all other tasks you have performed over the past year.

0 - DOES NOT APPLY TO MY CURRENT JOB. I do not perform this task in my current job.

1 - RARELY. I perform this task least often in my current job relative to other tasks I perform in my current job.

2 - SELDOM. I perform this task less often than most other tasks I perform in my current job.

3 - REGULARLY. I perform this task as often as other tasks I perform in my current job.

4 - OFTEN. I perform this task more often than most other tasks I perform in my current job.

5 - VERY OFTEN. I perform this task most often in my current job relative to other tasks I perform.

#### IMPORTANCE RATING SCALE

HOW IMPORTANT are these tasks in the effective performance of your current job?

0 - NOT IMPORTANT; DOES NOT APPLY TO MY CURRENT JOB. I do not perform this task in my current job.

1 - OF MINOR IMPORTANCE. This task is of minor importance for effective performance in my current job.

2 - FAIRLY IMPORTANT. This task is fairly important for effective performance in my current job.

3 - MODERATELY IMPORTANT. This task is moderately important for effective

performance in my current job.

**4 - VERY IMPORTANT.** This task is very important for effective performance in my current job.

**5 - CRITICALLY IMPORTANT.** This task is extremely

## Part II - Task Ratings

### Content Area 1: General Competencies

15. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
1 Provide treatment plan to client that is consistent with professional and ethical standards.	<input type="text"/>	<input type="text"/>
2 Maintain client confidentiality and security of documentation in compliance with federal and state regulations.	<input type="text"/>	<input type="text"/>
3 Maintain health and safety protocols for preventing disease transmission in compliance with state regulations.	<input type="text"/>	<input type="text"/>
4 Provide culturally and linguistically relevant services into assessment and treatment decisions.	<input type="text"/>	<input type="text"/>
5 Collaborate with other professionals to provide a treatment plan that is culturally and linguistically relevant.	<input type="text"/>	<input type="text"/>
6 Refer client to other		

professionals or agencies based on the Speech-Language Pathologist competency level and client needs.

7 Supervise Clinical Fellows, Required Professional Experience temporary license holders, Speech-Language Pathology Assistants, or interns who are acquiring a speech-language pathology services credentials according to professional and ethical standards.

8 Communicate clinical information to the client, the client's family, and other professionals in compliance with regulatory guidelines.

9 Educate and train the client, the client's family, and other care providers in techniques and strategies that will support the client's treatment.

10 Review diagnostic and treatment reports, treatment plans, and professional correspondence when developing client's

treatment plan.

11 Document diagnostic and treatment reports, treatment plans, treatment activities, session logs, and professional correspondence consistent with professional standards.

12 Implement research and evidence-based practices to provide quality care to clients.

13 Provide in-service training to increase awareness of communication and swallowing disorders.

14 Participate in community education to increase awareness of communication and swallowing disorders.

15 Follow guidelines for use of interpreters and translators for non-English speaking clients.

## Part II - Task Ratings

### Content Area 2: Assessment

16. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
16 Identify individuals and groups at risk for communication and swallowing disorders based on work setting protocols.	<input type="text"/>	<input type="text"/>
17 Screen for presence of communication and swallowing disorders based on federal and state regulations and work setting protocols.	<input type="text"/>	<input type="text"/>
18 Identify indicators that prompt further assessment or referral.	<input type="text"/>	<input type="text"/>
19 Assess client history to identify potential causal factors and correlates related to client communication and swallowing status.	<input type="text"/>	<input type="text"/>
20 Document observed client behaviors and emotions that impact assessment.	<input type="text"/>	<input type="text"/>
21 Select assessment instruments, procedures,		

settings, and materials based on client needs including cultural and linguistic factors.

22 Assess client in all areas of suspected disorder or impairment including voice, resonance, swallowing, fluency, articulation, phonology, morphology, syntax, semantics, pragmatics, cognitive-communication, and communication modalities.

23 Assess client's communication in the area of fluency.

24 Assess client's communication in the areas of articulation and intelligibility.

25 Assess client's language including phonology, morphology, syntax, semantics, and social-pragmatics.

26 Assess client's cognitive-linguistic functioning.

27 Assess client's feeding and swallowing.

28 Assess client's communication in the areas of

motor speech and intelligibility.	<input type="text"/>	<input type="text"/>
29 Assess client's communication skills as they relate to aural rehabilitation.		
	<input type="text"/>	<input type="text"/>
30 Assess client's options for alaryngeal communication.		
	<input type="text"/>	<input type="text"/>
31 Assess impact of client communication impairment on academic, social, and vocational functioning based on federal and state eligibility criteria.		
	<input type="text"/>	<input type="text"/>
32 Assess client readiness for prosthetic management as related to functional communication.		
	<input type="text"/>	<input type="text"/>
33 Assess client readiness for alternative and augmentative communication (AAC) for functional communication.		
	<input type="text"/>	<input type="text"/>
34 Perform instrumental assessment of supralaryngeal, laryngeal, and pharyngeal subsystems to further assess swallowing function and severity of dysphagia.		
	<input type="text"/>	<input type="text"/>
35 Consider client English language proficiency level when determining the need for		
	<input type="text"/>	<input type="text"/>



bilingual  
assessment of  
English  
language  
learners.

36 Provide  
assessment  
results to the  
client, the  
client's family,  
other  
professionals,  
and referral  
sources to  
facilitate  
service  
transition.

## Part II - Task Ratings

### Content Area 3: Diagnosis, Goal Setting, and Treatment Planning

17. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
37 Analyze assessment results to identify and prioritize treatment of communication or swallowing disorders.	<input type="text"/>	<input type="text"/>
38 Analyze assessment results to identify accommodations or modifications that may be required in client environment.	<input type="text"/>	<input type="text"/>
39 Document assessment results to develop comprehensive description of client communication strengths and weaknesses.	<input type="text"/>	<input type="text"/>
40 Develop evidence-based treatment plans that includes goals, objectives, and interventions based on client needs.	<input type="text"/>	<input type="text"/>
41 Determine specific alternative and augmentative communication systems and	<input type="text"/>	<input type="text"/>

treatment plans.

42 Collaborate with clients, client families, caregivers, other professionals, and referral sources to gain consensus on the treatment plan based on assessment results and treatment plan.



## Part II - Task Ratings

### Content Area 4: Treatment Interventions and Procedures

18. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
43 Provide treatment interventions to improve client articulation and phonological skills.	<input type="text"/>	<input type="text"/>
44 Provide treatment interventions to improve client voice and resonance given medical clearance.	<input type="text"/>	<input type="text"/>
45 Provide treatment interventions to improve client fluency.	<input type="text"/>	<input type="text"/>
46 Provide treatment interventions to improve client language morphology, syntax, semantics, pragmatics, and communication modalities.	<input type="text"/>	<input type="text"/>
47 Provide treatment interventions to improve client cognitive-communication skills.	<input type="text"/>	<input type="text"/>
48 Provide treatment		

interventions to improve client feeding and swallowing.	<input type="text"/>	<input type="text"/>
49 Provide treatment interventions to improve client communication skills related to aural rehabilitation.		
	<input type="text"/>	<input type="text"/>
50 Provide treatment interventions that consider client age, primary language background, cognitive and physical abilities, emotional and behavioral status, and culture.		
	<input type="text"/>	<input type="text"/>
51 Provide treatment interventions and strategies that support communication between clients and communication partners.		
	<input type="text"/>	<input type="text"/>
52 Provide training to family and caregivers to support client treatment.		
53 Produce acoustically correct models for targeted phonemes, grammatical features, and other aspects of speech and language as identified in treatment plans.		
	<input type="text"/>	<input type="text"/>
54 Provide treatment for alaryngeal speech using		

instrumental  
and non-  
instrumental  
interventions.

55 Implement  
alternative and  
augmentative  
communication  
(AAC)  
interventions  
that meet  
client  
immediate and  
ongoing  
treatment  
needs.

## Part II - Task Ratings

### Content Area 5: Treatment Outcomes and Effectiveness

19. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
56 Establish methods for monitoring treatment progress and outcomes to evaluate treatment plan efficacy.	<input type="text"/>	<input type="text"/>
57 Collect treatment outcome data to measure client functional gains and efficacy of targeted environmental modifications.	<input type="text"/>	<input type="text"/>
58 Use data to modify client treatment plans and to determine client readiness for dismissal or discharge from treatment.	<input type="text"/>	<input type="text"/>
59 Write progress reports or discharge summaries to document client progress and level of functioning related to focus of treatment.	<input type="text"/>	<input type="text"/>
60 Provide recommendations to client at completion of treatment.	<input type="text"/>	<input type="text"/>

### Part III - Knowledge Ratings

#### INSTRUCTIONS FOR RATING KNOWLEDGE STATEMENTS

This part of the survey contains 104 knowledge statements. Please rate each knowledge statement based on how important the knowledge is to the effective performance of the tasks in your current job as a speech-language pathologist. If a knowledge statement is NOT part of your current job, rate the statement "Does not apply to my current job; not required" for importance.

