COMMONWEALTH of VIRGINIA

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION

GORDON N. DIXON
DIRECTOR

DEPUTY DIRECTORS:

NICK A. CHRISTNER
Compliance & Investigation

MARK N. COURTNEY
Licensing & Regulation

STEVEN L. ARTHUR
Administration & Finance

October 25, 2011

The Honorable R. Edward Houck, Chair
Senate Committee on Education and Health
P.O. Box 396
Richmond, VA 23218

Dear Senator Houck:

On March 4, 2011, pursuant to Rule 20(1) of the Rules of the Senate of Virginia, the Senate Committee on Education and Health referred the subject matter contained in House Bill 1559 (2011) to the Department of Health Professions (DHP) and the Department of Professional and Occupational Regulation (DPOR) for study. House Bill 1559 (2011) would exempt Virginia-licensed audiologists who hold a doctoral degree in audiology from all current examination requirements, which consist of both a written and practical examination, in order to obtain a Virginia Hearing Aid Specialist license.

Staff from both agencies collaborated to gather a variety of information believed to be of most benefit to the Committee. In addition, a Notice of Public Comment Period for this study was published on May 23, 2011, in Volume 27, Issue 19 of the *General Notices* section, of the *Virginia Register of Regulations*. Both agencies accepted written comments for 30 days and conducted a public hearing on May 26, 2011.

We trust the information provided to the Senate Committee on Education and Health in the attached report will be of assistance in its consideration of HB 1559 (2011). Although neither agency has a position on the merits of the proposed legislation, both DHP and DPOR stand ready to offer any technical assistance you may require.

Cordially,

Digitally signed by Dr. Dianne L. Reynolds-Cane
Date: 2011.10.25 14:32:54 -04'00'

Dianne L. Reynolds-Cane, M.D.
Director
Department of Health Professions

Digitally signed by Dixon Gordon gfq34896
Date: 2011.10.25 11:24:22 -04'00'

Gordon N. Dixon
Director
Department of Professional and Occupational Regulation

C: The Honorable Edward T. Scott, Patron of HB 1559

The Honorable Susan Clarke Schaar
Clerk of the Senate

Leslie L. Knachel, DHP
Executive Director, Board of Audiology and Speech-Language Pathology

Mark N. Courtney, DPOR
Deputy Director, Licensing and Regulation

William H. Ferguson, II, DPOR
Executive Director, Board for Hearing Aid Specialists

DC/GD/djm

THE DEPARTMENT OF HEALTH PROFESSIONS

-IN COLLABORATION WITH-

THE DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION

REPORT ON HOUSE BILL 1559 (2011)

PROPOSED EXEMPTION OF AUDIOLOGISTS FROM THE HEARING AID SPECIALIST EXAMINATION

PREPARED FOR:
THE SENATE COMMITTEE ON EDUCATION AND HEALTH

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BACKGROUND

Del. Edward T. Scott introduced House Bill 1559 (2011) at the request of a constituent, dually licensed as an Audiologist and Hearing Aid Specialist, who serves as Vice President of Audiology for the Speech-Language-Hearing Association of Virginia ("SHAV"). In September 2000, the Board for Hearing Aid Specialists moved to exempt Virginia licensed audiologists from two (2) of the four (4) parts of the required practical examination. (Appendix A, pg. 4) Specifically, audiologists are not required to take the audiometric testing section or the speech audiometry section. They are, however, required to take the earmold impressions section, as well as the maintenance of hearing aids section. House Bill 1559 (2011) would exempt Virginia licensed audiologists, who hold a doctoral degree in audiology, from all of the current examination requirements, which consist of both a written and practical examination, in order to obtain a Virginia Hearing Aid Specialist license. (Appendix B)

In a letter dated March 4, 2011, pursuant to Rule 20(1) of the Rules of the Senate of Virginia, the subject matter contained in House Bill 1559 (2011) was referred by the Senate Committee on Education and Health to the Department of Health Professions and the Department of Professional and Occupational Regulation for study. (Appendix C)

OVERVIEW OF STUDY CONTENT

The Department of Health Professions obtained information related to the following areas:

- Coursework related to hearing aids included in audiology doctoral programs
- Amount of hearing aid content on the National PRAXIS test

The Department of Professional and Occupational Regulation obtained information related to the following areas:

- Number of Virginia licensed hearing aid specialists currently holding a Virginia audiologist license
- Passage rates of Virginia licensed hearing aid specialists holding a Virginia audiologist license on both the written and practical hearing aid specialist exams
- Exemption provisions from the hearing aid specialist examination for Virginia-licensed physicians

COURSEWORK RELATED TO HEARING AIDS INCLUDED IN AUDIOLOGY DOCTORAL PROGRAMS

The Council on Academic Accreditation in Audiology and Speech-Language Pathology ("CAA") of the American Speech-Language-Hearing Association ("ASHA") accredits eligible doctoral programs in audiology. ASHA's website states it is "the professional, scientific and credentialing association for 145,000 members and affiliates who are audiologists, speech-language pathologists, and speech, language and hearing scientists." James Madison University ("JMU") houses the only doctoral level audiology program accredited by the CAA in Virginia.

According to JMU, during their four years of training, Doctor of Audiology students take two courses entirely on hearing aids and undergo hundreds of hours of clinical training in the area of hearing aids. (Appendix D)

1. CSD 551 (Introduction to Hearing Aids): 3 credit hours (Appendix E)

2. CSD 622 (Advanced Hearing Aids Selection and Fitting): 4 credit hours (3 hours lecture and 1 credit hour hands-on labs) (Appendix F)

3. In addition, every semester the students are placed in the on-campus audiology clinic that provides comprehensive audiological care including hearing aid selection, fitting, and follow-up care. During the summer semester of the second year, the students are placed in an externship in an outside audiology clinic. The fourth year of the doctoral program is a full-time clinical externship where the students learn comprehensive hearing aid selection, fitting, and follow-up care.

- The audiology doctoral program was first accredited in 2003 and includes two semesters of coursework, totaling seven credit hours related to hearing aids.
- Prior to the doctorate level program, JMU maintained an accredited master's level audiology program and included two semesters of coursework, totaling six credit hours, related to hearing aids.
- A doctoral student completes approximately 2,000 clinic hours broken down as follows:
    - 1st and 2nd year students spend one day/week in the onsite clinic;
    - Rising 3rd year students complete a 12 week externship in an outside clinic; and
    - 4th year students have no classes and do 100% clinical setting offsite.
- The doctoral program provides clinical and treatment training. Since the students are not medical doctors, the treatment they provide centers around hearing aids and cochlear implants.
- The ASHA accrediting process helps to ensure that doctoral programs provide the minimum course work needed in the area of hearing aids. (Appendix G)

PRAXIS TESTING FOR AUDIOLOGY GRADUATES: CONTENT (APPENDIX H)

According to JMU, the PRAXIS examination includes hearing aid testing in the "Rehabilitative" sections of the test:

- Rehabilitative Assessment (approximately 13 questions/11% of exam) is testing how well the individual can determine whether a client is a candidate for a hearing aid;
- Rehabilitative Technology (approximately 13 questions/11% of exam) is the engineering piece of hearing aids – how to program the hearing aids and description of features; and
- Rehabilitative Management (approximately 13 questions/11% of exam) is testing how well an individual can prescribe appropriate hearing aids.

PRAXIS TESTING FOR AUDIOLOGY GRADUATES: PASSAGE RATES (APPENDIX I)

STATE SUMMARY REPORT FOR VIRGINIA: DESCRIPTIVE STATISTICS OF PRAXIS EXAMINATION SCORES FOR THE AUDIOLOGY SPECIALTY TEST FOR TEST ADMINISTRATION YEARS 2000-2001 THROUGH 2009-2010

The following tables present descriptive statistics on the PRAXIS audiology test for test administration years 2000-2001 through 2009-2010 for all exam participants (Table 1) and for those individuals who have earned a bachelor's degree plus additional credits, earned a master's degree, earned a master's degree plus additional credits, or earned a doctoral degree (Table 2) and who identified ASHA as a score recipient and who reported their state of residence as Virginia.

Table 1. Audiology – All Exam Participants in Virginia

Test Year	Count	Mean	Standard Deviation	Pass		Fail	
				Count	Percentage	Count	Percentage
2000-2001	24	608	39	13	54.2%	11	45.8%
2001-2002	20	619	32	14	70.0%	6	30.0%
2002-2003	16	594	43	7	43.8%	9	56.3%
2003-2004	22	626	40	17	77.3%	5	22.7%
2004-2005	5	636	36	4	80.0%	1	20.0%
2005-2006	5	660	16	5	100.0%	0	0%
2006-2007	8	641	26	8	100.0%	0	0%
2007-2008	13	646	34	12	92.3%	1	7.7%
2008-2009	15	639	42	11	73.3%	4	26.7%
2009-2010	13	648	33	12	92.3%	1	7.7%

Table 2. Audiology – Only exam participants in Virginia who reported their educational level and who have earned a bachelor's degree plus additional credits, earned a master's degree, earned a master's degree plus additional credits, or earned a doctoral degree

Test Year	Count	Mean	Standard Deviation	Pass		Fail	
				Count	Percentage	Count	Percentage
2000-2001	22	610	40	12	54.5%	10	45.5%
2001-2002	18	623	30	14	77.8%	4	22.2%
2002-2003	9	600	47	5	55.6%	4	44.4%
2003-2004	19	624	43	14	73.7%	5	26.3%
2004-2005	5	636	36	4	80.0%	1	20.0%
2005-2006	2	665	21	2	100.0%	0	0%
2006-2007	4	660	16	4	100.0%	0	0%
2007-2008	13	646	34	12	92.3%	1	7.7%
2008-2009	13	638	44	9	69.2%	4	30.8%
2009-2010	11	646	35	10	90.9%	1	9.1%

Prepared by the American Speech-Language-Hearing Association (ASHA), Surveys and Information Unit (July 20, 2011)

NUMBER OF VIRGINIA LICENSED HEARING AID SPECIALISTS CURRENTLY HOLDING A VIRGINIA AUDIOLOGIST LICENSE

As of June 14, 2011, there were 565 licensed Hearing Aid Specialists. Of the 565 licensed Hearing Aid Specialists, 292 or 52%, were also licensed Audiologists. (Appendix J)

PASSAGE RATES OF LICENSED AUDIOLOGISTS ON THE HEARING AID SPECIALIST EXAM BETWEEN 2000-2011 (APPENDIX K)

YEAR	NO. OF LIC. AUDIO. TOOK WRITTEN EXAM	NO. OF LIC. AUDIO. PASSED WRITTEN EXAM	PASS PERCENT ON WRITTEN	NO. OF LIC. AUDIO. TOOK PRACTICAL EXAM	NO. OF LIC. AUDIO. PASSED PRACTICAL EXAM	PASS PERCENT ON PRACTICAL
2000	10	10	100%	10	10	100%
2001	25	25	100%	25	24	96%
2002	34	34	100%	34	34	100%
2003	21	21	100%	21	21	100%
2004	18	16	88%	18	18	100%
2005	14	13	92%	14	14	100%
2006	14	13	92%	14	14	100%
2007	12	12	100%	12	12	100%
2008	15	11	73%	15	15	100%
2009	15	11	73%	15	15	100%
2010	33	33	100%	33	33	100%
2011	11	11	100%	11	11	100%

EXEMPTION REQUIREMENTS FROM THE HEARING AID SPECIALIST EXAMINATION FOR VIRGINIA-LICENSED PHYSICIANS

Pursuant to § 54.1-1501.A of the Code of Virginia, physicians licensed to practice in Virginia and certified by the American Board of Otolaryngology or eligible for such certification are not required to pass an examination as a prerequisite to obtaining a license as a hearing aid specialist. (Appendix L)

According to the American Board of Otolaryngology:

> While licensure by the individual states sets the minimum competency requirements to practice medicine, it is not specialty specific. Board certification is a voluntary program in which specialists seek to improve their performance and demonstrate a commitment to their profession.
>
> The path for an otolaryngologist-head and neck surgeon to become certified by the American Board of Otolaryngology (ABOto) is long and complex. First, an individual must graduate from college and medical school which normally takes eight years. After completing a five year residency in otolaryngology-head and neck surgery and with the approval of the training Program Director, an individual can apply to take the certification examinations. The ABOto's examination consists of two parts. An all-day written examination qualifies the individual to sit for the oral examination which consists of a half-day examination with four examiners involving 16 actual patient scenarios. Only after passing both of these examinations is the individual certified and are referred to as ABOto diplomate.

Beginning in 2002, all ABOto diplomates must participate in Maintenance of Certification (MOC) which was developed to assist our diplomates with staying up-to-date in their specialty. The MOC program, when fully implemented, is a ten year cycle which involves annual updates on the individual diplomate, self-assessment, evaluation of performance in practice, and an examination the diplomate must pass to renew his/her certificate. (Appendix M)

The qualifications to obtain a Virginia license to practice medicine can be found in the *Virginia Board of Medicine Regulations Governing the Practice of Medicine, Osteopathy, Podiatry and Chiropractic.* (Appendix N) The instructions and checklist for the Application to Practice Medicine for the graduate of an approved program and the graduate of a non-approved program provide a more precise list of required information the applicant must provide. (Appendix O) In order to maintain the ABOto certification, persons must hold a valid, unrestricted license to practice medicine in all locations where licensed.

As of June 14, 2011, there were 565 licensed Hearing Aid Specialists. Of the 565 licensed Hearing Aid Specialists, 23 or 4%, were also licensed Medical Doctors. (Appendix J)

PUBLIC COMMENT PERIOD

A Notice of Public Comment Period for this study was published on May 23, 2011, in Volume 27, Issue 19 of the *General Notices* section, of the *Virginia Register of Regulations*. Both agencies accepted written comments for 30 days. (Appendix P) A public hearing was also held on May 26, 2011. (Appendix Q) All public comments received were summarized. (Appendix R)

REFERENCES

The Department of Health Professions obtained its information contained in this report from the following sources:

- American Speech-Language-Hearing Association Web site: http://www.asha.org.
- Ayasakanta Rout Ph.D., Assistant Professor of Audiology, Director of Hearing Aid Research Laboratory, James Madison University, telephone and e-mail communications with Leslie Knachel, Executive Director for the Board of Audiology and Speech-Language Pathology, July 12-13, 2011.

The Department of Professional and Occupational Regulation obtained its information contained in this report from the following sources:

- American Board of Otolaryngology Web site: http://www.aboto.org.
- Board for Hearing Aid Specialists, Virginia Department of Professional and Occupational Regulation, June 14, 2011.
- Education and Exams Section, Virginia Department of Professional and Occupational Regulation, July 27, 2011.

BOARD FOR HEARING AID SPECIALISTS

MINUTES OF MEETING

The Board for Hearing Aid Specialists met on Tuesday, September 26, 2000 at the Offices of the Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Richmond, Virginia The following members were present

Dr Frank M Butts, Chairman
Paul D Moran, Vice Chairman
Ralph Hampton
Dr Leslie S Kreisler (arrived at 9 00 a m and left at 1 00 p m)
Carl E McCurdy
Jeffrey M Rinehart
Elaine Hutton Woodward

DPOR staff present included Nancy Taylor Feldman, Assistant Director, Benjamin Foster, Jr , Assistant Administrator and Mark D'Amato, Administrative Staff Assistant Werner Versch II, Special Assistant to the Director, Steven Arthur, Deputy Director, Administration and Finance and Sharon Sweet, Examination Director, were present for portions of the meeting

Dr Frank Butts, Board Chairman, called the meeting to order at 8 42 a m — **Call to Order**

Dr Butts determined that a quorum was present — **Determination of Quorum**

Upon a motion by Mr Moran and seconded by Mr Rinehart, the Board moved to approve the agenda as amended The motion passed unanimously Members voting **"YES"** were Dr Butts, Mr Moran, Mr Hampton, Dr Kreisler, Mr McCurdy, Mr Rinehart and Ms Woodward There were no negative votes — **Approval of Agenda**

No one spoke on issues of concern to them during the public comment period — **Public Comment Period**

Upon a motion by Mr Rinehart and seconded by Mr Moran, the Board moved to approve the minutes for their meeting on April 4, 2000 The motion passed unanimously Members voting **"YES"** were Dr Butts, Mr Moran, Mr Hampton, Dr Kreisler, Mr McCurdy, Mr Rinehart and Ms — **A. Approval of Minutes for April 4, 2000 Board Meeting**

Woodward There were no negative votes

B. Old Business:
1. Scope of Practice – Board for AUD/SLP proposal to 2001 Virginia General Assembly

The Board reviewed information about the scope of practice proposal that the Board for Audiology and Speech-Language Pathology will present to the 2001 Virginia General Assembly The Board discussed how this legislation might affect the way hearing aid specialists and others conduct their businesses It was the consensus of the Board that a letter be sent to the Department of Health Professions and the AUD/SLP Board asking for clarification about the following phrases in the 'Definitions' section of their proposal

- "diagnosing and rehabilitating peripheral and central auditory system dysfunctions" (from #2 of 'Practice of audiology'),
- "selecting assistive listening devices" (from #4 of 'Practice of audiology'),
- "providing aural rehabilitation and related counseling services to hearing impaired individual" (from #5 of 'Practice of audiology'),
- "providing cerumen management" (from #7 of 'Practice of audiology'),
- "evaluating and managing cochlear implants" (from #8 of 'Practice of audiology'), and
- "fitting and dispensing augmentative and alternative communication systems" (from #2 of 'Practice of speech-language pathology')

2. Discussion about Board Brochure and other Public Information Systems

The Board discussed the status of the Board brochure They were informed that all DPOR brochures were being redesigned to be more consumer-oriented and would be placed on the state's Web site The Board expressed their opinion that while revising the brochure to be more consumer-oriented is important, it is also important that a hard copy brochure be available for individuals who do not have Internet access The Board was informed that a draft of the new brochure would be presented for their review at their next meeting

Werner Versch II, Special Assistant to the Director, was asked by the Board to discuss with the Director the possibility of having public service announcements on public access television

The Board also briefly discussed the possible formation of a volunteer network where licensed hearing aid specialists would bring information about their profession to the public The Board also formed a committee to work on the brochure and the public service announcement The committee is composed of Dr Butts, Mr McCurdy, Mr Rinehart, Sharon Sweet, Examination Director, and Teresa Robinson, who will be an ad-hoc member

Closed Meeting

Upon a motion by Dr Butts and seconded by Mr Moran, the Board moved that this meeting be recessed and that the Board immediately reconvene in closed meeting for the purpose of consultation and/or briefings by staff members pertaining to examination issues within the jurisdiction of the Board as permitted by **§ 2.1-344.A.11** of the ***Code of Virginia*** The following non-members will be in attendance to reasonably aid the consideration of the topic Mr Arthur, Ms Feldman, Mr Foster, Ms Sweet, and Mr D'Amato This motion was made with respect to the matter identified as agenda item **C. Discussion of Examination Issues** The motion passed unanimously Members voting **"YES"** were Dr Butts, Mr Moran, Mr Hampton, Dr Kreisler, Mr McCurdy, Mr Rinehart and Ms Woodward There were no negative votes

Open Meeting

Upon a motion by Dr Butts and seconded by Mr Moran, the Board moved to open the meeting The motion passed unanimously Members voting **"YES"** were Dr Butts, Mr Moran, Mr Hampton, Dr Kreisler, Mr McCurdy, Mr Rinehart and Ms Woodward There were no negative votes

Certification of Closed Meeting

WHEREAS, the Board for Hearing Aid Specialists has convened a closed meeting on this date pursuant to an affirmative recorded vote and in accordance with the provisions of the Virginia Freedom of Information Act, and

WHEREAS, § 2.1-344.1 of the ***Code of Virginia*** requires a certification by this Board for Hearing Aid Specialists that such closed meeting was conducted in conformity with Virginia law,

NOW, THEREFORE, BE IT RESOLVED that the Board for Hearing Aid Specialists hereby certifies that, to the best of each member's knowledge, (i) only public business matters lawfully exempted from open meeting requirements by Virginia law were discussed in the closed meeting to which this certification resolution applies and (ii) only such public business matters as were identified in the motion convening the closed meeting were heard, discussed or considered by the Board for Hearing Aid Specialists

VOTE

AYES: Dr Butts, Mr Moran, Mr Hampton, Dr Kreisler, Mr McCurdy, Mr Rinehart and Ms Woodward

NAYS: None

ABSENT DURING VOTE: None

ABSENT DURING MEETING: None

D. 1. Discussion of Proper Technique for Audiogram Portion of Examination – Dr. Frank M. Butts, Board Chairman

Dr Butts discussed the proper technique for the audiogram portion of the Board's examination Upon a motion by Mr Moran and seconded by Mr Rinehart, the Board moved that Virginia-licensed audiologists will not be required to take Sections I and II (Pure Tone and Speech Audiometry) of the practical examination The motion passed unanimously Members voting **"YES"** were Dr Butts, Mr Moran, Mr Hampton, Dr Kreisler, Mr McCurdy, Mr Rinehart and Ms Woodward There were no negative votes The members also noted that, according to their regulations, a physician licensed to practice in Virginia and certified by the American Board of Otolaryngology shall not be required to pass an examination as a prerequisite to licensure as a Hearing Aid Specialist in Virginia

2. Apprenticeship Program

Nancy Taylor Feldman, Assistant Director, discussed the creation of an apprenticeship program for Hearing Aid Specialists with the Board Mr Rinehart informed the Board that he would bring in information about apprenticeships to the next Board meeting

E. New Business: 1. Discussion of Exemptions to take the Written and Practical Examinations

The Board discussed the matter concerning audiologists from other states asking to be exempted from taking the written or the practical examinations for licensure in Virginia It was the consensus of the Board that the written part of the examination is to be required of everyone unless one has taken and passed the exact same exam in another state

2. Status Report on Proposed Regulations

The Board reviewed information about their proposed regulations The Notice of Intended Regulatory Action (NOIRA) had been filed in the Register in June 2000 and the Public Comment Period had ended on August 2, 2000 with no comments being submitted After correcting two typographical errors in the regulation text, upon a motion by Mr Moran and seconded by Mr Rinehart, the Board moved to promulgate the regulations The motion passed unanimously Members voting **"YES"** were Dr Butts, Mr Moran, Mr Hampton, Dr Kreisler, Mr McCurdy, Mr Rinehart and Ms Woodward There were no negative votes

3. Board Meeting Calendar – 2000-2001

The Board set up its meeting schedule for the rest of 2000 and 2001 The Board will meet on December 11, 2000, May 14, 2001, September 17, 2001 and December 10, 2001 These meetings will begin at 8 30 a m

4. Election of Officers – July 1, 2000 – June 30, 2001

Dr Butts opened the floor for nominations for the Board Chairman and Vice Chairman Mr Rinehart was nominated for Chairman and Ms Woodward was nominated for Vice Chairman With no more nominations, the floor was closed Mr Rinehart was elected Chairman and Ms Woodward was elected Vice Chairman by acclamation

5. Letter from Leonard M. Yordon, Chairman, International Hearing Society

The Board reviewed and discussed a letter from Leonard M Yordon, Chairman of the International Hearing Society The Board directed the Board staff to respond to Mr Yordon's letter with a request for the agenda and minutes from their September meeting

6. Board Statistics

The Board reviewed its monthly and quarterly statistics for informational purposes The members requested clarification from Enforcement about the number of complaints and the delay in their resolution

7. Financial Statements

The Board reviewed its financial statements for informational purposes

8. Third Party Sales and Purchases

The Board reviewed and discussed a letter from Bruce R Wagner, President of Wagner Hearing Aid Centers, which raised a question about out-of-state Internet companies working with hearing aid specialists licensed in Virginia to fit and dispense hearing aids These companies sell the aids directly to consumers in Virginia by the Internet It was the consensus of the Board that they request legal advice from the Attorney General's office on this matter of third-party sales and purchases

Transaction Disclosure Statements and Travel Expense Vouchers

The Board members signed Transaction Disclosure Statements and completed Travel Expense Vouchers

Adjournment

With no further business for the Board, upon a motion by Mr McCurdy and seconded by Mr Moran, the meeting was adjourned at 2 02 p m

Frank M Butts, Chairman

Jack E Kotvas, Secretary

Nancy Taylor Feldman, Assistant Director

11100897D

HOUSE BILL NO. 1559

House Amendments in [ ] - January 27, 2011

A BILL to amend and reenact § 54.1-1501 of the Code of Virginia, relating to audiologists; sale of hearing aids.

Patron Prior to Engrossment—Delegate Scott, E.T.

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-1501 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-1501. Exemptions; sale of hearing aids by corporations, etc., measuring hearing.

A. Physicians licensed to practice in Virginia and certified by the American Board of Otolaryngology or eligible for such certification shall not be required to pass an examination as a prerequisite to obtaining a license under this chapter.

B. *Audiologists* [*with a doctoral degree in audiology*] *licensed to practice in Virginia shall not be required to pass an examination as a prerequisite to obtaining a license under this chapter.*

C. Nothing in this chapter shall prohibit a corporation, partnership, trust, association or other like organization maintaining an established business address from engaging in the business of selling or offering for sale hearing aids at retail without a license, provided that it employs only licensed practitioners in the direct sale and fitting of such products.

~~C~~ *D.* Nothing in this chapter shall prohibit any person who does not sell hearing aids or accessories or who is not employed by an organization which sells hearing aids or accessories from engaging in the practice of measuring human hearing for the purpose of selection of hearing aids.

COMMONWEALTH OF VIRGINIA

SUSAN CLARKE SCHAAR
CLERK OF THE SENATE
PO BOX 396
RICHMOND, VIRGINIA 23218

SENATE

March 4, 2011

Dianne Reynolds-Cane, M.D., Director
Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Dear Dr. Reynolds-Cane:

This is to inform you that, pursuant to Rule 20(l) of the Rules of the Senate of Virginia, the subject matter contained in House Bill 1559 has been referred by the Senate Committee on Education and Health to the Department of Health Professions and the Department of Professional and Occupational Regulation for study. It is requested that the appropriate committee chair and bill patrons receive a written report, with a copy to this office, by November 1, 2011.

With kind regards, I am

Sincerely yours,

Susan Clarke Schaar

SCS:pjl

cc: Sen. R. Edward Houck, Chair, Committee on Education and Health
Del. Edward T. Scott, Patron of HB 1559
Mr. Gordon Dixon, Director, Dept. of Professional and Occupational Regulation

COMMONWEALTH OF VIRGINIA

SUSAN CLARKE SCHAAR
CLERK OF THE SENATE
P.O. BOX 396
RICHMOND, VIRGINIA 23218

SENATE

March 4, 2011

DIRECTOR'S OFFICE MAR 08 2011

Mr. Gordon Dixon, Director
Department of Professional and Occupational Regulation
Perimeter Center
9960 Mayland Drive, Suite 400
Richmond, VA 23233

Dear Mr. Dixon:

This is to inform you that, pursuant to Rule 20(l) of the Rules of the Senate of Virginia, the subject matter contained in House Bill 1559 has been referred by the Senate Committee on Education and Health to the Department of Health Professions and the Department of Professional and Occupational Regulation for study. It is requested that the appropriate committee chair and bill patrons receive a written report, with a copy to this office, by November 1, 2011.

With kind regards, I am

Sincerely yours,

Susan Clarke Schaar

SCS:pjl

cc: Sen. R. Edward Houck, Chair, Committee on Education and Health
Del. Edward T. Scott, Patron of HB 1559
Dianne Reynolds-Cane, M.D., Director, Department of Health Professions

Information for Study of HB1559 (2010)

Assigned Tasks

The Department of Health Professions was tasked with obtaining information related to the following areas:

- Determine whether coursework related to hearing aids is included in audiology doctoral level programs
- Praxis testing for audiology graduates
    - Hearing aid content on the national test
    - National or state passage rates

Resources

- American Speech-Language-Hearing Association (ASHA) located at http://www.asha.org/ . Excerpt from the ASHA website states it "is the professional, scientific, and credentialing association for 145,000 members and affiliates who are audiologists, speech-language pathologists and speech, language, and hearing scientists."

- http://www.asha.org/certification/praxis/aud_content.htm information on Praxis

- http://www.asha.org/uploadedFiles/PraxisScoresSLP.pdf provided passage rates for Praxis

- Ayasakanta Rout, Ph.D.,
  Assistant Professor of Audiology
  Director, Hearing Aid Research Laboratory
  Dept. of Communication Sciences & Disorders
  James Madison University
  701 Carrier Drive - MSC 4304
  Harrisonburg, VA 22807
  Ph: (540) 568-2719

Information

James Madison University (JMU) houses the only doctoral level audiology program accredited by the Council on Academic Accreditation of ASHA in Virginia. Dr. Rout, Assistant Professor of Audiology at JMU, provided the following **information via email**:

"The Doctor of Audiology students during their 4 years of training take two courses entirely on hearing aids and undergo hundreds of hours of clinical training in the area of hearing aids.

1. CSD 551 (Introduction to Hearing Aids): 3 credit hours

2. CSD 622 (Advanced Hearing Aids Selection and Fitting): 4 credit hours (3 hours lecture and 1 credit hour hands-on labs)

3. In addition, every semester the students are placed in the on-campus audiology clinic that provides comprehensive audiological care including hearing aid selection, fitting and follow-up care. During the summer semester of the 2nd year, the students are placed in an externship in an outside audiology clinic. The fourth year of the doctoral program is a

full-time clinical externship where the students learn comprehensive hearing aid selection, fitting, and follow-up care.

I am attaching the syllabi of the two courses (CSD 551, CSD 622) that I teach every year. Hope this is helpful. I will follow-up with a phone call this afternoon to answer any questions that you might have." (Copies of the two syllabi are attached).

In addition to the email, **a conversation on July 13, 2011, between Leslie Knachel, Executive Director for the Board of Audiology and Speech-Language Pathology, and Dr. Rout** yielded the following information:

- The audiology doctoral program was first accredited in 2003 and includes two semesters of coursework, totaling seven credit hours, related to hearing aids.
- Prior to the doctorate level program, JMU maintained an accredited master's level audiology program and included two semesters of coursework, totaling six credit hours, related to hearing aids.
- A doctoral student completes approximately 2,000 clinic hours broken down as follows:
    - 1st and 2nd year students spend one day/week in the onsite clinic;
    - Rising 3rd years complete a 12 week externship in an outside clinic; and
    - 4th year students have no classes and do 100% clinical setting offsite.
- The doctoral program provides clinical and treatment training. Since the students are not medical doctors, the treatment they provide centers around hearing aids and cochlear implants.
- The ASHA accrediting process helps to ensure that doctoral programs are all providing the minimum course work needed in the area of hearing aids.
- The Praxis examination includes hearing aid testing in the "Rehabilitative" sections of the test:
    - Rehabilitative Assessment (approximately 13 questions/11% of exam) is testing how well the individual can determine whether a client is a candidate for a hearing aid;
    - Rehabilitative Technology (approximately 13 questions/11% of exam) is the engineering piece of hearing aids – how to program the hearing aids and description of the bells and whistles; and
    - Rehabilitative Management (approximately 13 questions/11% of exam) is testing how well an individual can prescribe appropriate hearing aids.
- Hearing aid courses taught previously at the master's level and now at the doctoral level provide enough rigors for a graduate to be exempt from taking the hearing aid and fitters' examination.
- The legislation validates doctoral level programs and authenticates that doctoral level students are being properly trained.

JAMES MADISON UNIVERSITY.

Communication Sciences & Disorders

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- MS in CSD (research)
- Part-time, online Master's Program in Speech-Language Pathology (DLVE-SLP)

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Doctor of Audiology (Au.D.)

Coordinator: Dr. Dan Halling (hallindc@jmu.edu)

This graduate audiology program is a four-year post-baccalaureate program of study that culminates in eligibility for certification in audiology granted by the American-Speech-Language-Hearing Association and for licensure in audiology as awarded by the Commonwealth of Virginia. Students admitted to this program matriculate into a

focused curriculum developed to prepare doctoral-level practitioners. Students admitted to the doctor of audiology program who already hold a masters degree in audiology will complete an individualized program of study composed of a minimum of 57 semester credit hours. No students matriculate with the intention of earning a master's degree as the terminal degree. Approximately 6 students are admitted into the program each year. Teaching occurs in small groups and in a supportive learning environment with courses taught by nationally and internationally known faculty and practicum experiences supervised by experienced audiologists in a variety of settings.

Students can pursue a Dual Au.D./Ph.D.

Graduate Assistantships (GAs) are available on a competitive basis to graduate students. Fellowships are funded from a variety of sources, including the university, endowments, organizations and service groups such as Scottish Rite and Lion's Club, and external grant funding from both public and private sources. Contact the Coordinator of the program listed above for more information.

Students applying for admission to the Au.D. program should be aware that some of the clinical placement sites in which students are required to complete clinical practica in order to graduate will require the student to produce a current criminal records check. It is the student's responsibility to arrange for the check, to keep it current in order to comply with the requirements of the various clinical sites, and to advise the University and Department if the status of the student's criminal record changes at any time during the student's program.

An example of the audiology curriculum:

	Semesters		
Year	**Fall**	**Spring**	**Summer**
1	Clinical Methods in Audiology I	Anatomy & Physiology II	Industrial Audiology
	Instrumentation in Audiology	Human Communication & Aural Rehabilitation	Neurophysiologic Measurement I
	Anatomy & Physiology I	Clinical Methods in Audiology II	Pediatric Audiology
	Audiologic Assessment	Tinnitus	Audiology Clinical Practicum B
	Vestibular Physiology and Testing	Introduction to Hearing Aids	
		Audiology Clinical Practicum A	
2	Experimental Design in Audiology	Psychoacoustics	Business Applications
	Neurophysiologic Measurement II	Research in Audiology	Auditory Pathophysiology
	Advanced Hearing Aids	Geriatric Audiology	Doctoral Dissertation
	Audiology Clinical Practicum C	Professional Seminar-Evidence-based Practice	Audiology Rotation A
		Audiology Clinical Practicum D	
3	Research & Inferential Statistics	Medical Audiology	Audiology Externship A
	Professional Seminar-Evidence-based Practice	Cochlear Implants	Doctoral Dissertation
	Doctoral Dissertation	Doctoral Dissertation	
	Audiology Rotation B	Audiology Rotation C	
4	Audiology Externship B	Audiology Externship C	
	Doctoral Dissertation	Doctoral Dissertation	Doctoral Dissertation (if necessary)

Faculty

Christopher G. Clinard, Ph.D.	Electrophysiology, Medical Audiology, Audiologic Rehabilitation
Rory A. DePaolis, Ph.D.	Developmental Speech Perception, Research Methods
Lincoln C. Gray, Ph.D.	Auditory Development, Auditory Neuroscience, Behavioral Statistics
Dan C. Halling, Ph.D.	Psychoacoustics, Industrial Audiology, Professional Issues
Claire A. Jacobson, Au.D.	Pediatric Audiology, Professional Issues, Clinical Supervision
Ayasakanta Rout, Ph.D.	Hearing Aids, Cochlear Implants, Diagnostic Audiology
Brenda M. Ryals, Ph.D.	Anatomy & Physiology, Professional Issues, Hearing Science
Jonathan Spindel, Ph.D.	Vestibular Assessment, Middle Ear Implantable Devices

Part-time and Adjunct Faculty

Donna M. Mallory, Au.D.	Amplification, Clinical Supervision
Diane Schwalbach, Au.D.	Amplification, Audiologic Rehabilitation
Brenda C. Seal, Ph.D.	Sign Language
Ken Henry, Ph.D.	
Scott Wood, Ph.D.	
Danny Neal, M.D.	
Bradley Kesser, M.D.	

Admissions

General information on admissions procedures can be found on The Graduate School's web site. Questions regarding the status of the application should also be directed to the Graduate School. Specific questions about the audiology program should be directed to Dr. Dan Halling, Graduate Coordinator for Audiology (hallindc@jmu.edu). Many potential applicants ask about visiting JMU and the audiology program. As much as the program enjoys showcasing the campus, the facilities, and the faculty and students, and this is certainly permissible at any time, it is recommended that the on-campus visit be conducted at the time of the interview (see below). This is the optimal time as applicants can meet with the audiology faculty, and the faculty have dedicated a block of time to spend with each applicant.

