

RULES



Department of Professional and Financial Regulation

BOARD OF SPEECH, AUDIOLOGY AND HEARING

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02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

643 BOARD OF SPEECH, AUDIOLOGY AND HEARING

Chapter 1 DEFINITIONS

Summary: This chapter defines specialized terms used in the board's rules. See also the definitions in 32 MRSA §17101.

1. Definitions

As used in the board's rules, unless the context otherwise indicates, the following terms have the following meanings:

1. **ASHA.** "ASHA" means the American Speech-Language Hearing Association.
 2. **CAA.** "CAA" means the Council on Academic Accreditation in Audiology and Speech-Language Pathology of ASHA.
 3. **Direct supervision.** "Direct supervision" of a speech-language pathology assistant or trainee hearing aid dealer and fitter means on-site observation and guidance by the supervising speech-language pathologist, audiologist or hearing aid dealer and fitter. "On site observation and guidance" requires the supervisor to be in the same facility as the supervisee, but does not require the supervisee to be in the physical presence of the supervisor at all times.
 4. **IIHIS.** "IIHIS" means the International Institute for Hearing Instrument Studies.
 5. **Indirect supervision.** "Indirect supervision" includes demonstration, assessment of written records of service, review and evaluation of audio or videotaped sessions, interactive television, and supervisory conferences that may be conducted by phone.
 6. **Praxis.** "Praxis" means the national examination in speech-language pathology and/or audiology administered by the Educational Testing Service of Princeton, New Jersey.
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STATUTORY AUTHORITY: 32 MRSA §17203(2)

EFFECTIVE DATE:

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Chapter 2 ADVISORY RULINGS

Summary: This chapter provides for the discretionary issuance of advisory rulings by the board.

1. Request and Consideration

Upon written request of any interested person, the board may issue an advisory ruling pursuant to 5 M.R.S.A. §9001 with respect to the applicability of any statute or rule it administers. Requests for advisory rulings must set forth in detail all facts pertinent to the question. The board may decline to issue an advisory ruling if the question is hypothetical, if there is insufficient information upon which to base a ruling, or for any other reason the board deems proper.

2. Response

The board shall acknowledge receipt of a request for an advisory ruling within 15 days after receipt. The board shall respond to every written request for an advisory ruling within 90 days of its receipt of the request, indicating whether or not a ruling will be issued by the board.

STATUTORY AUTHORITY: 5 MRSA §§ 8051, 9001(4)

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02	DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
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Chapter 3	PATHWAYS TO LICENSURE AS A SPEECH-LANGUAGE PATHOLOGIST, AUDIOLOGIST OR HEARING AID DEALER AND FITTER

Summary: This chapter sets forth criteria for the initial licensure of speech-language pathologists, audiologists and hearing aid dealers and fitters.

1. Speech-Language Pathologist

To qualify for licensure as a speech-language pathologist the applicant must satisfy the requirements of Pathway 1, Pathway 2 or Pathway 3 immediately below.

1. Pathway 1 – Transcript Analysis, Completion of Clinical Fellowship, Examination
 - A. A master’s degree, doctoral degree or equivalent degree from an accredited institution:
 - (1) In a speech-language pathology program that was accredited by CAA;
 - (2) In a program that was accepted by ASHA for certification purposes following evaluation by the Council for Clinical Certification at the request of the applicant; or
 - (3) In a speech-language pathology program which was substantially equivalent to the requirements of combined undergraduate and graduate coursework and supervised clinical experience contained in Standards III and IV of the ASHA 2005 Standards and Implementation Procedures for the Certificate of Clinical Competency in Speech-Language Pathology (revised March 2009);
 - B. Completion of a clinical fellowship which was substantially equivalent to the requirements of a 36-week speech-language pathology clinical fellowship contained in Standard VI of the ASHA 2005 Standards and Implementation Procedures for the Certificate of Clinical Competency in Speech-Language Pathology (revised March 2009); and
 - C. Evidence of a passing score on the PRAXIS Examination in Speech-Language Pathology that was obtained no more than 5 years prior to the board’s receipt of the license application.

2. Pathway 2 – Certificate of Clinical Competency
 - A. A master’s degree, doctoral degree or equivalent from an accredited institution as described in Section 1(1)(A) of this chapter; and
 - B. A valid Certificate of Clinical Competency in Speech-Language Pathology from ASHA that is current at time of application.
3. Pathway 3 – Licensure in Another Jurisdiction

Proof of current licensure in another jurisdiction that maintains professional standards determined by the board to be substantially equivalent to those set forth in Section 1(1) or 1(2) of this chapter.

2. Audiologist

To qualify for licensure as an audiologist the applicant must satisfy the requirements of Pathway 1, Pathway 2 or Pathway 3 immediately below.