#### IMPORTANCE RATING SCALE

HOW IMPORTANT is this knowledge in the effective performance of your current job? Use the following scale to make your ratings.

- 0 - DOES NOT APPLY TO MY CURRENT JOB; NOT REQUIRED. This knowledge is not required to perform my current job.
- 1 - OF MINOR IMPORTANCE. This knowledge is of minor importance for effective performance of my current job.
- 2 - FAIRLY IMPORTANT. This knowledge is fairly important for effective performance of my current job.
- 3 - MODERATELY IMPORTANT. This knowledge is moderately important for effective performance of my current job.
- 4 - VERY IMPORTANT. This knowledge is very important for effective performance of my current job.
- 5 - CRITICALLY IMPORTANT. This knowledge is essential for effective performance of my current job.





## Part III - Knowledge Ratings

### Content Area 1: General Competencies

20.

How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
1 Knowledge of professional guidelines, standards, and ethics related to Speech-Language Pathologist practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Knowledge of state and federal regulations that impact Speech-Language Pathologist practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Knowledge of laws and regulations related to client and worker health and safety, including universal precautions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Knowledge of state and federal laws and regulations related to client rights and legal protections.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Knowledge of procedures to use to advocate for specialized programs that support quality client care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Knowledge of collaboration models used to develop relationships with clients, client families, caregivers, and other professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Knowledge of cultural and linguistic differences that affect assessment and treatment of diverse client populations, families, and caregivers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Knowledge of different approaches to communicate information about client condition, care, and treatment to clients, the client families, caregivers, and other professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Knowledge of procedures for counseling and educating the clients, client families, caregivers, and other professionals about client care and treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Knowledge of California regulations regarding supervision of Clinical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Fellows, Required Professional Experience temporary license holders, Speech-Language Pathology Assistants, and interns acquiring speech-language pathology services credentials.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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11 Knowledge of procedures for mentoring and training Clinical Fellows, Required Professional Experience temporary license holders, Speech-Language Pathology Assistants, and interns acquiring speech-language pathology services credentials.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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12 Knowledge of professional standards of written communication for different clinical and educational purposes.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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13 Knowledge of procedures for applying research methodology and the scientific method to clinical and educational practice.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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14 Knowledge of methods for integrating research outcomes into evidence-based clinical and educational practice.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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15 Knowledge of available resources for clients, client families, and caregivers to support quality client care.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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## Part III - Knowledge Ratings

### Content Area 2: Assessment

21.

How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
16 Knowledge of effects of cognitive, behavioral, and cultural and linguistic factors on communication, feeding, and swallowing behaviors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Knowledge of screening procedures for social-pragmatic communication disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 Knowledge of screening procedures for feeding and swallowing disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Knowledge of screening procedures for hearing impairments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Knowledge of screening procedures for speech and language disorders involving voice, resonance, and fluency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Knowledge of screening procedures for cognitive-linguistic impairments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 Knowledge of screening procedures for language disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23 Knowledge of screening procedures for articulation, phonology, and motor-speech disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 Knowledge of the characteristics of speech, including acoustics, aerodynamics, and articulatory movements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Knowledge of the phonologic, morphologic, syntactic, semantic, and social-pragmatic aspects of typical human communication and their development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 Knowledge of neurodiversity and its impact on social-pragmatic communication development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27 Knowledge of effects of communication and feeding and swallowing impairments on client behavior, emotional adjustment, health status, and client academic, vocational, and social success.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28 Knowledge of methods and procedures for obtaining client case history and performing client assessment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29 Knowledge of effects of medical conditions, procedures, and treatments on communication, feeding and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30 Knowledge of psychosocial impact of communication and feeding and swallowing disorders across the lifespan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31 Knowledge of epidemiology of communication and feeding and swallowing disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 Knowledge of effects of neurotoxins and drugs on communication, feeding, and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33 Knowledge of standardized methods and procedures for conducting objective assessments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34 Knowledge of procedures for assessing speech sound production including perceptual characteristics, oral and physiological structure, motor planning, and execution.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35 Knowledge of procedures for assessing resonance including oral, nasal, and velopharyngeal structures and functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36 Knowledge of procedures for assessing voice including respiratory, supralaryngeal, laryngeal, and pharyngeal structure and functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37 Knowledge of procedures for assessing alaryngeal speech.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38 Knowledge of procedures for assessing language and communication including phonology, morphology, syntax, semantics, social-pragmatics, and oral language aspects of literacy and prelinguistic communication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39 Knowledge of procedures for assessing cognition including attention, memory retention, memory retrieval, sequencing, problem solving, thought organization, and executive functioning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40 Knowledge of procedures for identifying structural, physiological, sensory, or behavior-based oropharyngeal and esophageal deficits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

and their effects on client feeding and swallowing.						
41 Knowledge of procedures for assessing language processing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42 Knowledge of procedures for assessing client ability to use and benefit from alternative and augmentative communication (AAC).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43 Knowledge of procedures for assessing orofacial myofunctional disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44 Knowledge of procedures for performing school assessments in compliance with California Education Code.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45 Knowledge of strategies for managing challenging client behaviors during assessment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46 Knowledge of strategies for engaging clients and client families in the assessment process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47 Knowledge of typical progression and development in the acquisition of English for learners who are non-native English speakers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48 Knowledge of social, familial, cultural, and linguistic influences on communication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49 Knowledge of procedures for basic interpretation of audiograms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50 Knowledge of principles of assessing adequacy of anatomical and physiological structures using imaging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51 Knowledge of principles of assessing adequacy of anatomical and physiological structures using aerodynamic analysis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52 Knowledge of principles of assessing adequacy of anatomical and physiological structures by applying acoustic measures, tactile cues, and electromyography (EMG).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53 Knowledge of principles of calibration and operation of instrumentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54 Knowledge of procedures for assessing fluency including types of dysfluency, concomitant behaviors, and cognitive-affective and social-emotional factors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55 Knowledge of procedures for performing and interpreting client screenings and assessments using alternative and augmentative communication (AAC) and prosthetic communication devices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56 Knowledge of potential impacts of client communication impairment on client-family or -caregiver relationships.

☐☐☐☐☐☐

### Part III - Knowledge Ratings

#### Content Area 3: Diagnosis, Goal Setting, and Treatment Planning

22.

How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
57 Knowledge of effects of genetic disorders on communication, feeding, and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58 Knowledge of effects of neonatal risk factors on communication, feeding, and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59 Knowledge of interventions and procedures for using aided and unaided alternative and augmentative communication (AAC) applications in diagnosis and treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60 Knowledge of professional standards for documenting assessment results and treatment recommendations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61 Knowledge of procedures for identifying and adapting to the demands of client linguistic abilities, cognitive abilities, and social environments to improve communication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62 Knowledge of effects of developmental disabilities on communication, feeding, and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63 Knowledge of effects of auditory deficits on client communication and on client academic, social, and vocational skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64 Knowledge of effects of oral, pharyngeal, and laryngeal anomalies on communication, feeding, and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65 Knowledge of effects of respiratory compromise on communication, feeding, and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66 Knowledge of effects of neurological	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

disorder and dysfunction on communication, feeding, and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67 Knowledge of effects of psychiatric disorders on communication, feeding, and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68 Knowledge of effects of gastrointestinal disorders on communication, feeding, and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69 Knowledge of procedures for developing and defining treatment goals, service delivery options, treatment supports, and resources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70 Knowledge of procedures for gaining consensus and support with clients and client families regarding options for the treatment plans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71 Knowledge of components of diagnostic assessment reports that provide comprehensive description of client communication, feeding, and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72 Knowledge of procedures for determining eligibility, initiating treatment, and prioritizing treatment targets.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73 Knowledge of procedures for determining optimal treatment settings based on assessment results.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74 Knowledge of procedures for differential diagnosis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75 Knowledge of effects of sensory processing and behavioral disorders on communication, feeding, and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76 Knowledge of procedures for addressing family and caregiver factors that impact client care and treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### Part III - Knowledge Ratings

#### Content Area 4: Treatment Interventions and Procedures

23.