Deadline

February 1st – All application materials (received, not postmarked) for full consideration of admission in the following fall semester. If official GRE scores from a recent test administration have not yet been received by the Graduate School, applicants can report those scores directly to Dr. Halling for consideration in making interview invitations. However, official report of scores must be received prior to any formal admission decisions.

Applicants need to electronically submit to the Graduate School (http://www.jmu.edu/grad/prospective/admissions.shtml):

1. JMU Graduate School Application
2. Recent GRE scores, per the Graduate School application instructions
3. Official transcripts
4. Brief résumé, to include names and contact information of 3 individuals who have agreed to serve as a reference (letters of recommendation are not to be submitted)
5. A personal written statement regarding your career goals, reasons for pursuing a doctoral degree, and areas of research interest

GRE Update:

Prospective applicants are encouraged to take the new Revised GRE Test. However, we will continue to accept the scores from the previous version of the GRE test for the February 1, 2012 submission deadline. More information on the GRE is available at the official web site of Educational Testing Service.

On-Campus Interview

Immediately following the deadline, all applicants will be reviewed by the admissions committee. Only applicants who are being seriously considered for admission will be invited by the program to an on-campus interview (applicants do not initiate the scheduling of an interview). The on-campus interview is mandatory; an applicant's inability to participate in the interview will most likely result in elimination from consideration of admission. Interview dates are typically held on Mondays and Fridays during the last two weeks of February. Applicants should consider their availability to travel during this time when applying; the program will try to schedule interviews with at least 1-2 week's advance notice. Offers of admission will be extended following the completion of all on-campus interviews.

Links of Interest to Prospective Au.D. Students

- The Student Academy of Audiology (SAA) chapter at James Madison University
- Directions to JMU and Transportation options

COLLEGE OF INTEGRATED SCIENCE AND TECHNOLOGY
JAMES MADISON UNIVERSITY

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James Madison University

James Madison University
Course Syllabus for CSD 551 (Introduction to Hearing Aids)
Spring Semester 2009-10
Class: Mondays, 1:00 - 3:30 PM, HHS 2201

Course Professor: Ayasakanta Rout, Ph.D.
Office: 1143 HHS
Phone: (540) 568-2719 (O) / (540) 429-0412 (cell)
Email: routax@jmu.edu
Office hours: by appointment

Purpose of the course: This course is designed to introduce the graduate students of clinical audiology to the area of hearing aid technology and assistive listening devices. This course is the first of two courses on clinical amplification.

The American Speech-Language Hearing Association (ASHA) Standards addressed in this course are given below.

Course Objectives (Knowledge outcomes):
At the completion of this course the students will have adequate knowledge to:

1) Understand the functioning of analog and digital hearing aid aids and each component within the circuit, and assess the functioning of the hearing aid. (ASHA standard IV- E7)
2) Perform electroacoustic analysis of hearing aids and interpret the results (ASHA standards IV-E18, E19)
3) Understand acoustic properties of the ear canal when coupled with earmolds and apply the information to hearing aid fitting (ASHA standard IV- E7)
4) Understand basic compression schemes used in hearing aid circuits and the rationales behind each scheme.
5) Understand assistive listening technology and assessment of assistive listening devices for the hearing impaired individual. (ASHA standard IV- E7)

Course Text:
Dillon, H. (2000). Hearing Aids (First Edition). New York: Thieme.
Additional reading materials will be assigned by the instructor throughout the semester.

Grading Scale:

A: 95-100; A-: 90-95; B+: 87-89; B: 83-86; B-: 80-82; C+: 77-79; C: 73-76;
C-: 70-72; D+: 67-69; D: 63-66; F: $\leq$65

P.S. A letter grade of B- does not equate to 3.0, but rather 2.7

Course Format:
This course is designed to be didactic lectures. It is expected from the students to contribute to the learning process by asking questions and interacting with the professor and other members of the class. Active participation is highly encouraged in this doctoral level course.

Assessment:
Knowledge acquired in this course will be tested in the following manners:

1) Written tests: two tests (including the final) will account for 70% (35+35) of your grades.
2) In addition to the examinations, 2 quizzes will be given in the class. A minimum of 3 days notice will be given prior to each quiz. Quizzes will account for 10% of your final grade
3) Class assignments and class participation will account for 10% of your final grades

Formative assessment: When assignments/tests are returned in the class, they will be reviewed in class. This activity is part of the formative assessment process and is designed to assist students to meet the knowledge and competency standards relevant to the test/assignment. Also as part of the formative assessment process, students who do not receive a grade of B on any test/assignment will be asked to meet individually with the professor in order to review the material relevant to the knowledge and competencies included in the assessment.

Academic conduct: It is expected of the course participants to adhere to strict academic honesty. Any act of dishonesty will be strongly penalized including reporting to higher authorities and failure in the course.

Inclement weather: In case of inclement weather the class will be scheduled per directives from the University communications. The weather related information is posted on the JMU official website at www.jmu.edu

Class attendance: The students are expected to attend every class. Absence due to emergency situations should be communicated to Dr. Rout through phone or email ASAP.

Course Agenda:

Module I

- Problems faced by people with hearing impairment (Perceptual consequences of sensory hearing loss)

- Development of hearing aids

- Types of hearing aids

- Hearing aid components
    - Block diagrams
    - Microphones
    - Amplifiers
    - Digital circuits
    - Tone controls and filters
    - Receivers
    - Acoustic dampers
    - Telecoils
    - Direct audio input
    - Remote controls
    - Bone conductors
    - Batteries

EXAMINATION I

Module II

- Hearing aid systems
    - Analog hearing aids
    - Digitally programmable analog hearing aids
    - Digital hearing aids

- Electroacoustic performance and measurement of hearing aid performance
    - Measuring hearing aids in couplers and ear simulators
    - Introduction to real ear measurements

EXAMINATION II

Module III

- Hearing aid earmolds
    - Ear impression
    - Earmold and earshell acoustics
    - Venting

- The sound bore
- Acoustic dampers

- Introduction to Compression
  - Basic characteristics of a compressor
  - Rationales for use of compression in hearing aids

- Assistive Listening technology
  - Induction loop systems
  - FM systems
  - Infra red systems

Final examination: May 03, 2010 (Mon) 1:00-3:30 PM

January 18, 2009 (Mon) MLK Jr. Day – No class

Mar 8-12 (Mon-Fri) Spring Break – No class

James Madison University
Course Syllabus for CSD 622 (Advanced Hearing Aids)
Fall Semester 2010
Class: Fridays, 8:30AM- 11:00 AM, 1201 HHS
Lab: Fridays, 11:00-12:30 PM, 1024 HHS (Hearing Aid Research Laboratory)

Course Professor: Ayasakanta Rout, Ph.D.
Office: 1143 HHS
Phone: (540) 568-2719 (Office)
Email: routax@jmu.edu
Office hours: Wed 9:00-10:00, Thu 2:00-3:00 or by appointment

Purpose of the course: This course is designed to expand and augment the students' current knowledge of hearing aid selection, programming, and fitting for pediatric, adult, and geriatric populations.

The American Speech-Language Hearing Association (ASHA) Standards addressed in this course are given below.

Course Objectives (Knowledge outcomes):
At the completion of this course the students are will have adequate knowledge and skills to:

1) Assess the need for amplification and select appropriate hearing instruments and assistive listening devices for pediatric, adult and geriatric patients (ASHA standard IV- E7, E8)
2) Program advanced digital hearing aids, troubleshoot and fine tune hearing aid fittings (ASHA standards IV- E18)
3) Perform electroacoustic analysis of hearing aids and interpret the results (ASHA standards IV- E19)
4) Counsel hearing aid users and their family members to derive maximum benefit from amplification (ASHA standard IV- E9)

Course Text:
Dillon, H. (2000). Hearing Aids (First Edition). New York: Thieme.
Kates, J.M. (2008). Digital Hearing Aids (First Edition). San Diego: Plural Publishing.
Additional readings will be provided by Dr. Rout throughout the course of the semester.

Grading Scale:

A: 95-100	C: 73-76
A-: 90-94	C-: 70-72
B+: 87-89	D+: 67-69
B: 83-86	D: 63-66
B-: 80-82	F: ≤65
C+: 77-79	

P.S. A letter grade of B- does not equate to 3.0, but rather 2.7

Course Format:

This course is designed to be a combination of didactic lectures, hands-on laboratries, and student presentations. It is expected from the students to contribute to the learning process by asking questions and interacting with the professor. Active participation is highly encouraged in this doctoral level course.

Assessment:

Knowledge acquired in this course will be tested in the following manners:

1) formal written tests: one test and a comprehensive final will account for 60% of your final grades
2) In addition to the examinations, 2 quizzes will be given in the class. A minimum of 3 days notice will be given prior to each quiz. Quizzes will account for 10% of your final grade
3) Labs, class assignments, and class participation will account for 30% of your final grades

Formative assessment: When assignments/tests are returned in the class, these will be reviewed in class. This activity is part of the formative assessment process and is designed to assist students to meet the knowledge and competency standards relevant to the test/assignment. Also as part of the formative assessment process, students who do not receive a grade of B on any test/assignment will be asked to meet individually with Dr. Rout in order to review the material relevant to the knowledge and competencies included in the assessment.

Course Agenda:

Real-ear measurement as a verification tool

Real ear aided gain
Insertion gain
Practical issues in real-ear testing
Real-ear verification of digital hearing aids
Real-ear verification of 'open-fit' hearing aids

Clinical application of compression

Advanced compression systems
Expansion

Prescription of hearing aid performance

General concepts and historical perspective
Linear prescriptive approaches
Non-linear prescriptive approaches
NAL-NL, DSL[i/o], IHAFF, LGOB
Comparison of procedures
PRESCRIPTION OF COMPRESSION THRESHOLD
Prescription of OSPL90
Special considerations for conductive loss and conductive overlay

Hearing aid selection and candidacy issues

Who is a good candidate?
Which hearing aid to fit?
Which prescriptive formula to use?
Which signal processing features ("bells and whistles") to prescribe?
Issues related to over amplification and underamplification

Middle Ear Implantable Hearing Aids (Jonathan Spindel, Ph.D.)

Outcome assessment in amplification (Subjective tools for hearing aid verification)

Measuring hearing aid benefit and satisfaction
Tools used in outcome assessment
APHAB, COSI, GHABP, etc.

Test 1: Date TBA (One week notice)

Advanced signal processing schemes in hearing aids

Advanced directional technology
Single-microphone noise reduction
Acoustic feedback (oscillation) suppression
Frequency transposition
Speech cue enhancement
Wind noise management

Hearing aid fitting with the pediatric population

Special considerations for the pediatric population
Prescriptive formulae for pediatric population
Verification in pediatric fitting

Hearing aid orientation and informational counseling

Adults
Parents of pediatric hearing aid users

Final examination: TBA

Academic conduct: It is expected of the course participants to adhere to strict academic honesty. Any act of dishonesty will be strongly penalized including reporting to higher authorities and failure in the course. The University honor code is available online at http://www.jmu.edu/honor/code.shtml

Inclement weather: In case of inclement weather the class will be scheduled per directives from the University communications. The weather related information is posted on the JMU official website at www.jmu.edu

Class attendance: The students are expected to attend every class. Absence due to emergency situations should be communicated to Dr. Rout through phone or email ASAP.

Labs

Lab 1: Real Ear measurements with Frye Electronics machines

Lab 2: Hearing Aid fitting and verification with a real ear measurements

Lab 3: Effects of compression parameters on speech and sinusoid signals.

Lab 4: Advanced hands-on programming with hearing aids

Lab 5: Advanced hands-on programming with hearing aids

Lab 6: Advanced programming with hearing aids

Lab 7: Non-linear prescriptive approaches

Lab 8: Advanced programming with hearing aids

Lab 9: Advanced hands-on programming with hearing aids

Lab 10: Real-ear verification for open-fittings

P.S. Students are required to attend the 'pre-conference technology update sessions' at the ICCS fall conference. The sessions are scheduled from 11:00-4:00 on Friday, Oct 8, 2010.

A one day hands-on practice session with Widex hearing aid will be scheduled as a part of the course. Date TBA. Lunch provided.

Manufacturer training

10/08/2010:	Ruth Symposium (No class. Required to attend manufacturer presentations)
10/22/2010	Jessica Dancis, Unitron (9:00-11:00)
10/29/2010	Robert Dowling, Oticon (8:30-10:30)
11/05/2010	Jessica Zellmer, Phonak (10:30-12:30)
11/12/2010	Shannon Frymark, Widex (10:30-12:30)
11/19/2010	Kate Pick, Resound (8:30-10:30)
11/26/2010:	Thanksgiving (No class)
12/03/2010	Jim Gear, The Earmold Company (10:30-12:30)

American Speech-Language-Hearing Association

III. Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology

Effective January 1, 2008 | Last Updated January 1, 2011

Introduction

The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association (ASHA) accredits graduate [1] programs that prepare individuals to enter professional practice in audiology and/or speech-language pathology. The CAA was established by ASHA and is authorized to function autonomously in setting and implementing standards and awarding accreditation. The CAA is recognized by the Council for Higher Education Accreditation and by the U.S. Secretary of Education as the accrediting agency for the accreditation and preaccreditation (accreditation candidate) of education programs leading to the first professional or clinical degree at the master's or doctoral level and for the accreditation of these programs offered via distance education, throughout the United States.

The intention of accreditation is to promote excellence in educational preparation while assuring the public that graduates of accredited programs are educated in a core set of knowledge and skills required to qualify for state and national credentials for independent professional practice. Quality education can be achieved in a variety of ways, and the CAA wishes to support programs in the achievement of the highest quality possible. These standards identify basic elements that must exist in all accredited graduate education programs while allowing flexibility in the ways in which programs pursue excellence.

The CAA has identified the following six components as essential to quality education in the professions and has established its accreditation standards accordingly:

- administrative structure and governance
- faculty
- curriculum (academic and clinical education)
- students

- assessment
- program resources

Accreditation Standards

The CAA has adopted the following standards as necessary conditions for accreditation of eligible graduate education programs. The CAA is responsible for evaluating the adequacy of an applicant program's efforts to satisfy each standard. Compliance with all standards represents the minimum requirement for accreditation, regardless of mode of delivery, including distance education. The CAA will evaluate programs to ensure that the program is equivalent across all modes of delivery and that students enrolled in distance education or other modes of education delivery are held to equivalent standards and afforded equivalent access to all courses, clinical practicum opportunities and supervision, advising, student support services, program resources, etc.

Recognizing that the entry-level degree programs in audiology and speech-language pathology are different in scope and delivery, Standard 3.0 (Curriculum) is divided into two separate components, 3.0A for audiology and 3.0B for speech-language pathology, to clarify the curricular distinctions between the professions. Programs that apply for accreditation in both areas must address both Curriculum sections. Separate reporting may be necessary for other standards where distinct differences exist between the audiology and speech-language pathology programs.

Standards for accreditation appear in **bold**. *Italicized* implementation language following each standard provides interpretations or explanations of the standard and/or guidance to programs on how to document compliance.

Standard 1.0 Administrative Structure and Governance

1.1 The applicant institution of higher education holds regional accreditation.

The institution of higher education within which the applicant audiology and/or speech-language pathology program is housed must hold regional accreditation from one of the following six regional accrediting bodies:

1. Middle States Association of Colleges and Schools, Middle States Commission on Higher Education;
2. New England Association of Schools and Colleges, Commission on Institutions of Higher Education;
3. North Central Association of Colleges and Schools, The Higher Learning Commission;
4. Northwest Commission on Colleges and Universities;

5. Southern Association of Colleges and Schools, Commission on Colleges; or
6. Western Association of Schools and Colleges, Accrediting Commission for Senior Colleges and Universities.

For programs with components located outside the region of the home campus, the program must verify to the CAA that all locations in which its academic components are housed, including official satellite campuses outside of the United States, are regionally accredited.

1.2 The program's mission and goals are consistent with CAA standards for entry into professional practice (3.1A and/or 3.1B) and with the mission of the institution.

The mission statements of the institution, college, and program (including religious mission, if relevant) must be presented as evidence to support compliance with this standard. The program's faculty must regularly evaluate the congruence of program and institutional goals and the extent to which the goals are achieved.

1.3 The program develops and implements a long-term strategic plan.

The plan must be congruent with the mission of the institution, have the support of the university administration, and reflect the role of the program within the community. Components of a plan may include long-term program goals, specific measurable objectives, strategies for attainment, a schedule for analysis, and a mechanism for regular evaluation of the plan itself and of progress in meeting the plan's objectives. The plan and the results of the regular evaluation of the plan and its implementation must be shared with faculty, students, staff, alumni, and other interested parties.

1.4 The program's faculty [2] has authority and responsibility for the program.

The institution must indicate by its administrative structure that the program's faculty is recognized as a body that can initiate, implement, and evaluate decisions affecting all aspects of the professional education program, including the curriculum. The program's faculty has reasonable access to higher levels of administration. The program must describe how substantive decisions regarding the academic and clinical programs are initiated, developed, and implemented by the program faculty. Programs without independent departmental status must be particularly clear in describing these aspects of the organizational structure.

1.5 The individual responsible for the program(s) of professional education seeking accreditation holds

a graduate degree with a major emphasis in speech-language pathology, in audiology, or in speech, language, and hearing science and holds a full-time appointment in the institution. The individual effectively leads and administers the program(s).

Individuals with graduate degrees in areas other than those listed in the standard typically do not satisfy this standard. In such cases, the individual's qualifications must be evaluated by the CAA to determine appropriateness for the program director to provide the leadership in teaching, research, and clinical areas. A department chair who is not serving as the program director need not meet this standard, but it must be clear in this situation that the program director is indeed responsible for the program(s) of professional education.

Regular evaluation of the program director's effectiveness in advancing the goals of the program and institution and in leadership and administration of the program must be documented.

1.6 Students, faculty, staff, and persons served in the program's clinic are treated in a nondiscriminatory manner-that is, without regard to race, color, religion, sex, national origin, participation restriction, age, sexual orientation, or status as a parent. The institution and program comply with all applicable laws, regulations, and executive orders pertaining thereto.

The signature of the institution's president or designee on the application for accreditation affirms the institution's compliance with all applicable federal, state, and local laws prohibiting discrimination, including harassment, on the basis of race, color, religion, sex, national or ethnic origin, physical or mental disability or condition, age, sexual orientation, status as a parent, and status as a covered veteran, including, but not limited to, the Americans with Disabilities Act of 1990, the Civil Rights Act of 1964, the Equal Pay Act, the Age Discrimination in Employment Act, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972 (to the Higher Education Act of 1965), the Rehabilitation Act of 1973, the Vietnam-Era Veterans Readjustment Assistance Act of 1974, and all amendments to the foregoing. The program demonstrates compliance through its policies and procedures.

1.7 The program provides information about the program and the institution to students and to the public that is current, accurate, and readily available.

Web sites, catalogs, advertisements, and other publications/electronic media must be accurate regarding the program's accreditation status, standards and policies regarding recruiting and admission practices, academic offerings, matriculation expectations, academic calendars, grading policies and requirements, and fees and other charges. Average data on the following student outcome measures compiled from the three most recently completed academic years, including the number, percentage, and specific years reported, must be

available to the general public: program completion rates, Praxis examination pass rates, and employment rates. (See Standard 5.3 below.)

Standard 2.0 Faculty

2.1 All faculty members, including all individuals providing clinical education, are qualified and competent by virtue of their education, experience, and professional credentials to provide academic and clinical education assigned by the program.

Qualifications and competence to teach graduate-level courses and to provide clinical education must be evident in terms of appropriateness of degree level, practical or educational experiences specific to responsibilities in the program, and other indicators of competence to offer graduate education. All individuals providing didactic and clinical education, both on-site and off-site, must have appropriate experience and qualifications for the professional area in which education is provided so that the program can achieve its mission and goals to enable its graduates to qualify for entry into independent professional practice.

The faculty must possess appropriate qualifications and expertise to provide the depth and breadth of instruction for the curriculum, consistent with the institutional expectations for clinical graduate programs. Academic content is to be taught by doctoral-level faculty except where there is a compelling rationale for instruction by an individual with other professional qualifications that satisfy institutional policy.

2.2 The number of full-time doctoral-level faculty in speech-language pathology, audiology, and speech, language, and hearing sciences and other full- and part-time faculty is sufficient to meet the teaching, research, and service needs of the program and the expectations of the institution. The institution provides stable support and resources for the program's faculty.

A sufficient number of qualified doctoral-level faculty with full-time appointments is essential for accreditation. This number must include research-qualified faculty (e.g., PhDs). The program must document that the number of doctoral-level and other faculty is sufficient to offer the breadth and depth of the curriculum, including its scientific and research components, so that students can complete the requirements within a reasonable time period and achieve the expected knowledge and skills. The faculty must have sufficient time for scholarly and creative activities, advising students, participating in faculty governance, and other activities consistent with the institution's expectations. Faculty must be accessible to students.

Institutional commitment to the program's faculty is demonstrated through documentation of stability of financial support for faculty, evidence that workload assignments are consistent with institutional policies, and evidence of positive actions taken on behalf of the program's faculty.

The program must demonstrate that faculty members have the opportunity to meet the institution's criteria for tenure, promotion, or continued employment, in accord with the institution's policies.

2.3 Faculty members maintain continuing competence.

Faculty can demonstrate continuing competence in a variety of ways, including course and curricular development, professional development, and research activities. Evidence of each faculty member's professional development activities must appear in faculty vitae.

The program must demonstrate that support, incentives, and resources are available for the continued professional development of the faculty. Examples of evidence include release time for research and professional development, support for professional travel, and professional development opportunities on campus.

Standard 3.0A Curriculum (Academic and Clinical Education) in Audiology

3.1A The curriculum (academic and clinical education) is consistent with the mission and goals of the program and prepares students in the full breadth and depth of the scope of practice in audiology.

The program must provide a curriculum leading to an entry-level clinical doctoral degree with a major emphasis in audiology. The program must offer appropriate courses and clinical experiences on a regular basis so that students may satisfy the degree requirements within the published time frame.

The program must ensure that students have opportunities to acquire the knowledge and skills needed for entry into independent professional practice across the range of practice settings (including but not limited to hospitals, schools, private practice, community speech and hearing centers, and industry) and to qualify for relevant state and national credentials for independent professional practice.

Doctoral-level programs in audiology must provide evidence of a curriculum that allows students to achieve the knowledge and skills listed below. Typically, the achievement of these outcomes requires the completion of 4 years of graduate education or the equivalent.

The doctoral curriculum in audiology must include a minimum of 12 months' full-time equivalent of supervised clinical experiences. These include short-term rotations and longer term externships and should be distributed throughout the program of study. Clinical experiences must constitute at least 25% of the program length.

The aggregate total of clinical experiences must equal at least 12 months, to include direct client/patient contact, consultation, record keeping, and administrative duties relevant to professional service delivery in audiology. The program must provide sufficient breadth and depth of opportunities for students to obtain a variety of clinical experiences in different work settings, with different populations, and with appropriate equipment and resources in order to acquire and demonstrate skills across the scope of practice in audiology, sufficient to enter independent professional practice.

It is the responsibility of the program to plan a clinical program of study for each student. The program must demonstrate that it has sufficient agreements with supervisors or preceptors and clinical sites to provide each student with the clinical experience necessary to prepare them for independent professional practice. It is the program's responsibility to design, organize, administer, and evaluate the overall clinical education of each student.

The doctoral academic and clinical curriculum in audiology must include instruction in the areas of (a) foundations of audiology practice, (b) prevention and identification, (c) evaluation, and (d) treatment, as described below.

Instruction in foundations of audiology practice must include opportunities for students to acquire knowledge in the following areas:

- normal aspects of auditory physiology and behavior over the life span
- interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders
- anatomy and physiology, pathophysiology and embryology, and development of the auditory and vestibular systems
- principles, methods, and applications of psychoacoustics
- effects of chemical agents on the auditory and vestibular systems
- instrumentation and bioelectrical safety issues
- infectious/contagious diseases and universal precautions

- physical characteristics and measurement of acoustic stimuli
- physical characteristics and measurement of electric and other nonacoustic stimuli
- principles and practices of research, including experimental design, evidence-based practice, statistical methods, and application to clinical populations
- medical/surgical procedures for treatment of disorders affecting auditory and vestibular systems
- client/patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services
- genetic bases of hearing and hearing loss
- speech and language characteristics across the life span associated with hearing impairment
- development of speech and language production and perception
- manual and other communication systems, use of interpreters, and assistive technology
- ramifications of cultural diversity on professional practice
- educational, vocational, and social and psychological effects of hearing impairment and their impact on the development of a treatment program
- health care and educational delivery systems
- professional codes of ethics and credentialing
- supervisory processes and procedures
- laws, regulations, policies, and management practices relevant to the profession of audiology

Instruction in prevention and identification of auditory and vestibular disorders must include opportunities for students to acquire the knowledge and skills necessary to:

- interact effectively with patients, families, other appropriate individuals, and professionals
- prevent the onset and minimize the development of communication disorders
- identify individuals at risk for hearing impairment
- apply the principles of evidence-based practice
- screen individuals for hearing impairment and activity limitation or participation restriction using clinically appropriate and culturally sensitive screening measures
- screen individuals for speech and language impairments and other factors affecting communication function using clinically appropriate and culturally sensitive screening measures

- administer conservation programs designed to reduce the effects of noise exposure and of agents that are toxic to the auditory and vestibular systems

Instruction in the evaluation of individuals with suspected disorders of auditory, balance, communication, and related systems must include opportunities for students to acquire the knowledge and skills necessary to:

- interact effectively with patients, families, professionals, and others, as appropriate
- evaluate information from appropriate sources to facilitate assessment planning
- obtain a case history
- perform an otoscopic examination
- remove cerumen, when appropriate
- administer clinically appropriate and culturally sensitive assessment measures
- perform audiologic assessment using physiological, psychophysical, and self-assessment measures
- perform electrodiagnostic test procedures
- perform balance system assessment and determine the need for balance rehabilitation
- perform assessment for rehabilitation
- document evaluation procedures and results
- interpret results of the evaluation to establish type and severity of disorder
- apply the principles of evidence-based practice
- generate recommendations and referrals resulting from the evaluation process
- provide counseling to facilitate understanding of the auditory or balance disorder
- maintain records in a manner consistent with legal and professional standards
- communicate results and recommendations orally and in writing to the patient and other appropriate individual(s)
- use instrumentation according to manufacturer's specifications and recommendations
- determine whether instrumentation is in calibration according to accepted standards

Instruction in treatment of individuals with auditory, balance, and related communication disorders must include opportunities for students to acquire the knowledge and skills necessary to:

- interact effectively with patients, families, professionals, and other appropriate individuals
- develop and implement treatment plans using appropriate data

- discuss prognosis and treatment options with appropriate individuals
- counsel patients, families, and other appropriate individuals
- develop culturally sensitive and age-appropriate management strategies
- collaborate with other service providers in case coordination
- conduct self-evaluation of effectiveness of practice
- perform hearing aid, assistive listening device, and sensory aid assessment
- recommend, dispense, and service prosthetic and assistive devices
- provide hearing aid, assistive listening device, and sensory aid orientation
- conduct audiologic rehabilitation
- monitor and summarize treatment progress and outcomes
- assess efficacy of interventions for auditory and balance disorders
- apply the principles of evidence-based practice
- establish treatment admission and discharge criteria
- serve as an advocate for patients, families, and other appropriate individuals
- document treatment procedures and results
- maintain records in a manner consistent with legal and professional standards
- communicate results, recommendations, and progress to appropriate individual(s)
- use instrumentation according to manufacturer's specifications and recommendations
- determine whether instrumentation is in calibration according to accepted standards

3.2A Academic and clinical education reflects current knowledge, skills, technology, and scope of practice. The curriculum is regularly reviewed and updated. The diversity of society is reflected throughout the curriculum.

The program must provide evidence that the curriculum is regularly and systematically evaluated and updated to reflect current knowledge and scope of practice in the profession. Sensitivity to issues of diversity should be infused throughout the curriculum. Evidence of regular and systematic evaluation may include institutional program evaluations, exit interviews, alumni and employer input, and faculty and administrative review of student performance and outcomes.

3.3A The scientific and research foundations of the profession are evident in the curriculum.

The program must demonstrate how it verifies that students obtain knowledge in the basic sciences (e.g., biological, behavioral, physical science, and mathematics), basic science skills (e.g., scientific methods and critical thinking), and the basic communication sciences (e.g., acoustics and physiological and neurological processes of speech, language, and hearing). The curriculum must reflect the scientific bases of the professions and include research methodology. The curriculum must provide opportunities for students to become knowledgeable consumers of research literature, with an emphasis on the fundamentals of evidence-based practice, as well as the application of these principles and practices to clinical populations. The program of study must include research and scholarship participation opportunities that are consistent with the mission and goals of the program and the institutional and professional expectations for clinical doctoral programs.

3.4A The academic and clinical curricula reflect an appropriate sequence of learning experiences.

The program must provide evidence of appropriate sequencing of course work and clinical education. Appropriate sequencing must be evident in examples of typical programs of study including clinical placements.

3.5A Clinical supervision is commensurate with the clinical knowledge and skills of each student, and clinical procedures ensure that the welfare of each person served by students is protected, in accord with recognized standards of ethical practice and relevant federal and state regulations.

The program must have written policies that describe how the manner and amount of supervision are determined and adjusted to reflect the competence of each student and the specific needs of the clients/patients served. The written policies must describe the extent to which students are supervised and receive supervisor or preceptor consultation when providing services to client/patients. Procedures for client/patient safety, confidentiality, and security of client/patient records must also be clearly described in the program's written policies, in accordance with relevant federal and state regulations. Ethical standards must be clearly documented in the program's published materials.

3.6A Clinical education obtained in external placements is governed by agreements between the program and the external facility and is monitored by program faculty.

The program must provide examples of its written agreements with external facilities, its policies regarding the identification and ongoing evaluation of external facilities, procedures for selecting and placing students in external clinical sites, and evidence that clinical education in external facilities is monitored by the program to ensure that educational objectives are met.

3.7A The clinical education component of the curriculum provides students with access to a client/patient base that is sufficient to achieve the program's stated mission and goals and includes a variety of clinical settings, client/patient populations, and age groups.

The program must describe how it ensures that each student is exposed to a variety of populations across the life span and from culturally and linguistically diverse backgrounds. Clinical education must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities. The program must provide information about the size and diversity of the client/patient base and describe the clinical populations available in the facilities where students are placed.

Standard 3.0B Curriculum (Academic and Clinical Education) in Speech-Language Pathology

3.1B The curriculum (academic and clinical education) is consistent with the mission and goals of the program and prepares students in the full breadth and depth of the scope of practice in speech-language pathology.

The program must provide a curriculum leading to a master's or other entry-level graduate clinical degree with a major emphasis in speech-language pathology. The program must offer appropriate courses and clinical experiences on a regular basis so that students may satisfy the degree requirements within the published time frame.

The intent of this standard is to ensure that program graduates are able to acquire the knowledge and skills needed to qualify for relevant state and national credentials for independent professional practice.

Programs of study in speech-language pathology must be sufficient in depth and breadth for graduates to achieve the knowledge and skills outcomes identified for entry into professional practice as listed below. Typically, the achievement of these outcomes requires the completion of 2 years of graduate education or the equivalent.

The curriculum in speech-language pathology must provide the opportunity for students to complete a minimum of 400 supervised clinical education hours, 325 of which must be attained at the graduate level. The supervised clinical experiences should be distributed throughout the program of study. The program must provide sufficient breadth and depth of opportunities for students to obtain a variety of clinical education experiences in different work settings, with different populations, and with appropriate equipment and

resources in order to acquire and demonstrate skills across the scope of practice in speech-language pathology, sufficient to enter professional practice.

It is the responsibility of the program to plan a clinical program of study for each student. The program must demonstrate that it has sufficient agreements with supervisors or preceptors and clinical sites to provide each student with the clinical experience necessary to prepare them for independent professional practice. It is the program's responsibility to design, organize, administer, and evaluate the overall clinical education of each student.

The program must provide an academic and clinical curriculum that is sufficient for students to acquire and demonstrate, at a minimum, knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.

The program must provide opportunities for students to acquire and demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences, as well as swallowing disorders, including etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, linguistic, and cultural correlates. These opportunities must be provided in the following areas:

- articulation
- fluency
- voice and resonance, including respiration and phonation
- receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities
- hearing, including the impact on speech and language
- swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)
- cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning)
- social aspects of communication (e.g., behavioral and social skills affecting communication)
- communication modalities (e.g., oral, manual, and augmentative and alternative communication techniques and assistive technologies)

The program must provide opportunities for students to acquire and demonstrate knowledge in the following areas:

The program must demonstrate how it verifies that students obtain knowledge in the basic sciences (e.g., biological, behavioral, physical science, and mathematics), basic science skills (e.g., scientific methods and critical thinking), and the basic communication sciences (e.g., acoustics; physiological and neurological processes of speech, language, and hearing; linguistics). The curriculum must provide opportunities for students to become knowledgeable consumers of research literature with an emphasis on the fundamentals of evidenced-based practice, as well as the application of these principles and practices to clinical populations. The curriculum must reflect the scientific bases of the professions and include research methodology, research literature, and opportunities to participate in research and scholarship activities, consistent with the mission and goals of the program, institution, and profession.

3.4B The academic and clinical curricula reflect an appropriate sequence of learning experiences.

The program must provide evidence of appropriate sequencing of course work and clinical education. Appropriate sequencing must be evident in examples of typical programs of study, including clinical placements.

3.5B Clinical supervision is commensurate with the clinical knowledge and skills of each student, and clinical procedures ensure that the welfare of each person served by students is protected, in accord with recognized standards of ethical practice and relevant federal and state regulations.

The program must have written policies that describe how the manner and amount of supervision are determined and adjusted to reflect the competence of each student and the specific needs of the clients/patients served. The written policies must describe the extent to which students are supervised and receive supervisor or preceptor consultation when providing services to client/patients. Procedures for client/patient safety, confidentiality, and security of client/patient records must also be clearly described in the program's written policies, in accordance with relevant federal and state regulations. Ethical standards must be clearly documented in the program's published materials.

3.6B Clinical education obtained in external placements is governed by agreements between the program and the external facility and is monitored by program faculty.

The program must provide examples of its written agreements with external facilities, its policies regarding the identification and ongoing evaluation of external facilities, procedures for selecting and placing students in external clinical sites, and evidence that clinical education in external facilities is monitored by the program to ensure that educational objectives are met.

- principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders across the life span, including consideration of anatomical/physiological, psychological, developmental, linguistic, and cultural correlates of the disorders
- standards of ethical conduct
- interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders
- processes used in research and the integration of research principles into evidence-based clinical practice
- contemporary professional issues
- certification, specialty recognition, licensure, and other relevant professional credentials

The program must provide opportunities for students to acquire and demonstrate skills in the following areas:

- oral and written or other forms of communication
- prevention, evaluation, and intervention of communication disorders and swallowing disorders
- interaction and personal qualities, including counseling, collaboration, ethical practice, and professional behavior
- effective interaction with patients, families, professionals, and other individuals, as appropriate
- delivery of services to culturally and linguistically diverse populations
- application of the principles of evidence-based practice
- self-evaluation of effectiveness of practice

3.2B Academic and clinical education reflects current knowledge, skills, technology, and scope of practice. The curriculum is regularly reviewed and updated. The diversity of society is reflected throughout the curriculum.

The program must provide evidence that the curriculum is regularly and systematically evaluated and updated to reflect current knowledge and scope of practice in the profession. Sensitivity to issues of diversity should be infused throughout the curriculum. Evidence of regular and systematic evaluation may include institutional program evaluations, exit interviews, alumni and employer input, and faculty and administrative review of student performance and outcomes.

3.3B The scientific and research foundations of the profession are evident in the curriculum.

3.7B The clinical education component of the curriculum provides students with access to a client/patient base that is sufficient to achieve the program's stated mission and goals and includes a variety of clinical settings, client/patient populations, and age groups.