1. Pathway 1 – Transcript Analysis, Examination
 - A. A master’s degree, doctoral degree or equivalent degree from an accredited institution:
 - (1) In an audiology program that was accredited by CAA; or
 - (2) In an audiology program which was substantially equivalent to the requirements of graduate coursework and 1820-hour supervised clinical practicum contained in Standards III and IV of the ASHA 2011 Standards and Implementation Procedures for the Certificate of Clinical Competency in Audiology (effective January 1, 2011); and
 - B. Evidence of a passing score on the PRAXIS Examination in Audiology that was obtained no more than 5 years prior to the board’s receipt of the license application.

An applicant whose qualifying academic degree did not include the 1820-hour supervised clinical practicum described in Section 2(1)(A)(2) of this chapter must document completion of this practicum to the board.

2. Pathway 2 – Certificate of Clinical Competency
 - A. A master’s degree, doctoral degree or equivalent degree from an accredited institution as described in Section 2(1)(A) of this chapter; and
 - B. A valid Certificate of Clinical Competency in Audiology from ASHA that is current at time of application.

3. Pathway 3 – Licensure in Another Jurisdiction

Proof of current licensure in another jurisdiction that maintains professional standards determined by the board to be substantially equivalent to those set forth in Section 2(1) or 2(2) of this chapter.

3. Dually-licensed speech-language pathologist and audiologist

To qualify for dual licensure as a speech-language pathologist and audiologist the applicant must satisfy the requirements in both Sections 1 and 2 of this chapter for licensure as a speech-language pathologist and audiologist, respectively.

4. Hearing Aid Dealer and Fitter

To qualify for licensure as a hearing aid dealer and fitter the applicant must satisfy the requirements of Pathway 1 or 2 immediately below.

1. Pathway 1 – High School Diploma, Traineeship, Examination

- A. A high school diploma or its equivalency;
- B. Completion of 750 hours in the practice of dealing in and fitting of hearing aids under a trainee permit issued by the board during a period of not fewer than 6 months nor more than 18 months; and
- C. Evidence of passing scores on the Uniform Practical Examination and the International Licensing Examination as set forth in Chapter 5 of the board's rules. Passing scores must be achieved within one year of the applicant's completion of the traineeship described in Section 4(1)(B) of this chapter and Chapter 5 of the board's rules. An applicant may not sit for examination until the applicant has completed the traineeship.

2. Pathway 2 – Licensure in Another Jurisdiction

Proof of current licensure in another jurisdiction that maintains professional standards determined by the board to be substantially equivalent to those set forth in Section 4(1) of this chapter.

STATUTORY AUTHORITY: 32 MRSA §§17203(2), 17301(1), (3), (4), 17302(1)

EFFECTIVE DATE:

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Chapter 4	LICENSURE OF TEMPORARY SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

Summary: This chapter sets forth provisions for the initial and renewal licensure of temporary speech-language pathologists and audiologists.

1. Temporary Speech-Language Pathologist

The temporary license enables a candidate with a qualifying degree in speech-language pathology that meets the requirements of Chapter 3, Section 1(1)(A) of the board's rules to practice under supervision while completing the clinical fellowship required for licensure by Chapter 3, Section 1(1)(B) of the board's rules. To qualify for licensure as a temporary speech-language pathologist, the applicant must hold the requisite degree and must submit a clinical fellowship supervisory plan that is substantially equivalent to the mentoring and supervision components of the clinical fellowship required for licensure by Chapter 3, Section 1(1)(B) of the board's rules, except that the mentoring speech-language pathologist need not necessarily hold a Certificate of Clinical Competency.

2. Temporary Audiologist

The temporary license enables a candidate with a qualifying degree in audiology that meets the requirements of Chapter 3, Section 2(1)(A) of the board's rules other than the 52-week supervised clinical practicum described in Chapter 3, Section 2(1)(A)(3) of the board's rules to practice under supervision while completing the practicum. To qualify for licensure as a temporary audiologist, the applicant must hold the requisite degree and must submit a clinical practicum supervisory plan that is substantially equivalent to the supervision component of the supervised clinical practicum required for licensure by Chapter 3, Section 2(1)(A)(3) of the board's rules, except that the supervising audiologist need not necessarily hold a Certificate of Clinical Competency.

[NOTE: This subsection only applies to an applicant with a master's degree in audiology who has not earned a clinical doctor of audiology degree (Au.D.)]

3. Supervision

1. Temporary Speech-Language Pathologists

To supervise a temporary speech-language pathologist, the supervisor must be a Maine-licensed speech-language pathologist with a minimum of 2 years professional experience following completion of the clinical fellowship required by Chapter 3, Section 1 of the board's rules. The supervisor shall agree in writing to provide supervision pursuant to the laws and rules relating to speech-language pathology and must be approved by the board as part of the application process described in Section 1 of this chapter and Chapter 6.