How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
77 Knowledge of interventions for treating speech sound disorders including perceptual characteristics, physiological structure, and function.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78 Knowledge of interventions for treating neurogenic speech disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79 Knowledge of interventions for treating resonance disorders including those related to oral, nasal, and velopharyngeal structures and functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80 Knowledge of interventions for treating voice disorders including those related to respiratory, supralaryngeal, and laryngeal structures and functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81 Knowledge of interventions for treating communication disorders involving alaryngeal speech.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82 Knowledge of interventions for treating language and communication disorders in the areas of phonology, morphology, syntax, semantics, social-pragmatics, and oral language as they apply to literacy and prelinguistic communication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83 Knowledge of interventions for treating cognition in the areas of attention, memory retention, memory retrieval, sequencing, problem solving, thought organization, and executive functioning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84 Knowledge of interventions for treating feeding and swallowing disorders including those related to oral, pharyngeal, laryngeal, and esophageal structures and functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

85 Knowledge of interventions for treating feeding and swallowing disorders including those related to nutritional and hydration status, sensory issues, and behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86 Knowledge of interventions for treating neurodiverse clients diagnosed with communication disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87 Knowledge of interventions for treating orofacial myofunctional disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88 Knowledge of the phonemic repertoire of the English language and its grammatical structure and other aspects of speech and language sufficient to discriminate and produce acoustically correct models for client.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89 Knowledge of interventions using aided and unaided alternative and augmentative communication (AAC) applications in treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90 Knowledge of procedures for selecting alternative and augmentative communication (AAC) applications that meet client treatment needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91 Knowledge of procedures for training family, caregivers, and support personnel in the programming and use of clients alternative and augmentative communication (AAC) device.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92 Knowledge of interventions for adapting to the demands of client linguistic, cognitive, and social environments to improve client communication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93 Knowledge of instructional accommodations and modifications for improving client learning environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94 Knowledge of strategies for maintaining client engagement in treatment programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95 Knowledge of strategies for managing challenging client behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96 Knowledge of strategies for facilitating and managing group therapy sessions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97 Knowledge of interventions for treating fluency disorders, including types of dysfluency, concomitant behaviors, and cognitive-affective and social-emotional factors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98 Knowledge of interventions and procedures for treating communication impairments in the area of language processing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

99 Knowledge of interventions, procedures, and equipment for aural rehabilitation related to hearing loss.



### Part III - Knowledge Ratings

#### Content Area 5: Treatment Outcomes and Effectiveness

24. How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
100 Knowledge of data collection and analysis methodologies for assessing status, evaluating progress, and modifying treatment plans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101 Knowledge of the defined guidelines for discharge from treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102 Knowledge of procedures for evaluating the effectiveness of specific treatment strategies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103 Knowledge of components of progress reports and discharge summaries to provide post-treatment status and recommendations for follow-up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104 Knowledge of professional standards for written communication regarding client progress reports and discharge summaries.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### **Thank you!**

**Thank you for taking the time to complete this survey! The California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board values your contribution to this study.**

## APPENDIX B | QUESTIONNAIRE EMAIL INVITATION



## Message from the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

**SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD**  
1601 Response Road, Suite 260, Sacramento, CA 95815  
P (916) 287-7915 | [www.speechandhearing.ca.gov](http://www.speechandhearing.ca.gov)



06/20/2024

Dear Licensed Speech-Language Pathologist:

Thank you for opening this online survey. You have been selected to participate in an occupational analysis of the speech-language pathologist profession by the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers (Board).

The Board is collecting information about the tasks currently performed by speech-language pathologists in California, the importance of the tasks, and the knowledge needed to perform the tasks safely and effectively. We will use this information to ensure that the national speech-language pathologist examinations reflect current practice in California. We worked with different groups of speech-language pathologists to develop a survey to capture this information.

The survey should take about one hour to complete. For your convenience, you do not have to complete the survey in a single session. You can resume where you stopped as long as you reopen the survey from the same computer and use the same web browser. Before you exit, complete the page that you are on. The program will save responses only on completed pages.

Your responses will be kept confidential. They will not be tied to your license or personal information. Individual responses will be combined with responses from other speech-language pathologists, and only group data will be analyzed.

The weblink is available 24 hours a day, 7 days a week. Please submit your completed survey by September 13, 2024. If you have questions or need assistance with the survey, please contact Maria Avalos with the Office of Professional Examination Services at [Maria.Avalos@dca.ca.gov](mailto:Maria.Avalos@dca.ca.gov).

We value your contributions and appreciate your dedication to the speech-language pathologist profession in California. You will be credited two hours of continuing education upon completion of the survey.

Sincerely,

Paul Sanchez  
Executive Officer

## APPENDIX C | RESPONDENTS BY REGION



#### LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	211
Orange	64
Total	275

#### RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	50
San Bernardino	43
Total	93

#### NORTH COAST

County of Practice	Frequency
Humboldt	5
Mendocino	3
Sonoma	15
Total	23

#### SACRAMENTO VALLEY

County of Practice	Frequency
Butte	6
Colusa	1
Glenn	1
Lake	1
Sacramento	40
Sutter	5
Yolo	2
Yuba	2
Total	58

#### SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
Imperial	5
Inyo	1
San Diego	92
Total	98

#### SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	43
Contra Costa	18
Marin	4
Napa	4
San Francisco	19
San Mateo	15
Santa Clara	42
Santa Cruz	3
Solano	11
Total	159

#### SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	32
Kern	17
Kings	3
Mariposa	1
Madera	4
Merced	4
San Joaquin	16
Stanislaus	12
Tulare	6
Total	95

#### SHASTA-CASCADE

County of Practice	Frequency
Lassen	1
Shasta	3
Tehama	1
Total	5

#### SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Amador	1
Calaveras	2
El Dorado	7
Nevada	3
Placer	13
Tuolumne	1
Total	27

## SOUTH COAST AND CENTRAL COAST

County of Practice	Frequency
Monterey	17
San Benito	3
San Luis Obispo	10
Santa Barbara	14
Ventura	28
Total	72

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## APPENDIX D | CRITICALITY INDICES IN DESCENDING ORDER FOR ALL TASKS BY CONTENT AREA

## Content Area 1: General Competencies

Tasks	Frequency	Importance	Criticality
T2. Maintain client confidentiality and security of documentation in compliance with federal and state regulations.	4.78	4.79	22.90
T1. Provide treatment plan to client that is consistent with professional and ethical standards.	4.51	4.58	21.34
T11. Document diagnostic and treatment reports, treatment plans, treatment activities, session logs, and professional correspondence consistent with professional standards.	4.63	4.41	20.71
T4. Provide culturally and linguistically relevant services in assessment and treatment decisions.	4.49	4.56	20.70
T12. Implement research and evidence-based practices to provide quality care to clients.	4.38	4.45	19.80
T10. Review diagnostic and treatment reports, treatment plans, and professional correspondence when developing client's treatment plan.	4.28	4.33	19.05
T8. Communicate clinical information to the client, the client's family, and other professionals in compliance with regulatory guidelines.	4.24	4.36	18.89
T9. Educate and train the client, the client's family, and other care providers in techniques and strategies that will support the client's treatment.	3.92	4.24	17.16
T5. Collaborate with other professionals to provide a treatment plan that is culturally and linguistically relevant.	3.97	4.20	17.09

Tasks	Frequency	Importance	Criticality
T3. Maintain health and safety protocols for preventing disease transmission in compliance with state regulations.	3.63	3.71	15.25
T15. Follow guidelines for use of interpreters and translators for non-English speaking clients.	3.43	4.04	15.18
T6. Refer client to other professionals or agencies based on the Speech-Language Pathologist competency level and client needs.	2.80	3.41	10.83
T7. Supervise Clinical Fellows, Required Professional Experience temporary license holders, Speech-Language Pathology Assistants, or interns who are acquiring a speech-language pathology services credentials according to professional and ethical standards.	1.89	2.45	6.97
T13. Provide in-service training to increase awareness of communication and swallowing disorders.	1.60	2.31	5.19
T14. Participate in community education to increase awareness of communication and swallowing disorders.	1.30	1.99	4.03



## Content Area 2: Assessment

Tasks	Frequency	Importance	Criticality
T21. Select assessment instruments, procedures, settings, and materials based on client needs including cultural and linguistic factors.	4.39	4.48	20.14
T22. Assess client in all areas of suspected disorder or impairment including voice, resonance, swallowing, fluency, articulation, phonology, morphology, syntax, semantics, pragmatics, cognitive-communication, and communication modalities.	4.28	4.41	19.74
T36. Provide assessment results to the client, the client's family, other professionals, and referral sources to facilitate service transition.	4.20	4.34	19.15
T25. Assess client's language including phonology, morphology, syntax, semantics, and social-pragmatics.	4.22	4.22	18.70
T24. Assess client's communication in the areas of articulation and intelligibility.	4.18	4.15	18.07
T20. Document observed client behaviors and emotions that impact assessment.	4.15	4.09	17.61
T31. Assess impact of client communication impairment on academic, social, and vocational functioning based on federal and state eligibility criteria.	3.83	3.91	17.00