The program must describe how it ensures that each student is exposed to a variety of populations across the life span and from culturally and linguistically diverse backgrounds. Clinical education must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities. The program must provide information about the size and diversity of the client/patient base and describe the clinical populations available in the facilities where students are placed.

Standard 4.0 Students

4.1 The program criteria for accepting students for graduate study in audiology and/or speech-language pathology meet or exceed the institutional policy for admission to graduate study.

The program's criteria for admission must meet or exceed those of the institution and be appropriate for the degree being offered. The admissions standards of the program and of the institution must be described and a rationale presented for any differences between the two sets of criteria. Policies regarding any exceptions to the criteria (such as "conditional" status) must be clearly explained and consistently followed.

4.2 The program makes reasonable adaptations in curriculum, policies, and procedures to accommodate differences among individual students.

The program must provide evidence that its curriculum and its policies and procedures for admission, internal and external clinical placements, and retention of students reflect a respect for and understanding of cultural and individual diversity. The program must provide its policy regarding proficiency in English and/or other languages of service delivery and all other performance expectations.

4.3 Students are informed about the program's policies and procedures, degree requirements, requirements for professional credentialing, and ethical practice. Students are informed about documented complaint processes.

Programs may provide this information to students through student handbooks or other written means. The program must maintain a record of student complaints and make these available to the CAA upon request.

Students must be made aware of the contact information for the CAA in the event they wish to file a complaint related to the program's compliance with standards for accreditation.

4.4 Students receive advising on a regular basis that pertains to both academic and clinical performance and progress. Students also are provided information about student support services.

The program must describe how students are advised on a timely and continuing basis regarding their academic and clinical progress. In addition, the program must describe how students receive information about the full range of student support services available at the institution.

4.5 The program must adhere to its institutional policies and procedures to verify that a student who registers for a distance education course or program is the same student who participates in and completes the program and receives the academic credit.

The program must document that the institutional policies regarding verification of a student's identity protect student privacy and are implemented and applied consistently. If the institution does not have specific policies, the program must develop and implement its own for this purpose. Acceptable mechanisms may include, but are not limited to, secure log in and pass code or other technologies or practices that are effective for verifying student identification, while at the same time protecting student privacy. The policies must include notification to students upon enrollment of any fees associated with verification of identity for distance education purposes.

Standard 5.0 Assessment

5.1 The program conducts ongoing and systematic formative and summative assessments of the performance of its current students.

The program identifies student learning outcomes that address knowledge and skills consistent with the mission of the program. The program uses a variety of assessment techniques, administered by a range of program faculty and supervisors or preceptors, to evaluate students' progress. Students are provided regular feedback about their progress in achieving the expected knowledge and skills in all academic and clinical components of the program, including all off-site experiences. The program documents the feedback mechanisms (e.g., grade definitions, performance rubrics) used to evaluate students' performance and applies those mechanisms consistently. The program documents guidelines for remediation (e.g. repeatable courses and/or clinical experiences, provisions for re-taking examinations) and implements remediation opportunities consistently.

5.2 The program documents student progress toward completion of the graduate degree and professional credentialing requirements and makes this information available to assist students in qualifying for certification and licensure.

The program must maintain accurate and complete records throughout each student's graduate program. It is advisable that forms or tracking systems be developed and used for this purpose. Responsibility for the completion of the records and timetable for completion must be clearly established. Records must be readily available to students upon request. Records must be available to program graduates in accordance with the institution's and program's policies for retention of student information, and those policies must be described. The program must maintain documentation on each student in sufficient detail so that the program can verify completion of all academic and clinical requirements for the graduate degree and eligibility for relevant state and national credentials.

5.3 The program conducts regular and ongoing assessments of program effectiveness and uses the results for continuous improvement.

The program must document the procedures followed in evaluating the quality, currency, and effectiveness of its graduate program and the process by which it engages in systematic self-study. The documentation must indicate the mechanisms used to evaluate each program component, the schedule on which the evaluations are conducted and analyzed, and the program changes and/or improvements that have resulted from assessments.

The program must collect and evaluate data on its effectiveness from multiple sources (e.g., students, alumni, faculty, employers, off-site supervisors or preceptors, community members, persons served). The data must include students' and graduates' evaluations of courses and clinical education.

Although many types of data may be used, the following measures of student achievement are required and will be evaluated relative to established benchmarks:

- number and percentage of program graduates passing the Praxis examinations by year for the three most recently completed academic years
- number and percentage of students completing the program within the program's published time frame for the three most recently completed academic years
- number and percentage of program graduates employed in the profession or pursuing further education in the profession within 1 year of graduation for the three most recently completed academic years

These required student achievement measures must be presented to the public in program information materials (e.g., Web site, brochures) that are regularly updated and readily available.

Results of the assessments must be used to plan and implement program improvements that are consistent with the program's mission and goals.

5.4 The program regularly evaluates all faculty members and faculty uses the results for continuous improvement.

The program must describe the mechanism for regular evaluation of its faculty by program leadership (e.g. director, chair, evaluation committee) in accordance with institutional policy and guidelines. Students also must have the opportunity to evaluate faculty in all academic and clinical settings on a regular and ongoing basis. The program must demonstrate how results of all evaluations are communicated to the faculty and used to improve performance.

Standard 6.0 Program Resources

6.1 The institution provides adequate financial support to the program so that the program can achieve its stated mission and goals.

The program must provide evidence that budgetary allocations received for personnel, space, equipment, research support, materials, and supplies are regular, appropriate, and sufficient for its operations.

6.2 The program has adequate physical facilities (classrooms, offices, clinical space, research laboratories) that are accessible, appropriate, safe, and sufficient to achieve the program's mission and goals.

The program must demonstrate that its facilities are adequate and reflect contemporary standards of ready and reasonable access and use. This includes accommodations for the needs of persons with disabilities consistent with the mandates of the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973.

6.3 The program's equipment and educational/ clinical materials are appropriate and sufficient to achieve the program's mission and goals.

The program must provide evidence that the amount, quality, currency, and accessibility of equipment and materials are sufficient to meet program goals and that the equipment is maintained in good working order. The program must provide evidence of calibration of equipment on a regular schedule, including evidence

that the equipment meets standards specified by the manufacturer, the American National Standards Institute, or other appropriate agencies.

6.4 The program has access to clerical and technical staff, support services, and library and technology resources that are appropriate and sufficient to achieve the program's mission and goals.

The program must demonstrate access to appropriate and sufficient resources for faculty and students, such as library resources, interlibrary loan services, access to the Internet, computer and laboratory facilities, and support personnel. The program must describe how the adequacy of support is evaluated and how these resources are addressed in the program's strategic plan.

1. **Graduate** refers to programs leading to a master's or doctoral degree, including a clinical doctoral degree, offered through graduate or professional schools.

2. In this document, the term **faculty**, unless otherwise qualified, is meant to include faculty members (tenure-track and non-tenure-track), lecturers, clinical supervisors, and all other instructional staff members who are employees of the program. This term does not apply to off-site clinical supervisors, preceptors, internship mentors, or similar personnel who do not hold employment contracts with the institution of higher education.

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American Speech-Language-Hearing Association

Audiology Praxis Exam Information

Content Categories / Approximate Number of Questions / Approximate Percentage of Examination

Basic Human Communication Processes / 31 / 26%

Prevention/Identification / 12 / 10%

Behavioral Assessment/ Interpretation / 16 / 13%

Electrophysiological Measurement/ Interpretation / 10 / 8%

Rehabilitative Assessment / 13 / 11%

Rehabilitative Technology / 13 / 11%

Rehabilitative Management / 13 / 11%

Professional Issues, Psychometrics, Research / 12 / 10%

Topics Covered

The following list represents the topics covered in the Audiology Praxis Exam that is currently being administered. These topics are consistent with standards for clinical certification set by the American Speech-Language-Hearing Association.

Basic Human Communication Processes

- Acoustics
  - calibration of audiometric equipment
  - principles of acoustics as related to audiological testing
  - principles of acoustics as related to speech sound
  - the phonetic and phonological representations of speech sounds

- Anatomy and Development
  - anatomy and physiology of the hearing mechanism
  - attributes of the human ear
  - embryology of the ear

- knowledge of syndromes

- Medical Diagnosis Studies
  - pathologies associated with various findings

- Pathologies
  - effects on auditory function
  - effects on various test procedures

- Physiology
  - assessment methods
  - effects of various lesions on function
  - systems responsible for various test results

- Psychoacoustics
  - auditory perception for various stimuli
  - response criteria
  - test parameters

- Speech-Language Sciences
  - developmental milestones
  - outcomes associated with various disorders

- Syndromes and Genetics
  - basic principles of genetics
  - conditions associated with various syndromes
  - genetic influences on speech and language production, reception, and processing

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Prevention/Identification

- Hearing Conservation
  - criteria for instituting and evaluating programs
  - selection of suitable tests

- Hearing Screening
  - conditions warranting hearing screening
  - guidelines for screening programs
  - selection of appropriate screening procedures

- Ototoxicity
  - agents necessitating monitoring of hearing and vestibular function

- Universal Precautions
  - procedures for infection control

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Behavioral Assessment/Interpretation

- Behavioral Speech
  - characteristics of various test materials
  - selection of appropriate test materials and procedures

- Behavioral Tone
  - limitations of test procedures
  - patterns of test findings
  - selection of age-appropriate test methods

- Case History
  - collection and use of information from other agencies in an appropriate manner
  - interview of patient and significant others

- potential etiological factors
- present status

- Physical Examination
  - expected findings associated with various test results
  - otoscopy

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Electrophysiological Measurement/Interpretation

- Auditory
  - appropriate selection of test procedures
  - findings associated with various pathologies
  - principles of specific measures

- Vestibular
  - findings associated with various pathologies
  - principles of specific measures
  - test findings associated with various lesions

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Rehabilitative Assessment

- Audiological Rehabilitative Assessment
  - influences of other sense modalities
  - selection of appropriate test methodology

- Evaluation of Disability/Handicap interpretation of findings
  - selection of appropriate instruments and procedures

- Hearing Aid Selection, Fit, and Verification

- criteria for candidacy
- differences in performance of various types
- effects of modifications on performance
- measurement procedures

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Rehabilitative Technology

- Assistive Devices
  - appropriate selection, assessment, and use of various devices
  - criteria for candidacy

- Cochlear Implants
  - coding strategies
  - criteria for candidacy

- Hearing Aid Instruments
  - function of hearing aid components
  - measures of hearing aid performance
  - performance characteristics of various circuits

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Rehabilitative Management

- Audiological Rehabilitative Management
  - age-appropriate techniques
  - implementation of appropriate methodologies

- Counseling
  - acceptance, adjustment, motivation, and coping

- appropriate communication regarding information about assessment, treatment plans, progress, and results
- interpersonal communication and counseling techniques

- Patient Management and Referral
  - criteria based on prognosis, progress, and motivation
  - data gathering and interpretation
  - procedures for referral and follow-up

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Professional Issues, Psychometrics, Research

- Ethical Practices
  - confidentiality
  - informed consent
  - staffing issues
  - standards for professional conduct
  - referrals, permissions, client records

- Laws and Standards
  - appropriate management through knowledge of governmental, legislative, and regulatory mandates
  - knowledge of professional standards

- Multicultural/Deaf Culture
  - applications of theoretical models of language in society to the evaluation and treatment of hearing disorders
  - cultural and socioeconomic factors that influence speech, language, and hearing
  - service-delivery models

- Practice Management and Business
  - accrediting agencies

- professional standards, record keeping, and office management

- Research Methodology/Psychometrics
  - criteria for selection of test materials
  - determination of reliability and validity of assessment procedures
  - research integrity
  - test construction principles

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> Find out more information about the Audiology exam at ETS .

American Speech-Language-Hearing Association

Praxis Scores and Score Reports

What Students Should Know

What is the passing score for Audiology or Speech-Language Pathology?

- The passing score for ASHA certification is 600 for both Audiology and Speech-Language Pathology.
- Each state determines its passing score for professional licensure and teacher certification. Most states use the same score of 600 as required for ASHA certification. However, in some states the Praxis examination score for licensure or teacher certification may be higher or lower than the ASHA passing score.
- **ETS recommends that academic programs not use the Praxis exams as a student summative exam for graduation clearance.**

How is the exam scored?

- Only questions answered correctly count toward the exam score. It is better to guess than leave an answer blank.
- The raw points awarded are the number of correct answers. Your scaled score is computed from your total number of raw points in a way that adjusts for the difficulty of the questions.
- See also Understanding Your Praxis Scores [PDF].

What if I don't pass on the first try?

Typically, 80% of test-takers pass the exam on their first attempt. The Council For Clinical Certification (CFCC) has ruled that, effective January 1, 2005, results of the Praxis Examinations in Speech-Language Pathology and Audiology submitted for initial certification in either speech-language pathology or audiology must have been obtained no more than 5 years prior to the submission of the certification application. Scores older than 5 years will not be accepted for certification.

Audiology and speech-language pathology test-takers who have not earned a passing score have two-years to retake and pass the Praxis examination. If the examination is not passed successfully within a 2-year period,

the applicant's certification file will be closed. If the examination is passed at a later date, the individual will have to reapply for certification under the standards in effect at the time of reapplication.

How soon will I receive my score?

If you register for the exam online, you may access your score report online as soon as scores are available from ETS. Otherwise, your official score report will arrive in the mail four weeks after your test date. Score reports may be accessed sooner for a fee by calling ETS three weeks after your test date.

If you do not receive your score report within four weeks after your test, notify ETS. ETS utilizes a bar code document tracking system to ensure accountability and tracking of your exam book and answer document so that the scoring process is complete and accurate.

Can I cancel my score?

The ETS online Registration Bulletin details the conditions under which the scores may be cancelled by you or ETS.

What Praxis Score Reports are sent to exam candidates?

- **Examinee Score Report**

  Each exam candidate receives a score report. Your score report contains:

  - your name
  - score(s)
  - pass/no pass score information for recipients you designate on your registration
  - background information
  - educational information
  - detailed content category performance (for current scores)

- A **duplicate Examinee Score Report** may be purchased from ETS up to 10 years following a test administration date.

What Faculty Should Know

What Praxis Score Reports are sent to academic programs?

Designated Institution Score Report

An Audiology and/or Speech-Language Pathology academic program will receive an individual candidate's score report mailed directly to the CSD program following a test administration if the student selected the

academic program as a score recipient using the Audiology/Speech Language Pathology Attending Institution/Recipient Codes [PDF] and entered the Recipient (R-Code) on the Praxis registration form. The Designated Institution Report includes the candidate's name, score(s), pass/no pass score information, content category scores (as of 2007–2008 test administration cycle), background information, and educational information.

Annual Institutional Summary Report

An Audiology and/or Speech-Language Pathology academic program will receive an annual aggregated report of exam scores mailed directly to the CSD program in November of each year (effective 2005). The annual report contains the highest score for that reporting period plus the test category scores from all Audiology and Speech-Language Pathology candidates who identified their attending institution using the Audiology/Speech Language Pathology Attending Institution/Recipient Codes [PDF] and entered the Attending Institution (A-Code) on the Praxis registration form. The Annual Institutional Summary Report will be generated provided that an institution was identified by at least 5 candidates in the given test administration year (September through August) in connection with one or more of the Examinations.

Annual Institution Delete Roster

In August of each year, an academic program will receive an Annual Institution Delete Roster. This report is a preliminary roster of all exam candidates who have selected your academic program as their Attending Institution via the A-Code and will determine the scores that will be included in the Annual Institution Summary Report. Academic programs are expected to review this report, strike (delete) any names of candidates who the program believes should not be represented in the Annual Institution Summary Report, and return the Delete Roster to ETS. Academic programs may not add exam candidate names to the roster.

Institutional Summary Report [PDF] Sample Online

A sample of information contained in the Institutional Summary Report (ISR) is now available online for IHEs.

What formats are available for academic programs to receive Score Reports?

ETS Internet Delivery of Praxis Scores

The ETS® Internet Delivery of Scores service is an electronic transmission method for delivering score reports to colleges and universities via the Web. For further information about this service, visit the ETS Web site or contact the ETS Internet Delivery of Scores service at codecontrol@ets.org or by phone at 1-609-771-7091.

CD Rom

Contains a data file with the same straight-text file and layout as ScoreLink.

Individual paper report

Contains test scores from the current administration, the highest score for each test taken by the examinee in the past 10 years, and pass/not pass status based on the recipient's state.

Pressure sensitive labels

Contains only the highest earned score and a letter "P" or "N" (indicating passed/not passed status) for each test reported based on the recipient's state; current scores are not shown unless they are the highest scores the examinee has earned.

Other Resources

Both of these reports include the most current descriptive statistics of Praxis exam scores.

- National Summary Report for Praxis Data in Audiology [PDF]
- National Summary Report for Praxis Data in Speech-Language Pathology [PDF]

State Summary Report for Virginia: Descriptive Statistics of PRAXIS Examination Scores for the Audiology Specialty Test for Test Administration Years 2000-2001 through 2009-2010

The following tables present descriptive statistics on the PRAXIS audiology test for all exam participants (Table 1) and for those individuals who have earned a bachelor's degree plus additional credits, earned a master's degree, earned a master's degree plus additional credits, or earned a doctoral degree (Table 2) for test administration years 2000-2001 through 2009-2010 and who identified ASHA as a score recipient and who reported their state of residence as Virginia.

Table 1. Audiology – All Exam Participants in Virginia

Test Year	Count	Mean	Standard Deviation	Pass		Fail	
				Count	Percentage	Count	Percentage
2000-2001	24	608	39	13	54.2%	11	45.8%
2001-2002	20	619	32	14	70.0%	6	30.0%
2002-2003	16	594	43	7	43.8%	9	56.3%
2003-2004	22	626	40	17	77.3%	5	22.7%
2004-2005	5	636	36	4	80.0%	1	20.0%
2005-2006	5	660	16	5	100.0%	0	0%
2006-2007	8	641	26	8	100.0%	0	0%
2007-2008	13	646	34	12	92.3%	1	7.7%
2008-2009	15	639	42	11	73.3%	4	26.7%
2009-2010	13	648	33	12	92.3%	1	7.7%

Table 2. Audiology – Only exam participants in Virginia who reported their educational level and who have earned a bachelor's degree plus additional credits, earned a master's degree, earned a master's degree plus additional credits, or earned a doctoral degree

Test Year	Count	Mean	Standard Deviation	Pass		Fail	
				Count	Percentage	Count	Percentage
2000-2001	22	610	40	12	54.5%	10	45.5%
2001-2002	18	623	30	14	77.8%	4	22.2%
2002-2003	9	600	47	5	55.6%	4	44.4%
2003-2004	19	624	43	14	73.7%	5	26.3%
2004-2005	5	636	36	4	80.0%	1	20.0%
2005-2006	2	665	21	2	100.0%	0	0%
2006-2007	4	660	16	4	100.0%	0	0%
2007-2008	13	646	34	12	92.3%	1	7.7%
2008-2009	13	638	44	9	69.2%	4	30.8%
2009-2010	11	646	35	10	90.9%	1	9.1%

Prepared by the American Speech-Language-Hearing Association (ASHA), Surveys and Information Unit (July 20, 2011)

BOARD	OCCUPATION	CERTIFICATE #	AUDIOLOGIST? (Y/N)	MD? (Y/N)	EXPIRATION DATE	CERTIFICATION DATE
21	1	1225	Y	N	12/31/2012	6/4/1998
21	1	1565	Y	N	12/31/2012	6/22/2005
21	1	1852	Y	N	12/31/2012	11/30/2010
21	1	1378	Y	N	12/31/2012	11/6/2001
21	1	1521	N	N	12/31/2012	2/14/2005
21	1	1594	Y	N	12/31/2012	2/21/2006
21	1	1835	Y	N	12/31/2012	8/9/2010
21	1	1756	Y	N	12/31/2012	4/1/2009
21	1	1719	Y	N	12/31/2012	10/31/2008
21	1	1796	Y	N	12/31/2012	6/30/2010
21	1	1489	Y	N	12/31/2012	2/26/2004
21	1	569	Y	N	12/31/2012	9/7/1988
21	1	1084	N	N	12/31/2012	5/22/1996
21	1	1864	N	Y	12/31/2012	2/23/2011
21	1	1429	Y	N	12/31/2012	11/1/2002
21	1	1863	Y	N	12/31/2012	4/1/2011
21	1	709	N	N	12/31/2012	1/27/1992
21	1	1311	Y	N	12/31/2012	1/30/2001
21	1	1652	N	N	12/31/2012	6/21/2007
21	1	1404	Y	N	12/31/2012	6/25/2002
21	1	797	Y	N	12/31/2012	2/3/1994
21	1	1695	Y	N	12/31/2012	2/20/2008
21	1	1775	N	Y	12/31/2012	5/18/2009
21	1	599	N	N	12/31/2012	5/15/1989
21	1	1732	Y	N	12/31/2012	10/31/2008
21	1	1094	N	N	12/31/2012	10/18/1996
21	1	1525	Y	N	12/31/2012	10/14/2004
21	1	396	N	N	12/31/2012	10/16/1984
21	1	1327	Y	N	12/31/2012	12/13/2000
21	1	1176	N	Y	12/31/2012	12/22/1997
21	1	1761	N	N	12/31/2012	6/30/2010
21	1	1639	N	N	12/31/2012	6/21/2007
21	1	1828	N	N	12/31/2012	2/22/2011

21	1	1542	N	N	12/31/2012	5/2/2005
21	1	720	N	N	12/31/2012	5/18/1992
21	1	719	N	N	12/31/2012	5/18/1992
21	1	1388	Y	N	12/31/2012	11/6/2001
21	1	1314	Y	N	12/31/2012	6/30/2000
21	1	1483	Y	N	12/31/2012	10/23/2003
21	1	773	Y	N	12/31/2012	8/20/1993
21	1	1649	N	Y	12/31/2012	1/24/2007
21	1	1426	Y	N	12/31/2012	11/1/2002
21	1	621	Y	N	12/31/2012	9/11/1989
21	1	1469	N	Y	12/31/2012	7/30/2003
21	1	1347	Y	N	12/31/2012	7/9/2001
21	1	1846	Y	N	12/31/2012	12/8/2010
21	1	1128	N	N	12/31/2012	5/22/1996
21	1	1599	Y	N	12/31/2012	6/22/2006
21	1	1145	Y	N	12/31/2012	10/18/1996
21	1	1665	Y	N	12/31/2012	6/21/2007
21	1	1412	N	N	12/31/2012	11/1/2002
21	1	749	Y	N	12/31/2012	1/11/1993
21	1	1681	Y	N	12/31/2012	10/30/2007
21	1	1751	Y	N	12/31/2012	8/7/2009
21	1	1648	Y	N	12/31/2012	6/21/2007
21	1	1730	Y	N	12/31/2012	10/31/2008
21	1	1530	N	N	12/31/2012	10/14/2004
21	1	1324	Y	N	12/31/2012	3/12/2001
21	1	392	Y	N	12/31/2012	10/9/1984
21	1	332	N	N	12/31/2012	2/19/1982
21	1	1517	Y	N	12/31/2012	10/14/2004
21	1	1783	Y	N	12/31/2012	12/18/2009
21	1	391	N	N	12/31/2012	9/27/1984
21	1	1442	Y	N	12/31/2012	7/28/2003
21	1	866	Y	N	12/31/2012	2/5/1996
21	1	661	Y	N	12/31/2012	1/14/1991
21	1	1706	Y	N	12/31/2012	2/24/2009

21	1	566	N	N	12/31/2012	9/7/1988
21	1	1447	Y	N	12/31/2012	10/23/2003
21	1	1289	Y	N	12/31/2012	11/12/1999
21	1	1488	Y	N	12/31/2012	2/26/2004
21	1	30	N	N	12/31/2012	
21	1	1478	N	N	12/31/2012	6/14/2004
21	1	1806	N	N	12/31/2012	7/1/2010
21	1	662	N	N	12/31/2012	1/14/1991
21	1	579	N	N	12/31/2012	1/9/1989
21	1	1473	N	N	12/31/2012	9/12/2003
21	1	1839	Y	N	12/31/2012	12/1/2010
21	1	1475	Y	N	12/31/2012	10/23/2003
21	1	1629	N	N	12/31/2012	7/9/2007
21	1	789	Y	N	12/31/2012	2/3/1994
21	1	1832	Y	N	12/31/2012	8/3/2010
21	1	1822	Y	N	12/31/2012	8/9/2010
21	1	549	Y	N	12/31/2012	5/2/1988
21	1	1709	Y	N	12/31/2012	2/24/2009
21	1	1734	N	N	12/31/2012	10/31/2008
21	1	1153	Y	N	12/31/2012	10/18/1996
21	1	638	N	Y	12/31/2012	3/21/1990
21	1	335	Y	N	12/31/2012	8/17/1982
21	1	1767	Y	N	12/31/2012	7/30/2009
21	1	1833	Y	N	12/31/2012	8/3/2010
21	1	1704	Y	N	12/31/2012	10/31/2008
21	1	1740	N	N	12/31/2012	10/31/2008
21	1	1635	N	N	12/31/2012	2/20/2007
21	1	1223	N	N	12/31/2012	5/22/1998
21	1	1853	Y	N	12/31/2012	12/1/2010
21	1	1143	Y	N	12/31/2012	2/25/1998
21	1	678	N	Y	12/31/2012	9/16/1991
21	1	1616	N	N	12/31/2012	2/16/2007
21	1	302	N	N	12/31/2012	
21	1	712	N	Y	12/31/2012	4/16/1992

21	1	1320	N	N	12/31/2012	12/13/2000
21	1	1431	Y	N	12/31/2012	11/1/2002
21	1	1109	Y	N	12/31/2012	5/22/1996
21	1	1737	N	N	12/31/2012	10/31/2008
21	1	278	Y	N	1/31/2012	10/14/1983
21	1	1335	Y	N	12/31/2012	12/11/2000
21	1	679	N	Y	12/31/2012	9/30/1991
21	1	812	Y	N	12/31/2012	5/16/1994
21	1	1677	Y	N	12/31/2012	10/30/2007
21	1	676	Y	N	12/31/2012	5/6/1991
21	1	1122	Y	N	12/31/2012	5/22/1996
21	1	1487	Y	N	12/31/2012	2/26/2004
21	1	1421	Y	N	12/31/2012	11/1/2002
21	1	677	Y	N	12/31/2012	5/6/1991
21	1	1172	Y	N	12/31/2012	5/27/1997
21	1	1572	Y	N	12/31/2012	10/18/2005
21	1	1753	N	N	12/31/2012	10/28/2009
21	1	1763	Y	N	12/31/2012	7/30/2009
21	1	779	N	N	12/31/2012	9/13/1993
21	1	1364	Y	N	12/31/2012	7/9/2001
21	1	1560	N	N	12/31/2012	2/21/2006
21	1	1398	Y	N	12/31/2012	6/25/2002
21	1	1720	Y	N	12/31/2012	11/17/2008
21	1	1826	Y	N	12/31/2012	8/3/2010
21	1	837	Y	N	12/31/2012	1/25/1995
21	1	210	N	N	12/31/2012	
21	1	1407	Y	N	12/31/2012	2/21/2003
21	1	564	N	N	12/31/2012	9/7/1988
21	1	1503	Y	N	12/31/2012	6/22/2004
21	1	1789	N	N	12/31/2012	8/3/2010
21	1	1851	Y	N	12/31/2012	3/11/2011
21	1	1491	Y	N	12/31/2012	10/14/2004
21	1	835	Y	N	12/31/2012	1/9/1995
21	1	1705	Y	N	12/31/2012	7/14/2008

21	1	1827	Y	N	12/31/2012	8/3/2010
21	1	1210	Y	N	12/31/2012	2/25/1998
21	1	630	Y	N	12/31/2012	1/8/1990
21	1	1811	Y	N	12/31/2012	7/1/2010
21	1	334	Y	N	12/31/2012	3/18/1982
21	1	1402	Y	N	12/31/2012	6/25/2002
21	1	1185	Y	N	12/31/2012	2/3/1998
21	1	1539	N	N	12/31/2012	6/8/2005
21	1	1219	N	N	12/31/2012	6/4/1998
21	1	1173	N	N	12/31/2012	5/27/1997
21	1	424	N	N	12/31/2012	9/25/1985
21	1	1742	N	N	12/31/2012	9/10/2010
21	1	1328	N	N	12/31/2012	11/6/2001
21	1	1602	Y	N	12/31/2012	6/22/2006
21	1	632	N	N	12/31/2012	1/8/1990
21	1	1171	Y	N	12/31/2012	5/27/1997
21	1	1400	Y	N	12/31/2012	6/25/2002
21	1	1708	N	N	12/31/2012	2/23/2009
21	1	1471	Y	N	12/31/2012	10/23/2003
21	1	640	N	N	12/31/2012	5/7/1990
21	1	281	N	N	12/31/2012	
21	1	475	N	N	12/31/2012	9/8/1986
21	1	1700	N	N	12/31/2012	7/14/2008
21	1	1301	N	N	12/31/2012	12/13/2000
21	1	1365	Y	N	12/31/2012	7/9/2001
21	1	1817	Y	N	12/31/2012	7/1/2010
21	1	1373	Y	N	12/31/2012	7/9/2001
21	1	311	N	N	12/31/2012	
21	1	1821	N	N	12/31/2012	12/13/2010
21	1	1242	N	Y	12/31/2012	10/5/1998
21	1	1637	N	N	12/31/2012	6/21/2007
21	1	777	Y	N	12/31/2012	9/13/1993
21	1	1182	Y	N	12/31/2012	2/3/1998
21	1	1816	N	N	12/31/2012	7/9/2010

21	1	1399	Y	N	12/31/2012	6/25/2002
21	1	1138	N	N	12/31/2012	10/18/1996
21	1	1819	N	N	12/31/2012	2/24/2011
21	1	1451	N	N	12/31/2012	10/20/2003
21	1	1745	Y	N	12/31/2012	8/7/2009
21	1	1248	Y	N	12/31/2012	7/13/1999
21	1	1450	N	N	12/31/2012	10/20/2003
21	1	1718	N	N	12/31/2012	2/23/2009
21	1	1152	Y	N	12/31/2012	10/18/1996
21	1	1509	N	N	12/31/2012	6/21/2004
21	1	1482	N	N	12/31/2012	6/14/2004
21	1	1462	Y	N	12/31/2012	6/16/2003
21	1	770	N	N	12/31/2012	6/3/1993
21	1	1258	N	Y	12/31/2012	2/17/1999
21	1	718	N	N	12/31/2012	5/18/1992
21	1	1241	Y	N	12/31/2012	11/12/1999
21	1	274	Y	N	12/31/2012	
21	1	862	Y	N	12/31/2012	10/12/1995
21	1	430	N	N	12/31/2012	9/25/1985
21	1	717	Y	N	12/31/2012	5/18/1992
21	1	1611	N	N	12/31/2012	6/22/2006
21	1	1736	Y	N	12/31/2012	10/31/2008
21	1	373	Y	N	12/31/2012	3/29/1984
21	1	1711	N	N	12/31/2012	12/1/2008
21	1	1792	N	N	12/31/2012	8/3/2010
21	1	1688	Y	N	2/28/2013	10/30/2007
21	1	1766	Y	N	12/31/2012	3/18/2010
21	1	1584	Y	N	12/31/2012	2/21/2006
21	1	1486	Y	N	12/31/2012	10/23/2003
21	1	1645	N	N	12/31/2012	6/21/2007
21	1	1612	N	N	12/31/2012	11/6/2006
21	1	1576	Y	N	12/31/2012	10/18/2005
21	1	805	Y	N	12/31/2012	5/16/1994
21	1	1200	Y	N	12/31/2012	2/3/1998

21	1	1744	Y	N	12/31/2012	4/1/2009
21	1	1615	Y	N	12/31/2012	6/22/2006
21	1	375	Y	N	12/31/2012	3/29/1984
21	1	1810	Y	N	12/31/2012	5/20/2010
21	1	443	Y	N	12/31/2012	9/25/1985
21	1	608	Y	N	12/31/2012	5/15/1989
21	1	1841	Y	N	12/31/2012	8/3/2010
21	1	1381	Y	N	12/31/2012	3/6/2002
21	1	1220	N	N	12/31/2012	2/25/1998
21	1	358	Y	N	12/31/2012	1/14/1984
21	1	806	Y	N	12/31/2012	5/16/1994
21	1	366	Y	N	12/31/2012	3/29/1984
21	1	764	Y	N	12/31/2012	5/26/1993
21	1	1610	N	N	12/31/2012	6/21/2007
21	1	261	Y	N	12/31/2012	
21	1	1809	Y	N	12/31/2012	5/6/2010
21	1	1684	N	N	12/31/2012	10/31/2008
21	1	1794	N	N	12/31/2012	12/29/2010
21	1	1379	N	N	12/31/2012	12/9/2003
21	1	1148	N	N	12/31/2012	10/18/1996
21	1	642	Y	N	12/31/2012	5/7/1990
21	1	428	N	N	12/31/2012	9/25/1985
21	1	1631	N	N	12/31/2012	2/16/2007
21	1	180	N	N	12/31/2012	
21	1	1580	N	N	12/31/2012	2/21/2006
21	1	1272	N	N	12/31/2012	6/30/2000
21	1	1458	N	N	12/31/2012	6/16/2003
21	1	1425	N	N	12/31/2012	6/16/2003
21	1	1528	N	N	12/31/2012	6/8/2005
21	1	1366	Y	N	12/31/2012	7/9/2001
21	1	859	Y	N	12/31/2012	10/12/1995
21	1	328	N	N	12/31/2012	12/2/1981
21	1	1318	Y	N	12/31/2012	3/12/2001
21	1	636	Y	N	12/31/2012	5/7/1990

21	1	519	Y	N	12/31/2012	9/14/1987
21	1	1830	Y	N	12/31/2012	8/3/2010
21	1	556	Y	N	12/31/2012	5/2/1988
21	1	802	Y	N	12/31/2012	5/16/1994
21	1	263	Y	N	12/31/2012	
21	1	620	Y	N	12/31/2012	9/11/1989
21	1	394	Y	N	12/31/2012	10/16/1984
21	1	1735	Y	N	12/31/2012	10/31/2008
21	1	1606	N	N	12/31/2012	6/22/2006
21	1	1712	N	N	12/31/2012	10/31/2008
21	1	626	Y	N	12/31/2012	1/8/1990
21	1	1380	Y	N	12/31/2012	11/6/2001
21	1	622	Y	N	12/31/2012	9/11/1989
21	1	1224	Y	N	12/31/2012	6/4/1998
21	1	864	Y	N	12/31/2012	10/12/1995
21	1	1650	Y	N	12/31/2012	6/21/2007
21	1	1581	N	N	12/31/2012	2/8/2006
21	1	1667	N	N	12/31/2012	6/21/2007
21	1	715	N	N	12/31/2012	5/18/1992
21	1	1376	Y	N	12/31/2012	2/14/2002
21	1	1306	Y	N	12/31/2012	5/2/2000
21	1	1299	N	N	12/31/2012	3/9/2001
21	1	699	N	Y	12/31/2012	12/11/1991
21	1	1623	Y	N	12/31/2012	11/6/2006
21	1	1500	N	N	12/31/2012	2/26/2004
21	1	1268	N	N	12/31/2012	7/13/1999
21	1	33	N	N	12/31/2012	
21	1	813	Y	N	12/31/2012	5/16/1984
21	1	825	N	N	12/31/2012	1/9/1995
21	1	568	N	N	12/31/2012	9/7/1988
21	1	1304	Y	N	12/31/2012	3/16/2000
21	1	356	Y	N	12/31/2012	1/14/1984
21	1	360	Y	N	12/31/2012	2/17/1984
21	1	259	N	N	12/31/2012	

21	1	426	N	N	12/31/2012	9/25/1985
21	1	1368	Y	N	12/31/2012	7/9/2001
21	1	526	Y	N	12/31/2012	9/14/1987
21	1	300	Y	N	12/31/2012	
21	1	1782	N	N	12/31/2012	12/18/2009
21	1	1161	N	N	12/31/2012	1/27/1997
21	1	1453	Y	N	12/31/2012	6/16/2003
21	1	655	Y	N	12/31/2012	9/17/1990
21	1	1151	Y	N	12/31/2012	10/18/1996
21	1	1801	N	N	12/31/2012	11/30/2010
21	1	755	N	N	12/31/2012	1/11/1993
21	1	1703	N	Y	12/31/2012	4/9/2008
21	1	1662	N	N	12/31/2012	10/30/2007
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21	1	1575	Y	N	12/31/2012	10/18/2005
21	1	199	Y	N	12/31/2012	
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21	1	1254	Y	N	12/31/2012	3/11/1999
21	1	1628	N	N	12/31/2012	10/30/2007
21	1	1461	Y	N	12/31/2012	6/16/2003
21	1	381	Y	N	12/31/2012	7/31/1984
21	1	855	N	N	12/31/2012	10/12/1995
21	1	1343	Y	N	12/31/2012	12/13/2000
21	1	1253	N	N	12/31/2012	11/12/1999
21	1	1207	N	N	12/31/2012	2/25/1998
21	1	1423	N	N	12/31/2012	12/9/2003
21	1	1661	N	N	12/31/2012	6/21/2007
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21	1	1642	Y	N	12/31/2012	2/16/2007
21	1	1414	N	N	12/31/2012	11/22/2002
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21	1	463	N	Y	12/31/2012	6/4/1986

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21	1	846	N	N	12/31/2012	5/8/1995
21	1	1812	Y	N	12/31/2012	7/9/2010
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21	1	1356	Y	N	12/31/2012	7/9/2001
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21	1	1249	Y	N	12/31/2012	7/13/1999
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21	1	266	N	N	12/31/2012	
21	1	1831	Y	N	12/31/2012	9/3/2010
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21	1	1680	N	N	12/31/2012	2/15/2008
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21	1	1632	N	N	12/31/2012	2/20/2008
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21	1	627	N	N	12/31/2012	1/8/1990
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21	1	1592	N	N	12/31/2012	2/21/2006
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21	1	1441	N	N	12/31/2012	3/25/2003
21	1	1501	Y	N	12/31/2012	6/21/2004
21	1	1544	N	N	12/31/2012	2/25/2005
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21	1	1522	N	N	12/31/2012	10/14/2004
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21	1	1465	N	N	12/31/2012	2/26/2004
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21	1	1125	N	N	12/31/2012	9/26/1997
21	1	1741	Y	N	12/31/2012	10/31/2008
21	1	1292	N	N	12/31/2012	11/12/1999
21	1	1256	N	N	12/31/2012	3/11/1999

Prepared by Hearing Aid Specialists Board staff, Department of Professional and Occupational Regulation. (July 27, 2011)

HAS LICENSED AUDIOLOGISTS

PASS STATISTICS 2000-2011

YEAR	NO. OF LIC. AUDIO. TOOK WRITTEN EXAM	NO. OF LIC. AUDIO. PASSED WRITTEN EXAM	PASS PERCENT	NO. OF LIC. AUDIO. TOOK PRACTICAL EXAM	NO. OF LIC. AUDIO. PASSED PRACTICAL EXAM	PASS PERCENT
2000	10	10	100%	10	10	100%
2001	25	25	100%	25	24	96%
2002	34	34	100%	34	34	100%
2003	21	21	100%	21	21	100%
2004	18	16	88%	18	18	100%
2005	14	13	92%	14	14	100%
2006	14	13	92%	14	14	100%
2007	12	12	100%	12	12	100%
2008	15	11	73%	15	15	100%
2009	15	11	73%	15	15	100%
2010	33	33	100%	33	33	100%
2011	11	11	100%	11	11	100%

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§ 54.1-1501. Exemptions; sale of hearing aids by corporations, etc., measuring hearing.