2. Temporary Audiologist

To supervise a temporary audiologist, the supervisor must be a Maine-licensed audiologist with a minimum of 2 years professional experience following completion of the clinical practicum required by Chapter 3, Section 2 of the board's rules. The supervisor shall agree in writing on a form provided by the board to provide supervision pursuant to the laws and rules relating to audiology and must be approved by the board as part of the application process described in Section 1 of this chapter and Chapter 6.

3. Change of Supervisor

- A. A temporary speech-language pathologist or temporary audiologist shall notify the board of a proposed change of supervisor on a form provided by the board. Notice shall include the qualifications of the new supervisor along with any updates to the supervisory plan. The new supervisor shall agree in writing on a form provided by the board to provide supervision pursuant to the laws and rules relating to speech-language pathology and audiology. The change of supervisor is not effective until the new supervisor is approved by the board.
- B. The supervisor of a temporary speech-language pathologist or temporary audiologist shall notify the board of the termination of the supervisory relationship no later than 10 days after the termination. The supervisor shall submit with the notice the documentation of supervision required by Chapter 6, Section 1 of the board's rules.
- C. Upon termination of a supervisory relationship, the supervisee may not continue to perform the duties of a speech-language pathologist or audiologist until a new supervisor has been approved by the board as set forth in Section 3(5)(A) of this chapter.

[NOTE: The board urges supervisors and supervisees to submit the notices required by this subsection sufficiently in advance of an anticipated change of supervisor in order to avoid a break in licensed status of a temporary speech-language pathologist or temporary audiologist.]

4. One Supervisor Per Supervisee; Maximum Number of Supervisees
 - A. A supervisee may have not more than one approved supervisor.
 - B. A supervisor may be approved to supervise up to 2 temporary licensees, provided that a supervisor may not supervise a total number of temporary licensees, trainee hearing aid dealers and fitters, speech-language pathology assistants and students in excess of the supervisor's ability to competently supervise such persons and also perform any direct client services for which the supervisor is responsible.

5. Legal and Ethical Responsibility

A supervisor is legally and ethically responsible within the jurisdiction of the board for the professional activities of a temporary speech-language pathologist or temporary audiologist under his or her supervision.

4. Term and Renewal of Temporary License

A temporary speech-language pathologist license or temporary audiologist license is effective for one year and may be renewed once by the board. Any request for renewal must be made in writing prior to expiration of the temporary license and must be accompanied by a new supervisory plan and the fee required by Chapter 10, Section 5(38) of the Rules of the Office of Professional and Occupational Regulation, entitled "Establishment of License Fees."

STATUTORY AUTHORITY: 32 MRSA §§17203(2), 17301(6)

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Chapter 5 PERMITTING AND LICENSURE OF HEARING AID DEALERS AND
FITTERS

Summary: This chapter sets forth permitting, renewal, examination and supervision requirements for trainee hearing aid dealers and fitters.

1. Trainee Permit

To qualify for a trainee permit in hearing aid dealing and fitting the applicant must possess a high school diploma or its equivalency and must provide documented proof of supervision by a Maine-licensed hearing aid dealer and fitter or audiologist who meets the qualifications set forth in Section 5 of this chapter.

2. Term and Renewal of Trainee Permit

A trainee permit in hearing aid dealing and fitting is effective for 18 months and may be renewed once by the board. Any request for renewal must be made in writing prior to expiration of the trainee permit and must be accompanied by documented proof of supervision by a Maine-licensed hearing aid dealer or audiologist and the fee required by Chapter 10, Section 5(38) of the Rules of the Office of Professional and Occupational Regulation, entitled "Establishment of License Fees."

3. Examination

A trainee must satisfactorily complete the training program described in Section 6 of this chapter before taking the examinations described in this Section.

To qualify for licensure as a hearing aid dealer and fitter a trainee must achieve passing scores on the Uniform Practical Examination and the International Licensing Examination published by the International Institute for Hearing Instruments Studies. To pass the International Licensing Examination, the trainee must achieve a grade of 70% or higher on each section. The passing score for the Uniform Practical Examination is an average of 85% on all sections. The examination will be administered in accordance with instructions sent to eligible candidates by the board or posted on the board's web site.

4. Re-examination

1. International Licensing Examination

An applicant who fails one or more sections of the International Licensing Examination may retake the entire examination.

2. Uniform Practical Examination

An applicant who fails the Uniform Practical Examination may retake the section or sections on which the applicant scored lower than 85%. Scores on the retaken sections will be averaged with the applicant's scores on sections previously passed and a new score will be calculated. If an applicant elects to retake a section or sections failed, the applicant must retake all sections failed.

3. Time Limit for Retakes

All retakes must be completed within one year after the applicant's completion of the traineeship described in Chapter 3, Section 4(1)(B) of the board's rules and this chapter.