Tasks	Frequency	Importance	Criticality
T35. Consider client English language proficiency level when determining the need for bilingual assessment of English language learners.	3.71	4.14	16.79
T19. Assess client history to identify potential causal factors and correlates related to client communication and swallowing status.	3.73	3.79	15.57
T28. Assess client's communication in the areas of motor speech and intelligibility.	3.64	3.97	15.44
T18. Identify indicators that prompt further assessment or referral.	3.61	3.86	14.91
T26. Assess client's cognitive-linguistic functioning.	3.10	3.41	12.82
T16. Identify individuals and groups at risk for communication and swallowing disorders based on work setting protocols.	2.96	3.19	11.92
T33. Assess client readiness for augmentative and alternative communication (AAC) for functional communication.	2.73	3.66	11.54
T23. Assess client's communication in the area of fluency.	2.71	3.55	10.60
T17. Screen for presence of communication and swallowing disorders based on federal and state regulations and work setting protocols.	2.59	2.89	10.14
T27. Assess client's feeding and swallowing.	1.40	1.70	5.42
T29. Assess client's communication skills as they relate to aural rehabilitation.	1.14	1.80	3.78
T34. Perform instrumental assessment of supralaryngeal, laryngeal, and pharyngeal subsystems to further assess swallowing function and severity of dysphagia.	0.69	0.96	2.64

Tasks	Frequency	Importance	Criticality
T32. Assess client readiness for prosthetic management as related to functional communication.	0.59	0.91	1.85
T30. Assess client's options for alaryngeal communication.	0.53	0.97	1.63

### Content Area 3: Diagnosis, Goal Setting, and Treatment Planning

Tasks	Frequency	Importance	Criticality
T40. Develop evidence-based treatment plans that includes goals, objectives, and interventions based on client needs.	4.55	4.56	21.23
T39. Document assessment results to develop comprehensive description of client communication strengths and weaknesses.	4.43	4.42	20.04
T42. Collaborate with clients, client families, caregivers, other professionals, and referral sources to gain consensus on the treatment plan based on assessment results and treatment plan.	4.20	4.37	18.79
T37. Analyze assessment results to identify and prioritize treatment of communication or swallowing disorders.	3.98	4.12	18.25
T38. Analyze assessment results to identify accommodations or modifications that may be required in client environment.	4.09	4.16	17.85
T41. Determine specific augmentative and alternative communication systems and treatment plans.	2.69	3.57	11.17

**Content Area 4: Treatment Intervention and Procedures**

Tasks	Frequency	Importance	Criticality
T50. Provide treatment interventions that consider client age, primary language background, cognitive and physical abilities, emotional and behavioral status, and culture.	4.35	4.38	19.86
T51. Provide treatment interventions and strategies that support communication between clients and communication partners.	4.13	4.25	18.48
T46. Provide treatment interventions to improve client language morphology, syntax, semantics, pragmatics, and communication modalities.	4.12	4.07	18.19
T43. Provide treatment interventions to improve client articulation and phonological skills.	3.92	3.95	17.18
T53. Produce acoustically correct models for targeted phonemes, grammatical features, and other aspects of speech and language as identified in treatment plans.	3.75	3.72	16.07
T52. Provide training to family and caregivers to support client treatment.	3.50	4.02	15.07
T55. Implement augmentative and alternative communication (AAC) interventions that meet client immediate and ongoing treatment needs.	2.92	3.72	12.54
T47. Provide treatment interventions to improve client cognitive-communication skills.	3.00	3.34	12.42
T45. Provide treatment interventions to improve client fluency.	2.31	3.26	8.88
T48. Provide treatment interventions to improve client feeding and swallowing.	1.21	1.51	4.73

Tasks	Frequency	Importance	Criticality
T44. Provide treatment interventions to improve client voice and resonance given medical clearance.	1.30	2.01	4.24
T49. Provide treatment interventions to improve client communication skills related to aural rehabilitation.	0.85	1.49	2.75
T54. Provide treatment for alaryngeal speech using instrumental and non-instrumental interventions.	0.41	0.67	1.17

## Content Area 5: Treatment Outcomes and Effectiveness

Tasks	Frequency	Importance	Criticality
T58. Use data to modify client treatment plans and to determine client readiness for dismissal or discharge from treatment.	4.15	4.22	18.28
T56. Establish methods for monitoring treatment progress and outcomes to evaluate treatment plan efficacy.	4.11	4.15	17.82
T57. Collect treatment outcome data to measure client functional gains and efficacy of targeted environmental modifications.	4.04	4.05	17.24
T59. Write progress reports or discharge summaries to document client progress and level of functioning related to focus of treatment.	3.99	4.01	16.74
T60. Provide recommendations to client at completion of treatment.	3.71	3.75	14.90

## APPENDIX E | KNOWLEDGE IMPORTANCE RATINGS IN DESCENDING ORDER BY CONTENT AREA



## Content Area 1: General Competencies

Knowledge Statements	Importance
K7. Knowledge of cultural and linguistic differences that affect assessment and treatment of diverse client populations, families, and caregivers.	4.59
K1. Knowledge of professional guidelines, standards, and ethics related to Speech-Language Pathologist practice.	4.54
K2. Knowledge of state and federal regulations that impact Speech-Language Pathologist practice.	4.48
K4. Knowledge of state and federal laws and regulations related to client rights and legal protections.	4.44
K8. Knowledge of different approaches to communicate information about client condition, care, and treatment to clients, the client families, caregivers, and other professionals.	4.23
K9. Knowledge of procedures for counseling and educating the clients, client families, caregivers, and other professionals about client care and treatment.	4.19
K15. Knowledge of available resources for clients, client families, and caregivers to support quality client care.	4.15
K6. Knowledge of collaboration models used to develop relationships with clients, client families, caregivers, and other professionals.	4.11
K3. Knowledge of laws and regulations related to client and worker health and safety, including universal precautions.	4.10
K12. Knowledge of professional standards of written communication for different clinical and educational purposes.	4.02
K5. Knowledge of procedures to use to advocate for specialized programs that support quality client care.	4.00
K14. Knowledge of methods for integrating research outcomes into evidence-based clinical and educational practice.	3.98
K13. Knowledge of procedures for applying research methodology and the scientific method to clinical and educational practice.	3.80

Knowledge Statements	Importance
K10. Knowledge of California regulations regarding supervision of Clinical Fellows, Required Professional Experience temporary license holders, Speech-Language Pathology Assistants, and interns acquiring speech-language pathology services credentials.	
K11. Knowledge of procedures for mentoring and training Clinical Fellows, Required Professional Experience temporary license holders, Speech-Language Pathology Assistants, and interns acquiring speech-language pathology services credentials.	3.58

## Content Area 2: Assessment

Knowledge Statements	Importance
K33. Knowledge of standardized methods and procedures for conducting objective assessments.	4.44
K26. Knowledge of neurodiversity and its impact on social-pragmatic communication development.	4.40
K48. Knowledge of social, familial, cultural, and linguistic influences on communication.	4.38
K38. Knowledge of procedures for assessing language and communication including phonology, morphology, syntax, semantics, social-pragmatics, and oral language aspects of literacy and prelinguistic communication.	4.37
K28. Knowledge of methods and procedures for obtaining client case history and performing client assessment.	4.36
K25. Knowledge of the phonologic, morphologic, syntactic, semantic, and social-pragmatic aspects of typical human communication and their development.	4.33
K45. Knowledge of strategies for managing challenging client behaviors during assessment.	4.31
K22. Knowledge of screening procedures for language disorders.	4.30
K46. Knowledge of strategies for engaging clients and client families in the assessment process.	4.27
K34. Knowledge of procedures for assessing speech sound production including perceptual characteristics, oral and physiological structure, motor planning, and execution.	4.26
K23. Knowledge of screening procedures for articulation, phonology, and motor-speech disorders.	4.25
K56. Knowledge of potential impacts of client communication impairment on client-family or -caregiver relationships.	4.19
K16. Knowledge of effects of cognitive, behavioral, and cultural and linguistic factors on communication, feeding, and swallowing behaviors.	4.18
K41. Knowledge of procedures for assessing language processing.	4.09
K47. Knowledge of typical progression and development in the acquisition of English for learners who are non-native English speakers.	4.08
K42. Knowledge of procedures for assessing client ability to use and benefit from augmentative and alternative communication (AAC).	3.96