A. Physicians licensed to practice in Virginia and certified by the American Board of Otolaryngology or eligible for such certification shall not be required to pass an examination as a prerequisite to obtaining a license under this chapter.

B. Nothing in this chapter shall prohibit a corporation, partnership, trust, association or other like organization maintaining an established business address from engaging in the business of selling or offering for sale hearing aids at retail without a license, provided that it employs only licensed practitioners in the direct sale and fitting of such products.

C. Nothing in this chapter shall prohibit any person who does not sell hearing aids or accessories or who is not employed by an organization which sells hearing aids or accessories from engaging in the practice of measuring human hearing for the purpose of selection of hearing aids.

(1970, c. 571, §§ 54-524.111, 54-524.112; 1974, c. 534; 1986, c. 279; 1988, c. 765; 1996, c. 741.)

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American Board of Otolaryngology

What is an Otolaryngologist?

An otolaryngologist-head and neck surgeon provides comprehensive medical and surgical care for adult and pediatric patients with diseases and disorders that affect the ears, nose and throat, the respiratory and upper alimentary systems, and related structures of the head and neck. Click here for more information.

What does it mean to be Board Certified?

While licensure by the individual states sets the minimum competency requirements to practice medicine, it is not specialty specific. Board certification is a voluntary program in which specialists seek to improve their performance and demonstrate a commitment to their profession. Click here for more information.

The mission of the American Board of Otolaryngology (ABOto) is to assure that, at the time of certification and recertification, diplomates certified by the ABOto have met the ABOto's professional standards of training and knowledge in otolaryngology - head and neck surgery.

Founding member of the American Board of Medical Specialties (ABMS)

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Serving the public and the profession since 1924

American Board of Otolaryngology

What does it mean to be Board Certified?

While licensure by the individual states sets the minimum competency requirements to practice medicine, it is not specialty specific. Board certification is a voluntary program in which specialists seek to improve their performance and demonstrate a commitment to their profession.

The path for an otolaryngologist-head and neck surgeon to become certified by the American Board of Otolaryngology (ABOto) is long and complex. First, an individual must graduate from college and medical school which normally takes eight years. After completing a five year residency in otolaryngology-head and neck surgery and with the approval of the training Program Director, an individual can apply to take the certification examinations. The ABOto's examination consists of two parts. An all-day written examination qualifies the individual to sit for the oral examination which consists of a half-day examination with four examiners involving 16 actual patient scenarios. Only after passing both of these examinations is the individual certified and are referred to as ABOto diplomate.

Beginning in 2002, all ABOto diplomates must participate in Maintenance of Certification (MOC) which was developed to assist our diplomates with staying up-to-date in their specialty. The MOC program, when fully implemented, is a ten year cycle which involves annual updates on the individual diplomate, self-assessment, evaluation of performance in practice, and an examination the diplomate must pass to renew his/her certificate.

Serving the public and the profession since 1924

Commonwealth of Virginia

REGULATIONS

GOVERNING THE PRACTICE OF MEDICINE, OSTEOPATHY, PODIATRY AND CHIROPRACTIC

VIRGINIA BOARD OF MEDICINE

Title of Regulations: 18 VAC 85-20-10 et seq.

Statutory Authority: § 54.1-2400 and Chapter 29 of Title 54.1 of the *Code of Virginia*

Revised Date: August 4, 2010

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Part I. General Provisions.

18VAC85-20-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in §54.1-2900 of the Code of Virginia:

Board

Healing arts

Practice of chiropractic

Practice of medicine or osteopathic medicine

Practice of podiatry

B. The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Approved institution" means any accredited school or college of medicine, osteopathic medicine, podiatry, or chiropractic located in the United States, its territories, or Canada.

"Principal site" means the location in a foreign country where teaching and clinical facilities are located.

18VAC85-20-20. Public Participation Guidelines.

A separate board regulation, 18VAC85-10-10 et seq., entitled Public Participation Guidelines, provides for involvement of the public in the development of all regulations of the Virginia Board of Medicine.

18VAC85-20-21. Current addresses.

Each licensee shall furnish the board his current address of record. All notices required by law or by this chapter to be mailed by the board to any such licensee shall be validly given when mailed to the latest address of record given by the licensee. Any change in the address of record of the public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

18VAC85-20-22. Required fees.

A. Unless otherwise provided, fees established by the board shall not be refundable.

B. All examination fees shall be determined by and made payable as designated by the board.

C. The application fee for licensure in medicine, osteopathic medicine, and podiatry shall be $302, and the fee for licensure in chiropractic shall be $277.

D. The fee for a temporary authorization to practice medicine pursuant to §54.1-2927 B (i) and (ii) of the Code of Virginia shall be $25.

E. The application fee for a limited professorial or fellow license issued pursuant to 18VAC85-20-210 shall be $55. The annual renewal fee shall be $35. An additional fee for late renewal of licensure shall be $15.

F. The application fee for a limited license to interns and residents pursuant to 18VAC85-20-220 shall be $55. The annual renewal fee shall be $35. An additional fee for late renewal of licensure shall be $15.

G. The fee for a duplicate wall certificate shall be $15; the fee for a duplicate license shall be $5.

H. The fee for biennial renewal shall be $337 for licensure in medicine, osteopathic medicine and podiatry and $312 for licensure in chiropractic, due in each even-numbered year in the licensee's birth month. An additional fee for processing a late renewal application within one renewal cycle shall be $115 for licensure in medicine, osteopathic medicine and podiatry and $105 for licensure in chiropractic.

I. The fee for requesting reinstatement of licensure or certification pursuant to §54.1-2408.2 of the Code of Virginia or for requesting reinstatement after any petition to reinstate the certificate or license of any person has been denied shall be $2,000.

J. The fee for reinstatement of a license issued by the Board of Medicine pursuant to §54.1-2904 of the Code of Virginia that has expired for a period of two years or more shall be $382 for licensure in medicine, osteopathic medicine and podiatry and $367 for licensure in chiropractic in addition to the late fee. The fee shall be submitted with an application for licensure reinstatement.

K. The fee for a letter of verification of licensure to another jurisdiction shall be $10, and the fee for certification of grades to another jurisdiction by the board shall be $25. Fees shall be due and payable upon submitting a request for verification or certification to the board.

L. The fee for biennial renewal of an inactive license shall be $168, due in the licensee's birth month. An additional fee for late renewal of licensure shall be $55 for each renewal cycle.

M. The fee for an application or for the biennial renewal of a restricted volunteer license shall be $75, due in the licensee's birth month. An additional fee for late renewal of licensure shall be $25 for each renewal cycle.

N. The fee for a returned check shall be $35.

Part II. Standards of Professional Conduct.

18VAC85-20-25. Treating and prescribing for self or family.

A. Treating or prescribing shall be based on a bona fide practitioner-patient relationship, and prescribing shall meet the criteria set forth in § 54.1-3303 of the Code of Virginia.

B. A practitioner shall not prescribe a controlled substance to himself or a family member, other than Schedule VI as defined in § 54.1-3455 of the Code of Virginia, unless the prescribing occurs in an emergency situation or in isolated settings where there is no other qualified practitioner available to the patient, or it is for a single episode of an acute illness through one prescribed course of medication.

C. When treating or prescribing for self or family, the practitioner shall maintain a patient record documenting compliance with statutory criteria for a bona fide practitioner-patient relationship.

18VAC85-20-26. Patient records.

A. Practitioners shall comply with provisions of § 32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of patient records.

B. Practitioners shall provide patient records to another practitioner or to the patient or his personal representative in a timely manner in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.

C. Practitioners shall properly manage patient records and shall maintain timely, accurate, legible and complete patient records.

D. Practitioners shall maintain a patient record for a minimum of six years following the last patient encounter with the following exceptions:

1. Records of a minor child, including immunizations, shall be maintained until the child reaches the age of 18 or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child; or

2. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or his personal representative; or

3. Records that are required by contractual obligation or federal law [may need] to be maintained for a longer period of time.

E. From October 19, 2005, practitioners shall post information or in some manner inform all patients concerning the time frame for record retention and destruction. Patient records shall only be destroyed in a manner that protects patient confidentiality, such as by incineration or shredding.

F. When a practitioner is closing, selling or relocating his practice, he shall meet the requirements of § 54.1-2405 of the Code of Virginia for giving notice that copies of records can be sent to any like-regulated provider of the patient's choice or provided to the patient.

18VAC85-20-27. Confidentiality.

A. A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

B. Unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program shall be grounds for disciplinary action.

18VAC85-20-28. Practitioner-patient communication; termination of relationship.

A. Communication with patients.

1. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately inform a patient or his legally authorized representative of his medical diagnoses, prognosis and prescribed treatment or plan of care. A practitioner shall not deliberately make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a medication, treatment, or procedure prescribed or directed by the practitioner in the treatment of any disease or condition.

2. A practitioner shall present information relating to the patient's care to a patient or his legally authorized representative in understandable terms and encourage participation in the decisions regarding the patient's care.

3. Before surgery or any invasive procedure is performed, informed consent shall be obtained from the patient in accordance with the policies of the health care entity. Practitioners shall inform patients of the risks, benefits, and alternatives of the recommended surgery or invasive procedure that a reasonably prudent practitioner in similar practice in Virginia would tell a patient.

a. In the instance of a minor or a patient who is incapable of making an informed decision on his own behalf or is incapable of communicating such a decision due to a physical or mental disorder, the legally authorized person available to give consent shall be informed and the consent documented.

b. An exception to the requirement for consent prior to performance of surgery or an invasive procedure may be made in an emergency situation when a delay in obtaining consent would likely result in imminent harm to the patient.

c. For the purposes of this provision, "invasive procedure" shall mean any diagnostic or therapeutic procedure performed on a patient that is not part of routine, general care and for which the usual practice within the health care entity is to document specific informed consent from the patient or surrogate decision-maker prior to proceeding.

4. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as subjects in human research, with the exception of retrospective chart reviews.

B. Termination of the practitioner/patient relationship.

1. The practitioner or the patient may terminate the relationship. In either case, the practitioner shall make a copy of the patient record available, except in situations where denial of access is allowed by law.

2. Except as provided in § 54.1-2962.2 of the Code of Virginia, a practitioner shall not terminate the relationship or make his services unavailable without documented notice to the patient that allows for a reasonable time to obtain the services of another practitioner.

18VAC85-20-29. Practitioner responsibility.

A. A practitioner shall not:
1. Knowingly allow subordinates to jeopardize patient safety or provide patient care outside of the subordinate's scope of practice or area of responsibility. Practitioners shall delegate patient care only to subordinates who are properly trained and supervised;

2. Engage in an egregious pattern of disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient;

3. Exploit the practitioner/patient relationship for personal gain.

B. Advocating for patient safety or improvement in patient care within a health care entity shall not constitute disruptive behavior provided the practitioner does not engage in behavior prohibited in A 2 of this section.

18VAC85-20-30. Advertising ethics.

A. Any statement specifying a fee, whether standard, discounted or free, for professional services which does not include the cost of all related procedures, services and products which, to a substantial likelihood, will be necessary for the completion of the advertised service as it would be understood by an ordinarily prudent person shall be deemed to be deceptive or misleading, or both. Where reasonable disclosure of all relevant variables and considerations is made, a statement of a range of prices for specifically described services shall not be deemed to be deceptive or misleading.

B. Advertising a discounted or free service, examination, or treatment and charging for any additional service, examination, or treatment which is performed as a result of and within 72 hours of the initial office visit in response to such advertisement is unprofessional conduct unless such professional services rendered are as a result of a bona fide emergency. This provision may not be waived by agreement of the patient and the practitioner.

C. Advertisements of discounts shall disclose the full fee that has been discounted. The practitioner shall maintain documented evidence to substantiate the discounted fees and shall make such information available to a consumer upon request.

D. A licensee shall disclose the complete name of the specialty board which conferred the certification when using or authorizing the use of the term "board certified" or any similar words or phrase calculated to convey the same meaning in any advertising for his practice.

E. A licensee of the board shall not advertise information which is false, misleading, or deceptive. For an advertisement for a single practitioner, it shall be presumed that the practitioner is responsible and accountable for the validity and truthfulness of its content. For an advertisement for a practice in which there is more than one practitioner, the name of the practitioner or practitioners responsible and accountable for the content of the advertisement shall be documented and maintained by the practice for at least two years.

F. Documentation, scientific and otherwise, supporting claims made in an advertisement shall be maintained and available for the board's review for at least two years.

18VAC85-20-40. Vitamins, minerals and food supplements.

A. The recommendation or direction for the use of vitamins, minerals or food supplements and the rationale for that recommendation shall be documented by the practitioner. The recommendation or direction shall be based upon a reasonable expectation that such use will result in a favorable patient outcome, including preventive practices, and that a greater benefit will be achieved than that which can be expected without such use.

B. Vitamins, minerals, or food supplements, or a combination of the three, shall not be sold, dispensed, recommended, prescribed, or suggested in doses that would be contraindicated based on the individual patient's overall medical condition and medications.

C. The practitioner shall conform to the standards of his particular branch of the healing arts in the therapeutic application of vitamins, minerals or food supplement therapy.

18VAC85-20-50. Anabolic steroids.

A practitioner shall not sell, prescribe, or administer anabolic steroids to any patient for other than accepted therapeutic purposes.

18VAC85-20-60 to 18VAC85-20-70. [Repealed]

18VAC85-20-80. Solicitation or remuneration in exchange for referral.

A practitioner shall not knowingly and willfully solicit or receive any remuneration, directly or indirectly, in return for referring an individual to a facility or institution as defined in §37.2-100 of the Code of Virginia, or hospital as defined in §32.1-123 of the Code of Virginia. Remuneration shall be defined as compensation, received in cash or in kind, but shall not include any payments, business arrangements, or payment practices allowed by Title 42, §1320a-7b(b) of the United States Code, as amended, or any regulations promulgated thereto.

18VAC85-20-90. Pharmacotherapy for weight loss.

A. A practitioner shall not prescribe amphetamine, Schedule II, for the purpose of weight reduction or control.

B. A practitioner shall not prescribe controlled substances, Schedules III through VI, for the purpose of weight reduction or control in the treatment of obesity, unless the following conditions are met:

1. An appropriate history and physical examination are performed and recorded at the time of initiation of pharmacotherapy for obesity by the prescribing physician, and the physician reviews the results of laboratory work, as indicated, including testing for thyroid function;

2. If the drug to be prescribed could adversely affect cardiac function, the physician shall review the results of an electrocardiogram performed and interpreted within 90 days of initial prescribing for treatment of obesity;

3. A diet and exercise program for weight loss is prescribed and recorded;

4. The patient is seen within the first 30 days following initiation of pharmacotherapy for weight loss, by the prescribing physician or a licensed practitioner with prescriptive authority working under the supervision of the prescribing physician, at which time a recording shall be made of blood pressure, pulse, and any other tests as may be necessary for monitoring potential adverse effects of drug therapy;

5. The treating physician shall direct the follow-up care, including the intervals for patient visits and the continuation of or any subsequent changes in pharmacotherapy. Continuation of prescribing for treatment of obesity shall occur only if the patient has continued progress toward achieving or maintaining a target weight and has no significant adverse effects from the prescribed program.

18VAC85-20-100. Sexual contact.

A. For purposes of § 54.1-2915 A 12 and A 19 of the Code of Virginia and this section, sexual contact includes, but is not limited to, sexual behavior or verbal or physical behavior which:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient, or both; or

2. May reasonably be interpreted as romantic involvement with a patient regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a patient.

1. The determination of when a person is a patient for purposes of § 54.1-2915 A 19 of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a patient until the patient-practitioner relationship is terminated.

2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a patient does not change the nature of the conduct nor negate the statutory prohibition.

C. Sexual contact between a practitioner and a former patient.

Sexual contact between a practitioner and a former patient after termination of the practitioner-patient relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care. For purposes of this section, key third party of a patient shall mean: spouse or partner, parent or child, guardian, or legal representative of the patient.

E. Sexual contact between a medical supervisor and a medical trainee shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

18VAC85-20-105. Refusal to provide information.

A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.

Part III. Licensure: General and Educational Requirements.

18VAC85-20-110. [Repealed]

18VAC85-20-120. Prerequisites to licensure.

A. Every applicant for licensure shall:

1. Meet the educational requirements specified in 18VAC85-20-121 or 18VAC85-20-122 and the examination requirements as specified for each profession in 18VAC85-20-140;

2. File the complete application and appropriate fee as specified in 18VAC85-20-22 with the executive director of the board; and

3. File the required credentials with the executive director by a date established by the board and as specified below:

a. Graduates of an approved institution shall file:

(1) Documentary evidence that he received a degree from the institution; and

(2) A complete chronological record of all professional activities since graduation, giving location, dates, and types of services performed.

b. Graduates of an institution not approved by an accrediting agency recognized by the board shall file:

(1) Documentary evidence of education as required by 18VAC85-20-122;

(2) A translation made and endorsed by a consul or by a professional translating service of all such documents not in the English language; and

(3) A complete chronological record of all professional activities since graduation, giving location, dates, and types of services performed.

B. Every applicant discharged from the United States military service within the last five years shall in addition file with his application a notarized copy of his discharge papers.

18VAC85-20-121. Educational requirements: Graduates of approved institutions.

A. Such an applicant shall be a graduate of an institution that meets the criteria appropriate to the profession in which he seeks to be licensed, which are as follows:

1. For licensure in medicine. The institution shall be approved or accredited by the Liaison Committee on Medical Education or other official accrediting body recognized by the American Medical Association, or by the Committee for the Accreditation of Canadian Medical Schools or its appropriate subsidiary agencies or any other organization approved by the board.

2. For licensure in osteopathic medicine. The institution shall be approved or accredited by the Bureau of Professional Education of the American Osteopathic Association or any other organization approved by the board.

3. For licensure in podiatry. The institution shall be approved and recommended by the Council on Podiatry Education of the American Podiatry Medical Association or any other organization approved by the board.

B. Such an applicant for licensure in medicine, osteopathic medicine, or podiatry shall provide evidence of having completed one year of satisfactory postgraduate training as an intern or resident in a hospital or health care facility offering approved internship and residency training programs when such a program is approved by an accrediting agency recognized by the board for internship and residency training.

C. For licensure in chiropractic.

1. If the applicant matriculated in a chiropractic college on or after July 1, 1975, he shall be a graduate of a chiropractic college accredited by the Commission on Accreditation of the Council of Chiropractic Education or any other organization approved by the board.

2. If the applicant matriculated in a chiropractic college prior to July 1, 1975, he shall be a graduate of a chiropractic college accredited by the American Chiropractic Association or the International Chiropractic Association or any other organization approved by the board.

18VAC85-20-122. Educational requirements: Graduates and former students of institutions not approved by an accrediting agency recognized by the board.

A. A graduate of an institution not approved by an accrediting agency recognized by the board shall present documentary evidence that he:

1. Was enrolled and physically in attendance at the institution's principal site for a minimum of two consecutive years and fulfilled at least half of the degree requirements while enrolled two consecutive academic years at the institution's principal site.

2. Has fulfilled the applicable requirements of §54.1-2930 of the Code of Virginia.

3. Has obtained a certificate from the Educational Council of Foreign Medical Graduates (ECFMG), or its equivalent. Proof of licensure by the board of another state or territory of the United States or a province of Canada may be accepted in lieu of ECFMG certification.

4. Has had supervised clinical training as a part of his curriculum in an approved hospital, institution or school of medicine offering an approved residency program in the specialty area for the clinical training received, if such training was received in the United States.

5. Has completed two years of satisfactory postgraduate training as an intern or resident in a hospital or health care facility offering an approved internship or residency training program when such a program is approved by an accrediting agency recognized by the board for internship and residency.

a. The board may substitute other postgraduate training or study for one year of the two-year requirement when such training or study has occurred in the United States or Canada and is:

(1) An approved fellowship program; or

(2) A position teaching medical students, interns, or residents in a medical school program approved by an accrediting agency recognized by the board for internship and residency training.

b. The board may substitute continuous full-time practice of five years or more with a limited professorial license in Virginia and one year of postgraduate training in a foreign country in lieu of two years of postgraduate training.

6. Has received a degree from the institution.

B. A former student who has completed all degree requirements except social services and postgraduate internship at a school not approved by an accrediting agency recognized by the board shall be considered for licensure provided that he:

1. Has fulfilled the requirements of subdivisions A 1 through 5 of this subsection;

2. Has qualified for and completed an appropriate supervised clinical training program as established by the American Medical Association; and

3. Presents a document issued by the school certifying that he has met all the formal requirements of the institution for a degree except social services and postgraduate internship.

18VAC85-20-130. [Repealed]

18VAC85-20-131. Requirements to practice acupuncture.

A. To be qualified to practice acupuncture, licensed doctors of medicine, osteopathic medicine, podiatry, and chiropractic shall first have obtained at least 200 hours of instruction in general and basic aspects of the practice of acupuncture, specific uses and techniques of acupuncture, and indications and contraindications for acupuncture administration. After December 5, 2001, at least 50 hours of the 200 hours of instruction shall be clinical experience supervised by a person legally authorized to practice acupuncture in any jurisdiction of the United States. Persons who held a license as a physician acupuncturist prior to July 1, 2000, shall not be required to obtain the 50 hours of clinical experience.

B. The use of acupuncture as a treatment modality shall be appropriate to the doctor's scope of practice as defined in §54.1-2900 of the Code of Virginia.

Part IV. Licensure: Examination Requirements.

18VAC85-20-140. Examinations, general.

A. The Executive Director of the Board of Medicine or his designee shall review each application for licensure and in no case shall an applicant be licensed unless there is evidence that the applicant has passed an examination equivalent to the Virginia Board of Medicine examination required at the time he was examined and meets all requirements of Part III (18VAC85-20-120 et seq.) of this chapter. If the executive director or his designee is not fully satisfied that the applicant meets all applicable requirements of Part III of this chapter and this part, he shall refer the application to the Credentials Committee for a determination on licensure.

B. A Doctor of Medicine or Osteopathic Medicine who has passed the examination of the National Board of Medical Examiners or of the National Board of Osteopathic Medical Examiners, FLEX, or the United States Medical Licensing Examination, or the examination of the Licensing Medical Council of Canada or other such examinations as prescribed in §54.1-2913.1 of the Code of Virginia may be accepted for licensure.

C. A Doctor of Podiatry who has passed the National Board of Podiatric Medical Examiners examination and has passed a clinical competence examination equivalent to the Virginia Board of Medicine examination may be accepted for licensure.

D. A Doctor of Chiropractic who has met the requirements of one of the following may be accepted for licensure:

1. An applicant who graduated after January 31, 1996, shall document successful completion of Parts I, II, III, and IV of the National Board of Chiropractic Examiners examination (NBCE).

2. An applicant who graduated from January 31, 1991, to January 31, 1996, shall document successful completion of Parts I, II, and III of the National Board of Chiropractic Examiners examination (NBCE).

3. An applicant who graduated from July 1, 1965, to January 31, 1991, shall document successful completion of Parts I, II, and III of the NBCE, or Parts I and II of the NBCE and the Special Purpose Examination for Chiropractic (SPEC), and document evidence of licensure in another state for at least two years immediately preceding his application.

4. An applicant who graduated prior to July 1, 1965, shall document successful completion of the SPEC, and document evidence of licensure in another state for at least two years immediately preceding his application.

E. The following provisions shall apply for applicants taking Step 3 of the United States Medical Licensing Examination or the Podiatric Medical Licensing Examination:

1. Applicants for licensure in medicine and osteopathic medicine may be eligible to sit for Step 3 of the United States Medical Licensing Examination (USMLE) upon evidence of having passed Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).

2. Applicants who sat for the United States Medical Licensing Examination (USMLE) shall provide evidence of passing Steps 1, 2, and 3 within a 10-year period unless the applicant is board certified in a specialty approved by the American Board of Medical Specialties or the Bureau of Osteopathic Specialists of the American Osteopathic Association.

3. Applicants shall have completed the required training or be engaged in their final year of required postgraduate training.

4. Applicants for licensure in podiatry shall provide evidence of having passed the National Board of Podiatric Medical Examiners Examination to be eligible to sit for the Podiatric Medical Licensing Examination (PMLEXIS) in Virginia.

18VAC85-20-150 to 18VAC85-20-200. [Repealed]

Part V. Limited or Temporary Licenses.

18VAC85-20-210. Limited licenses to foreign medical graduates.

A. A physician who graduated from an institution not approved by an accrediting agency recognized by the board applying for a limited professorial license or a limited fellow license to practice medicine in an approved medical school or college in Virginia shall:

1. Submit evidence of authorization to practice medicine in a foreign country.

2. Submit evidence of a standard Educational Commission for Foreign Medical Graduates (ECFMG) certificate or its equivalent. Such required evidence may be waived by the Credentials Committee or its designee based on other evidence of medical competency and English proficiency.

3. Submit a recommendation from the dean of an accredited medical school in Virginia that the applicant is a person of professorial or of fellow rank whose knowledge and special training meet the requirements of §54.1-2936 of the Code of Virginia.

B. The limited professorial license or limited fellow license applies only to the practice of medicine in hospitals and outpatient clinics where medical students, interns or residents rotate and patient care is provided by the medical school or college recommending the applicant.

1. The limited professorial license shall be valid for one year and may be renewed annually upon recommendation of the dean of the medical school and upon continued full-time service as a faculty member.

2. The limited fellow license shall be valid for one year and may be renewed not more than twice upon the recommendation of the dean of the medical school and upon continued full-time employment as a fellow.

C. An individual who has practiced with a limited professorial license for five continuous years may have a waiver when applying for a full license to practice medicine in the Commonwealth of Virginia. The limited professorial licensee applying for a full license shall meet the requirements of 18VAC85-20-120 and 18VAC85-20-122.

18VAC85-20-220. Temporary licenses to interns and residents.

A. An intern or resident applying for a temporary license to practice in Virginia shall:

1. Successfully complete the preliminary academic education required for admission to examinations given by the board in his particular field of practice, and submit a letter of confirmation from the registrar of the school or college conferring the professional degree, or official transcripts confirming the professional degree and date the degree was received.

2. Submit a recommendation from the applicant's chief or director of graduate medical education of the approved internship or residency program specifying acceptance. The beginning and ending dates of the internship or residency shall be specified.

3. Submit evidence of a standard Educational Commission for Foreign Medical Graduates (ECFMG) certificate or its equivalent if the candidate graduated from a school not approved by an accrediting agency recognized by the board.

B. The intern or resident license applies only to the practice in the hospital or outpatient clinics where the internship or residency is served. Outpatient clinics in a hospital or other facility must be a recognized part of an internship or residency program.

C. The intern or resident license shall be renewed annually upon the recommendation of the chief or director of graduate medical education of the internship or residency program no more than five times.

A residency program transfer request shall be submitted to the board in lieu of a full application.

D. The extent and scope of the duties and professional services rendered by the intern or resident shall be confined to persons who are bona fide patients within the hospital or who receive treatment and advice in an outpatient department of the hospital or outpatient clinic where the internship or residency is served.

E. The intern and resident shall be responsible and accountable at all times to a fully licensed member of the staff where the internship or residency is served. The intern and resident is

prohibited from employment outside of the graduate medical educational program where a full license is required.

F. The intern or resident shall abide by the respective accrediting requirements of the internship or residency as approved by the Liaison Council on Graduate Education of the American Medical Association, American Osteopathic Association, American Podiatric Medical Association, or Council on Chiropractic Education.

18VAC85-20-225. Registration for voluntary practice by out-of-state licenses.

Any doctor of medicine, osteopathic medicine, podiatry or chiropractic who does not hold a license to practice in Virginia and who seeks registration to practice under subdivision 27 of §54.1-2901 of the Code of Virginia on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

1. File a complete application for registration on a form provided by the board at least five business days prior to engaging in such practice. An incomplete application will not be considered;

2. Provide a complete record of professional licensure in each state in which he has held a license and a copy of any current license;

3. Provide the name of the nonprofit organization, the dates and location of the voluntary provision of services;

4. Pay a registration fee of $10; and

5. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 27 of §54.1-2901 of the Code of Virginia.

18VAC85-20-226. Restricted volunteer license.

A. Any doctor of medicine, osteopathic medicine, podiatry or chiropractic who held an unrestricted license issued by the Virginia Board of Medicine or by a board in another state as a licensee in good standing at the time the license expired or became inactive may be issued a restricted volunteer license to practice without compensation in a clinic that is organized in whole or in part for the delivery of health care services without charge in accordance with §54.1-106 of the Code of Virginia.

B. To be issued a restricted volunteer license, a doctor of medicine, osteopathic medicine, podiatry or chiropractic shall submit an application to the board that documents compliance with requirements of §54.1-2928.1 of the Code of Virginia and the application fee prescribed in 18VAC85-20-22.

C. The licensee who intends to continue practicing with a restricted volunteer license shall renew biennially during his birth month, meet the continued competency requirements prescribed in subsection D of this section, and pay to the board the renewal fee prescribed in 18VAC85-20-22.

D. The holder of a restricted volunteer license shall not be required to attest to hours of continuing education for the first renewal of such a license. For each renewal thereafter, the licensee shall attest to 30 hours obtained during the two years immediately preceding renewal with at least 15 hours of Type 1 activities or courses offered by an accredited sponsor or organization sanctioned by the profession and no more than 15 hours of Type 2 activities or courses.

Part VI. Renewal of License; Reinstatement.

18VAC85-20-230. Renewal of an active license.

A. Every licensee who intends to maintain an active license shall renew his license biennially during his birth month, meet the continued competency requirements prescribed in 18VAC85-20-235, and pay to the board the renewal fee prescribed in 18VAC85-20-22.

B. An additional fee to cover administrative costs for processing a late application shall be imposed by the board as prescribed in subsection H of 18VAC85-20-22.

18VAC85-20-235. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially on or after January 1, 2002, a practitioner shall complete the Continued Competency Activity and Assessment Form ("Form") which is provided by the board and which shall indicate completion of at least 60 hours of continuing learning activities within the two years immediately preceding renewal as follows:

1. A minimum of 30 of the 60 hours shall be in Type 1 activities or courses offered by an accredited sponsor or organization sanctioned by the profession.

a. Type 1 hours in chiropractic shall be clinical hours that are approved by a college or university accredited by the Council on Chiropractic Education or any other organization approved by the board.

b. Type 1 hours in podiatry shall be accredited by the American Podiatric Medical Association, the American Council of Certified Podiatric Physicians and Surgeons or any other organization approved by the board.

2. No more than 30 of the 60 hours may be Type 2 activities or courses, which may or may not be approved by an accredited sponsor or organization but which shall be chosen by the licensee to address such areas as ethics, standards of care, patient safety, new medical technology, and patient communication.

B. A practitioner shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure in Virginia.

C. The practitioner shall retain in his records the completed Form with all supporting documentation for a period of six years following the renewal of an active license.

D. The board shall periodically conduct a random audit of at least 1.0% to 2.0% of its active licensees to determine compliance. The practitioners selected for the audit shall provide the

completed Form and all supporting documentation within 30 days of receiving notification of the audit.

E. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

F. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

G. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

H. The board may grant an exemption for all or part of the requirements for a licensee who :

1. Is practicing solely in an uncompensated position, provided his practice is under the direction of a physician fully licensed by the board; or

2. Is practicing solely as a medical examiner, provided the licensee obtains six hours of medical examiner training per year provided by the Office of the Chief Medical Examiner.

18VAC85-20-236. Inactive license.

A doctor of medicine, osteopathic medicine, podiatry or chiropractic who holds a current, unrestricted license in Virginia may, upon a request on the renewal application and submission of the required fee, be issued an inactive license. The holder of an inactive license shall not be required to maintain continuing competency requirements and shall not be entitled to perform any act requiring a license to practice medicine, osteopathic medicine, podiatry or chiropractic in Virginia.

18VAC85-20-240. Reinstatement of an inactive or lapsed license.

A. A practitioner whose license has been lapsed for two successive years or more and who requests reinstatement of licensure shall:

1. File a completed application for reinstatement;

2. Pay the reinstatement fee prescribed in 18VAC85-20-22; and

3. Provide documentation of having completed continued competency hours equal to the requirement for the number of years, not to exceed four years, in which the license has been lapsed.

B. An inactive licensee may reactivate his license upon submission of the required application, payment of the difference between the current renewal fee for inactive licensure and the current renewal fee for active licensure, and documentation of having completed continued competency hours equal to the requirement for the number of years, not to exceed four years, in which the license has been inactive.