5. Supervision of Trainee Hearing Aid Dealers and Fitters

1. Qualifications of Supervisor

A supervising hearing aid dealer and fitter must be licensed in Maine and must have a minimum of 2 years professional experience following completion of the traineeship described in 32 MRSA §17301(2)(C) or a substantially similar traineeship completed in another jurisdiction. A supervising audiologist must be licensed in Maine and must have a minimum of 2 years professional experience following completion of the clinical practicum required by Chapter 3, Section 2 of the board's rules. The supervisor shall agree in writing on a form provided by the board to provide supervision pursuant to the laws and rules relating to hearing aid dealing and fitting and must be approved by the board as part of the trainee's application process.

2. Change of Supervisor

A. A trainee hearing aid dealer and fitter shall notify the board of a change of supervisor on a form provided by the board. Notice shall include the qualifications of the new supervisor. The new supervisor shall agree in writing on a form provided by the board to provide supervision pursuant to the laws and rules relating to hearing aid dealing and fitting. The change of supervisor is not effective until the new supervisor is approved by the board.

B. The supervisor of a trainee hearing aid dealer and fitter shall notify the board of the termination of the supervisory relationship no later than 10 days after the termination. The supervisor shall submit with the notice the documentation of supervision required by Chapter 6, Section 1 of the board's rules.

- C. Upon termination of a supervisory relationship, the supervisee may not continue to perform the duties of a trainee hearing aid dealer and fitter until a new supervisor has been approved by the board as set forth in Section 5(2)(A) of this chapter.

[NOTE: The board urges supervisors and supervisees to submit the notices required by this subsection sufficiently in advance of an anticipated change of supervisor in order to avoid a break in permitted status of a trainee hearing aid dealer and fitter.]

3. One Supervisor Per Supervisee; Maximum Number of Supervisees

- A. A supervisee may have not more than one approved supervisor.
- B. A supervisor may be approved to supervise up to 2 trainee hearing aid dealers and fitters, provided that a supervisor may not supervise a total number of temporary licensees, trainee hearing aid dealers and fitters, speech-language pathology assistants and students in excess of the supervisor's ability to competently supervise such persons and also perform any direct client services for which the supervisor is responsible.

4. Direct Supervision of Trainee

A trainee hearing aid dealer and fitter may practice only under the direct supervision of an approved supervisor who meets the qualifications set forth in this chapter. Permissible tasks, under direct supervision, include but are not limited to making ear impressions, measuring human hearing, delivering and fitting a hearing aid, making follow-up adjustments, and giving instruction and counseling. In particular, and without limitation of the direct supervision requirement, a trainee may not independently:

- A. Make any final determination concerning the interpretation of hearing aid test results; or
- B. Determine which hearing aid is most appropriate for a particular user.

A supervising hearing aid dealer and fitter or audiologist is legally and ethically responsible for the work of a trainee under the licensee's supervision, and is legally and ethically responsible for the adjustment and servicing of any hearing aid sold with the participation of any such trainee.

6. Training Program

The 750 hours of training required for licensure by 32 MRSA §17301(2)(C) must be documented by a training log maintained by the trainee and signed by the trainee and the trainee's supervisor. The log must document the date, hours and location of training

received. Training consists of actual, hands-on practice of the following skills, procedures and knowledge areas:

- Pure-tone air-conduction, bone conduction, and speech audiometry with both recorded and live speech
- Masking
- Hearing instrument fittings with actual consumers
- Hearing instrument evaluation including acceptable hearing instrument verification procedures
- Earmold orientation types, uses and terminology
- Earmold impressions and otoscopic examinations of the ear
- Troubleshooting of defective hearing instruments
- Case history with actual consumers
- Study of the Maine law and rules relating to hearing aid dealing and fitting and rules of the Federal Drug Administration and Federal Trade Commission relating to the fitting and dispensing of hearing aids.

STATUTORY AUTHORITY: 32 MRSA §§17203(2), 17301(2), 17302(2)

EFFECTIVE DATE:

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Chapter 6 APPLICATION FOR LICENSURE

Summary: This chapter sets forth application procedures for licenses, registrations and permits issued by the board.

1. Application Procedures

Application for all licenses, registrations and permits issued by the board must be made on forms provided by the board and must be accompanied by the applicable fee or fees prescribed by Chapter 10, Section 5(38) of the rules of the Office of Professional and Occupational Regulation, entitled “Establishment of License Fees.” The applicant must also submit, in the form required by the board, satisfactory documentation of all education, training, credentials and supervision required for the license, registration or permit sought, information relating to any criminal or disciplinary history of the applicant, and such other information as the board may require.