Knowledge Statements	Importance
K17. Knowledge of screening procedures for social-pragmatic communication disorders.	3.93
K29. Knowledge of effects of medical conditions, procedures, and treatments on communication, feeding and swallowing.	3.84
K24. Knowledge of the characteristics of speech, including acoustics, aerodynamics, and articulatory movements.	3.84
K44. Knowledge of procedures for performing school assessments in compliance with California Education Code.	3.83
K20. Knowledge of screening procedures for speech and language disorders involving voice, resonance, and fluency.	3.76
K55. Knowledge of procedures for performing and interpreting client screenings and assessments using augmentative and alternative communication (AAC) and prosthetic communication devices.	3.72
K39. Knowledge of procedures for assessing cognition including attention, memory retention, memory retrieval, sequencing, problem solving, thought organization, and executive functioning.	3.66
K54. Knowledge of procedures for assessing fluency including types of dysfluency, concomitant behaviors, and cognitive-affective and social-emotional factors.	3.65
K27. Knowledge of effects of communication and feeding and swallowing impairments on client behavior, emotional adjustment, health status, and client academic, vocational, and social success.	3.64
K21. Knowledge of screening procedures for cognitive-linguistic impairments.	3.55
K30. Knowledge of psychosocial impact of communication and feeding and swallowing disorders across the lifespan.	3.52
K35. Knowledge of procedures for assessing resonance including oral, nasal, and velopharyngeal structures and functions.	3.40
K31. Knowledge of epidemiology of communication and feeding and swallowing disorders.	3.31
K32. Knowledge of effects of neurotoxins and drugs on communication, feeding, and swallowing.	3.30

Knowledge Statements	Importance
K36. Knowledge of procedures for assessing voice including respiratory, supralaryngeal, laryngeal, and pharyngeal structure and functions.	2.97
K19. Knowledge of screening procedures for hearing impairments.	2.87
K43. Knowledge of procedures for assessing orofacial myofunctional disorders.	2.76
K49. Knowledge of procedures for basic interpretation of audiograms.	2.75
K18. Knowledge of screening procedures for feeding and swallowing disorders.	2.53
K40. Knowledge of procedures for identifying structural, physiological, sensory, or behavior-based oropharyngeal and esophageal deficits and their effects on client feeding and swallowing.	2.52
K50. Knowledge of principles of assessing adequacy of anatomical and physiological structures using imaging.	2.32
K37. Knowledge of procedures for assessing alaryngeal speech.	2.02
K51. Knowledge of principles of assessing adequacy of anatomical and physiological structures using aerodynamic analysis.	1.96
K53. Knowledge of principles of calibration and operation of instrumentation.	1.87
K52. Knowledge of principles of assessing adequacy of anatomical and physiological structures by applying acoustic measures, tactile cues, and electromyography (EMG).	1.78

### Content Area 3: Diagnosis, Goal Setting, and Treatment Planning

Knowledge Statements	Importance
K72. Knowledge of procedures for determining eligibility, initiating treatment, and prioritizing treatment targets.	4.51
K60. Knowledge of professional standards for documenting assessment results and treatment recommendations.	4.50
K69. Knowledge of procedures for developing and defining treatment goals, service delivery options, treatment supports, and resources.	4.49
K61. Knowledge of procedures for identifying and adapting to the demands of client linguistic abilities, cognitive abilities, and social environments to improve communication.	4.31
K74. Knowledge of procedures for differential diagnosis.	4.27
K73. Knowledge of procedures for determining optimal treatment settings based on assessment results.	4.26
K70. Knowledge of procedures for gaining consensus and support with clients and client families regarding options for the treatment plans.	4.20
K71. Knowledge of components of diagnostic assessment reports that provide comprehensive description of client communication, feeding, and swallowing.	4.15
K76. Knowledge of procedures for addressing family and caregiver factors that impact client care and treatment.	4.13
K62. Knowledge of effects of developmental disabilities on communication, feeding, and swallowing.	3.91
K59. Knowledge of interventions and procedures for using aided and unaided augmentative and alternative communication (AAC) applications in diagnosis and treatment.	3.86
K75. Knowledge of effects of sensory processing and behavioral disorders on communication, feeding, and swallowing.	3.85
K63. Knowledge of effects of auditory deficits on client communication and on client academic, social, and vocational skills.	3.75
K66. Knowledge of effects of neurological disorder and dysfunction on communication, feeding, and swallowing.	3.57
K57. Knowledge of effects of genetic disorders on communication, feeding, and swallowing.	3.43

Knowledge Statements	Importance
K67. Knowledge of effects of psychiatric disorders on communication, feeding, and swallowing.	3.24
K64. Knowledge of effects of oral, pharyngeal, and laryngeal anomalies on communication, feeding, and swallowing.	3.24
K65. Knowledge of effects of respiratory compromise on communication, feeding, and swallowing.	3.21
K58. Knowledge of effects of neonatal risk factors on communication, feeding, and swallowing.	2.95
K68. Knowledge of effects of gastrointestinal disorders on communication, feeding, and swallowing.	2.76

#### Content Area 4: Treatment Intervention and Procedures

Knowledge Statements	Importance
K94. Knowledge of strategies for maintaining client engagement in treatment programs.	4.34
K95. Knowledge of strategies for managing challenging client behavior.	4.31
K86. Knowledge of interventions for treating neurodiverse clients diagnosed with communication disorders.	4.29
K82. Knowledge of interventions for treating language and communication disorders in the areas of phonology, morphology, syntax, semantics, social-pragmatics, and oral language as they apply to literacy and prelinguistic communication.	4.23
K92. Knowledge of interventions for adapting to the demands of client linguistic, cognitive, and social environments to improve client communication.	4.16
K88. Knowledge of the phonemic repertoire of the English language and its grammatical structure and other aspects of speech and language sufficient to discriminate and produce acoustically correct models for client.	4.12
K77. Knowledge of interventions for treating speech sound disorders including perceptual characteristics, physiological structure, and function.	4.05
K93. Knowledge of instructional accommodations and modifications for improving client learning environment.	4.04
K98. Knowledge of interventions and procedures for treating communication impairments in the area of language processing.	4.01
K89. Knowledge of interventions using aided and unaided augmentative and alternative communication (AAC) applications in treatment.	3.95
K91. Knowledge of procedures for training family, caregivers, and support personnel in the programming and use of clients augmentative and alternative communication (AAC) device.	3.85
K90. Knowledge of procedures for selecting augmentative and alternative communication (AAC) applications that meet client treatment needs.	3.81



Knowledge Statements	Importance
K96. Knowledge of strategies for facilitating and managing group therapy sessions.	3.74
K83. Knowledge of interventions for treating cognition in the areas of attention, memory retention, memory retrieval, sequencing, problem solving, thought organization, and executive functioning.	3.68
K97. Knowledge of interventions for treating fluency disorders, including types of dysfluency, concomitant behaviors, and cognitive-affective and social-emotional factors.	3.62
K78. Knowledge of interventions for treating neurogenic speech disorders.	3.36
K79. Knowledge of interventions for treating resonance disorders including those related to oral, nasal, and velopharyngeal structures and functions.	2.90
K80. Knowledge of interventions for treating voice disorders including those related to respiratory, supralaryngeal, and laryngeal structures and functions.	2.70
K87. Knowledge of interventions for treating orofacial myofunctional disorders.	2.59
K99. Knowledge of interventions, procedures, and equipment for aural rehabilitation related to hearing loss.	2.52
K84. Knowledge of interventions for treating feeding and swallowing disorders including those related to oral, pharyngeal, laryngeal, and esophageal structures and functions.	2.44
K85. Knowledge of interventions for treating feeding and swallowing disorders including those related to nutritional and hydration status, sensory issues, and behavior.	2.39
K81. Knowledge of interventions for treating communication disorders involving alaryngeal speech.	1.98

**Content Area 5: Treatment Outcomes and Effectiveness**

Knowledge Statements	Importance
K100. Knowledge of data collection and analysis methodologies for assessing status, evaluating progress, and modifying treatment plans.	4.31
K102. Knowledge of procedures for evaluating the effectiveness of specific treatment strategies.	4.24
K101. Knowledge of the defined guidelines for discharge from treatment.	4.22
K104. Knowledge of professional standards for written communication regarding client progress reports and discharge summaries.	4.20
K103. Knowledge of components of progress reports and discharge summaries to provide post-treatment status and recommendations for follow-up.	4.10