C. If a practitioner has not engaged in active practice in his profession for more than four years and wishes to reinstate or reactivate his license, the board may require the practitioner to pass one of the following examinations. For the purpose of determining active practice, the practitioner shall provide evidence of at least 640 hours of clinical practice within the four years immediately preceding his application for reinstatement or reactivation.

1. The Special Purpose Examination (SPEX) given by the Federation of State Medical Boards.

2. The Comprehensive Osteopathic Medical Variable Purpose Examination—USA (COMVEX-USA) given by the National Board of Osteopathic Examiners.

3. The Special Purposes Examination for Chiropractic (SPEC) given by the National Board of Chiropractic Examiners.

4. A special purpose examination or other evidence of continuing competency to practice podiatric medicine as acceptable to the board.

D. The board reserves the right to deny a request for reinstatement or reactivation to any licensee who has been determined to have committed an act in violation of §54.1-2915 of the Code of Virginia or any provisions of this chapter.

18VAC85-20-250 to 18VAC85-20-270. [Repealed]

Part VII. Practitioner Profile System.

18VAC85-20-280. Required information.

A. In compliance with requirements of §54.1-2910.1 of the Code of Virginia, a doctor of medicine, osteopathic medicine, or podiatry licensed by the board shall provide, upon initial request or whenever there is a change in the information that has been entered on the profile, the following information within 30 days:

1. The address and telephone number of the primary practice setting and all secondary practice settings with the percentage of time spent at each location;

2. Names of medical, osteopathic or podiatry schools and graduate medical or podiatric education programs attended with dates of graduation or completion of training;

3. Names and dates of specialty board certification, if any, as approved by the American Board of Medical Specialties, the Bureau of Osteopathic Specialists of the American Osteopathic Association or the Council on Podiatric Medical Education of the American Podiatric Medical Association;

4. Number of years in active, clinical practice in the United States or Canada following completion of medical or podiatric training and the number of years, if any, in active, clinical practice outside the United States or Canada;

5. The specialty, if any, in which the physician or podiatrist practices;

6. Names of hospitals with which the physician or podiatrist is affiliated;

7. Appointments within the past 10 years to medical or podiatry school faculties with the years of service and academic rank;

8. Publications, not to exceed 10 in number, in peer-reviewed literature within the most recent five-year period;

9. Whether there is access to translating services for non-English speaking patients at the primary and secondary practice settings and which, if any, foreign languages are spoken in the practice;

10. Whether the physician or podiatrist participates in the Virginia Medicaid Program and whether he is accepting new Medicaid patients;

11. A report on felony convictions including the date of the conviction, the nature of the conviction, the jurisdiction in which the conviction occurred, and the sentence imposed, if any; and

12. Final orders of any regulatory board of another jurisdiction that result in the denial, probation, revocation, suspension, or restriction of any license or that results in the reprimand or censure of any license or the voluntary surrender of a license while under investigation in a state other than Virginia while under investigation, as well as any disciplinary action taken by a federal health institution or federal agency.

13. Any final disciplinary or other action required to be reported to the board by health care institutions, other practitioners, insurance companies, health maintenance organizations, and professional organizations pursuant to §§ 54.1-2400.6, 54.1-2908, and 54.1-2909 that results in a suspension or revocation of privileges or the termination of employment.

B. Adjudicated notices and final orders or decision documents, subject to §54.1-2400.2 F of the Code of Virginia, shall be made available on the profile. Information shall be posted indicating the availability of unadjudicated notices and of orders that have not yet become final.

C. For the sole purpose of expediting dissemination of information about a public health emergency, an email address or facsimile number shall be provided, if available. Such addresses or numbers shall not be published on the profile and shall not be released or made available for any other purpose.

18VAC85-20-285. Voluntary information.

A. The doctor may provide names of insurance plans accepted or managed care plans in which he participates.

B. The doctor may provide additional information on hours of continuing education earned, subspecialties obtained, and honors or awards received.

18VAC85-20-290. Reporting of medical malpractice judgments and settlements.

A. In compliance with requirements of §54.1-2910.1 of the Code of Virginia, a doctor of medicine, osteopathic medicine, or podiatry licensed by the board shall report all medical malpractice judgments and settlements of $10,000 or more in the most recent 10-year period within 30 days of the initial payment. A doctor shall report a medical malpractice judgment or settlement of less than $10,000 if any other medical malpractice judgment or settlement has been paid by or for the licensee within the preceding 12 months. Each report of a settlement or judgment shall indicate:

1. The year the judgment or settlement was paid.

2. The specialty in which the doctor was practicing at the time the incident occurred that resulted in the judgment or settlement.

3. The total amount of the judgment or settlement in United States dollars.

4. The city, state, and country in which the judgment or settlement occurred.

B. The board shall not release individually identifiable numeric values of reported judgments or settlements but shall use the information provided to determine the relative frequency of judgments or settlements described in terms of the number of doctors in each specialty and the percentage with malpractice judgments and settlements within the most recent 10-year period. The statistical methodology used will include any specialty with more than 10 judgments or settlements. For each specialty with more than 10 judgments or settlements, the top 16% of the judgments or settlements will be displayed as above average payments, the next 68% of the judgments or settlements will be displayed as average payments, and the last 16% of the judgments or settlements will be displayed as below average payments.

C. For purposes of reporting required under this section, medical malpractice judgment and medical malpractice settlement shall have the meanings ascribed in § 54.1-2900 of the Code of Virginia. A medical malpractice judgment or settlement shall include:

1. A lump sum payment or the first payment of multiple payments;

2. A payment made from personal funds;

3. A payment on behalf of a doctor of medicine, osteopathic medicine, or podiatry by a corporation or entity comprised solely of that doctor of medicine, osteopathic medicine, or podiatry; or

4. A payment on behalf of a doctor of medicine, osteopathic medicine or podiatry named in the claim where that doctor is dismissed as a condition of, or in consideration of the settlement, judgment or release. If a doctor is dismissed independently of the settlement, judgment or release, then the payment is not reportable.

18VAC85-20-300. Noncompliance or falsification of profile.

A. The failure to provide the information required by 18VAC85-20-280 and 18VAC85-20-290 within 30 days of the request for information by the board or within 30 days of a change in the information on the profile may constitute unprofessional conduct and may subject the licensee to disciplinary action by the board.

B. Intentionally providing false information to the board for the physician profile system shall constitute unprofessional conduct and shall subject the licensee to disciplinary action by the board.

Part VIII. Office-Based Anesthesia.

18VAC85-20-310. Definitions.

"Advanced resuscitative techniques" means methods learned in certification courses for Advanced Cardiopulmonary Life Support (ACLS), or Pediatric Advanced Life Support (PALS).

"Deep sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients often require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

"General anesthesia" means a drug-induced loss of consciousness during which patients are not arousable even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive-pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

"Local anesthesia" means a transient and reversible loss of sensation in a circumscribed portion of the body produced by a local anesthetic agent.

"Minimal sedation/anxiolysis" means a drug-induced state during which a patient responds normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are usually not affected.

"Moderate sedation/conscious sedation" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are usually required to maintain a patent airway, and spontaneous ventilation is usually adequate. Cardiovascular function is usually maintained.

"Monitoring" means the continual clinical observation of patients and the use of instruments to measure and display the values of certain physiologic variables such as pulse, oxygen saturation, level of consciousness, blood pressure and respiration.

"Office-based" means any setting other than (i) a licensed hospital as defined in §32.1-123 of the Code of Virginia or state-operated hospitals or (ii) a facility directly maintained or operated by the federal government.

"Physical status classification" means a description used in determining the physical status of a patient as specified by the American Society of Anesthesiologists. Classifications are Class 1 for a normal healthy patient; Class 2 for a patient with mild systemic disease; Class 3 for a patient with severe systemic disease limiting activity but not incapacitation; Class 4 for a patient with incapacitating systemic disease that is a constant threat to life; and Class 5 for a moribund patient not expected to live 24 hours with or without surgery.

"Regional anesthesia" means the administration of anesthetic agents to a patient to interrupt nerve impulses without the loss of consciousness and includes minor and major conductive blocks.

"Minor conductive block" means the injection of local anesthesia to stop or prevent a painful sensation in a circumscribed area of the body (local infiltration or local nerve block), or the block of a nerve by refrigeration. Minor conductive nerve blocks include, but are not limited to, peribulbar blocks, pudenal blocks and ankle blocks.

"Major conductive block" means the use of local anesthesia to stop or prevent the transmission of painful sensations from large nerves, groups of nerves, nerve roots or the spinal cord. Major nerve blocks include, but are not limited to epidural, spinal, caudal, femoral, interscalene and brachial plexus.

"Topical anesthesia" means an anesthetic agent applied directly to the skin or mucous membranes, intended to produce a transient and reversible loss of sensation to a circumscribed area.

18VAC85-20-320. General provisions.

A. Applicability of requirements for office-based anesthesia.

1. The administration of topical anesthesia, local anesthesia, minor conductive blocks, or minimal sedation/anxiolysis, not involving a drug-induced alteration of consciousness other than minimal preoperative tranquilization, is not subject to the requirements for office-based anesthesia. A health care practitioner administering such agents shall adhere to an accepted standard of care as appropriate to the level of anesthesia or sedation, including evaluation, drug selection, administration and management of complications.

2. The administration of moderate sedation/conscious sedation, deep sedation, general anesthesia, or regional anesthesia consisting of a major conductive block are subject to these requirements for office-based anesthesia.

3. Levels of anesthesia or sedation referred to in this chapter shall relate to the level of anesthesia or sedation intended by the practitioner in the anesthesia plan.

B. A doctor of medicine, osteopathic medicine, or podiatry administering office-based anesthesia or supervising such administration shall:

1. Perform a preanesthetic evaluation and examination or ensure that it has been performed;

2. Develop the anesthesia plan or ensure that it has been developed;

3. Ensure that the anesthesia plan has been discussed and informed consent obtained;

4. Ensure patient assessment and monitoring through the pre-, peri-, and post-procedure phases, addressing not only physical and functional status, but also physiological and cognitive status;

5. Ensure provision of indicated post-anesthesia care; and

6. Remain physically present or immediately available, as appropriate, to manage complications and emergencies until discharge criteria have been met.

C. All written policies, procedures and protocols required for office-based anesthesia shall be maintained and available for inspection at the facility.

18VAC85-20-330. Qualifications of providers.

A. Doctors who utilize office-based anesthesia shall ensure that all medical personnel assisting in providing patient care are appropriately trained, qualified and supervised, are sufficient in numbers to provide adequate care, and maintain training in basic cardiopulmonary resuscitation.

B. All providers of office-based anesthesia shall hold the appropriate license and have the necessary training and skills to deliver the level of anesthesia being provided.

1. Deep sedation, general anesthesia or a major conductive block shall be administered by an anesthesiologist or by a certified registered nurse anesthetist. If a major conductive block is performed for diagnostic or therapeutic purposes, it may be administered by a doctor qualified by training and scope of practice.

2. Moderate sedation/conscious sedation may be administered by the operating doctor with the assistance of and monitoring by a licensed nurse, a physician assistant or a licensed intern or resident.

C. Additional training.

1. On or after December 18, 2003, the doctor who provides office-based anesthesia or who supervises the administration of anesthesia shall maintain current certification in advanced resuscitation techniques.

2. Any doctor who administers office-based anesthesia without the use of an anesthesiologist or certified registered nurse anesthetist shall obtain four hours of continuing education in topics related to anesthesia within the 60 hours required each biennium for licensure renewal, which are subject to random audit by the board.

18VAC85-20-340. Procedure/anesthesia selection and patient evaluation.

A. A written protocol shall be developed and followed for procedure selection to include but not be limited to:

1. The doctor providing or supervising the anesthesia shall ensure that the procedure to be undertaken is within the scope of practice of the health care practitioners and the capabilities of the facility.

2. The procedure shall be of a duration and degree of complexity that will permit the patient to recover and be discharged from the facility in less than 24 hours.

3. The level of anesthesia used shall be appropriate for the patient, the surgical procedure, the clinical setting, the education and training of the personnel, and the equipment available. The choice of specific anesthesia agents and techniques shall focus on providing an anesthetic that will be effective, appropriate and will address the specific needs of patients while also ensuring rapid recovery to normal function with maximum efforts to control post-operative pain, nausea or other side effects.

B. A written protocol shall be developed for patient evaluation to include but not be limited to:

1. The preoperative anesthesia evaluation of a patient shall be performed by the health care practitioner administering the anesthesia or supervising the administration of anesthesia. It shall consist of performing an appropriate history and physical examination, determining the patient's physical status classification, developing a plan of anesthesia care, acquainting the patient or the responsible individual with the proposed plan and discussing the risks and benefits.

2. The condition of the patient, specific morbidities that complicate anesthetic management, the specific intrinsic risks involved, and the nature of the planned procedure shall be considered in evaluating a patient for office-based anesthesia.

3. Patients who have pre-existing medical or other conditions that may be of particular risk for complications shall be referred to a facility appropriate for the procedure and administration of anesthesia. Nothing relieves the licensed health care practitioner of the responsibility to make a medical determination of the appropriate surgical facility or setting.

C. Office-based anesthesia shall only be provided for patients in physical status classifications for Classes I, II and III. Patients in Classes IV and V shall not be provided anesthesia in an office-based setting.

18VAC85-20-350. Informed consent.

Prior to administration, the anesthesia plan shall be discussed with the patient or responsible party by the health care practitioner administering the anesthesia or supervising the administration of anesthesia. Informed consent for the nature and objectives of the anesthesia planned shall be in writing and obtained from the patient or responsible party before the procedure is performed. Informed consent shall only be obtained after a discussion of the risks, benefits, and alternatives, contain the name of the anesthesia provider and be documented in the medical record.

18VAC85-20-360. Monitoring.

A. A written protocol shall be developed for monitoring equipment to include but not be limited to:

1. Monitoring equipment shall be appropriate for the type of anesthesia and the nature of the facility. At a minimum, provisions shall be made for a reliable source of oxygen, suction, resuscitation equipment and emergency drugs.

2. In locations where anesthesia is administered, there shall be adequate anesthesia apparatus and equipment to ensure appropriate monitoring of patients. All equipment shall be maintained, tested

and inspected according to manufacturer's specifications, and backup power shall be sufficient to ensure patient protection in the event of an emergency.

3. When anesthesia services are provided to infants and children, the required equipment, medication and resuscitative capabilities shall be appropriately sized and calibrated for children.

B. To administer office-based moderate sedation/conscious sedation, the following equipment, supplies and pharmacological agents are required:

1. Appropriate equipment to manage airways;

2. Drugs and equipment to treat shock and anaphylactic reactions;

3. Precordial stethoscope;

4. Pulse oximeter with appropriate alarms or an equivalent method of measuring oxygen saturation;

5. Continuous electrocardiograph;

6. Devices for measuring blood pressure, heart rate and respiratory rate;

7. Defibrillator; and

8. Accepted method of identifying and preventing the interchangeability of gases.

C. In addition to requirements in subsection B of this section, to administer general anesthesia, deep sedation or major conductive blocks, the following equipment, supplies and pharmacological agents are required:

1. Drugs to treat malignant hyperthermia, when triggering agents are used;

2. Peripheral nerve stimulator, if a muscle relaxant is used; and

3. If using an anesthesia machine, the following shall be included:

a. End-tidal carbon dioxide monitor (capnograph);

b. In-circuit oxygen analyzer designed to monitor oxygen concentration within breathing circuit by displaying oxygen percent of the total respiratory mixture;

c. Oxygen failure-protection devices (fail-safe system) that have the capacity to announce a reduction in oxygen pressure and, at lower levels of oxygen pressure, to discontinue other gases when the pressure of the supply of oxygen is reduced;

d. Vaporizer exclusion (interlock) system, which ensures that only one vaporizer, and therefore only a single anesthetic agent can be actualized on any anesthesia machine at one time;

e. Pressure-compensated anesthesia vaporizers, designed to administer a constant non-pulsatile output, which shall not be placed in the circuit downstream of the oxygen flush valve;

f. Flow meters and controllers, which can accurately gauge concentration of oxygen relative to the anesthetic agent being administered and prevent oxygen mixtures of less than 21% from being administered;

g. Alarm systems for high (disconnect), low (subatmospheric) and minimum ventilatory pressures in the breathing circuit for each patient under general anesthesia; and

h. A gas evacuation system.

D. A written protocol shall be developed for monitoring procedures to include but not be limited to:

1. Physiologic monitoring of patients shall be appropriate for the type of anesthesia and individual patient needs, including continuous monitoring and assessment of ventilation, oxygenation, cardiovascular status, body temperature, neuromuscular function and status, and patient positioning.

2. Intraoperative patient evaluation shall include continuous clinical observation and continuous anesthesia monitoring.

3. A health care practitioner administering general anesthesia or deep sedation shall remain present and available in the facility to monitor a patient until the patient meets the discharge criteria. A health care practitioner administering moderate sedation/conscious sedation shall routinely monitor a patient according to procedures consistent with such administration.

18VAC85-20-370. Emergency and transfer protocols.

A. There shall be written protocols for handling emergency situations, including medical emergencies and internal and external disasters. All personnel shall be appropriately trained in and regularly review the protocols and the equipment and procedures for handing emergencies.

B. There shall be written protocols for the timely and safe transfer of patients to a prespecified hospital or hospitals within a reasonable proximity. There shall be a transfer agreement with such hospital or hospitals.

18VAC85-20-380. Discharge policies and procedures.

A. There shall be written policies and procedures outlining discharge criteria. Such criteria shall include stable vital signs, responsiveness and orientation, ability to move voluntarily, controlled pain, and minimal nausea and vomiting.

B. Discharge from anesthesia care is the responsibility of the health care practitioner providing the anesthesia care and shall only occur when patients have met specific physician-defined criteria.

C. Written instructions and an emergency phone number shall be provided to the patient. Patients shall be discharged with a responsible individual who has been instructed with regard to the patient's care.

D. At least one person trained in advanced resuscitative techniques shall be immediately available until all patients are discharged.

18VAC85-20-390. Reporting requirements.

The doctor administering the anesthesia or supervising such administration shall report to the board within 30 days any incident relating to the administration of anesthesia that results in patient death, either intraoperatively or within the immediate 72-hour postoperative period or in transport of a patient to a hospital for a stay of more than 24 hours.

Part IX. Mixing, Diluting or Reconstituting of Drugs for Administration.

18VAC85-20-400. Requirements for immediate-use sterile mixing, diluting or reconstituting.

A. For the purposes of this chapter, the mixing, diluting, or reconstituting of sterile manufactured drug products when there is no direct contact contamination and administration begins within 10 hours of the completion time of preparation shall be considered immediate-use. If manufacturers' instructions or any other accepted standard specifies or indicates an appropriate time between preparation and administration of less than 10 hours, the mixing, diluting or reconstituting shall be in accordance with the lesser time. No direct contact contamination means that there is no contamination from touch, gloves, bare skin or secretions from the mouth or nose. Emergency drugs used in the practice of anesthesiology and administration of allergens may exceed 10 hours after completion of the preparation, provided administration does not exceed the specified expiration date of a multiple use vial and there is compliance with all other requirements of this section.

B. Doctors of medicine or osteopathic medicine who engage in immediate-use mixing, diluting or reconstituting shall:

1. Utilize the practices and principles of disinfection techniques, aseptic manipulations and solution compatibility in immediate-use mixing, diluting or reconstituting;

2. Ensure that all personnel under their supervision who are involved in immediate-use mixing, diluting or reconstituting are appropriately and properly trained in and utilize the practices and principles of disinfection techniques, aseptic manipulations and solution compatibility;

3. Establish and implement procedures for verification of the accuracy of the product that has been mixed, diluted, or reconstituted to include a second check performed by a doctor of medicine or osteopathic medicine or a pharmacist, or by a physician assistant or a registered nurse who has been specifically trained pursuant to subdivision 2 of this subsection in immediate-use mixing, diluting or reconstituting. Mixing, diluting or reconstituting that is performed by a doctor of medicine or osteopathic medicine, a pharmacist, or by a specifically trained physician assistant or registered nurse or mixing, diluting or reconstituting of vaccines does not require a second check;

4. Provide a designated, sanitary work space and equipment appropriate for aseptic manipulations;

5. Document or ensure that personnel under his supervision documents in the patient record or other readily retrievable record that identifies the patient; the names of drugs mixed, diluted or reconstituted; and the date of administration; and

6. Develop and maintain written policies and procedures to be followed in mixing, diluting or reconstituting of sterile products and for the training of personnel.

C. Any mixing, diluting or reconstituting of drug products that are hazardous to personnel shall be performed consistent with requirements of all applicable federal and state laws and regulations for safety and air quality, to include but not be limited to those of the Occupational Safety and Health Administration (OSHA). For the purposes of this chapter, Appendix A of the National Institute for Occupational Safety and Health publication (NIOSH Publication No. 2004-165), Preventing Occupational Exposure to Antineoplastic and Other Hazardous Drugs in Health Care Settings is incorporated by reference for the list of hazardous drug products and can be found at www.cdc.gov/niosh/docs/2004-165.

18VAC85-20-410. Requirements for low-, medium- or high-risk sterile mixing, diluting or reconstituting.

A. Any mixing, diluting or reconstituting of sterile products that does not meet the criteria for immediate-use as set forth in 18VAC85-20-400 A shall be defined as low-, medium-, or high-risk compounding under the definitions of Chapter 797 of the U.S. Pharmacopeia (USP).

B. Until July 1, 2007, all low-, medium-, or high-risk mixing, diluting or reconstituting of sterile products shall comply with the standards for immediate-use mixing, diluting or reconstituting as specified in 18VAC85-20-400. Beginning July 1, 2007, doctors of medicine or osteopathic medicine who engage in low-, medium-, or high-risk mixing, diluting or reconstituting of sterile products shall comply with all applicable requirements of the USP Chapter 797. Subsequent changes to the USP Chapter 797 shall apply within one year of the official announcement by USP.

C. A current copy, in any published format, of USP Chapter 797 shall be maintained at the location where low-, medium- or high-risk mixing, diluting or reconstituting of sterile products is performed.

18VAC85-20-420. Responsibilities of doctors who mix, dilute or reconstitute drugs in their practices.

A. Doctors of medicine or osteopathic medicine who delegate the mixing, diluting or reconstituting of sterile drug products for administration retain responsibility for patient care and shall monitor and document any adverse responses to the drugs.

B. Doctors who engage in the mixing, diluting or reconstituting of sterile drug products in their practices shall disclose this information to the board in a manner prescribed by the board and are subject to unannounced inspections by the board or its agents.

Rev. 03/10

INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE MEDICINE IN VIRGINIA
FOR GRADUATES OF AMERICAN MEDICAL SCHOOLS (US/CANADA)
(This form has been designed for you to use as a checklist for processing your application)

The applicant is responsible for forwarding all of the required forms to the appropriate institutions, states and other agencies.

☐ Application and Fee – The four (4) page application along with the required fee of $302.00 must be submitted together. Please make all checks and/or money orders made payable to the Treasurer of Virginia. Applications received without fees and fees received without applications will be returned the same day of receipt. The application and fee may not be faxed.

☐ Examination Scores –

If you took the FLEX examination or all three steps of the USMLE examination, contact the Federation of State Medical Boards at (817)868-4000 or www.fsmb.org for fee information and to have your scores submitted to the Board. Scores may not be faxed and must come directly from the Federation. If using the FCVS Credentialing Service, your scores will be included.

If you took the National Board examination or a combination of the USMLE examination, please contact the National Board of Medical Examiners at (215)590-9500 or www.nbme.org for fee information and to have your scores submitted to the Board. Scores may not be faxed and must come directly from the National Board.

If you took the LMCC examination, please contact that agency to have your scores submitted to the Board. This document may not be faxed.

If you took a state examination, please contact that examining board to have your scores submitted to the board. Please note: If you took a state examination after 1969, you must be American board certified in a specialty to be eligible for licensure. If applicable, please submit a copy of your specialty certificate. Scores may not be faxed, however the specialty certificate may be.

☐ Proof of Professional Education (Form L) – This form must be completed by your professional school. This form may be faxed to your medical school, but the completed form may not be faxed to the Board. If using the FCVS Credentialing Service, proof of your education will be included.

☐ Transcripts – Transcripts must be official, with the school seal. Transcripts will be accepted if they come directly from the school to the Board or if sent to the Board by the applicant in a sealed envelope. This document may not be faxed. If using the FCVS Credentialing Service, medical school transcripts will be included.

☐ Claims History Sheet (Form A) - Claims History Sheet - If you have had malpractice cases brought against you (pending or closed), please complete form A with details of each case. If this does not apply to you, please disregard. This form may be faxed.

☐ Employment Activity Questionnaire (Form B) – List activities on the chronological page of the application, (Page 4) to include all activities since graduation from your professional school. Forward Form B (Activity Questionnaire) to those places of practice/employment listed for the past five (5) years or since graduation, whichever applies. If engaged in private practice, without hospital affiliations, have another physician submit a letter attesting to your practice. CV'S ARE NOT ACCEPTABLE. IF SUBMITTED IN LIEU OF PAGE 4, YOUR APPLICATION MAY BE RETURNED FOR COMPLETION. This form may be faxed. (Page 4 may be copied for additional activities and attached to application.)

☐ Jurisdiction Clearance (Form C) – Forward this form to those jurisdictions in which you have been issued a full license, certification or registration. This form may be copied as necessary. Please contact the applicable jurisdictions to inquire about processing fees. This form may be faxed directly from the jurisdiction

☐ AMA Physician Profile – Visit the AMA website at *http://www.ama-assn.org/amaprofiles/ to order a profile.* This document may be faxed.

☐ Disciplinary Inquiry (Form E) – Contact the Federation of State Medical Boards at (817)868-4083 to request a Disciplinary Inquiry or go to www.fsmb.org to complete the online form. This documentation may be faxed. If you are using the FCVS Credentialing Service and have taken the FLEX or USMLE, the disciplinary inquiry will be provided. Also, if you have taken the FLEX or USMLE, the score report will include a disciplinary inquiry.

☐ Postgraduate training - If your required postgraduate training was completed over five years ago, and will not be verified on a form B, please supply a copy/copies of certificates. This documentation may be faxed.

☐ Military Service – If you have been discharged from the United States Military Service within the past ten (10) years, submit a copy of your discharge papers. This document may be faxed.

Please note:

*Your application shouldl be reviewed within a week or two of receipt. You will be notified by mail or email. Please allow at least 3 weeks for processing before contacting the Board office for a status report.

*Please be aware that consistent with Virginia law and the mission of the Department of Health Professions, addresses on file with the Board of Medicine are made available to the public. This has been the policy and the practice of the Commonwealth for many years. However, with the application of new technology, which makes this information more accessible, there has been growing concern of those licensees who supply their residence address for mailing purposes. This notice is to reiterate that the Board of Medicine maintains only one address for each licensee and will allow the address of record to be a Post Office Box or practice location.

*Applications not completed within 6 months may be purged without notice from the board. Application fees will remain valid for up to one year after receipt.

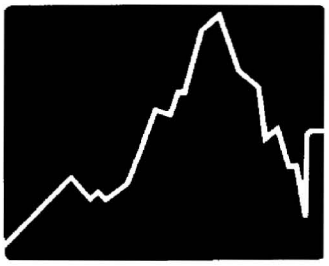
*Applications are not submitted for review until all supporting documents appear to be received. Additional information may be requested upon review.

**Application Fees are non-refundable.*

*A formal letter will be sent to you after approval of licensure. Do not begin practice until you have been notified of approval. Submission of an application does not guarantee a license. A review of your application could result in the finding that you may not be eligible pursuant to Virginia laws and regulations.

*Certain forms may be faxed to 804-527-4426.

**Contact the Licensing Specialist at 804-367-4471*



Department of Health Professions
Commonwealth of Virginia

Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

(804) 367- 4471

Application for a License to Practice Medicine & Surgery

SECURELY PASTE A PASSPORT-TYPE PHOTOGRAPH IN THIS SPACE.

I hereby make application for a license to practice Medicine and Surgery in the Commonwealth of Virginia and submit the following statements:

Last First Middle

Street Address City/State Zip Code

Date of Birth Place of Birth Social Security/VA Control # Maiden Name if Applicable

_____/_____/_____

Professional School Name & Location Professional School Graduation Date Professional School Degree

_____/_____/_____

Please accompany with this application a check or money order made payable to the Treasurer of Virginia in the required amount. If the money does not accompany the application, the application will be returned. Please submit address changes in writing immediately.

*In accordance with §54.1-1116 in the Code of Virginia, you are required to submit your Social Security number/Control number (issued by the Virginia Department of Motor Vehicles.). This number will be used by the Department of Health Professions for identification purposes only and will not be disclosed for any other purposes except as mandated by law. Federal and State law requires that this number be shared with other state agencies for child support enforcement activities. Failure to disclose this number will result in the denial of a license to practice in the Commonwealth of Virginia.

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

APPROVED BY: _____

Applicant #	Check #	Class #	Fee
		0101	$302.00

1. List in chronological order all professional practices since graduation, including internships, residencies, hospital affiliations and absences from work. Also list all periods of non-professional activity or employment for more than three months. **PLEASE ACCOUNT FOR ALL TIME.** If engaged in private practice, list all hospital affiliations. If none, please explain. A completed Form B must be received for all places listed for the **last five years**.

From	To	Name & Location	Position Held

2. Please provide a telephone number where you can be reached during the day. This information is not mandatory and if provided will not be used for any purpose other than as a contact if the licensing specialist has questions about your application.

Home #:	Work #:	Email Address:

These questions must be answered in order for your application to be considered complete. If any of the following questions (#6-15) is answered yes, please provide supporting documentation. Letters must be submitted by your attorney regarding malpractice suits (or you may complete and submit Form A yourself.)

3. I hereby certify that I studied medicine and received the degree of _____ on _____
(degree) (date)

from _____.
Name of School

4. Do you intend to engage in the active practice of medicine in the Commonwealth of Virginia? ☐Yes ☐No

5. List all jurisdictions in which you have been issued a license to practice medicine/osteopathy. Include the number and date issued of all active, inactive or expired licenses.

Jurisdiction	Number Issued	Active/Inactive/Expired

6.Which of the following have you taken: ☐National Boards Examination; ☐USMLE Step 1; ☐USMLE Step 2; ☐USMLE Step 3; ☐Flex

Please list the locality and the number of attempts taken for all those selected above._____
_____
_____

7. Have you ever been denied a license or the privilege of taking a licensure/competency examination by any licensing authority? ☐Yes ☐No

If yes, please explain:
_____
_____
_____

8. Have you ever been convicted of a violation of/or pled Nolo Contendere to any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence.) ☐Yes ☐No

9. Have you ever been denied privileges or voluntarily surrendered your clinical privileges while under investigation, been censured or warned, or requested to withdraw from the staff of any medical school, residency or fellowship training, hospital, nursing home, or other health care facility, or health care provider? ☐Yes ☐No

10.Have you ever had any of the following disciplinary actions taken against your license to practice medicine, DEA permit, state controlled substances registration, Medicaid, or any such actions pending?
(a) suspension/revocation (b) probation (c) reprimand/cease and desist (d) had your practice monitored
(e) limitation placed on scheduled drugs? ☐Yes ☐No

11. Have you ever had any membership in a state or local professional society revoked, suspended, or sanctioned? ☐Yes ☐No

12. Have you voluntarily withdrawn from any professional society while under investigation? ☐Yes ☐No

13. Have you had any malpractice suits brought against you in the last ten (10) years? If so, how many? _____ ☐Yes ☐No

14. Have you been physically or emotionally dependent upon the use of alcohol/drugs or treated by, consulted with, or been under the care of a professional for any substance abuse within the last two years? If so, please provide a letter from the treating professional. ☐Yes ☐No

15. Do you have a physical disease, mental disorder, or any condition, which could affect your performance of professional duties? If so, provide a letter from your treating professional to include diagnosis, treatment, prognosis and fitness to practice. ☐Yes ☐No

(THIS SECTION MUST BE NOTARIZED)

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities(local, state, federal, or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the Board in connection with the processing of individuals and groups listed above, any information , which is material to me and my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice medicine and surgery in the Commonwealth of Virginia.

I have carefully read the laws and regulations related to the practice of my profession which are available on www.dhp.virginia.gov , and I fully understand that Funds submitted as part of the application process shall not be refunded.

RIGHT THUMB PRINT
(May be self-applied)

_____
Signature of Applicant

City/County of _____ State of _____

Subscribed and sworn to before me this _____ day of _____ 20_____.

My Commission expires _____.

_____
Signature of Notary Public

NOTARY SEAL

Rev. 03/10

INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE MEDICINE FOR GRADUATES OF NON-AMERICAN MEDICAL SCHOOLS (OUTSIDE OF THE US/CANADA)

(This form has been designed for you to use as a checklist for processing your application)

The applicant is responsible for forwarding all of the required forms to the appropriate institutions, states and other agencies.

☐ Application and Fee – The four (4) page application along with the required fee of $302.00 are to be submitted together. Please make all checks and/or money orders payable to the Treasurer of Virginia. If either document is submitted without the other, it will be returned. This document may not be faxed

☐ Examination Scores –

If you took the FLEX examination or all three steps of the USMLE examination, contact the Federation of State Medical Boards at (817) 868-4000 or www.fsmb.org for fee information and to have your scores submitted to the Board. Scores may not be faxed and must come directly from the Federation. If using the FCVS Credentialing Service, your scores will be included.

If you took the National Board examination or a combination of the USMLE examination, contact the National Board of Medical Examiners at (215) 590-9500 or www.nbme.org for fee information and to have your scores submitted to the Board. Scores may not be faxed and must come directly from the National Board.

If you took the LMCC examination, please contact that agency to have your scores submitted to the Board. This document may not be faxed.

If you took a state examination, please contact that examining board to have your scores submitted to the board. Please note: If you took a state examination after 1969, you must be American board certified in a specialty to be eligible for licensure. If applicable, please submit a photocopy of your specialty certificate. Scores may not be faxed, however the specialty certificate may be.

☐ Medical School Diploma and Transcripts - Submit a notarized copy of your professional school diploma with the English translation, along with a copy of your medical school transcripts. The notarized diploma may not be faxed. If using the FCVS Credentialing Service, this documentation will be included.

☐ Report of Clinical Rotations (Form H) - Please complete the enclosed report of clinical rotations with the core rotations completed while in medical school. If not completed and signed, the form will be returned which will delay your application process. This document may be faxed. This document will not be provided by FCVS.

☐ ECFMG Certification (Form G) – Visit the ECFMG website at www.ecfmg.org to order a status report. If using the FCVS Credentialing Service, this document will be included.

☐ Claims History Sheet (Form A) - If you have malpractice cases against you (pending or closed), complete form A including details of each case. If this does not apply to you, please disregard. This form may be faxed.

☐ Employment Activity Questionnaire (Form B) – List activities on the chronological page of the application, (Page 4) to include all activities since graduation from your professional school to present. Forward Form B (Activity Questionnaire) to those places of practice/employment listed for the past five (5) years or since graduation, whichever applies. If engaged in private practice, without hospital affiliations, have another physician submit a letter attesting to your practice. CV'S ARE NOT ACCEPTABLE. IF SUBMITTED IN LIEU OF PAGE 4, YOUR APPLICATION MAY BE RETURNED FOR COMPLETION. This form may be faxed. (Page 4 may be copied for additional activities and attached to application.)

☐ Jurisdiction Clearance (Form C) – Forward this form to those jurisdictions in which you have been issued a full license, certification or registration. This form may be copied as necessary. Please contact the applicable jurisdictions to inquire about processing fees. This form may be faxed directly from the jurisdiction

☐ AMA Physician Profile – Visit the AMA website at *http://www.ama-assn.org/amaprofiles/ to order a profile.* This document may be faxed.

☐ Disciplinary Inquiry – (Form E) Contact the Federation of State Medical Boards at (817) 868-4083 to request a Disciplinary Inquiry or www.fsmb.org to complete the online form. This documentation may be faxed. If using the FCVS Credentialing Service and you have taken the FLEX or USMLE, the disciplinary inquiry will be provided. If providing a USMLE or FLEX score report, the disciplinary inquiry will be included and will not need to be requested separately.