2. Applicant Licensed in Another Jurisdiction

A person applying for licensure under 32 MRSA §17303 who is licensed under the laws of another jurisdiction shall procure license verifications from all jurisdictions in which the applicant was ever licensed as a speech-language pathologist, audiologist or hearing aid dealer or fitter. The applicant shall also submit the law and rules in effect at time of application that govern the practice of speech-language pathology, audiology or hearing aid dealing and fitting, as the case may be, in the jurisdiction in which the applicant is licensed. The board will review the materials submitted by the applicant to determine if the jurisdiction in which the applicant is licensed maintains professional standards that are substantially equivalent to those of Maine.

3. Prior Licensure

An applicant who applies for initial licensure within the 2 years following expiration of an earlier license issued by the board must demonstrate timely completion of all continuing professional education that would have been required for renewal of that license. Failure to demonstrate timely completion of such continuing professional education may result in denial of the application or other discipline.

STATUTORY AUTHORITY: 32 MRSA §17203(2)

EFFECIVE DATE:

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

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Chapter 7 LICENSE RENEWAL; INACTIVE STATUS

Summary: This chapter sets forth: procedures for: (a) license renewal by speech-language pathologists, audiologists and hearing aid dealers and fitters, (b) application for and renewal of inactive status licensure, and (c) reinstatement from inactive to active status licensure.

Text of Section 1 effective until close of license term ending on February 29, 2012

1. License Term

1. Speech-Language Pathologists and Audiologists

Licenses of all speech-language pathologists and audiologists other than the temporary license authorized by Chapter 4 of the board's rules expire biennially on February 28 of each even-numbered year that is not a leap year and on February 29 of each year that is a leap year.

2. Hearing Aid Dealers and Fitters

Licenses of all hearing aid dealers and fitters other than the trainee permit authorized by Chapter 5 of the board's rules expire annually on January 31 of each year, except that licenses that would ordinarily expire on January 31, 2012 will instead expire on February 29, 2012.

Text of Section 1 effective for license terms beginning on and after March 1, 2012

1. License Term

1. Speech-Language Pathologists and Audiologists

Licenses of all speech-language pathologists and audiologists other than the temporary license authorized by Chapter 4 of the board's rules expire annually on February 28 of each year that is not a leap year and on February 29 of each year that is a leap year.

2. Hearing Aid Dealers and Fitters

Licenses of all hearing aid dealers and fitters other than the trainee permit authorized by Chapter 5 of the board's rules expire annually on February 28 of

each year that is not a leap year and on February 29 of each year that is a leap year.

2. License Renewal

A speech-language pathologist, audiologist or hearing aid dealer and fitter may renew a license by:

1. Submitting a renewal application;
2. Attesting to completion of continuing education as required by Chapter 8 of the board's rules. Timely completion of continuing education is a condition of renewal;
3. Remitting the license fee required by Chapter 10, Section 5(38) of the Rules of the Office of Professional and Occupational Regulation, entitled "Establishment of License Fees;"
4. For licenses renewed up to 90 days after the date of expiration, remitting the late fee required by Chapter 11, Section 2(1) of the Rules of the Office of Professional and Occupational Regulation, entitled "Late Renewals;" and
5. Providing such other information as the board may require.

3. Inactive Status

1. Application and Renewal

A speech language pathologist, audiologist or hearing aid dealer and fitter may apply for an inactive status license. A licensee who applies for inactive status during the 3 months prior to expiration of the license must demonstrate compliance with the continuing education requirement set forth in Chapter 8 of the board's rules for the license term during which application is made. The board may refuse to issue an inactive status license to a licensee who:

- A. Is ineligible for renewal of an active license; or
- B. Applies for an inactive status license during the 3 months prior to expiration and fails to demonstrate compliance with the continuing education requirement for the license term during which application is made.

2. Prohibition Against Practice

A licensee may not engage in the practice of speech-language pathology, audiology or hearing aid dealing and fitting while in inactive status.

3. Continuing Education

A licensee need not comply with the continuing education requirement contained in Chapter 8 of the board's rules while in inactive status.

4. Renewal of Inactive Status License

A licensee shall renew an inactive status license by:

- A. Submitting a renewal application;
- B. Remitting the license fee required by Chapter 10, Section 5(38) of the Rules of the Office of Professional and Occupational Regulation, entitled "Establishment of License Fees;" and
- C. Providing such other information as the board may require.

5. Reinstatement to Active Status

A licensee in inactive status may apply to the board for reinstatement to active status on a form provided by the board. The licensee shall submit with the application:

- A. Any license fee required by Chapter 10, Section 5(38); and
- B. Proof of completion of continuing education that meets the requirements of Chapter 8 of the board's rules. A licensee who has been in inactive status for less than 5 years as of the date of application shall document completion of 10 hours of continuing education within the 365 days preceding submission of the application. A licensee who has been in inactive status for 5 or more years as of the date of application shall document completion of 20 hours of continuing education within the 365 days preceding submission of the application.