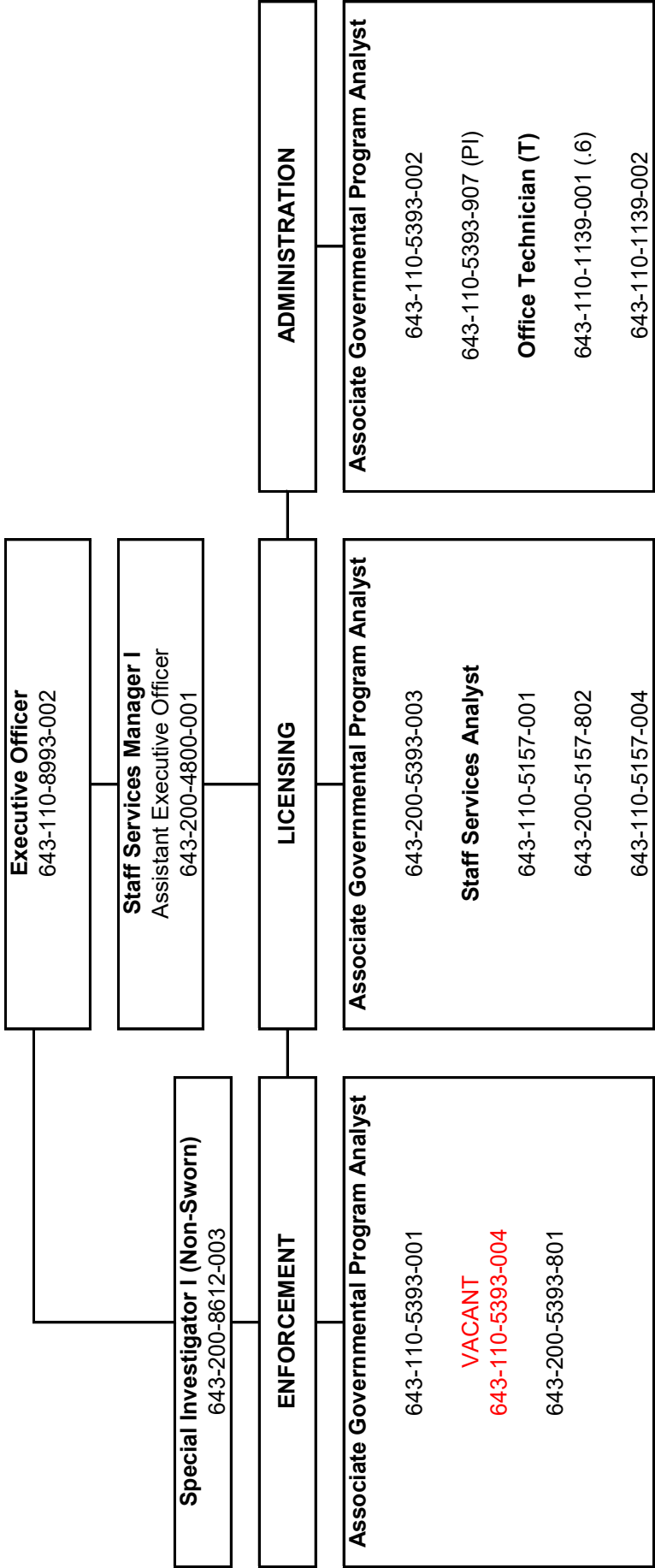
SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY  
& HEARING AID DISPENSERS BOARD

# ATTACHMENT D



DEPARTMENT OF CONSUMER AFFAIRS  
Speech-Language Pathology & Audiology  
& Hearing Aid Dispensers Board  
June 30, 2022

Current  
FY 2021-22  
Authorized Positions: 12.6  
Temp Help: 1.0



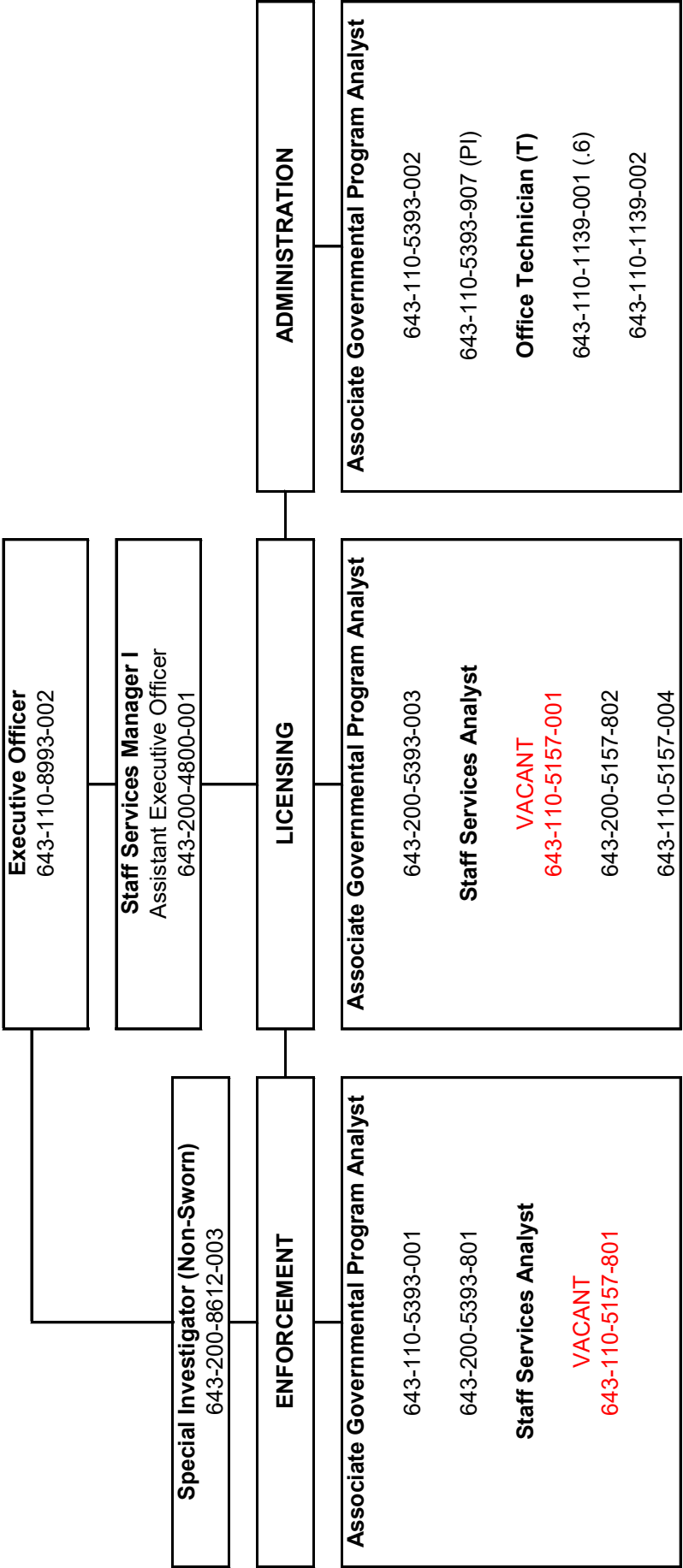
Paul Sanchez, Executive Officer

Jill Field, Classification and Recruitment Analyst

Note: All positions designated CORI

DEPARTMENT OF CONSUMER AFFAIRS  
Speech-Language Pathology & Audiology  
& Hearing Aid Dispensers Board  
June 30, 2023