☐ Postgraduate training - If your required postgraduate training was completed over five years ago, and will not be verified on a form B, please supply a copy/copies of certificates. This documentation may be faxed.

☐ Military Service – If you have been discharged from the United States Military Service within the past ten (10) years, submit a copy of your discharge papers. This document may be faxed.

Please note:

*Your application should be reviewed within a week or two after receipt. You will be notified by mail or email of the status. Please allow at least 3 weeks for processing before contacting the Board office for a status report.

*Please be aware that consistent with Virginia law and the mission of the Department of Health Professions, addresses on file with the Board of Medicine are made available to the public. This has been the policy and the practice of the Commonwealth for many years. However, with the application of new technology, which makes this information more accessible, there has been growing concern of those licensees who supply their residence address for mailing purposes. This notice is to reiterate that the Board of Medicine maintains only one address for each licensee and will allow the address of record to be a Post Office Box or practice location.

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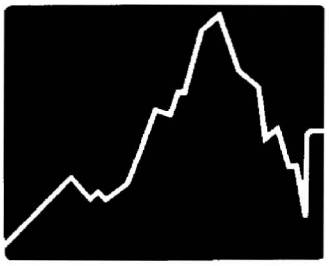
*Applications are not submitted for review until all supporting documents appear to be received. Additional information may be requested upon review.

**Application Fees are non-refundable.*

*Formal notification will be sent to you after approval of licensure. Do not begin practice until you have been notified of approval. Submission of an application does not guarantee a license. A review of your application could result in the finding that you may not be eligible pursuant to Virginia laws and regulations.

*Certain forms may be faxed to 804-527-4426.

**Contact the Licensing Specialist at 804-367-4471*



Department of Health Professions
Commonwealth of Virginia

Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

(804) 367-4471

Application for a License to Practice Medicine & Surgery

SECURELY PASTE A PASSPORT-TYPE PHOTOGRAPH IN THIS SPACE.

I hereby make application for a license to practice Medicine and Surgery in the Commonwealth of Virginia and submit the following statements:

Last First Middle

Street Address City/State Zip Code

Date of Birth Place of Birth Social Security/VA Control # Maiden Name if Applicable

_____/_____/_____

Professional School Name & Location Professional School Graduation Date Professional School Degree

_____/_____/_____

Please accompany with this application a check or money order made payable to the Treasurer of Virginia in the required amount. If the money does not accompany the application, the application will be returned. Please submit address changes in writing immediately.

*In accordance with §54.1-1116 in the Code of Virginia, you are required to submit your Social Security number/Control number (issued by the Virginia Department of Motor Vehicles.). This number will be used by the Department of Health Professions for identification purposes only and will not be disclosed for any other purposes except as mandated by law. Federal and State law requires that this number be shared with other state agencies for child support enforcement activities. Failure to disclose this number will result in the denial of a license to practice in the Commonwealth of Virginia.

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

APPROVED BY: _____

Applicant #	Check #	Class #	Fee
		0101	$302.00

1. List in chronological order all professional practices since graduation, including internships, residencies, hospital affiliations and absences from work. Also list all periods of non-professional activity or employment for more than three months. **PLEASE ACCOUNT FOR ALL TIME.** If engaged in private practice, list all hospital affiliations. If none, please explain. A completed Form B must be received for all places listed for the **last five years**.

From	To	Name & Location	Position Held

2. Please provide a telephone number where you can be reached during the day. This information is not mandatory and if provided will not be used for any purpose other than as a contact if the licensing specialist has questions about your application.

Home #:	Work #:	Email Address:

These questions must be answered in order for your application to be considered complete. If any of the following questions (#6-15) is answered yes, please provide supporting documentation. Letters must be submitted by your attorney regarding malpractice suits (or you may complete and submit Form A yourself.)

3. I hereby certify that I studied medicine and received the degree of _____ on _____
(degree) (date)

from _____.
Name of School

4. Do you intend to engage in the active practice of medicine in the Commonwealth of Virginia? ☐Yes ☐No

5. List all jurisdictions in which you have been issued a license to practice medicine/osteopathy. Include the number and date issued of all active, inactive or expired licenses.

Jurisdiction	Number Issued	Active/Inactive/Expired

6.Which of the following have you taken: ☐National Boards Examination; ☐USMLE Step 1; ☐USMLE Step 2; ☐USMLE Step 3; ☐Flex

Please list the locality and the number of attempts taken for all those selected above._____
_____
_____

7. Have you ever been denied a license or the privilege of taking a licensure/competency examination by any licensing authority? ☐Yes ☐No

If yes, please explain:
_____
_____
_____

8. Have you ever been convicted of a violation of/or pled Nolo Contendere to any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence.) ☐Yes ☐No

9. Have you ever been denied privileges or voluntarily surrendered your clinical privileges while under investigation, been censured or warned, or requested to withdraw from the staff of any medical school, residency or fellowship training, hospital, nursing home, or other health care facility, or health care provider? ☐Yes ☐No

10.Have you ever had any of the following disciplinary actions taken against your license to practice medicine, DEA permit, state controlled substances registration, Medicaid, or any such actions pending?
(a) suspension/revocation (b) probation (c) reprimand/cease and desist (d) had your practice monitored
(e) limitation placed on scheduled drugs? ☐Yes ☐No

11. Have you ever had any membership in a state or local professional society revoked, suspended, or sanctioned? ☐Yes ☐No

12. Have you voluntarily withdrawn from any professional society while under investigation? ☐Yes ☐No

13. Have you had any malpractice suits brought against you in the last ten (10) years? If so, how many? _____ ☐Yes ☐No

14. Have you been physically or emotionally dependent upon the use of alcohol/drugs or treated by, consulted with, or been under the care of a professional for any substance abuse within the last two years? If so, please provide a letter from the treating professional. ☐Yes ☐No

15. Do you have a physical disease, mental disorder, or any condition, which could affect your performance of professional duties? If so, provide a letter from your treating professional to include diagnosis, treatment, prognosis and fitness to practice. ☐Yes ☐No

(THIS SECTION MUST BE NOTARIZED)

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities(local, state, federal, or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the Board in connection with the processing of individuals and groups listed above, any information , which is material to me and my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice medicine and surgery in the Commonwealth of Virginia.

I have carefully read the laws and regulations related to the practice of my profession which are available on www.dhp.virginia.gov, and I fully understand that Funds submitted as part of the application process shall not be refunded.

RIGHT THUMB PRINT
(May be self-applied)

_____
Signature of Applicant

City/County of _____ State of _____

Subscribed and sworn to before me this _____ day of _____ 20_____.

My Commission expires _____.

_____
Signature of Notary Public

NOTARY SEAL

VIRGINIA REGISTER OF REGULATIONS

VOL. 27 ISS. 19 PUBLISHED EVERY OTHER WEEK BY THE VIRGINIA CODE COMMISSION MAY 23, 2011

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DEPARTMENT OF HEALTH PROFESSIONS

Notice of Public Comment Period and Study Related to HB 1559, Exempting Virginia Licensed Audiologists from Hearing Aid Specialists Examination Requirements

Pursuant to Rule 20(1) of the Rules of the Senate of Virginia, the Senate Committee on Education and Health has referred the subject matter contained in House Bill 1559 (2011 Session of the General Assembly) for study by the Department of Professional and Occupation Regulation, in conjunction with the Department of Health Professions. House Bill 1559 would exempt Virginia licensed audiologists who hold a doctoral degree in audiology from all of the current examination requirements, which consists of both a written and practical examination, in order to obtain a Virginia hearing aid specialists license. The departments invite public comment on this issue. This review is being conducted pursuant to § 54.1-310 A 4 of the Code of Virginia. The Department of Professional and Occupational Regulation and the Department of Health Professions welcome written comments on this matter.

The Department of Professional and Occupational Regulation will receive written comments until 5 p.m. on Friday, June 24, 2011, which may be sent to the address below or sent to hearingaidspec@dpor.virginia.gov. Comments or questions should be sent to: William H. Ferguson, Executive Director, Board for Hearing Aid Specialists, Department of Professional and Occupational Regulation, 9960 Mayland Drive, Suite 400, Richmond, VA 23233, telephone (804) 367-8590, or email hearingaidspec@dpor.virginia.gov.

The Department of Health Professions will receive written comments until 5 p.m. on Friday, June 24, 2011, which may be sent to the address below or sent to audbd@dhp.virginia.gov. Comments or questions should be sent to Leslie L. Knachel, Executive Director, Board of Audiology and Speech-Language Pathology, Department of Health Professions, 9960 Mayland Drive, Suite 300, Richmond, VA 23233, telephone (804) 367-4630, or email audbd@dhp.virginia.gov.

A public hearing will be held on Thursday, May 26, 2011, 9:30 a.m., at Perimeter Center, Training Room 1, 2nd Floor, 9960 Mayland Drive, Richmond, VA 23233.

STATE WATER CONTROL BOARD

Proposed Consent Order to be Issued by the State Water Control Board to Titan Virginia Ready-Mix LLC and Mechanicsville Concrete LLC, d/b/a Powhatan Ready Mix

Purpose of notice: To seek public comment on a proposed consent order to be issued by the State Water Control Board to Titan Virginia Ready-Mix, LLC and Mechanicsville Concrete LLC, d/b/a Powhatan Ready Mix, regarding their facilities located in Norfolk, Centreville, Clear Brook, and Sterling, Virginia.

Public comment period: May 23, 2011, through June 22, 2011.

Consent order description: The State Water Control Board proposes to issue a consent order to Titan Virginia Ready Mix, LLC and Mechanicsville Concrete, LLC, d/b/a Powhatan Ready Mix, to address violations of the State Water Control Law. The consent order requires the payment of a civil charge and the performance of certain corrective action to address the aforementioned violations.

How to comment: The Department of Environmental Quality (DEQ) accepts comments from the public by email, fax, or postal mail. All comments must be received by DEQ within the comment period. The public may review the proposed consent order at the office named below or on DEQ's website at www.deq.virginia.gov.

Contact for public comments, document requests, and additional information: Kathleen F. O'Connell, Department of Environmental Quality, 629 East Main Street, Richmond, VA 23223, telephone (804) 698-4273, FAX (804) 698-4277, or email kathleen.oconnell@deq.virginia.gov.

VIRGINIA CODE COMMISSION

Notice to State Agencies

Contact Information: *Mailing Address:* Virginia Code Commission, 910 Capitol Street, General Assembly Building, 2nd Floor, Richmond, VA 23219; *Telephone:* Voice (804) 786-3591; FAX (804) 692-0625; *Email:* varegs@dls.virginia.gov.

Meeting Notices: Section 2.2-3707 C of the Code of Virginia requires state agencies to post meeting notices on their websites and on the Commonwealth Calendar at http://www.virginia.gov/cmsportal3/cgi-bin/calendar.cgi.

Cumulative Table of Virginia Administrative Code Sections Adopted, Amended, or Repealed: A table listing regulation sections that have been amended, added, or repealed in the *Virginia Register of Regulations* since the regulations were originally published or last supplemented in the print version of the Virginia Administrative Code is available at http://register.dls.virginia.gov/cumultab.htm.

Filing Material for Publication in the Virginia Register of Regulations: Agencies are required to use the Regulation Information System (RIS) when filing regulations for publication in the *Virginia Register of Regulations*. The Office of the Virginia Register of Regulations implemented a web-based application called RIS for filing regulations and related items for publication in the Virginia Register. The Registrar's office has worked closely with the Department of

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION

IN RE: HOUSE BILL 1559

BOARD FOR HEARING AID SPECIALISTS

HEARD BEFORE: WILLIAM H. FERGUSON

MAY 26, 2011

SECOND FLOOR CONFERENCE ROOM

9960 MAYLAND DRIVE

RICHMOND, VIRGINIA 23233

9:38 A.M.

TAMMIE BROWN, CCR
67 Stoney Point Road
Cumberland, Virginia 23040
804-492-4954
brownccr@gmail.com

APPEARANCES:

William H. Ferguson, Presiding
Executive Director/Board for Hearing Aid Specialists
Dept. of Professional & Occupational Regulation

ALSO PRESENT:

Demetrios J. Melis
Board Administrator
Dept. of Professional & Occupational Regulation

Elaine J. Yeatts
Senior Policy Analyst
Department of Health Professions

Leslie L. Knachel
Executive Director
Department of Health Professions

(The public hearing commenced at 9:38 a.m.)

MR. FERGUSON: Good morning. I am Bill Ferguson. I'm an Executive Director with the Department of Professional and Occupational Regulation.

This is a public hearing held at the Department of Professional and Occupational Regulation and the Department of Health Professions, 9960 Mayland Drive, Richmond, Virginia, 23233.

Pursuant to Rule 20(1) of the Rules of the Senate of Virginia, the Senate Committee on Education and Health has referred the subject matter contained in House Bill 1559 for study by the Department of Professional and Occupational Regulations and the Department of Health Professions.

House Bill 1559 would exempt Virginia licensed audiologists, who hold a doctoral degree in audiology, from the current examination requirements in order to obtain a Virginia hearing aid specialists license. The Departments invite public comment on this issue. This review is being conducted pursuant

to subsection A.4 of Section 54.1-310 of the Code of Virginia. Please allow Me to introduce the individuals seated with me today and involved with today's public hearing.

To my immediate left is Leslie Knachel, Executive Director, Department of Health Professions. To my far left is Elaine Yeatts, Senior Policy Analyst, Department of Health Professions.

And to my right is Demetrios Melis, Board Administrator for the Department of Professional and Occupational Regulations. Now I'd like to present the rules for this public hearing.

Comments will be received from any member of the public and comments will be limited to a maximum of five minutes, depending on the number of individuals who wish to speak. If you have not signed up to speak and you wish to give testimony today, please sign your name on the sign-up sheet at this time.

We will be using a light box this morning to assist you in being aware of the allotted five minutes. The green light will be on for the first four minutes. The yellow

light will come on when one minute remains. And then the red light will come on when the five minutes are up and your testimony will need to end.

This public hearing is a means to provide public comment. However, this is not the proper forum for questions. If you have a question concerning House Bill 1559, please forward them in writing to the Department's office.

Any speaker who wishes to provide a written statement in addition to his oral testimony, or in lieu of oral testimony, may do so until Friday, June 24th, 2011. We have two persons who have signed up. Do y'all wish to speak? Thank you. We'll wait another five minutes or so to see if anybody shows up.

(The public hearing went off the record at 9:41 a.m., and resumed at 9:47 a.m., and testimony resumed as follows:)

MR. FERGUSON: Thank you all for attending today. We appreciate it. The record of the public hearing will be kept open until

Friday, June 24th, 2011. And written comments will be accepted through 5:00 p.m., on that day. The hearing is now closed. Thank you.

(The public hearing concluded at 9:48 p.m.)

CERTIFICATE OF COURT REPORTER

I, Debroah Carter, hereby certify that I was the Court Reporter at the PUBLIC HEARING regarding House Bill 1559, heard in Richmond, Virginia, on May 26th, 2011, at the time of the public hearing herein.

I further certify that the foregoing transcript is a true and accurate record of the testimony and other incidents of the public hearing herein.

Given under my hand this 31st day of May, 2011.

Debroah Carter, CMRS, CCR
Virginia Certified
Court Reporter

My certification expires June 30, 2011.

BOARD FOR HEARING AID SPECIALISTS
PUBLIC HEARING MAY 26, 2011
PUBLIC COMMENT SIGN-UP SHEET

Please sign if you wish to speak to the Board

PLEASE PRINT

Full Name	Mailing Address	Organization/Business	Telephone	E-mail
Lillian Beasley Beahm	1 Riverside Cr Suite 300 Roanoke VA 24016	Carilion Clinic Otolaryngolog	540-581-0232	lbbeahm@carilionclinic.org
TUCKER GLEASON	PO Box 800871 CHARLOTTESVILLE VA 22908	UVA	434-924-5713	AFG2V@VIRGINIA.EDU

HB 1559 Public Comments in order of date of receipt		
Commenter	**Supports/Opposes**	**Comment**
Lillian Beasley Beahm (public hearing)	No Position	• None. Present at Public Hearing
Tucker Gleason (public hearing)	No Position	• None. Present at Public Hearing
Lorraine Klein Gardner, Au.D.(letter)	Supports HB 1559	• Au.D. students receive adequate training in hearing aids • Praxis exam covers hearing aids • Audiologist undergo continuing education • Audiologists have more training in hearing aids than medical doctors
Kevin E. McCurdy, M.Ed., Audiologist, CCC-A, FAAA, Lic. Audiologists, Lic. Hearing Aid Specialist(letter)	Opposes HB 1559	• Audiologist do not possess the ability or skill to fit hearing aids • Doctoral degree may have emphasized research or another unrelated area • Consumers deserve the assurance that all who fit hearing aids display through exam that they possess a minimum level of competency
Letter signed by the following: Danny W. Gnewikow, PhD., Audiologist, CCC, Hearing Aid Specialist Nancy V. Bradsher, Au.D., Audiologist, CCC, Hearing Aid Specialist Monique L. Hall, Au.D., Audiologist, CCC, Hearing Aid Specialist Lauren B. Stone, Au.D., Audiologist, CCC, Hearing Aid Specialist Kelly M. Camarda, M.Ed., Audiologist, CCC, Hearing Aid Specialist	Support HB 1559	• Audiologists have more training in hearing aids than medical doctors • Non-audiologist hearing aid specialists receive minimal training • The financial and time expense involved in taking the hearing aid specialist exam is significant. • Audiologists who are also licensed hearing aid specialists would still pay their licensing fee and be subject to the Hearing Aid Specialist Board regulations

Amber S. Wolsiefer, Au.D., Audiologist, CCC, Hearing Aid Specialist Kara E. Martin, Au.D., Audiologist, CCC, Hearing Aid Specialist Brenda M. Dickman, Au.D., Provisional Audiologist, pending CCC, Hearing Aid Specialist		
Donna Marie Mallory, Au.D., Audiologist, CCC-A, Hearing Aid Specialist(letter and email)	Supports HB 1559	• Audiologists possess both the educational and practical training necessary • Training for a hearing aid specialist is less than that of an audiologist • Contends the audiologist's passing rate of the hearing aid specialists examination is acceptable • Draws comparison between the audiology/hearing aid field with that of ophthalmologists, optometrists, and opticians • The field of audiology has evolved, and now requires more education • No continuing education requirement for hearing aid specialists, although there is for audiologists • Contends 34 states have either an exemption for audiologist from needing both licenses or other accommodations • James Madison University is the only program in Virginia that offers a doctorate degree in Audiology, there are two semester long courses specifically on hearing aids
Carl E. McCurdy, Hearing Aid Specialist(letter)	Opposes HB 1559	• Inception of current hearing aid specialist examination requirements were put in place to ensure minimum competency and consumer protection • Audiologists are not adequately educated or trained in hearing aids • Just as many audiologists fail the hearing aid specialist exam the first time around as non-audiologists; education does not assure competence
Marco Fuster, Hearing Aid Specialist(letter)	Opposes HB 1559	• No one other than medical doctors should be exempt from taking the hearing aid specialist examination

Martha Artz-Cain, BC-HIS, Hearing Aid Specialist(email)	Opposes HB 1559	• Nobody should be practicing as a hearing aid specialists without having proven competency • Her experience with both audiologists and hearing aid specialists is that they require the same training and competency assurance
Sandy Burkes-Campbell, Audiologist(email)	Supports HB 1559	• Supports exemption from examination, and further supports full exemption for audiologists from hearing aid specialist licensure • Audiologists have more training than hearing aid specialists who are not audiologists • The financial and time expense involved in taking the hearing aid specialist exam is significant
Linda Wallace, President-Hearing Loss Associaton of Greater Richmond(email)	Supports HB 1559	• Audiologists possess necessary training to fit hearing aids
Julie A. Jarrell, Au.D., Audiologist, Hearing Aid Specialist(email)	Supports HB 1559	• Contends 35 states permit audiologists to provide hearing aid functions without a separate hearing aid specialist license • Audiologists have more training than hearing aid specialists who are not audiologists • The financial and time expense involved in taking the hearing aid specialist exam and obtaining licensure is significant • Draws comparison between the audiology/hearing aid field with that of ophthalmologists, optometrists, and opticians • Supports exemption from examination, and further supports full exemption for audiologists from hearing aid specialist licensure
C. Edward Vann, Director of Rehabilitation Services, Children's Hospital of The King's Daughters, President Elect, Speech and Hearing Association of Virginia(email)	Supports HB 1559	• Audiologists have an advanced level of education in audiology • Those holding Doctorates in Audiology have the education and training to dispense hearing aids
Cornelia Long, M.S., CCC-SLP, VP Gov. Affairs, Speech-Lang. Hearing Association of VA(email)	Supports HB 1559	• Audiologists possess extensive training from university settings • Audiologists are required to pass a national exam in order to be certified by the American Speech-Language Hearing Association

Salisha Elder-Christensen, Audiologist(email)	Supports HB 1559	• Audiologists having met academic requirements of a Doctorate in Audiology should be exempt from examination • Audiologists have more training than hearing aid specialists who are not audiologists • Draws comparison between the audiology/hearing aid field with that of optometrists and opticians
Ava Gordon(email)	Supports HB 1559	• A Virginia citizen who has worn hearing aids for her entire life • Her granddaughter obtained her doctorate and became an audiologist • She was perplexed to find out an audiologist with a doctorate has to drive to Richmond to take the hearing aid specialist examination
David H. Narburgh, M.Ed., CCC, Speech Language Pathologist(email)	Supports HB 1559	• Alludes that those who have completed a four year doctoral program which includes intensive training and a practicum is sufficient to be exempt from the hearing aid specialist examination
Cathy Keefe, Au.D, CCC-A, Audiologist, Hearing Aid Specialist(email)	Supports HB 1559	• Audiologists take courses in hearing aids • They must pass a national exam • Examination is wasteful and redundant
Daniel W. Karakla, M.D., FACS, President, The Virginia Society of Otolaryngology-Head and Neck Surgery, Inc. (fax)	No objection to HB 1559	• Criteria is that the statutory scope of practice appropriately reflect the education and training of the professionals
Abby Kyle, Hearing Aid Specialist(letter)	Opposes HB 1559	• Contends audiologists frequently fail the hearing aid specialist exam due to lack of training in fitting hearing aids
Chris A. Childs, Hearing Aid Specialist, Beltone Audiology & Hearing Aid Center(letter)	Opposes HB 1559	• Has worked with patients who have had their hearing aids inadequately dispensed by an audiologist • Contends audiologists frequently fail the hearing aid specialist exam due to lack of training in fitting hearing aids • Academic preparation alone is not sufficient
Andrea Cossettini, Au.D., CCC-A, FAAA, Audiologist, Hearing Aid Specialist(letter)	Supports HB 1559	• Dispensing of hearing aids within the scope of practice of both master and doctoral level audiologists • Audiologists have more training than hearing aid specialists who are not audiologists • Doctorate of Audiology students have the appropriate training in hearing aids • Current hearing aid specialist regulations require little to no coursework • The examination process for hearing aid specialists is outdated

		• Audiologist undergo continuing education • Audiologists have more training than hearing aid specialists who are not audiologists • Supports exemption from examination, and further supports full exemption for audiologists from hearing aid specialist licensure

Prepared by Hearing Aid Specialists Board Staff, Department of Professional and Occupational Regulation. (July 28, 2011)

William H. Ferguson, Executive Director, Board for Hearing Aid Specialists
Virginia Department of Professional and Occupational Regulations
9960 Mayland Drive, Suite 400
Richmond, VA 23233

Leslie L. Knachel, Executive Director, Board of Audiology
Department of Health Professions
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Dear Mr. Ferguson and Ms. Knachel,

I am an audiologist licensed in the Commonwealth of Virginia. I also hold a license for Hearing Aid Specialists so that I may dispense hearing aids. I have received the joint letter sent by your respective licensing departments regarding House Bill 1559, exempting licensed doctoral level audiologists in the Commonwealth of Virginia from current exam requirements for obtaining a hearing instrument specialist license, and I would like to comment.

The dispensing of hearing instruments is within the scope of practice for all audiologists who hold a Master's or Doctoral level education in audiology. Both the American Academy of Audiology (AAA, www.audiology.org) and the American Speech Language Hearing Association (ASHA, www.asha.org) outline a scope of practice for audiologists that specifically includes the evaluation, fitting, and verification of amplification devices[1,2]. The education and training requirements for audiologists vastly outweighs any education and training requirements established for hearing aid dispensers.

Audiology programs were intentionally expanded from a three-year, Master's level program to a four-year, doctoral level degree because advances in the field made it impossible to obtain a thorough, working knowledge of all subject areas prior to graduation from a Master's program with two years of didactic coursework and a post-graduate Clinical Fellowship Year (CFY). The model of the AuD includes three years of didactic coursework completed simultaneously with three years of supervised clinical experience. The fourth year has been converted from a post-graduate CFY to a clinical externship year, during which time a student is required to practice under the supervision of a licensed audiologist. Following the successful completion of the externship, a student may graduate from the AuD program and apply for licensure, as well as the Certificate of Clinical Competency in Audiology issued by ASHA. From the very beginning of this training, audiology graduate students are exposed to, work with, and assist in the fitting of amplification devices including hearing aids, FM systems, and other assistive listening

devices. Upon graduation, students are required to document the completion of over 1800 clinical contact hours under supervision by a licensed audiologist.

Hearing aid dispensers, also often referred to as hearing instrument specialists, are not required to document any of the above expertise. According to the Virginia DPOR regulations for prospective hearing aid dispensers, an individual applying for a license must be 18 years old, document the completion of high school, and provide some documentation that training has been completed under the direction of a licensed dispenser or via accredited university courses. No documentation of coursework is required if a licensed dispenser signs off on an applicant's training, no documentation of supervised clinical contact hours are required, and no mention is made in the DPOR list of required skills regarding interpretation of audiograms with the intent to eliminate the need for medical referral to assess a non-visible medical condition that could impact patient health and amplification outcome. DPOR mentions only "visible disorders of the ear requiring medical referrals" in section 3(f) of regulation 18VAC80-20-30[3].

Prospective dispensers are then required to pass a two-part evaluation to determine their competency in audiometric evaluation, ear impression, hearing aid troubleshooting, and earmold retubing. No portion of the evaluation requires audiometric interpretation and recommendation of either medical referral or appropriate amplification. Nor are any portions of the practical examination directed at the appropriate fitting, or programming, of today's digital hearing instrument technology. Additionally, the written evaluation consists of questions weighted heavily toward previous generation analog or analog programmable amplification devices, which make up a minority of new and existing hearing aids in the general population. The majority of major hearing aid manufacturers operating in the United States offer primarily digital technology[4].

Continuing education units (CEUs) are required for licensed audiologists and for those who hold the Certificate of Clinical Competency in Audiology (CCC-A) offered by ASHA. No such continuing education requirements are found in the regulations pertaining to a hearing aid dispenser. CEUs ensure that audiologists are informed of the most recent advances in the profession, including medical information, software, amplification, counseling, and allied professions like neurology and otolaryngology. Without this continuing education, there is no guarantee that an individual is maintaining an adequate working knowledge of current best practices or procedures for the diagnosis, treatment, or management of hearing loss.

In short, it is redundant for audiologists to also be required to obtain hearing aid dispensing licenses, when we are required to obtain more training than a hearing aid dispenser and are operating within our scope of practice to dispense amplification solely by maintaining a license to practice audiology. The Commonwealth of Virginia should not only exempt doctoral level audiologists from the examination requirements related to obtaining a hearing aid dispensing license, but should also exempt doctoral level licensed audiologists from obtaining a hearing aid dispensing license.

Thank you for your willingness to review this outdated requirement. As an audiologist licensed in Virginia, I look forward to changes in the regulations that will allow me to practice the full scope of practice for an audiologist without additional licensure.

Andrea Cossettini, AuD CCC-A, FAAA
Virginia Audiology License 2201001429
Virginia Dispensing License 2101001835

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[1] For website link to the AAA scope of practice: http://www.audiology.org/resources/documentlibrary/Pages/ScopeofPractice.aspx

[2] For website link to ASHA Audiology scope of practice: http://www.asha.org/docs/html/SP2004-00192.html

[3] For website link to the DPOR regulation referenced: http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+18VAC80-20-30

[4] For more information on the types of hearing aids currently manufactured and available for purchase in the US, visit www.phonak-us.com, www.oticonusa.com, www.unitron.com, www.siemens-hearing.com, www.resound.com, www.starkey.com, www.widex.com.

Lorraine Klein Gardner
2300 Boulder Run Court
Richmond, Virginia 23238

May 27, 2011

William H. Ferguson, Executive Director
Board for Hearing Aid Specialists
Department of Professional Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233

Dear Mr. Ferguson:

As a licensed audiologist and hearing aid specialist by the Commonwealth of Virginia for over thirty years, I write to express my support for HB1559. This bill would bestow exemption from the full hearing aid specialist examination required to obtain a Virginia Hearing Aid Specialist License to licensed Audiologists in Virginia who hold a doctorate degree. The Senate Education & Health Committee requested further input from DPOR and DHP in the last legislative session.

An audiologist is a specialist in the auditory system, and is trained to diagnose hearing pathology, and treat non-medically caused hearing loss, among other things. The use of hearing aids is the best course of management to treat hearing loss. At James Madison University, the only Virginia university that offers the Au.D. degree, the curriculum covers two semester courses specifically in hearing aids and provides many hours of practical training in hearing aid selection, fitting, and follow up for students enrolled in the program. All graduate programs in the US are accredited by the same agency, so standards for obtaining an Au.D. degree are consistent in this country.

Currently in Virginia, an Audiologist must take the examination to obtain a license to dispense hearing aids. This is redundant based on our educational level, training, and testing required to obtain a Virginia Audiology license. In addition, the national Praxis examination that all audiologists must take prior to graduating and/or obtaining a state licensure covers hearing aid related treatment options. As audiologists, we are also required to obtain 30 hours of continuing education every two years, something that non-audiologist Hearing Aids Specialists are not required to do. Our profession is clearly qualified to fit hearing devices and stay current with the rapidly changing technology. Audiologists should clearly be exempt from taking another examination to obtain a hearing aid license, which is included in our scope of practice in all our major national associations. Passage of Bill 1559 will recognize this.

Currently, hearing aid specialist applicants are required to travel to Richmond and on two different occasions to complete the written and practical portions of the Hearing Aid Specialist Exam. Applicants lose two days of work (incurring undue hardship for many) simply to come to Richmond to be tested on topics already learned and tested. Board Certifed Otolaryngologists licensed in Virginia are exempt from taking this examination. By nature of an Audiologist's Scope of Practice, we have more training in amplification than physicians do (who are not required to have any formal course work or experience in this area). Since our degree is specific - a specialist in the auditory system -it makes sense that if a physician is exempt from the examination, an audiologist should be as well.

I respectfully ask for your support and consideration for this bill. Please feel free to contact me if you have any questions.

Sincerely,

Lorraine Klein Gardner

Lorraine Klein Gardner, Au.D.
Doctor of Audiology
Board Certified in Audiology

Lorraine Klein Gardner
2300 Boulder Run Court
Richmond, Virginia 23238

May 27, 2011

Leslie L. Kanchel, Executive Director
Board of Audiology and Speech Language Pathology
Department of Health Professions
9960 Mayland Drive, Suite 300
Richmond, Virginia 23233

Dear Leslie:

As a licensed audiologist and hearing aid specialist by the Commonwealth of Virginia for over thirty years, I write to express my support for HB1559. This bill would bestow exemption from the full hearing aid specialist examination required to obtain a Virginia Hearing Aid Specialist License to licensed Audiologists in Virginia who hold a doctorate degree. The Senate Education & Health Committee requested further input from DPOR and DHP in the last legislative session.

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I respectfully ask for your support and consideration for this bill. Please feel free to contact me if you have any questions.

Sincerely,

Lorraine Klein Gardner, Au.D.
Doctor of Audiology
Board Certified in Audiology

June 9, 2011

William H. Ferguson, Executive Director, Board for Hearing Aid Specialists
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, VA 23233

Dear Mr. Ferguson,

I am writing to you in reference to my opposition to House Bill 1559. This bill would allow audiologists in the state of Virginia to dispense hearing aids without taking the prescribed exam.

As a licensed audiologist (for 25 years) and a licensed hearing aid specialist (for 25 years) in the state, I am acquainted with audiologists, regardless of degree, that do not possess the ability or skill to fit hearing aids because that has never been a part of their training or practice. A doctoral degreed audiologist (PhD or AuD) is not a medical doctor and has not been to medical school. Audiology is a non-medical degree in the hearing healthcare field.

An audiologist with a doctoral degree has gained knowledge beyond that of a Master's degreed audiologist, however, that does not necessarily qualify them to be proficient in fitting and selling hearing aids to the public. In fact, the audiologist desiring to be licensed to fit and sell hearing aids may have had little exposure to hearing aid fitting because their doctoral program may have been one that emphasized research, clinical/surgical Audiology, balance disorders, cochlear implants or primarily focusing on pediatric Audiology. It is therefore necessary that the licensing board examine each and every candidate that desires licensure.

Consumers in Virginia would want nothing less than a professional that has proven minimum competency (by taking the requisite exam) when it comes to providing for their hearing care.

I believe it would be detrimental to the consumers of Virginia to exempt audiologists from meeting the minimum requirements to fit and sell hearing aids in the state.

Please oppose HB 1559 – it is not helpful to consumers.

Thank you for your time.

Sincerely,

Kevin McCurdy

Kevin E. McCurdy
M.Ed., Audiologist, CCC-A, FAAA
Licensed Audiologist
Licensed Hearing Aid Specialist
Virginia Resident

June 9, 2011

Leslie Knachel, Executive Director, Board of Audiology & Speech Pathology
Department of Health Professions
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Dear Ms. Knachel,

I am writing to you in reference to my opposition to House Bill 1559. This bill would allow audiologists in the state of Virginia to dispense hearing aids without taking the prescribed exam.

As a licensed audiologist (for 25 years) and a licensed hearing aid specialist (for 25 years) in the state, I am acquainted with audiologists that do not possess the ability or skill to fit hearing aids because they were never specifically trained in their academic coursework for this.

I have been asked by the Department of Professional and Occupational Regulation (DPOR) to assist with the exam for licensure to dispense hearing aids (Licensed Hearing Aid Specialist). On numerous occasions I have examined audiologists that were unable to meet minimum competencies required to pass the exam. In fact, some admitting to me that they were not ready to "take this exam".

Regardless of educational degree, I believe it would be detrimental to the consumers of Virginia to exempt audiologists from meeting the minimum requirements to fit and sell hearing aids in the state.

Please oppose HB 1559 – it is not helpful to consumers.

Thank you for your time.

Sincerely,

Kevin McCurdy

Kevin E. McCurdy
M.Ed., Audiologist, CCC-A, FAAA
Licensed Audiologist
Licensed Hearing Aid Specialist
Virginia Resident

Since 1974

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DANNY W. GNEWIKOW, Ph.D.
AUDIOLOGIST, CCC

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June 15, 2011

Leslie L. Knachel, Executive Director
Commonwealth of Virginia
Department of Health Professions
Board of Audiology and Speech-Language Pathology
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Public Comment: Regarding House Bill 1559: Removes the written and practicum examination requirement for Virginia licensed audiologists applying for a Virginia Hearing Aid Specialist license.

Dear Mr. Knachel:

The examination requirement for initial licensure of audiologists by the Virginia Hearing Aid Specialist Board becomes more archaic and redundant with each passing year in light of the expertise already required by current university audiology programs.

In 1974, having just received my Ph.D. in audiology from Vanderbilt University, I moved to Virginia and established a private audiology practice in Danville VA (and later in 1980 a second practice in Lynchburg). I have been licensed in Virginia as both an audiologist since 1974 and as a hearing aid specialist since 1976. During my 37 years of practice, I have been the preceptor for 13 audiologists from 11 different universities throughout the U.S. as these audiologists completed their CFY or doctoral externship and subsequently applied for their audiology and hearing aid specialist licenses. I have been fortunate to have retained the majority of these audiologists, and my current staff now consists of myself and 7 licensed audiologists, all of whom also hold hearing aid specialist licensure as well.