STATUTORY AUTHORITY: 32 MRSA §§17203(2), 17310

EFFECTIVE DATE:

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Chapter 8 CONTINUING PROFESSIONAL EDUCATION

Summary: This chapter sets forth the continuing education requirement for licensees of the board.

1. Applicability

A speech-language pathologist, audiologist, dually-licensed speech-language pathologist and audiologist or hearing aid dealer and fitter shall certify at time of license renewal to compliance with the continuing professional education requirement set forth in this chapter. The provisions of this chapter do not apply to temporary speech-language pathologists, speech-language pathology assistants and trainee hearing aid dealers and fitters. The provisions of this chapter apply to inactive status licensees to the extent set forth in Chapter 7, Section 5 of the board's rules.

2. Audit

The licensee's certification of completion of continuing professional education is subject to audit pursuant to Chapter 13 of the rules of the Office of Professional and Occupational Regulation, entitled "Uniform Rule for the Substantiation of Continuing Education Requirements."

Text of Sections 3 and 4 effective until close of license term ending on February 29, 2012

3. Speech-Language Pathologists and Audiologists

1. General Requirement

A speech-language pathologist or audiologist shall certify at time of license renewal to completion of 25 hours of continuing professional education during the preceding license term as set forth in this chapter. A dually-licensed speech-language pathologist and audiologist shall certify at time of license renewal to completion of 35 hours of continuing professional education as set forth in this chapter. One hour of continuing education is earned for each hour of actual instructional time, excluding breaks, lunch and other non-instructional time. To be recognized for credit, a continuing education activity must be of a type described in Section 5 and must meet the content requirement set forth in Section 6.

2. First License Renewal

A licensee whose initial license is issued during the first year of the 2-year license term described in Chapter 7, Section 1(1) of the board's rules shall certify to completion of 12 hours of continuing professional education during the preceding license term at time of first renewal. A licensee whose initial license is issued during the second year of the 2-year license term need not complete any continuing professional education to be eligible for a first renewal.

4. Hearing Aid Dealers and Fitters

1. A hearing aid dealer and fitter shall certify at time of license renewal to completion of 8 hours of continuing professional education as set forth in this chapter. One hour of continuing education is recognized for each hour of actual instructional time, excluding breaks, lunch and other non-instructional time. To be recognized, a continuing education activity must be of a type described in Section 5 and must meet the content requirement set forth in Section 6.

2. First License Renewal

A licensee whose initial license is issued during the first 6 months of the one-year license term described in Chapter 7, Section 1(2) of the board's rules shall certify to completion of 4 hours of continuing professional education during the preceding license term at time of first renewal. A licensee whose initial license is issued during the second 6 months of the one-year license term need not complete any continuing professional education to be eligible for a first renewal.

Text of Sections 3 and 4 effective for license renewals effective on and after March 1, 2012

3. Speech-Language Pathologists, Audiologists and Hearing Aid Dealers and Fitters

1. General Requirement

A speech-language pathologist, audiologist or hearing aid dealer and fitter shall certify at time of license renewal to completion of 10 hours of continuing professional education during the preceding license term as set forth in this chapter. A dually-licensed speech-language pathologist and audiologist shall certify at time of license renewal to completion of 16 hours of continuing professional education as set forth in this chapter. One hour of continuing education is earned for each hour of actual instructional time, excluding breaks, lunch and other non-instructional time. To be recognized for credit, a continuing education activity must be of a type described in Section 5 and must meet the content requirement set forth in Section 6.

2. First License Renewal

A licensee whose initial license is issued during the first 6 months of the one-year license term described in Chapter 7, Section 1 of the board's rules shall certify to

completion of 5 hours of continuing professional education during the preceding license term at time of first renewal. A licensee whose initial license is issued during the second six months of the one-year license term need not complete any continuing professional education to be eligible for a first renewal.

4. [deleted]

5. Acceptable Types of Continuing Education Activities and Required Documentation

1. No Hours Limitation

Continuing education may be earned without limitation as to hours by participation in the following activities only:

- A. Live attendance at seminars, workshops, institutes and in-service training sessions. Attendance must be documented by a certificate of completion from the presenter or provider that includes the title, date and time span of the activity, the location where the activity took place, the name and credentials of the presenter and the number of hours earned; or other reliable written proof of attendance that is acceptable to the board.
- B. Academic courses at an accredited institution of higher education. Completion must be documented by an official academic transcript.
- C. Distance learning activities in which immediate interaction with the instructor is available. Completion must be documented by a certificate of completion from the instructor or provider that includes the title, date and time span of the activity, the URL of the provider, the name and credentials of the instructor and the number of hours earned.