Current  
FY 2022-23  
Authorized Positions: 12.6  
Temp Help: 1.0



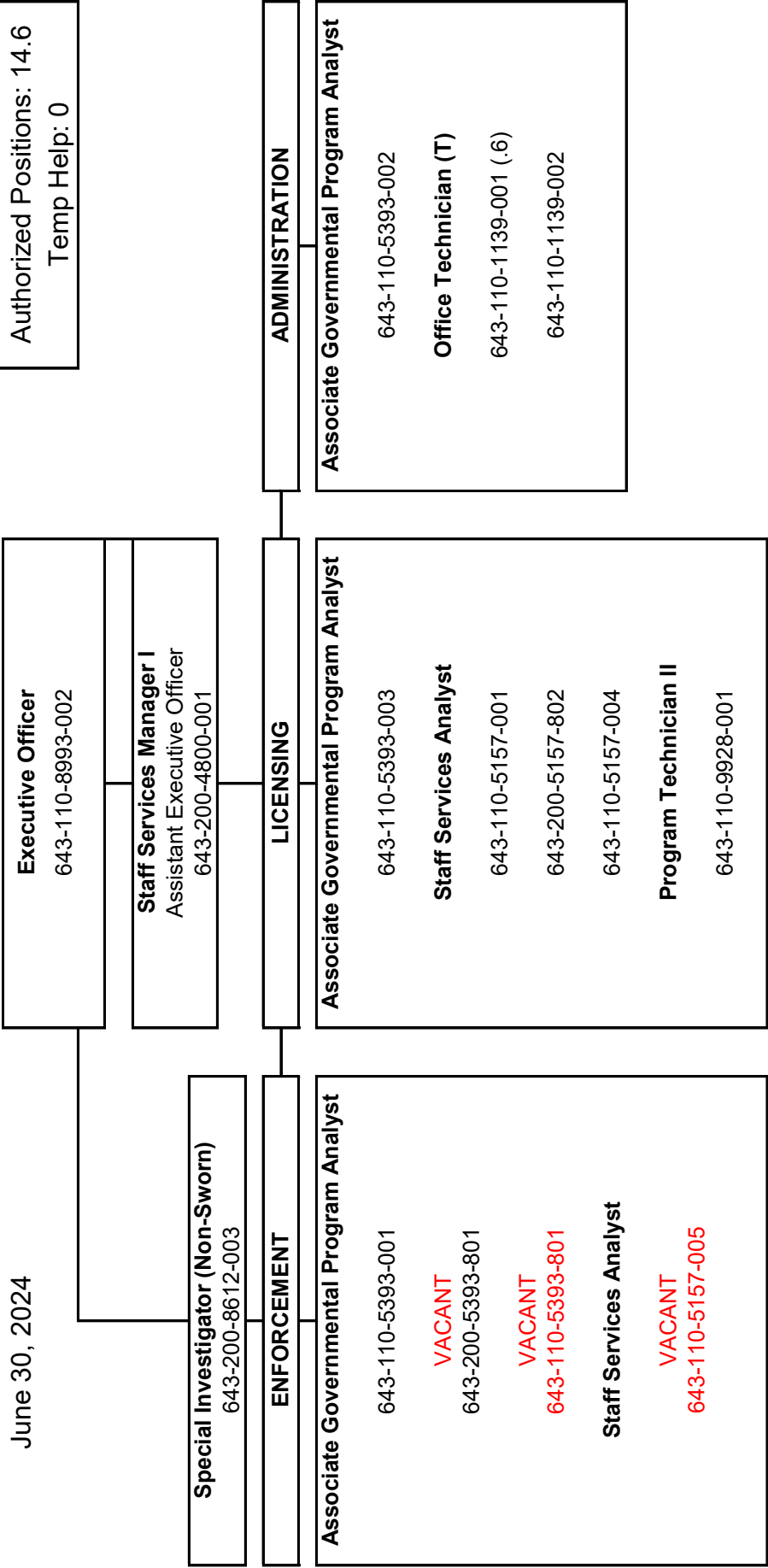
Paul Sanchez, Executive Officer

Jill Field, Classification and Recruitment Analyst

Note: All positions designated CORI

DEPARTMENT OF CONSUMER AFFAIRS  
Speech-Language Pathology & Audiology  
& Hearing Aid Dispensers Board  
June 30, 2024

Current  
FY 2023-24  
Authorized Positions: 14.6  
Temp Help: 0



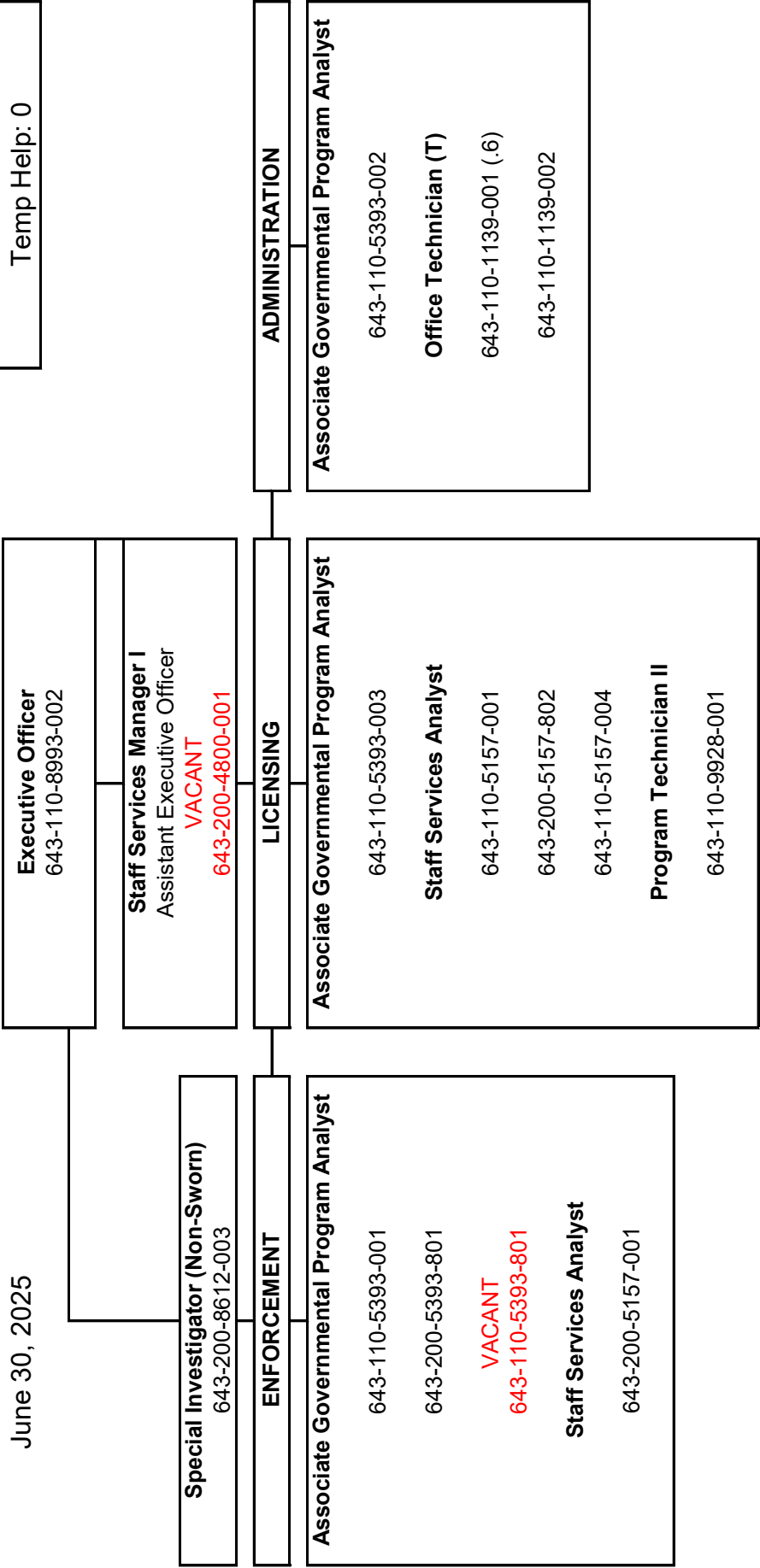
Paul Sanchez, Executive Officer

Lauren Haleem, Classification and Recruitment Analyst

Note: All positions designated CORI

DEPARTMENT OF CONSUMER AFFAIRS  
Speech-Language Pathology & Audiology  
& Hearing Aid Dispensers Board  
June 30, 2025

Current  
FY 2024-25  
Authorized Positions: 14.6  
Temp Help: 0



Cherise Burns, Executive Officer

Katelyn Leymon, Classification and Recruitment Analyst

**Note: All positions designated CORI**



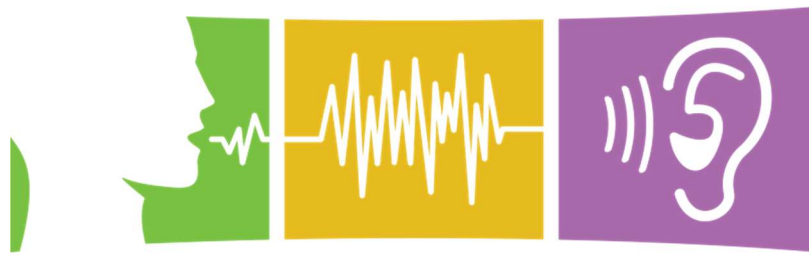


SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY  
& HEARING AID DISPENSERS BOARD

# ATTACHMENT E







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

# **Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board**

## 2025-2028 Strategic Plan

Adopted: September 5, 2024

**Prepared by:**

SOLID Planning Solutions

Department of Consumer Affairs

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## **Board Members**

Gilda Dominguez, M.S., CCC-SLP, Speech-Language Pathologist, Chair

Dr. Amy E. White, Au.D., Audiologist, Vice Chair

Tod Borges, Hearing Aid Dispenser

Dr. Tamara Chambers, MD, FACS, Otolaryngologist, Public Member

Karen Chang, Public Member

John Dandurand, BC-HIS, Hearing Aid Dispenser

Dr. Charles Sanders, Au.D., Audiologist

VACANT, Public Member

VACANT, Speech-Language Pathologist

**Gavin Newsom, Governor**

**Tomiquia Moss, Secretary, Business, Consumer Services and Housing Agency**

**Kimberly Kirchmeyer, Director, Department of Consumer Affairs**

**Paul Sanchez, Executive Officer, Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board**

## About the Board

The Board serves to protect the public by licensing and regulating Speech-Language Pathologists, Audiologists, and Hearing Aid Dispensers; three separate and distinct professions with their own scopes of practice and professional settings. The Board sets entry-level licensing standards, which includes examination requirements that measure the candidate's professional knowledge and clinical abilities that are consistent with the demands of the current delivery systems.