Over the years there has been a steady transition to more specialized hearing aid training within university audiology programs. In the earlier years in some universities, (when only a Master's degree was required for audiology practice) much of the graduate student's amplification knowledge was academically based, with somewhat less emphasis on practical experience with hearing aids.

Presently, in contrast, the overall academic hours of the university graduate audiology curriculum have generally doubled due to the advances in hearing aid complexity and the transition of audiology to a doctoral profession approximately 10 years ago. Current curriculum is comprised roughly of 50% assessment protocol for hearing/balance disorder diagnoses and 50% amplification instruction. In addition to course hours, most doctoral audiology programs now require a minimum of 500 practicum hours during the first 3 years of a 4 year degree. Therefore, even a beginning 4th year audiology extern in his/her last year of graduate studies, while under the supervision of an outside preceptor, is well equipped for hearing aid fitting and troubleshooting.

- The Hearing Aid Specialist Board regulations do not require the otolaryngology physician to take any section of the hearing aid specialist's exam. Although the otolaryngologist is an expert in the surgical and medical remediation of diseases of the ear, their practical training in hearing aid fitting is far less than the training of a doctoral audiologist. In fact, much of the ENT's training related to hearing aids is generally provided by doctoral audiologists on the faculty of the medical school.

- The current Hearing Aid Specialist Board's regulations stipulate the audiologist with a 4 year graduate doctoral degree must take the entire written exam and some of the practicum exam. All current exam requirements are justified in the case of a "non-audiologist" applicant who may be as young as 18 years of age, and who may have only met the minimal educational requirement of a high school education or a GED high school equivalency. The minimal training of the "non-audiologist" is in stark contrast to the graduate-trained audiologist.

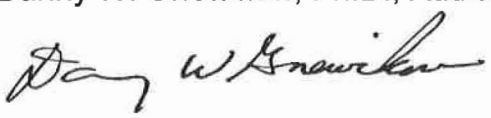
- Previously, the practicum and written Board's examinations were administered all in 1 day. Recently the testing has been spread over 2 days; and to make it worse, the testing is now done in 2 different months. The 2-day schedule requires applicants who are not from the "near-Richmond" area, to travel significant distances across the Commonwealth the day prior to testing, obtain accommodations so that they can be at the test site by 8:00 a.m. the following day, usually not finishing the exam until 5 p.m. to leave for home. The applicants must then repeat this process for the 2nd portion of the exam one month later. Finally, notification of "pass" or "fail" is received about 4-6 weeks after the second examination. The expense to these applicants in time, gas, accommodations, and up to 4 days of lost wages is significant. It is also costly for the Board in paying for exam administrators for 2 days instead of one.

If the Hearing Aid Board has so many applicants for the exam that they can no longer administer the test on 1 day, then the removal of the unnecessary exam requirement for audiologists would reduce the examination load on the Board, making the Board more efficient and allowing more time for testing of those applicants with no formal educational training, resulting in a cost-reduction to the Commonwealth and to the applicants.

- It should be emphasized that all audiologists who are licensed also as Hearing Aid Specialists would still be required to pay their licensure fees as well as to be subject to all the regulations of the Hearing Aid Board.

Public comments submitted respectfully by staff audiologists and hearing aid specialists of: Audiology Hearing Aid Associates, Danville and Lynchburg, Virginia.

Danny W. Gnewikow, Ph.D., Audiologist, CCC *(1974)* Hearing Aid Specialist *(1976)*



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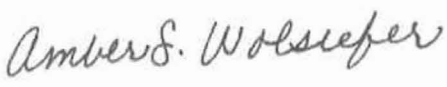

Kara E. Martin, Au.D., Audiologist, CCC, *(2009)* Hearing Aid Specialist *(2009)*

Brenda M. Dickman, Au.D., Provisional Audiologist *(2010-CCC and permanent audiology license pending)* Hearing Aid Specialist *(2010)*

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hearing aid associates

DANNY W. GNEWIKOW, Ph.D.
AUDIOLOGIST, CCC

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June 15, 2011

William H Ferguson, Executive Director
Commonwealth of Virginia
Department of Professional and Occupational Regulation
Board of Hearing Aid Specialists
9960 Mayland Drive, Suite 400
Richmond, VA 23233

Public Comment: Regarding House Bill 1559: Removes the written and practicum examination requirement for Virginia licensed audiologists applying for a Virginia Hearing Aid Specialist license.

Dear Mr. Ferguson:

The examination requirement for initial licensure of audiologists by the Virginia Hearing Aid Specialist Board becomes more archaic and redundant with each passing year in light of the expertise already required by current university audiology programs.

In 1974, having just received my Ph.D. in audiology from Vanderbilt University, I moved to Virginia and established a private audiology practice in Danville VA (and later in 1980 a second practice in Lynchburg). I have been licensed in Virginia as both an audiologist since 1974 and as a hearing aid specialist since 1976. During my 37 years of practice, I have been the preceptor for 13 audiologists from 11 different universities throughout the U.S. as these audiologists completed their CFY or doctoral externship and subsequently applied for their audiology and hearing aid specialist licenses. I have been fortunate to have retained the majority of these audiologists, and my current staff now consists of myself and 7 licensed audiologists, all of whom also hold hearing aid specialist licensure as well.

Over the years there has been a steady transition to more specialized hearing aid training within university audiology programs. In the earlier years in some universities, (when only a Master's degree was required for audiology practice) much of the graduate student's amplification knowledge was academically based, with somewhat less emphasis on practical experience with hearing aids.

Presently, in contrast, the overall academic hours of the university graduate audiology curriculum have generally doubled due to the advances in hearing aid complexity and the transition of audiology to a doctoral profession approximately 10 years ago. Current curriculum is comprised roughly of 50% assessment protocol for hearing/balance disorder diagnoses and 50% amplification instruction. In addition to course hours, most doctoral audiology programs now require a minimum of 500 practicum hours during the first 3 years of a 4 year degree. Therefore, even a beginning 4th year audiology extern in his/her last year of graduate studies, while under the supervision of an outside preceptor, is well equipped for hearing aid fitting and troubleshooting.

- The Hearing Aid Specialist Board regulations do not require the otolaryngology physician to take any section of the hearing aid specialist's exam. Although the otolaryngologist is an expert in the surgical and medical remediation of diseases of the ear, their practical training in hearing aid fitting is far less than the training of a doctoral audiologist. In fact, much of the ENT's training related to hearing aids is generally provided by doctoral audiologists on the faculty of the medical school.

- The current Hearing Aid Specialist Board's regulations stipulate the audiologist with a 4 year graduate doctoral degree must take the entire written exam and some of the practicum exam. All current exam requirements are justified in the case of a "non-audiologist" applicant who may be as young as 18 years of age, and who may have only met the minimal educational requirement of a high school education or a GED high school equivalency. The minimal training of the "non-audiologist" is in stark contrast to the graduate-trained audiologist.

- Previously, the practicum and written Board's examinations were administered all in 1 day. Recently the testing has been spread over 2 days; and to make it worse, the testing is now done in 2 different months. The 2-day schedule requires applicants who are not from the "near-Richmond" area, to travel significant distances across the Commonwealth the day prior to testing, obtain accommodations so that they can be at the test site by 8:00 a.m. the following day, usually not finishing the exam until 5 p.m. to leave for home. The applicants must then repeat this process for the 2nd portion of the exam one month later. Finally, notification of "pass" or "fail" is received about 4-6 weeks after the second examination. The expense to these applicants in time, gas, accommodations, and up to 4 days of lost wages is significant. It is also costly for the Board in paying for exam administrators for 2 days instead of one.

If the Hearing Aid Board has so many applicants for the exam that they can no longer administer the test on 1 day, then the removal of the unnecessary exam requirement for audiologists would reduce the examination load on the Board, making the Board more efficient and allowing more time for testing of those applicants with no formal educational training, resulting in a cost-reduction to the Commonwealth and to the applicants.

- It should be emphasized that all audiologists who are licensed also as Hearing Aid Specialists would still be required to pay their licensure fees as well as to be subject to all the regulations of the Hearing Aid Board.

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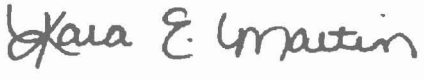

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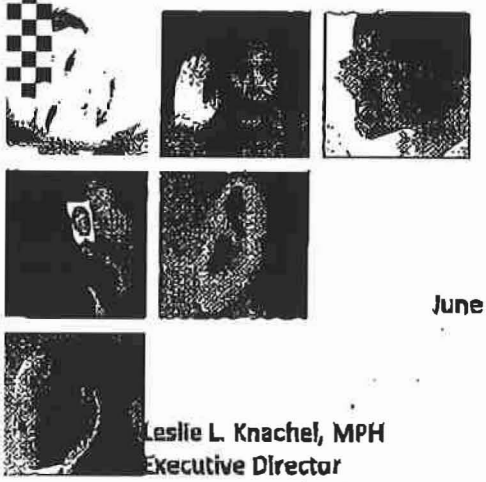

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June 21, 2011

Fax - 2 pages

Leslie L. Knachel, MPH
Executive Director
Commonwealth of Virginia, Department of Health Professions
Board of Audiology and Speech-Language Pathology
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Dear Ms. Knachel:

I appreciate the opportunity to make public comments regarding HB1559, a bill that would allow a licensed Virginia audiologist with a doctoral degree to be exempt from taking the hearing aid specialist exam. The bill, which was introduced in the January 2011 session, passed through the house by a wide majority. However, it did not pass through the Senate House and Education sub-committee as some of the senators expressed concern that they didn't understand the difference between an audiologist and a hearing aid specialist and wanted further study.

An audiologist has formal graduate education in acoustics, the auditory mechanism, hearing disorders, hearing treatment, aural rehabilitation, hearing aids, assistive listening devices, cochlear implants, and the vestibular (balance) system, among other things. The education covers development, diagnosis and treatment for all ages (newborn through geriatric patient). The degree required, at this time, is minimally a four year doctorate degree. To enter a graduate program, a bachelor's degree in required. All told, eight years of formal undergraduate and graduate education to become a licensed audiologist. All programs in the US are accredited by the same agency (CAA – The Council on Academic Accreditation) and so consistency is expected.

In addition to the formal course work, an audiology student must complete a specified amount of clinical experience (1820 hours of hands on experience) to obtain a degree throughout the four years. This experience is not only documented in terms of the type of clinical hours obtained, but is evaluated by the clinical supervisors. Experience is expected to be obtained in many settings and include not only diagnostic testing, but treatment in the form of hearing aid fittings. Again, there is consistency in how the experience is evaluated by supervisors, as required by the accrediting agency.

A hearing aid specialist must have a high school diploma or a GED. There is no required formal training in hearing, hearing loss, or hearing treatment. The specialist must pass an examination to acquire a license to dispense hearing aids, which incorporates a written exam and practical exam. In order to pass this exam, it is assumed that the examinee has had some exposure to hearing testing and hearing aids, but there isn't a formal program that is required. The application asks for 'work experience', but for the non-audiologist applicant, there is no minimal requirement or benchmark to have specific experience in working with hearing aids. This is a glaring difference – an audiologist must have minimally 100 graduate (academic) course hours with a minimal of 1820 hours of practical experience, all of which is evaluated for competency.

An argument that was brought up in the hearings by the group opposing this bill was that despite the education of audiologists - *'they* fail the test'. This is complete hearsay. When I personally called the DPOR office in January, 2011, to inquire about the statistics (how many audiologists failed), I was told that formal records weren't kept. However, this information is DISCOVERABLE, as the Hearing Aid Specialist application asks specifically: Are you an ENT? Are you an Audiologist? It would be interesting to see just how many audiologists actually fail the examination; my impression from talking informally with others is that audiologists DO PASS the examination.

Rather than relying on hearsay, since this information is discoverable by reviewing applications, it would be much more valid to have actual facts to support or nullify this claim.

There is also precedent, in Virginia code, that should minimally exempt an audiologist from taking the HA specialty examination. For example, an Optometrist is currently exempt from taking an exam to dispense eyeglasses (which is what an optician needs) – and in fact, the current license doesn't require an Optometrist or an Ophthalmologist to even have a separate license. In terms of education and experience, Audiologists and Optometrists are similar, both doctorate level (non-medical) degrees. In addition, despite the fact that an Otolaryngologist doesn't have formal training, coursework or hands-on experience with hearing evaluation or hearing aid fitting, they are exempt from taking the Hearing Aid Specialty Exam and can obtain a license, if desired.

An analogy that can be made which might help further clarifies the differences:

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    - An audiologist (Au.D. or Ph.D.) is a health care professional that specializes in hearing and hearing disorders, diagnosing and treating in the form of counseling, hearing aids or other devices such as cochlear implants. The level of training is at least as equivalent to an optometrist (O.D.)
        - A hearing aid specialist has a high school diploma or GED and after passing a Commonwealth of Virginia sanctioned test, can fit and dispense hearing aids to consumers. This is similar to an optician.

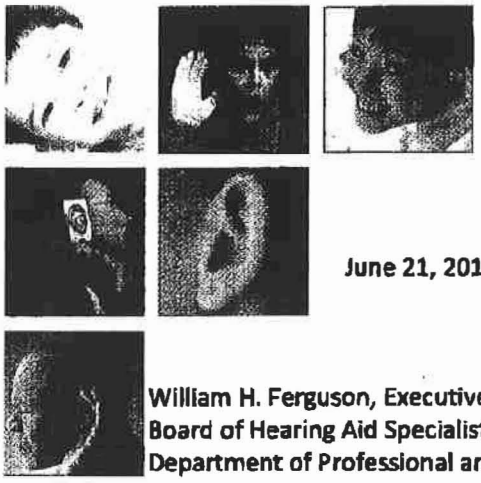
The change that audiologists are seeking is not about expanding scope of practice , it is simply the fact that Audiology has transformed over the past 15 years from a Master's level profession to a doctoral level profession and with that greater educational training and autonomy. This bill is simply a reflection of the evolution of our field and need to update state licensing requirements so they are consistent with our training.

A final point I would like to make is that currently, there is no requirement for continuing education (CE) to maintain a HAS license. The audiology license requires, through DHP, mandatory 30 hours of continuing education every two years to maintain the license. Therefore, not only do audiologists have a solid foundation to obtain the HAS license without examination, but have a commitment toward CE that further protects Virginia consumers Therefore, with all due respect, I strongly support HB 1559, which will allow Audiologists, clearly the highest trained professional dealing with hearing disorders and hearing aids, to be exempt from having to take an examination to obtain a hearing aid specialist license. Like the Otolaryngologist who obtains a HAS license through examination exemption, audiologists would still be governed by the DPOR rules and regulations.

With best regards,

Donna Marie Mallory

Donna Marie Mallory, Au.D., CCC-A
Licensed Audiologist #2201-000649
Licensed HA Specialist # 2101-001248



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June 21, 2011

William H. Ferguson, Executive Director
Board of Hearing Aid Specialists
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, VA 23233

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The change that audiologists are seeking is not about expanding scope of practice, it is simply the fact that Audiology has transformed over the past 15 years from a Master's level profession to a doctoral level profession and with that greater educational training and autonomy. This bill is simply a reflection of the evolution of our field and need to update state licensing requirements so they are consistent with our training.

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With best regards,

Donna M. Mallory, Au.D.

Donna Marie Mallory, Au.D., CCC-A
Licensed Audiologist #2201-000649
Licensed HA Specialist # 2101-001248

June 20, 2011

Mr. William H. Ferguson, Executive Director, Board for Hearing Aid Specialists
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, VA 23233

Dear Mr. Ferguson,

July 1, 1970, almost forty one years ago, our current law and regulations governing Hearing Aid Specialists in the Commonwealth of Virginia became effective. This law was passed because of two primary and very important reasons; consumer protection and the establishment of minimum competency for an individual to be licensed as a Hearing Aid Specialist. It has served the Commonwealth quite well.

Currently, a small group of Audiologists wish to change our regulations so that "Doctoral" Audiologists may obtain a Hearing Aid Specialists license without meeting the examination requirements. Should this be permitted, it would destroy everything our regulations have stood for as it relates to minimum competency. Please review part II, entry requirements, paragraph 3 of our regulations. College and University curriculums do not teach or train on all of these subjects; particularly b, e, g, l, m, n and o. PhD, Doctorate, Doctoral and AuD Audiologists are specialists in the field of Audiology, not professional hearing aid dispensers. Audiologists are not medical doctors.

I've practiced as a Hearing Aid Specialist for forty eight years, I've served on our board for twelve years and I've administered exams to new applicants. There is always a failure rate when exams are given and the records will show that just as many Audiologists failed to pass the exam first time around as non-audiologists. Education does not assure competence.

I oppose HB 1559 as well as any other bill that would allow Doctoral Audiologists to be licensed as a Hearing Aid Specialist in Virginia without meeting the examination requirements. It would not be in the best interest of the citizens of our great state.

Sincerely,

Carl E. McCurdy, Hearing Aid Specialist
5452 Peregrine Crest Circle
Roanoke, VA 24018

June 21st, 2011

William H. Ferguson, Executive Director, Board for Hearing Aid Specialists
Dept of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, VA 23233

Mr. Ferguson:

I am writing to you today in reference to House Bill 1559. This bill is ill served in terms of doing what's best for the residence and consumers of this great Commonwealth. If one intends to dispense hearing aids in the state of Virginia, it is a current requirement to pass a board examination to receive a license and demonstrate a proficiency in the hearing health sciences. If you are not a medical doctor, there is no common sense reason you should be exempt from taking the board examination.

Audiology falls into the category of a non-medical degree. One requires extensive training and continuing education to maintain a high level of understanding in the hearing health sciences (Hearing Aid Dispenser). Audiologist should not get a pass on this critical aspect of care for the patient.

By virtue of this correspondence, I am asking that you take a critical look at what is being proposed. The citizens and consumers of this great state, demand the highest level of care. HB 1559 is not in the interest of the people. Please oppose HB 1559.

Thank you for your consideration.

Warmest Regards

Marco Fuster
Board Certified & Licensed Hearing Aid Specialists

Culpeper Hearing Center, LLC
Specializing in Advanced Hearing Solutions

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Culpeper, VA 22701

Phone: 540.829.9005
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June 21, 2011

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Board of Hearing Aid Specialists
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
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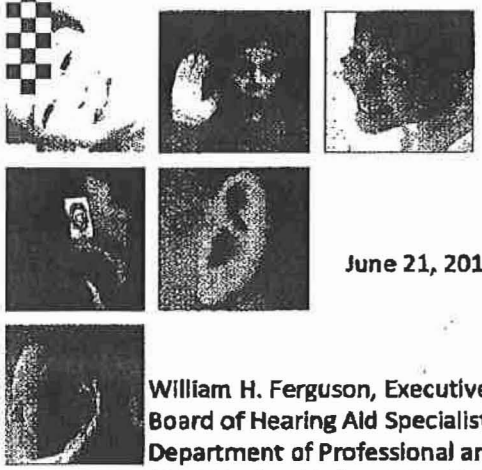

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June 21, 2011

duplicate

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Board of Hearing Aid Specialists
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
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An audiologist has formal graduate education in acoustics, the auditory mechanism, hearing disorders, hearing treatment, aural rehabilitation, hearing aids, assistive listening devices, cochlear implants, and the vestibular (balance) system, among other things. The education covers development, diagnosis and treatment for all ages (newborn through geriatric patient). The degree required, at this time, is minimally a four year doctorate degree. To enter a graduate program, a bachelor's degree in required. All told, eight years of formal undergraduate and graduate education to become a licensed audiologist. All programs in the US are accredited by the same agency (CAA – The Council on Academic Accreditation) and so consistency is expected.

In addition to the formal course work, an audiology student must complete a specified amount of clinical experience (1820 hours of hands on experience) to obtain a degree throughout the four years. This experience is not only documented in terms of the type of clinical hours obtained, but is evaluated by the clinical supervisors. Experience is expected to be obtained in many settings and include not only diagnostic testing, but treatment in the form of hearing aid fittings. Again, there is consistency in how the experience is evaluated by supervisors, as required by the accrediting agency.

A hearing aid specialist must have a high school diploma or a GED. There is no required formal training in hearing, hearing loss, or hearing treatment. The specialist must pass an examination to acquire a license to dispense hearing aids, which incorporates a written exam and practical exam. In order to pass this exam, it is assumed that the examinee has had some exposure to hearing testing and hearing aids, but there isn't a formal program that is required. The application asks for 'work experience', but for the non-audiologist applicant, there is no minimal requirement or benchmark to have specific experience in working with hearing aids. This is a glaring difference – an audiologist must have minimally 100 graduate (academic) course hours with a minimal of 1820 hours of practical experience, all of which is evaluated for competency.

An argument that was brought up in the hearings by the group opposing this bill was that despite the education of audiologists - *'they* fail the test'. This is complete hearsay. When I personally called the DPOR office in January, 2011, to inquire about the statistics (how many audiologists failed), I was told that formal records weren't kept. However, this information is DISCOVERABLE, as the Hearing Aid Specialist application asks specifically: Are you an ENT? Are you an Audiologist? It would be interesting to see just how many audiologists actually fail the examination; my impression from talking informally with others is that audiologists DO PASS the examination. Rather than relying on hearsay, since this information is discoverable by reviewing applications, it would be much more valid to have actual facts to support or nullify this claim.

There is also precedent, in Virginia code, that should minimally exempt an audiologist from taking the HA specialty examination. For example, an Optometrist is currently exempt from taking an exam to dispense eyeglasses (which is what an optician needs) – and in fact, the current license doesn't require an Optometrist or an Ophthalmologist to even have a separate license. In terms of education and experience, Audiologists and Optometrists are similar, both doctorate level (non-medical) degrees. In addition, despite the fact that an Otolaryngologist doesn't have formal training, coursework or hands-on experience with hearing evaluation or hearing aid fitting, they are exempt from taking the Hearing Aid Specialty Exam and can obtain a license, if desired.

An analogy that can be made which might help further clarifies the differences:

- An Otolaryngologist (M.D.) is a medical physician and surgeon that specialize in surgical and medical treatment of ear, nose & throat disease. The training is equivalent to an Ophthalmologist.
    - An audiologist (Au.D. or Ph.D.) is a health care professional that specializes in hearing and hearing disorders, diagnosing and treating in the form of counseling, hearing aids or other devices such as cochlear implants. The level of training is at least as equivalent to an optometrist (O.D.)
        - A hearing aid specialist has a high school diploma or GED and after passing a Commonwealth of Virginia sanctioned test, can fit and dispense hearing aids to consumers. This is similar to an optician.

The change that audiologists are seeking is not about expanding scope of practice, it is simply the fact that Audiology has transformed over the past 15 years from a Master's level profession to a doctoral level profession and with that greater educational training and autonomy. This bill is simply a reflection of the evolution of our field and need to update state licensing requirements so they are consistent with our training.

A final point I would like to make is that currently, there is no requirement for continuing education (CE) to maintain a HAS license. The audiology license requires, through DHP, mandatory 30 hours of continuing education every two years to maintain the license. Therefore, not only do audiologists have a solid foundation to obtain the HAS license without examination, but have a commitment toward CE that further protects Virginia consumers Therefore, with all due respect, I strongly support HB 1559, which will allow Audiologists, clearly the highest trained professional dealing with hearing disorders and hearing aids, to be exempt from having to take an examination to obtain a hearing aid specialist license. Like the Otolaryngologist who obtains a HAS license through examination exemption, audiologists would still be governed by the DPOR rules and regulations.

With best regards,

Donna M. Mallory, Au.D.

Donna Marie Mallory, Au.D., CCC-A
Licensed Audiologist #2201-000649
Licensed HA Specialist # 2101-001248

From: Martha [mailto:hear4u@shentel.net]
Sent: Wednesday, June 22, 2011 3:34 PM
To: Board of Audiology and Speech
Subject: Fw: HB1559

To Whom it may concern ,

I was licensed as a hearing aid specialist 1980 in Virginia and West Virginia. I was trained for a year before sitting for the exams by two very caring and knowledgable dispensers, one of whom was instumental in starting the Hearing Aid Board in Virginia.

I can not imagine anyone being able to serve the citizens of this state with any competency without the proper training or hands- on experience required by the current Hearing Aid Board's licensing requirements. Last year I had two employees who took the tests in Richmond to receive their hearing aid dispensing license. One is an audiologist and the other not. They have both needed the same training and advise from me, as their sponsor, on the proper fitting selection, counselling, physical adjustments, and service of hearing instruments. They are equal in knowledge after that in-office training. If the audiologist had been able to skip that part of the training as this bill proposes, she would be at a great disadvantage in her ability to perform the many tasks hearing aid fittings demand. It only makes sense that if two people are doing the same job, they should be required to learn the same skills and if licensed to do that job, that they be licensed under the same Board.

The competency and consumer protection requirements should remain the same so that ethical practices continue for our businesses. The citizens of Virginia should be protected by the continuing of regulations already in place. To support the exemption of Audiologists from necessary training and the use of Audiology Assistants (who would not be required to have any license) would open the door for harm of our industry.

When a person needs hearing help, they should have the convidence that the person they choose to help them has been properly trained and has the necessary skills to do the job. By keeping the existing licensing requirements in place, you can insure them of this .

Sincerely,

Martha Artz-Cain, BC-HIS
Hearing Aid Services, Inc.
522 Amherst St. Suite 102
Winchester, VA 22601
540-667-7100
1-800-856-4327
hearingaidservicesinc.com

June 22, 2011

Dear Ms. Knachel,

I am a practicing audiologist with 38 years of experience in treating adults and children with hearing loss. It is my considered opinion that audiologists should be able to fit amplification on patients as licensed audiologists. Not only should we be exempt from taking an exam that was designed for hearing aid specialists, it is my opinion that as licensed audiologists we should be allowed to fit hearing instruments by virtue of our training as audiologists. Many states have already eliminated this requirement.

The hearing aid license should be for hearing aid specialists. We are not the same profession and we have our own board and are currently regulated by the board of Audiology and Speech-Language Pathology.

Audiologists have several years of post-graduate training in hearing disorders and rehabilitation and yet we must take the same test that a person who has completed a basic training course in hearing aids must take.

My employees must travel to Richmond from Hampton Roads which causes time away from patients and has a negative economic impact on my practice.

Opticians and Optometrist have separate licensing boards in Virginia. Hearing aid dispensers should also be regulated by their separate board.

Audiologists are already effectively regulated and licensed by the Speech Pathology and Audiology board

In addition, is confusing to the public/consumer to have audiologists and hearing aid specialists regulated by the same board. It may give the public the perception that audiologists and hearing aid dispensers have the same qualifications and they do not.

I support the decision to at least eliminate the requirement that we take an exam designed for hearing aid specialists.

Respectfully submitted

Sandy Burkes-Campbell

Director

Maico Audiological Services,

610 Thimble Shoals Blvd

Newport News.

From: grhearingloss@comcast.net [mailto:grhearingloss@comcast.net]
Sent: Thursday, June 23, 2011 9:43 AM
To: Board of Audiology and Speech
Subject: HB 1559

The Hearing Loss Association of Greater Richmond is writing with regard to HB 1559, which would exempt Virginia licensed audiologists, who hold a doctoral degree in audiology, from having to take written and practical examinations to obtain a Virginia hearing aid specialist license.

By virtue of their extensive training, audiologists with doctoral degrees are already qualified to fit amplification devices, and do not need the same testing and licensing as hearing aid dispensers. Many states already have eliminated those requirements.

The extensive training that audiologists receive in the process of completing their doctoral degrees is more than adequate for fitting hearing aids. It does not, therefore, make sense that they must take the same test as those who have completed a basic six-week course in hearing aids. In fact, physicians do not need a hearing aid specialist license in Virginia to fit hearing aids.

Opticians and optometrists already have separate licensing boards in Virginia because of their vastly different training. By the same token, audiologists and hearing aid dispensers should not be regulated by the same board. Finally, it is confusing to both the public and consumers to have a single board regulate both groups and, inadvertently, create the impression that audiologists and hearing aid dispensers possess similar qualifications. As we all know, they do not.

Thank you for considering the passage of HB 1559. It will help to differentiate between the two, very different, professional groups.

Linda Wallace
President, Hearing Loss Association of Greater Richmond
1911 Oakway Drive
Richmond, VA 23238

June 23, 2011

Leslie L. Knachel
Executive Director
Board of Audiology and Speech-Language Pathology
Department of Health Professions
9960 Maryland Drive, Suite 300
Richmond, VA 23223

Dear Ms. Knachel:

The Hearing Loss Association of Greater Richmond is writing to you with regard to HB 1559, which would exempt Virginia licensed audiologists, who hold a doctoral degree in audiology, from having to take written and practical examinations to obtain a Virginia hearing aid specialist license.

By virtue of their extensive training, audiologists with doctoral degrees are already qualified to fit amplification devices, and do not need the same testing and licensing as hearing aid dispensers. Many states already have eliminated those requirements.

The extensive training that audiologists receive in the process of completing their doctoral degrees is more than adequate for fitting hearing aids. It does not, therefore, make sense that they must take the same test as those who have completed a basic six-week course in hearing aids. In fact, physicians do not need a hearing aid specialist license in Virginia to fit hearing aids.

Opticians and optometrists already have separate licensing boards in Virginia because of their vastly different training. By the same token, audiologists and hearing aid dispensers should not be regulated by the same board. Finally, it is confusing to both the public and consumers to have a single board regulate both groups and, inadvertently, create the impression that audiologists and hearing aid dispensers possess similar qualifications. As we all know, they do not.

Thank you for considering the passage of HB 1559. It will help to differentiate between the two, very different, professional groups.

Sincerely,

Linda T. Wallace

Linda T. Wallace
President, Hearing Loss Association of Greater Richmond
1911 Oakway Drive
Richmond, VA 23238

Julie A. Jarrell, Au.D.
3900 Donnington Drive Virginia Beach, VA 23456

June 23, 2011

Department of Health Professionals at AudBD@dhp.virginia.gov
Department of Professional and Occupational Regulation Hearing Aid Spec@dpor.virginia.gov

Regarding House Bill 1559

I have been an audiologist for 34 years. I have held audiology licenses in Iowa, Florida and most recently in Virginia. In thirty-five states, audiologists are currently able to dispense hearing aids and assistive devices under their audiology license. These states fully recognize that the rigorous education and training of audiologists ensures professional services to the consumer in the evaluation, selection, fitting, and dispensing of hearing instruments to include counseling and follow-up care. It is most distressing that upon changing my residence to Virginia, I was required to also obtain a hearing aid specialist license. Requiring audiologists to hold dual licensure is an unnecessary burden and confusing to consumers as to the credentials of audiologists in comparison to those required of hearing aid specialists. By virtue of the audiology license scope of practice requirements, the training and experience of audiologists assures consumers that access to the highest quality of hearing healthcare includes the dispensing of hearing instruments.

For a licensed audiologist to be dually licensed as a hearing aid specialist, there are costs of time to take practical and written examinations, and the costs of application and licensure. I would think the Virginia Board for Hearing Aid Specialists would be self-sustaining without this additional burden placed on audiologists. I could not even find the word "audiologist" on the hearing aid specialist application form. I found that incredulous. Does the Commonwealth not value the audiology doctorates earned at Virginia Commonwealth University or the audiology licenses granted? To require a dispensing license of audiologists is duplicative of the requirements in the audiology license. The hearing aid lobbyists always throw their wealth at this issue and unfortunately the consumer loses in the end with the appearance of a hearing aid dispenser having met the same higher educational requirements of the audiologist. **The Commonwealth of Virginia does not require optometrists to dually hold an optician's license and that is the same dichotomy.**

An audiologist has an advanced degree specifically in this field and has passed a national competency exam as well as meeting the criteria for state licensure. In approving my application for audiology licensure, the Commonwealth of Virginia has already assessed and approved my competency to practice audiology and the practice of audiology inherently includes hearing aid dispensing. I respectfully request that the rule requiring audiologists take hearing aid dispensing examinations be looked upon as redundant and eliminate that requirement as well as seriously consider abolishing dual licensure of audiologists altogether. Thank you so very much for your consideration in this matter.

Respectfully submitted,

Julie A. Jarrell, Au.D.

Stamey, Carol S. (DHP)

From: Vann, C E. [C.Vann@CHKD.ORG]
Sent: Friday, June 24, 2011 3:03 PM
To: Board of Audiology and Speech; DPOR: Board for Hearing Aid Specialists (DPOR)
Subject: Support of HB1559

To whom it may concern,

Currently, new audiologists are required to take an examination in the state of Virginia to dispense hearing aids. I am writing to encourage you to support HB1559, and remove this examination requirement from our colleagues. The majority of new audiologists hold AuD's, but are required to take the same examination as Hearing Aid Specialists, who are not required to have the same advanced level of education in audiology. AuD's have the education and training to safely and effectively dispense hearing aids, and I ask that you support this change. Thank you for your consideration,

Respectfully,

C. Edward Vann

C. Edward Vann
Director of Rehabilitation Services
Children's Hospital of The King's Daughters
President Elect, Speech and Hearing Association of Virginia
601 Children's Lane
Norfolk, Virginia 23507
Phone: 757-668-8985

Stamey, Carol S. (DHP)

From: Cornelia Long [slpcommunications@comcast.net]
Sent: Friday, June 24, 2011 9:24 AM
To: Board of Audiology and Speech
Subject: Hearing Aid Dispensing License

Dear Board Member,

On behalf of the Speech and Hearing professionals of VA, I would like to thank you for reading this correspondence in support of audiologists in the state of Virginia. My request is that the board eliminate the requirement that new audiologists who hold a doctorate in the field of audiology be exempt from taking examinations to acquire a hearing aid specialists license. A few reason for this exemption status include, but are not limited to, audiologists are required to complete extensive training at various university settings to obtain a doctoral degree in this field. Secondly, they are required to pass a NATIONAL examination prior to becoming nationally certified by the American Speech-Language Hearing Association. I do not feel that further testing at the state level is necessary. Audiologists new to the state of Virginia who are nationally certified and have obtained doctoral level audiology training should be exempt from further examination in order to dispense hearing aids in the state of Virginia.

Respectfully Submitted,

Cornelia H. Long, M.S. CCC-SLP
VP Governmental Affairs
Speech-Language Hearing Association of VA

Stamey, Carol S. (DHP)

From: Salisha Elder-Christensen [selderchristensen@yahoo.com]
Sent: Friday, June 24, 2011 12:51 PM
To: DPOR: Board for Hearing Aid Specialists (DPOR); Board of Audiology and Speech
Subject: House Bill 1559

Hi there,

I would like to express my opinion about the House Bill 1559.

I'm an audiologist who holds a clinical doctorate of Audiology degree.
It has taken me 8 years of study to prepare for this career, 4 of which involved intense specialized study of ALL aspects of audiology.
It's my opinion that requiring audiologists who hold the doctoral degree or even the master's degree to be licensed to dispense hearing aids very unjust and ineffective.

Trained audiologists have met all the requirements to fully practice audiology including dispensing hearing aids; requiring a license to dispense hearing aids sends a mixed and confusing message to patients. When I tell my patients that I must go to Richmond and sit for a clinical and written exam to get a license to fit them with hearing aids, they are shocked and rightly so. After meeting the requirements set forth by my academic program, my academy and by ASHA, after being bestowed the AuD after 12 months of intense clinical training it seems ludicrous that I must dir for another exam.

Requiring us to have this dispensing license also neglects to acknowledhe the training differences between trained dispensers and trained audiologists. Just like there are training differences between optometrists and opticians, there are differences between audiologists and hearing aid dispensers. The State of Virginia should be responsible in not only informing patients, the public etc about those differences but should have requirements that uphold and respect those differences. How is requiring trained audiologists to have a dispensing license respecting and upholding that difference.

We should be striving to be a just community, a community of high ethics and an effective way of establishing rules and regulations. This rule and regulation does not make sense, it does not protect the consumer/patient and reflects poorly on our knowledge and concern of these 2 professions. Please support House Bill 1559 and exempt trained audiologists from having to take all the current examinations required to dispense hearing aids in the State of Virginia.

Thank You,
Sally.