2. Four-Hour Limitation

A maximum of 4 hours of continuing education overall may be earned by participation in one or more of the following activities only:

- A. Preparation and presentation of a seminar, workshop, institute or in-service training session targeted at speech-language pathologists, audiologists, or hearing aid dealers and fitters, for the initial presentation only. Presentation must be documented by a course description, course outline and copies of all materials presented or distributed to attendees.
- B. Published professional writing in a book or a peer-reviewed journal. (This does not include pamphlets or training manuals.) Continuing education credit will be recognized only for the license cycle during which the book or article was accepted for publication. Publication and date of acceptance

must be documented by a copy of the article or title page of the book, and a letter of acceptance or letter from the publisher.

- C. Commercially-prepared home study courses. Completion must be documented by a scored post-test or certificate of completion.
- D. Distance learning activities in which immediate interaction with the instructor is not available. Completion must be documented by a scored post-test or certificate of completion.

6. Content Requirement for Continuing Education Activities

1. Speech-Language Pathology and Audiology

To be recognized for credit, a continuing education activity must directly relate to the practice of speech-language pathology or audiology, depending on the license held by the renewing licensee. The following content areas directly relate to the practice of speech-language pathology and audiology:

- A. Anatomic and physiologic bases for the normal development and use of speech, language, swallowing, hearing and balance;
- B. Physical bases and processes of the production and perception of speech, language and hearing;
- C. Linguistic and psycho-linguistic variables related to normal development and use of speech, language and hearing;
- D. Technological biomedical, engineering and instrumentation information which would enable expansion of knowledge in the basic communication processes;
- E. Various types of disorders of communication, their manifestations, classification and cause;
- F. Evaluation skills, including procedures, techniques, and instrumentation for assessment;
- G. Principles in habilitation and rehabilitation of communication and swallowing disorders;
- H. Principles in evaluation and rehabilitation of balance and vestibular disorders;
- I. Provision of hearing care by selecting, evaluating, fitting, facilitating adjustment to, and dispensing prosthetic devices for hearing loss, including hearing aids, sensory aids, hearing assistive devices, alerting and telecommunication systems, and captioning devices;

- J. Assessment of candidacy of persons with hearing loss for cochlear implants and provision of fitting, programming, and aural rehabilitation to optimize device use;
 - K. Service delivery models;
 - L. The ethical practice of speech-language pathology or audiology;
 - M. Supervision training related to the practice of speech-language pathology or audiology; and
 - N. Related disciplines that pertain to delivery of speech-language pathology or audiology services.
2. Hearing Aid Dealing and Fitting

To be recognized for credit, a continuing education activity must directly relate to the practice of hearing aid dealing and fitting. The following content areas directly relate to the practice of hearing aid dealing and fitting:

- A. Categories I – IX of the IIHIS-Approved Categories of Instruction, and the following content areas within Category X: Audiometric Equipment, Record Keeping and Aseptic Techniques. A copy of the IIHIS-Approved Categories of Instruction, other than non-approved content areas in Category X, is attached to this chapter as Appendix A; and
 - B. Any other aspect of the practice of hearing aid dealing and fitting described in Chapter 10 of the board's rules.
3. Non-Acceptable Content of Continuing Education Activities

Continuing education credit will not be given to continuing education activities that do not directly relate to the practice of speech-language, pathology, audiology or hearing aid dealing and fitting. Examples of unacceptable content include, but are not limited to:

- A. Marketing and business communications and operations;
- B. Activities which deal with personal self-improvement, human relations, financial gain, time management or career options;
- C. Activities designed for lay persons; and
- D. Participation in or attendance at case conferences, grand rounds, and facility tours.

APPENDIX A

IIHIS-APPROVED CATEGORIES OF INSTRUCTION

CATEGORY I - Basic Science

Physics of Sound and Basic Acoustics

1. Propagation of sound
2. Physical characteristics of sound
3. Measurements of sound
4. Audiometric notation

Anatomy and Physiology of the Human Ear

1. Anatomy of the ear
2. Physiology of hearing
3. Theories of hearing
4. Causes and treatment of hearing impairment

CATEGORY II - Audiometric Assessment

Anatomical Inspection

1. Otoscopic inspection
2. Auricular inspection

Puretone Audiometry

1. Air conduction tests
2. Bone conduction tests
3. Masking procedures

Speech Audiometry

1. Word discrimination tests
2. Threshold tests
3. Masking procedures

Special Tests

1. Retrocochlear tests

Soundfield Audiometry

1. Non-verbal tests
2. Speech threshold tests
3. Word discrimination tests
4. Instrument selection and validation procedures
5. Special tests and procedures