Speech-Language Pathologists provide services in the areas of speech, language, voice, cognition, fluency, and swallowing disorders to individuals across their lifespan. They see individuals who may have language difficulties with verbal expression, auditory comprehension, reading comprehension, and/or written expression. These difficulties could be the result of a stroke, brain injury, or other neurogenic causes. Speech-Language Pathologists perform instrumental procedures within their scope of practice (e.g., Motion fluoroscopic evaluation of swallowing by cine or video recording, Flexible Fiberoptic Endoscopic Evaluation of Swallowing by cine or videorecording, laryngoscopy with stroboscopy). Speech-Language Pathologists coordinate care with otolaryngologists and physicians for such procedures. Speech-Language Pathologists also provide aural rehabilitation for individuals who are deaf or hard of hearing and provide therapy in the augmentative and alternative communication domain for individuals with diagnoses such as autism spectrum disorder and progressive neurological disorders. Speech-Language Pathologists work independently and collaboratively on interdisciplinary teams with other school or health care professionals in a range of settings including schools, medical, community-based facilities, and in private practice.

Audiologists provide services for individuals with hearing loss and balance (vestibular) disorders across their lifespan. Audiologists work in a number of professional settings, including hospitals that provide newborn hearing screenings, pediatric clinics, university and hospital audiology clinics, private practice, military facilities, academic institutions, and industrial, research, and forensic settings. More recently, there are an increasing number of Audiologists who participate in intraoperative neuromonitoring in the state's leading hospitals. Dispensing Audiologists are licensed to fit hearing aids for populations that range from infants to the elderly.

Hearing Aid Dispensers provide services to individuals with hearing loss, including fitting, selection, and adaptation of hearing aids and hearing tests for the purposes of fitting and selling hearing aids. Hearing Aid Dispensers generally work with individuals over the age of 16 but can work with younger individuals under specified circumstances.

To ensure ongoing consumer protection, the Board enforces standards of professional conduct by investigating applicant backgrounds, investigating complaints against licensed and unlicensed practitioners, and taking disciplinary action whenever appropriate.

## Message from the Chair

On behalf of the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, I am pleased to present our 2025-2028 Strategic Plan.

The Board carries out its Mission of consumer protection by promoting standards and enforcing the laws and regulations that address the qualifications and competence of providers of speech-language pathology, audiology and hearing aid dispensing services. The Board carries out its Vision ensuring that every person in the State of California has access to diagnosis, treatment of communication disorders, and related services of the highest quality. The Values of Consumer Protection, Integrity, Efficiency, Accountability, Transparency, and Inclusion are sustained through the work of its Executive Director, Office Staff, Board Members, and its Standing and Ad Hoc Committees.

The Board's strategic planning process and goals are guided by our Mission, Vision, and Values. Input for the 2025-2028 Strategic Plan was obtained from stakeholders, as consideration for the future direction and focus of the Board. Stakeholders included our California consumers, licensees, Board members, and office staff. Stakeholders were asked to provide feedback, via a survey about the Board, pertaining to each of its focus areas. This feedback provided insight as to how the Board is doing by identifying strengths, weaknesses, opportunities and threats in five (5) focus areas: Licensing, Enforcement, Outreach and Communications, Laws and Regulations, and Program Administration. In addition, a public planning session with the Board was facilitated by the Department of Consumer Affairs Office of Strategic Organization, Leadership, and Individual Development (SOLID) to establish key goals and activities that were to be included in the revised Strategic Plan.

Goals have been established in each of the five (5) aforementioned focus areas to ensure effective board operations aligned with our Mission, Vision, and Values. In the Strategic Plan document, specific activities are outlined that are considered to be vital to the fulfillment of the Board's function. Our 2025-2028 Strategic Plan expands upon previous goals achieved and continues to support our Mission of consumer protection.

We invite all stakeholders to review this strategic plan and support its goals, activities, and progress by participating in Board meetings, rulemakings, and other activities presented. We also encourage stakeholders to remain abreast of regulations and information available for the respective disciplines of practice. Information can be found on the Board's website at:  
<https://www.speechandhearing.ca.gov/>.

## Board Mission, Vision, and Values

### Mission

We protect the people of California by promoting standards and enforcing the laws and regulations that ensure the qualifications and competence of providers of speech-language pathology, audiology, and hearing aid dispensing services.

### Vision

Every person in the State of California has access to the highest quality diagnosis and treatment of communication and hearing disorders, and related services.

### Values



## Goal 1: Licensing

**The Board's licensing standards protect consumers while permitting reasonable access into the professions.**

- 1.1 Improve responsiveness and communication to applicants and licensees.
- 1.2 Increase accessibility to the hearing aid dispensing practical exam.
- 1.3 Expand online licensing services to improve efficiency.
- 1.4 Create educational materials to clearly explain the application and licensing processes.
- 1.5 Research the impact of joining the interstate compact.
- 1.6 Research and evaluate creating a mid-level license type for entry into the profession of audiology to promote workforce development.



## Goal 2: Enforcement

**The Board protects consumers through the active enforcement of the laws and regulations governing the practices of speech-language pathology, audiology, and hearing aid dispensing.**

- 2.1 Review and update the Board's disciplinary guidelines to ensure more consistent disciplinary actions for similar violations.
- 2.2 Improve communication with complainants and respondents to clarify the enforcement process and promote consumer satisfaction.
- 2.3 Collaborate with DCA's Office of Information Services (OIS) to research the feasibility of creating a Board specific online complaint system that provides status updates to complainants and respondents.

## Goal 3: Outreach and Communications

**The Board educates and informs consumers and other stakeholders about the practices and laws and regulations governing the professions of speech-language pathology, audiology, and hearing aid dispensing.**

- 3.1 Improve outreach and communication about the Board's purpose and role to promote stakeholder understanding.
- 3.2 Improve all communications to ensure transparency, and enhance clarity and understanding by consumers.
- 3.3 Increase visibility and awareness of Board activities to promote stakeholder engagement and awareness.
- 3.4 Continue to develop informational materials about the regulatory process and the importance of public comment to increase timely and meaningful engagement.
- 3.5 Improve the Board's website to increase accessibility and user friendliness.
- 3.6 Clarify and educate stakeholders on the Board's jurisdiction to address school speech therapist caseload and other concerns.
- 3.7 Communicate the risks and limitations of over-the-counter hearing aids to increase consumer awareness.

## Goal 4: Laws and Regulations

**The Board protects California consumers by the laws and regulations governing the speech-language pathology, audiology, and hearing aid dispensing professions.**

- 4.1 Communicate and educate licensees about the recently changed continuing education regulations to keep licensees informed.
- 4.2 Continue periodic reviews of Board regulations, and update, if necessary, to ensure clarity and understanding, and to reflect current professional practices and their use of technologies.
- 4.3 Update regulations about supervision to increase clarity and address ethical issues.
- 4.4 Prioritize regulatory packages to improve the Board's responsiveness to high priority issues.
- 4.5 Advocate for a balance of specialty areas during the appointment process for members of the Board to achieve more balanced input into Board decisions and their impacts on different work settings.

## Goal 5: Board Administration

**The Board is committed to efficiently and effectively utilizing resources and personnel to meet its goals and objectives.**

- 5.1 Define necessary staffing levels and, if needed, obtain additional staffing through the budget process to achieve the Board's goals and mission.
- 5.2 Review the organizational structure to ensure appropriate oversight of Board's operations and supervision of staff.

## Strategic Planning Process

To understand the environment in which the Board operates as well as identify factors that could impact the Board's success in carrying out its regulatory duties, the Department of Consumer Affairs' SOLID Planning Solutions Unit (SOLID) conducted an environmental scan of the Board's internal and external environments by collecting information through the following methods:

- Phone/online interviews with board members and executive leadership during March and April of 2024.
- Online surveys distributed to board staff, as well as external stakeholders, during the month of April of 2024.

The most significant themes and trends identified from the environmental scan were discussed by board members, board leadership and staff, and members of the public during a strategic planning session facilitated by SOLID on June 12, 2024. This information guided the Board in the development of its strategic objectives outlined in this 2025-2028 strategic plan.

## **Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board**

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Strategic plan adopted on September 5, 2024

This strategic plan is based on stakeholder information and discussions facilitated by SOLID for the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board on June 12, 2024. Subsequent amendments may have been made after the adoption of this plan.



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SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD

# SUNSET REVIEW REPORT 2026

PRESENTED TO THE SENATE COMMITTEE ON BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT AND THE ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

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**TOMIQUIA MOSS**  
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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

**KIMBERLY KIRCHMEYER**  
DIRECTOR  
DEPARTMENT OF CONSUMER AFFAIRS

## SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD

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BOARD CHAIR

**AMY WHITE**  
BOARD VICE CHAIR

**TOD BORGES**  
BOARD MEMBER

**TAMARA CHAMBERS**  
BOARD MEMBER

**KAREN CHANG**  
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**FRANCIS DAVID**  
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**CHARLES SANDERS**  
BOARD MEMBER

**VACANT**  
BOARD MEMBER

**VACANT**  
BOARD MEMBER

**CHERISE BURNS**  
EXECUTIVE OFFICER