Stamey, Carol S. (DHP)

From: Ava [ava.gordon77@gmail.com]
Sent: Friday, June 24, 2011 1:04 PM
To: DPOR: Board for Hearing Aid Specialists (DPOR); Board of Audiology and Speech
Subject: House Bill 1559

Good Afternoon,

I've worn hearing aids since the age of 6 and now I'm 80 years old.
Audiologists have played a huge role in my life and that of my family, so much so that my grand-daughter decided to become an audiologist!
I was extremely proud to see her earn her Doctorate degree; she's the first one in our family to further her studies at the graduate level.
I've been a happy Virginian all my life but when I learned that my grand-daughter drove not once, but twice to Richmond to sit for a text that would allow her to fit others with aids I was perplexed. After all her years of training I could not understand why her doctoral degree wasn't good enough, why was she being seen as a hearing aid dispenser? She's not a hearing aid dispenser! She studied for a lot more years, paid a lot more money and could do a lot more things because of her doctoral degree.

Well, now is the time to chnage this atrocity!
I ask that you support this bill so that others following the same path as my grand-daughter won't have to drive all the way to Richomd to take a test that implies that all their training and hard work is utterly not recognized, acknowledged or respected. We in Virginia have set an example to other states since the before the Revolution...we need to set an example of what is right now too!

AGordon.

Stamey, Carol S. (DHP)

From: David Narburgh [pwsh.dnarburgh@verizon.net]
Sent: Friday, June 24, 2011 1:03 PM
To: Board of Audiology and Speech
Subject: HB1559

Dear members of the Board:

As a licensed SLP and the director of an agency that employs audiologists, I wish to express my strong support for HB1559, which would remove the requirement for individuals holding the Doctor of Audiology degree to take the state examination currently required to dispense hearing aids. These professionals have completed a four-year doctoral program which included intensive training and practicum in all aspects of their field, in addition, of course, to first obtaining a four-year college degree. It places an undue burden on them and their employers as they pursue their professional careers.

Respectfully,

David H. Narburgh

David H. Narburgh, MEd,CCC
Speech-Language Pathologist, Executive Director
Prince William Speech and Hearing Center, Inc.
4317 Ridgewood Center Drive
Woodbridge, Virginia 22912
Office 703-670-8126 ext. 207
Fax 703-670-0035

Stamey, Carol S. (DHP)

From: Cathy Keefe [keefe_cathykeefe@yahoo.com]
Sent: Friday, June 24, 2011 2:27 PM
To: Board of Audiology and Speech
Subject: HB1559

Dear Leslie Knachel,

I am a licensed audiologist and licensed hearing aid dispenser. I am writing in support of HB1559, which would allow licensed doctoral level audiologists to be exempt from the examination currently required to obtain a hearing instrument specialists license in Virginia. My reasons for supporting this change are that audiologists are taught several courses on hearing aids, hearing aid fittings, all aspects of hearing health, ethics, and business as part of their curriculum. There is a national examination which must be passed as well. Taking the examination is redundant and wasteful. In these times when we must justify all of the monies that we spend as a Commonwealth, it seems quite wasteful to conduct this type of examination for people who have already demonstrated their knowledge and ability.

Thank you for considering my input.

Kind Regards,

Cathy Keefe, AuD, CCC-A
9613 Potters Hill Circle
Lorton, VA 22079
703-339-2090

Stamey, Carol S. (DHP)

From: David Bailey [dbailey@capitolsquare.com]
Sent: Friday, June 24, 2011 11:35 AM
To: Board of Audiology and Speech
Subject: HB1559 testimony
Attachments: State Requirements For Audiologists to Dispense Hearing Aids[1].doc; JMU doctoral audiology curriculum[1].doc

Please accept this information as you review the matter before you.

David L. Bailey
David Bailey Associates
1001 E. Broad Street, Ste 215, Richmond, VA 23219
www.DavidBaileyAssociates.com
804-643-5554 – office
804-405-8108 - cell

------ Forwarded Message
From: Donna Mallory <dmm@culpeperhearing.com>
Date: Wed, 5 Jan 2011 13:04:16 -0500

As VP of Audiology for SHAV, I have been the 'voice' for audiologists in our association and we, with David Bailey's help, have asked Delegate Ed Scott to help us with this new legislation, which would allow audiologists to be exempt from taking the Hearing Aid Specialist exam for a HAS license in Virginia. Currently, audiologists are exempt from taking only the PRACTICAL audiometry portion of the testing, but must take all other parts of the practicum and written examinations. As audiologists, we are requesting that we be exempt from taking the complete exam, as otolaryngologists currently are, and pay the license fee only. Our scope of practice allows us to do many things; most importantly the audiological rehabilitation we provide for non-medically treated hearing loss is fitting hearing aids. The majority of states in the US (34) now have either an exemption for audiologists from needing dual licensure; or accommodations such as what we hope the Commonwealth will establish.

I've enclosed the latest Scope of Practice definitions from the three largest associations that represent Audiologists:

- from ASHA (American Speech Language Hearing Association): (see link for full text) http://www.asha.org/docs/html/sp2004-00192.html

Audiologists are professionals engaged in autonomous practice to promote healthy hearing, communication competency, and quality of life for persons of all ages through the prevention, identification, assessment, and rehabilitation of hearing, auditory function, balance, and other related systems. They facilitate prevention through the fitting of hearing protective devices, education programs for industry and the public, hearing screening/conservation programs, and research. The audiologist is the professional responsible for the identification of impairments and dysfunction of the auditory, balance, and other related systems. Their unique education and training provides them with the skills to assess and diagnose dysfunction in hearing, auditory function, balance, and related disorders. The delivery of audiologic (rehabilitation services includes not only the selecting, fitting, and dispensing of hearing aids and other hearing assistive devices, but also the assessment and follow-up services for persons with cochlear implants. The audiologist providing audiologic (rehabilitation does so through a comprehensive program of therapeutic services, devices, counseling, and other management strategies. Functional diagnosis of vestibular disorders and management of balance rehabilitation is another

aspect of the professional responsibilities of the audiologist. Audiologists engage in research pertinent to all of these domains.

- From AAA (the American Academy of Audiology) http://www.audiology.org/resources/documentlibrary/Pages/ScopeofPractice.aspx

The audiologist is the professional who provides the full range of audiologic treatment services for persons with impairment of hearing and vestibular function. The audiologist is responsible for the evaluation, fitting, and verification of amplification devices, including assistive listening devices. The audiologist determines the appropriateness of amplification systems for persons with hearing impairment, evaluates benefit, and provides counseling and training regarding their use. Audiologists conduct otoscopic examinations, clean ear canals and remove cerumen, take ear canal impressions, select, fit, evaluate, and dispense hearing aids and other amplification systems. Audiologists assess and provide audiologic treatment for persons with tinnitus using techniques that include, but are not limited to, biofeedback, masking, hearing aids, education, and counseling.

- From the ADA (Academy of Doctors of Audiology) : http://www.audiologist.org/scope-of-practice.html <http://www.audiologist.org/scope-of-practice.html> I've copied and highlighted what applies directly to the fitting of hearing aids below:

The audiologist is the professional who provides services for persons with hearing impairment and balance disorders. The audiologist is responsible for the evaluation and fitting of amplification devices, including assistive listening devices. The audiologist determines the appropriateness of amplification systems for persons with hearing impairment, evaluates benefit, and provides counseling and training regarding their use. Audiologists conduct otoscopic examinations, clean ear canals and remove cerumen, take appropriate ear canal impressions including deep canal impressions for middle ear implantable amplification devices. They prescribe, fit, sell, and dispense hearing aids and other amplification systems. Audiologists diagnose and provide management for persons with tinnitus using techniques that include, but are not limited to, biofeedback, masking, hearing aids, education, counseling, and tinnitis retraining therapy.

The audiologist is the member of the evaluation team who determines candidacy based on auditory and communication information for implantable hearing devices. The audiologist provides pre and post surgical assessment, counseling, auditory rehabilitation, programming of devices, and maintenance of hardware and software.

The audiologist provides habilitation and rehabilitation to persons with hearing and balance impairments, and is a source of information for family members, other professionals and the general public. Counseling regarding hearing loss, the use of amplification systems and strategies for improving speech recognition is within the expertise of the audiologist.

By nature of our academic training - coursework and practical externships - we have the unique position of being the best trained professional to treat non-medical hearing loss by fitting hearing aids. Many otolaryngologists who employ or work with audiologists recognize and appreciate the services we can provide in terms of fitting hearing aids and providing the necessary follow up counseling for adjustment to amplification.

James Madison University is the only program in Virginia that offers a doctorate degree in Audiology. At this time, there are two semester long courses specifically on 'Hearing Aids'; not to mention Aural Rehabilitation and others courses that incorporate the global approaches used to treat non-medical hearing loss.

I've enclosed a current list of states that allow exemption and a list of JMU coursework for the Au.D. (Doctor of

Audiology degree). I encourage anyone who has questions regarding this email to contact me.

With best regards,
Donna Mallory

Donna M. Mallory, Au.D.
Culpeper Hearing Center, LLC
691 Laurel Street, Suite 202
Culpeper, VA 22701
phone: 540.829.9005
fax: 540.829.9056

------ End of Forwarded Message

State Requirements For Audiologists to Dispense Hearing Aids

Thirty-four states permit audiologists to dispense hearing aids under an audiology license. Some conditions may apply.

- Alabama
- Alaska
- Arkansas
- California* (certificate to dispense; requires passing written and practical exam)
- Colorado
- Connecticut*
- Delaware
- Florida
- Georgia
- Idaho
- Illinois
- Indiana
- Louisiana
- Maine
- Massachusetts
- Maryland
- Michigan
- Minnesota
- Mississippi
- Missouri
- New Mexico**
- Oklahoma
- Ohio
- Pennsylvania* (registration required)
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas*
- Utah
- Vermont

- Washington
- West Virginia
- Wisconsin

*certain conditions apply
**audiologists must obtain an endorsement to dispense hearing aids

The following sixteen states and the District of Columbia require audiologists to hold HAD licensure to dispense hearing aids.

- Arizona
- District of Columbia
- Hawaii
- Iowa
- Kansas
- Kentucky
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New York
- North Carolina
- North Dakota
- Oregon
- Virginia
- Wyoming

JMU doctoral audiology curriculum: source: http://www.csd.jmu.edu/graduate/aud.html

	Semesters		
Year	**Fall**	**Spring**	**Summer**
1	Clinical Methods in Audiology I	Anatomy & Physiology II	Industrial Audiology
	Instrumentation in Audiology	Human Communication & Aural Rehabilitation	Neurophysiologic Measurement I
	Anatomy & Physiology I	Clinical Methods in Audiology II	Pediatric Audiology
	Audiologic Assessment	Tinnitus	Audiology Clinical Practicum B
	Vestibular Physiology and Testing	Introduction to Hearing Aids	
		Audiology Clinical Practicum A	
2	Experimental Design in Audiology	Psychoacoustics	Business Applications
	Neurophysiologic Measurement II	Research in Audiology	Auditory Pathophysiology
	Advanced Hearing Aids	Geriatric Audiology	Doctoral Dissertation
	Audiology Clinical Practicum C	Professional Seminar-Evidence-based Practice	Audiology Rotation A
		Audiology Clinical Practicum D	
3	Research & Inferential Statistics	Medical Audiology	Audiology Externship A
	Professional Seminar-Evidence-based Practice	Cochlear Implants	Doctoral Dissertation
	Doctoral Dissertation	Doctoral Dissertation	
	Audiology Rotation B	Audiology Rotation C	
	Audiology Externship B	Audiology Externship C	
4	Doctoral Dissertation	Doctoral Dissertation	Doctoral Dissertation (if necessary)

The Virginia Society of Otolaryngology - Head and Neck Surgery, Inc.

January 24, 2011

The Honorable Edward T. Scott
General Assembly Building
Capitol Square, Room 525
Richmond, Virginia 23219

Dear Delegate Scott:

The Virginia Society of Otolaryngology (VSO) has reviewed HB 1559, which exempts audiologists licensed to practice in Virginia from the examination requirement for issuance of a license to engage in the practice of fitting or dealing in hearing aids. As with all health care professional matters, our criteria is always that the statutory scope of practice appropriately reflect the education and training of the professionals. The VSO has no objection to HB 1559.

We appreciate your interest in VSO's position on this legislation. Please let us know if you have any questions or if we can further assist you.

Sincerely,

Daniel W. Karakla, MD, FACS
President

2011 SESSION

ENGROSSED

11100897D

HOUSE BILL NO. 1559

House Amendments in [ ] - January 27, 2011

A BILL to amend and reenact § 54.1-1501 of the Code of Virginia, relating to audiologists; sale of hearing aids.

Patron Prior to Engrossment—Delegate Scott, E.T.

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-1501 of the Code of Virginia is amended and reenacted as follows:

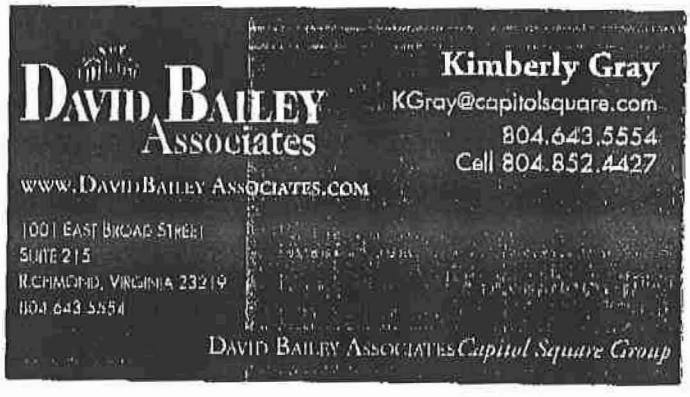
§ 54.1-1501. Exemptions; sale of hearing aids by corporations, etc., measuring hearing.

A. Physicians licensed to practice in Virginia and certified by the American Board of Otolaryngology or eligible for such certification shall not be required to pass an examination as a prerequisite to obtaining a license under this chapter.

B. *Audiologists [with a doctoral degree in audiology] licensed to practice in Virginia shall not be required to pass an examination as a prerequisite to obtaining a license under this chapter.*

C. Nothing in this chapter shall prohibit a corporation, partnership, trust, association or other like organization maintaining an established business address from engaging in the business of selling or offering for sale hearing aids at retail without a license, provided that it employs only licensed practitioners in the direct sale and fitting of such products.

~~C~~ *D.* Nothing in this chapter shall prohibit any person who does not sell hearing aids or accessories or who is not employed by an organization which sells hearing aids or accessories from engaging in the practice of measuring human hearing for the purpose of selection of hearing aids.



Monday, January 24, 2011 10:41 AM

Subject: HB 1559 Audiologists & Hearing Aid Speciality exam
Date: Wednesday, January 5, 2011 1:04 PM
From: Donna Mallory <dmm@culpeperhearing.com>
To: David Bailey <dbailey@capitolsquare.com>, Scott Rankins <sdrankins@blueridgetherapy.com>, Ed Scott <DelEScott@house.virginia.gov>
Cc: <cwhitehead@whiteheadconsulting.net>, <rking@whiteheadconsulting.net>

Hello David, Ed, Scott and other interested parties,

As VP of Audiology for SHAV, I have been the 'voice' for audiologists in our association and we, with David Bailey's help, have asked Delegate Ed Scott to help us with this new legislation, which would allow audiologists to be exempt from taking the Hearing Aid Specialist exam for a HAS license in Virginia. Currently, audiologists are exempt from taking only the PRACTICAL audiometry portion of the testing, but must take all other parts of the practicum and written examinations. As audiologists, we are requesting that we be exempt from taking the complete exam, as otolaryngologists currently are, and pay the license fee only. Our scope of practice allows us to do many things; most importantly the audiological rehabilitation we provide for non-medically treated hearing loss is fitting hearing aids. The majority of states in the US (34) now have either an exemption for audiologists from needing dual licensure; or accommodations such as what we hope the Commonwealth will establish.

I've enclosed the latest Scope of Practice definitions from the three largest associations that represent Audiologists:

- from ASHA (American Speech Language Hearing Association): (see link for full text) http://www.asha.org/docs/html/sp2004-00192.html

Audiologists are professionals engaged in autonomous practice to promote healthy hearing, communication competency, and quality of life for persons of all ages through the prevention, identification, assessment, and rehabilitation of hearing, auditory function, balance, and other related systems. They facilitate prevention through the fitting of hearing protective devices, education programs for industry and the public, hearing screening/conservation programs, and research. The audiologist is the professional responsible for the identification of impairments and dysfunction of the auditory, balance, and other related systems. Their unique education and training provides them with the skills to assess and diagnose dysfunction in hearing, auditory function, balance, and related disorders. The delivery of audiologic (re)habilitation services includes not only the selecting, fitting, and dispensing of hearing aids and other hearing assistive devices, but also

the assessment and follow-up services for persons with cochlear implants. The audiologist providing audiologic (re)habilitation does so through a comprehensive program of therapeutic services, devices, counseling, and other management strategies. Functional diagnosis of vestibular disorders and management of balance rehabilitation is another aspect of the professional responsibilities of the audiologist. Audiologists engage in research pertinent to all of these domains.

- From AAA (the American Academy of Audiology) http://www.audiology.org/resources/documentlibrary/Pages/ScopeofPractice.aspx

The audiologist is the professional who provides the full range of audiologic treatment services for persons with impairment of hearing and vestibular function. The audiologist is responsible for the evaluation, fitting, and verification of amplification devices, including assistive listening devices. The audiologist determines the appropriateness of amplification systems for persons with hearing impairment, evaluates benefit, and provides counseling and training regarding their use. Audiologists conduct otoscopic examinations, clean ear canals and remove cerumen, take ear canal impressions, select, fit, evaluate, and dispense hearing aids and other amplification systems. Audiologists assess and provide audiologic treatment for persons with tinnitus using techniques that include, but are not limited to, biofeedback, masking, hearing aids, education, and counseling.

- From the ADA (Academy of Doctors of Audiology) : http://www.audiologist.org/scope-of-practice.html <http://www.audiologist.org/scope-of-practice.html> I've copied and highlighted what applies directly to the fitting of hearing aids below:

The audiologist is the professional who provides services for persons with hearing impairment and balance disorders. The audiologist is responsible for the evaluation and fitting of amplification devices, including assistive listening devices. The audiologist determines the appropriateness of amplification systems for persons with hearing impairment, evaluates benefit, and provides counseling and training regarding their use. Audiologists conduct otoscopic examinations, clean ear canals and remove cerumen, take appropriate ear canal impressions including deep canal impressions for middle ear implantable amplification devices. They prescribe, fit, sell, and dispense hearing aids and other amplification systems. Audiologists diagnose and provide management for persons with tinnitus using techniques that include, but are not limited to, biofeedback, masking, hearing aids, education, counseling, and tinnitis retraining therapy.

The audiologist is the member of the evaluation team who determines candidacy based on auditory and communication information for implantable hearing devices. The audiologist provides pre and post surgical assessment, counseling, auditory rehabilitation, programming of devices, and maintenance of hardware and software.

The audiologist provides habilitation and rehabilitation to persons with hearing and balance impairments, and is a source of information for family members, other professionals and the general public. Counseling regarding hearing loss, the use of amplification systems and strategies for improving speech recognition is within the expertise of the audiologist.

By nature of our academic training - coursework and practical externships - we have the unique position of being the best trained professional to treat non-medical hearing loss by fitting hearing aids. Many otolaryngologists who employ or work with audiologists recognize and appreciate the services we can provide in terms of fitting hearing aids and providing the necessary follow up counseling for adjustment to amplification.

James Madison University is the only program in Virginia that offers a doctorate degree in Audiology. At this time, there are two semester long courses specifically on 'Hearing Aids'; not to mention Aural Rehabilitation and others courses that incorporate the global approaches used to treat non-medical hearing loss.

I've enclosed a current list of states that allow exemption and a list of JMU coursework for the Au.D. (Doctor of Audiology degree). I encourage anyone who has questions regarding this email to contact me.

With best regards,
Donna Mallory

Donna M. Mallory, Au.D.
Culpeper Hearing Center, LLC
691 Laurel Street, Suite 202
Culpeper, VA 22701

State Requirements For Audiologists to Dispense Hearing Aids

Thirty-four states permit audiologists to dispense hearing aids under an audiology license. Some conditions may apply.

- Alabama
- Alaska
- Arkansas
- California* (certificate to dispense; requires passing written and practical exam)
- Colorado
- Connecticut*
- Delaware
- Florida
- Georgia
- Idaho
- Illinois
- Indiana
- Louisiana
- Maine
- Massachusetts
- Maryland
- Michigan
- Minnesota
- Mississippi
- Missouri
- New Mexico**
- Oklahoma
- Ohio
- Pennsylvania* (registration required)
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas*
- Utah
- Vermont

- Washington
- West Virginia
- Wisconsin

*certain conditions apply
**audiologists must obtain an endorsement to dispense hearing aids

The following sixteen states and the District of Columbia require audiologists to hold HAD licensure to dispense hearing aids.

- Arizona
- District of Columbia
- Hawaii
- Iowa
- Kansas
- Kentucky
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New York
- North Carolina
- North Dakota
- Oregon
- Virginia
- Wyoming

FAX
Cover Sheet

To: Carol Stamney From: David Bailey

Fax: (804) 527-4471 Pages: 11

Phone: (804) 367-4508 Date: 06/24/2011

I am sending this fax for Mr. Bailey. You may have some of these items already

DAVID BAILEY Associates

Old City Hall • Suite 215 • 1001 East Broad Street • Richmond, VA 23219 • Phone 804.643.5554 • Fax 804.497.3151 • www.dbava.com

FAX
Cover Sheet

To: Bill Ferguson
From: David Bailey Associates
Fax: (804) 527-4295
Pages: 11
Phone: (804) 367-8509
Date: 06/24/2011

DAVID BAILEY Associates
Old City Hall • Suite 215 • 1001 East Broad Street • Richmond, VA 23219 • Phone 804.643.5554 • Fax 804.497.3151 • www.dbava.com

The Virginia Society of Otolaryngology - Head and Neck Surgery, Inc.

January 24, 2011

The Honorable Edward T. Scott
General Assembly Building
Capitol Square, Room 525
Richmond, Virginia 23219

Dear Delegate Scott:

The Virginia Society of Otolaryngology (VSO) has reviewed HB 1559, which exempts audiologists licensed to practice in Virginia from the examination requirement for issuance of a license to engage in the practice of fitting or dealing in hearing aids. As with all health care professional matters, our criteria is always that the statutory scope of practice appropriately reflect the education and training of the professionals. The VSO has no objection to HB 1559.

We appreciate your interest in VSO's position on this legislation. Please let us know if you have any questions or if we can further assist you.

Sincerely,

Daniel W. Karakla, MD, FACS
President

2011 SESSION

ENGROSSED

11100897D

HOUSE BILL NO. 1559

House Amendments in [ ] - January 27, 2011

A BILL to amend and reenact § 54.1-1501 of the Code of Virginia, relating to audiologists; sale of hearing aids.

Patron Prior to Engrossment—Delegate Scott, E.T.

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-1501 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-1501. Exemptions; sale of hearing aids by corporations, etc., measuring hearing.

A. Physicians licensed to practice in Virginia and certified by the American Board of Otolaryngology or eligible for such certification shall not be required to pass an examination as a prerequisite to obtaining a license under this chapter.

B. *Audiologists* [*with a doctoral degree in audiology*] *licensed to practice in Virginia shall not be required to pass an examination as a prerequisite to obtaining a license under this chapter.*

C. Nothing in this chapter shall prohibit a corporation, partnership, trust, association or other like organization maintaining an established business address from engaging in the business of selling or offering for sale hearing aids at retail without a license, provided that it employs only licensed practitioners in the direct sale and fitting of such products.

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ENGROSSED

HB1559E

1/27/11 17:18

Subject: HB 1559 Audiologists & Hearing Aid Speciality exam
Date: Wednesday, January 5, 2011 1:04 PM
From: Donna Mallory <dmm@culpeperhearing.com>
To: David Bailey <dbailey@capitolsquare.com>, Scott Rankins <sdrankins@blueridgetherapy.com>, Ed Scott <DelEScott@house.virginia.gov>
Cc: <cwhitehead@whiteheadconsulting.net>, <rking@whiteheadconsulting.net>

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As VP of Audiology for SHAV, I have been the 'voice' for audiologists in our association and we, with David Bailey's help, have asked Delegate Ed Scott to help us with this new legislation, which would allow audiologists to be exempt from taking the Hearing Aid Specialist exam for a HAS license in Virginia. Currently, audiologists are exempt from taking only the PRACTICAL audiometry portion of the testing, but must take all other parts of the practicum and written examinations. As audiologists, we are requesting that we be exempt from taking the complete exam, as otolaryngologists currently are, and pay the license fee only. Our scope of practice allows us to do many things; most importantly the audiological rehabilitation we provide for non-medically treated hearing loss is fitting hearing aids. The majority of states in the US (34) now have either an exemption for audiologists from needing dual licensure; or accommodations such as what we hope the Commonwealth will establish.

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With best regards,
Donna Mallory

Donna M. Mallory, Au.D.
Culpeper Hearing Center, LLC
691 Laurel Street, Suite 202
Culpeper, VA 22701

phone: 540.829.9005
fax: 540.829.9056

prev | next

Part III

Requirements for Licensure

18VAC30-20-170. Requirements for licensure.

A. The board may grant a license to an applicant who:

1. Holds a current and unrestricted Certificate of Clinical Competence in the area in which he seeks licensure issued by the American Speech-Language-Hearing Association, certification issued by the American Board of Audiology or any other accrediting body recognized by the board. Verification of currency shall be in the form of a certified letter from a recognized accrediting body issued within six months prior to licensure; and

2. Has passed the qualifying examination from an accrediting body recognized by the board within three years preceding the date of applying for licensure, or has been actively engaged in the respective profession for which he seeks licensure for one of the past three consecutive years preceding the date of application; or

B. The board may grant a license to an applicant for licensure as a speech-language pathologist who:

1. Holds a master's degree or its equivalent as determined by the board or a doctoral degree from a college or university whose speech-language program is accredited by the Council on Academic Accreditation of the American Speech-Language-Hearing Association or an equivalent accrediting body; and

2. Has passed a qualifying examination from an accrediting body recognized by the board within three years preceding the date of applying for licensure in Virginia or has been actively engaged as a speech-language pathologist for one of the past three consecutive years preceding the date of application.

C. The board may grant a license to an applicant as a school speech-language pathologist who:

1. Holds a master's degree in speech-language-pathology; and

2. Holds an endorsement in speech-language pathology from the Virginia Department of Education.

Statutory Authority

§§ 54.1-2400 and 54.1-2604 of the Code of Virginia.

State Requirements For Audiologists to Dispense Hearing Aids

Thirty-four states permit audiologists to dispense hearing aids under an audiology license. Some conditions may apply.

- Alabama
- Alaska
- Arkansas
- California* (certificate to dispense; requires passing written and practical exam)
- Colorado
- Connecticut*
- Delaware
- Florida
- Georgia
- Idaho
- Illinois
- Indiana
- Louisiana
- Maine
- Massachusetts
- Maryland
- Michigan
- Minnesota
- Mississippi
- Missouri
- New Mexico**
- Oklahoma
- Ohio
- Pennsylvania* (registration required)
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas*
- Utah
- Vermont

- Washington
- West Virginia
- Wisconsin

*certain conditions apply
**audiologists must obtain an endorsement to dispense hearing aids

The following sixteen states and the District of Columbia require audiologists to hold HAD licensure to dispense hearing aids.

- Arizona
- District of Columbia
- Hawaii
- Iowa
- Kansas
- Kentucky
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New York
- North Carolina
- North Dakota
- Oregon
- Virginia
- Wyoming

June 17, 2011

William H. Ferguson, Executive Director, Board for Hearing Aid Specialists
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, VA 23233

Dear Mr. Ferguson,

I am writing to express my opposition to House Bill 1559.

I have been a licensed hearing aid specialist for 11 years. Because of relocating, I have been licensed in 3 states. I have always been amazed at how many audiologists that are taking the exam for the 2nd and 3rd time due to failing it prior. In talking with them, they tell me they haven't had any training on fitting hearing aids in their training to become audiologists.

I would not want my loved one to be fitted by an audiologist that has not been properly trained on fitting hearing instruments. House Bill 1559 does not have the best interest of our consumers in Virginia.

Sincerely,

Abby Kyle
Licensed Hearing Aid Specialist
Rocky Mount, VA 24151

June 23, 2011

William H. Ferguson
Executive Director
Board for Hearing Aid Specialists
Dept. of Professional and Occupational Regulation
9960 Maryland Drive, Suite 400
Richmond, VA 23223

Dear Mr. Ferguson:

The Hearing Loss Association of Greater Richmond is writing to you with regard to HB 1559, which would exempt Virginia licensed audiologists, who hold a doctoral degree in audiology, from having to take written and practical examinations to obtain a Virginia hearing aid specialist license.

By virtue of their extensive training, audiologists with doctoral degrees are already qualified to fit amplification devices, and do not need the same testing and licensing as hearing aid dispensers. Many states already have eliminated those requirements.

The extensive training that audiologists receive in the process of completing their doctoral degrees is more than adequate for fitting hearing aids. It does not, therefore, make sense that they must take the same test as those who have completed a basic six-week course in hearing aids. In fact, physicians do not need a hearing aid specialist license in Virginia to fit hearing aids.

Opticians and optometrists already have separate licensing boards in Virginia because of their vastly different training. By the same token, audiologists and hearing aid dispensers should not be regulated by the same board. Finally, it is confusing to both the public and consumers to have a single board regulate both groups and, inadvertently, create the impression that audiologists and hearing aid dispensers possess similar qualifications. As we all know, they do not.

Thank you for considering the passage of HB 1559. It will help to differentiate between the two, very different, professional groups.

Sincerely,

Linda T. Wallace

Linda T. Wallace
President, Hearing Loss Association of Greater Richmond
1911 Oakway Drive
Richmond, VA 23238

6/17/11

Mr. William H. Ferguson, Executive Director, Board for Hearing Aid Specialists
Department of Professional and Occupational Regulation
9960 Maryland Drive, Suite 400
Richmond, VA 23233

Dear Mr. Ferguson,

I am writing in reference to House Bill 1559. This bill allows audiologists to dispense hearing aids in the state of Virginia without examination.

I have been a licensed hearing aid specialist since 2005. Over the years, I have assisted many patients who have hearing aids prescribed by an audiologist that did not fit properly, were not programmed to the patient's hearing loss, or in some cases the patient was never shown how to insert or operate their hearing aids.

I recall when I took my exam in Richmond, there were a number of audiologists there complaining of the fact that an exam was required in Virginia. Many were there to repeat the Practical Exam after failing on their original attempt(s). The Practical Exam measures the daily, hands on experience of testing, fitting, and repairing hearing aids. Experience in the classroom does not always translate to real life application.

I hope you oppose House Bill 1559. I believe it could be of detriment to the hard of hearing consumer.

Sincerely,

Chris A. Childs
Board Certified Hearing Instrument Specialist
Beltone Audiology & Hearing Aid Center

William H. Ferguson, Executive Director, Board for Hearing Aid Specialists
Virginia Department of Professional and Occupational Regulations
9960 Mayland Drive, Suite 400
Richmond, VA 23233

Leslie L. Knachel, Executive Director, Board of Audiology
Department of Health Professions
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Dear Mr. Ferguson and Ms. Knachel,

I am an audiologist licensed in the Commonwealth of Virginia. I also hold a license for Hearing Aid Specialists so that I may dispense hearing aids. I have received the joint letter sent by your respective licensing departments regarding House Bill 1559, exempting licensed doctoral level audiologists in the Commonwealth of Virginia from current exam requirements for obtaining a hearing instrument specialist license, and I would like to comment.

The dispensing of hearing instruments is within the scope of practice for all audiologists who hold a Master's or Doctoral level education in audiology. Both the American Academy of Audiology (AAA, www.audiology.org) and the American Speech Language Hearing Association (ASHA, www.asha.org) outline a scope of practice for audiologists that specifically includes the evaluation, fitting, and verification of amplification devices[1,2]. The education and training requirements for audiologists vastly outweighs any education and training requirements established for hearing aid dispensers.

Audiology programs were intentionally expanded from a three-year, Master's level program to a four-year, doctoral level degree because advances in the field made it impossible to obtain a thorough, working knowledge of all subject areas prior to graduation from a Master's program with two years of didactic coursework and a post-graduate Clinical Fellowship Year (CFY). The model of the AuD includes three years of didactic coursework completed simultaneously with three years of supervised clinical experience. The fourth year has been converted from a post-graduate CFY to a clinical externship year, during which time a student is required to practice under the supervision of a licensed audiologist. Following the successful completion of the externship, a student may graduate from the AuD program and apply for licensure, as well as the Certificate of Clinical Competency in Audiology issued by ASHA. From the very beginning of this training, audiology graduate students are exposed to, work with, and assist in the fitting of amplification devices including hearing aids, FM systems, and other assistive listening

devices. Upon graduation, students are required to document the completion of over 1800 clinical contact hours under supervision by a licensed audiologist.

Hearing aid dispensers, also often referred to as hearing instrument specialists, are not required to document any of the above expertise. According to the Virginia DPOR regulations for prospective hearing aid dispensers, an individual applying for a license must be 18 years old, document the completion of high school, and provide some documentation that training has been completed under the direction of a licensed dispenser or via accredited university courses. No documentation of coursework is required if a licensed dispenser signs off on an applicant's training, no documentation of supervised clinical contact hours are required, and no mention is made in the DPOR list of required skills regarding interpretation of audiograms with the intent to eliminate the need for medical referral to assess a non-visible medical condition that could impact patient health and amplification outcome. DPOR mentions only "visible disorders of the ear requiring medical referrals" in section 3(f) of regulation 18VAC80-20-30[3].

Prospective dispensers are then required to pass a two-part evaluation to determine their competency in audiometric evaluation, ear impression, hearing aid troubleshooting, and earmold retubing. No portion of the evaluation requires audiometric interpretation and recommendation of either medical referral or appropriate amplification. Nor are any portions of the practical examination directed at the appropriate fitting, or programming, of today's digital hearing instrument technology. Additionally, the written evaluation consists of questions weighted heavily toward previous generation analog or analog programmable amplification devices, which make up a minority of new and existing hearing aids in the general population. The majority of major hearing aid manufacturers operating in the United States offer primarily digital technology[4].

Continuing education units (CEUs) are required for licensed audiologists and for those who hold the Certificate of Clinical Competency in Audiology (CCC-A) offered by ASHA. No such continuing education requirements are found in the regulations pertaining to a hearing aid dispenser. CEUs ensure that audiologists are informed of the most recent advances in the profession, including medical information, software, amplification, counseling, and allied professions like neurology and otolaryngology. Without this continuing education, there is no guarantee that an individual is maintaining an adequate working knowledge of current best practices or procedures for the diagnosis, treatment, or management of hearing loss.

In short, it is redundant for audiologists to also be required to obtain hearing aid dispensing licenses, when we are required to obtain more training than a hearing aid dispenser and are operating within our scope of practice to dispense amplification solely by maintaining a license to practice audiology. The Commonwealth of Virginia should not only exempt doctoral level audiologists from the examination requirements related to obtaining a hearing aid dispensing license, but should also exempt doctoral level licensed audiologists from obtaining a hearing aid dispensing license.

Thank you for your willingness to review this outdated requirement. As an audiologist licensed in Virginia, I look forward to changes in the regulations that will allow me to practice the full scope of practice for an audiologist without additional licensure.

Andrea Cossettini, AuD CCC-A, FAAA
Virginia Audiology License 2201001429
Virginia Dispensing License 2101001835

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[1] For website link to the AAA scope of practice: http://www.audiology.org/resources/documentlibrary/Pages/ScopeofPractice.aspx

[2] For website link to ASHA Audiology scope of practice: http://www.asha.org/docs/html/SP2004-00192.html

[3] For website link to the DPOR regulation referenced: http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+18VAC80-20-30

[4] For more information on the types of hearing aids currently manufactured and available for purchase in the US, visit www.phonak-us.com, www.oticonusa.com, www.unitron.com, www.siemens-hearing.com, www.resound.com, www.starkey.com, www.widex.com.