Tympanometry

1. Basic theory and procedures
2. Advantages and limitations for instrument selection

CATEGORY III - Audiometric Interpretation

Audiogram Interpretations

1. Classification of hearing losses
2. Patterns and configurations of hearing loss
3. Dynamic ranges of hearing

Speech Test Interpretations

1. Threshold test results
2. Word discrimination test results
3. Dynamic range implications

Referral Criteria

1. FDA guidelines
2. Special auditory training

CATEGORY IV - Patient Information And History

Establishing Patient Rapport

1. Establishing patient empathy
2. Emotional and psychological considerations
3. Demonstrating professionalism

Eliciting Patient History

1. Recognizing pertinent information
2. Patient referral sources

CATEGORY V - Hearing Instrument Systems Technology

History and Development of Hearing Instruments

1. Pre-electronic systems
2. Early electronic systems
3. Modern systems

Hearing Instrument Basic Electronics

1. General circuit principles
2. Amplifiers
3. Transducers
4. Potentiometers

Electro-Acoustic Specifications

1. ISO Standards
2. ANSI Standards
3. Other standards

Hearing Instrument Analysis

1. Biological checks and procedures
2. Basic and advanced electro-acoustic analyzers

Troubleshooting and Repairs

1. Feedback
2. Intermittent function
3. Battery checks
4. Non-functioning
5. Cleaning
6. Noisy
7. External controls

External Ear Canal Acoustics

1. Implications of cavity size to acoustic coupler
2. Measuring the acoustic cavity

Acoustic Coupler Systems

1. NAEL Standards
2. External ear anatomy and acoustic coupler considerations
3. Specifying acoustic coupler characteristics
4. In-office acoustic coupler fabrication

Acoustic Coupler Modifications and Effects

1. Canal modifications
2. Bore modifications
3. Venting

The Acoustic Transmission Line

1. NAEL Standards
2. Acoustic filters and dampers

Special Acoustic Couplers

1. Tube fittings
2. Modular and custom ITE instruments

Dispensing Office Lab

1. Equipment and supplies
2. Utilizing lab equipment

CATEGORY VI - Otoplastics

Anatomical Inspection

1. External ear considerations
2. Other physical parameters

Impression-Taking Techniques

1. Blocking the canal
2. Impression materials
3. Use of equipment and supplies
4. Impressions of the ear
5. Judging impression results

Preparing the Impression

1. In-office lab impressions
2. Communicating with the earmold lab

In-Office Acoustic Coupler Fabrication

1. Equipment and materials
2. Techniques in fabrication

CATEGORY VII - Selecting Amplification Systems

Parameters of Amplification Selection

1. Electro-acoustic considerations
2. Acoustic coupler considerations
3. Modification procedures
4. Anatomical considerations

Physical Considerations

1. Styles of instruments
2. Styles of acoustic couplers

Communicating with the Manufacturer

1. Instrument specifications
2. Special order systems
3. Custom ITE systems

Preparing the Instrument for Fitting

1. Pre-fitting checks and adjustments
2. Electro-acoustic analysis

CATEGORY VIII - Instrument Fitting Techniques

(non-approved content areas in Category X not listed)

Physical Fitting

1. Communicating with the patient
2. Techniques in fitting
3. Instructing the patient
4. Adjustments and modifications

Initial Counseling

1. Limitations, need for adjustments and follow-up
2. Care and use of the amplification system
3. Use of special or additional amplification devices
4. Family member counseling

Determining Efficacy of the Amplification System

1. Soundfield testing
2. Other criteria

CATEGORY IX - Patient Follow-Up Care

Post Fitting Visits

1. Soundfield efficacy testing
2. Reinforcement counseling
3. Adjustments and modifications

Amplification System Maintenance

1. Cleaning, checking and testing the instrument
2. Maintenance of the acoustic coupler and accessories

Handling System Malfunctions

1. Recognizing and isolating problems
2. In-office repairs
3. Factory and/or lab repairs
4. Use of loaner instruments

Periodic Re-evaluations

1. Periodic otoscopic inspections
2. Periodic audiometric re-testing
3. Referral considerations

CATEGORY X - Management Considerations in Instrument Dispensing

Audiometric Equipment

1. Biological checks
2. Periodic calibrations

Record Keeping

1. Patient files and records
2. Business records and files
3. Complying with laws and rules

Aseptic Techniques

1. Personal hygiene
2. Equipment and supplies

STATUTORY AUTHORITY: 32 MRSA §17203(2)

EFFECTIVE DATE:

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

643 BOARD OF SPEECH, AUDIOLOGY AND HEARING

Chapter 9 SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

Summary: This chapter sets forth supervision requirements and other responsibilities of speech-language pathologists for the assistants they supervise. This chapter also describes the scope of practice of speech-language pathology assistants.

1. Qualifications

To qualify for registration as a speech-language pathology assistant the applicant must hold an associate's degree from an accredited institution in the field of communication disorders or an associate's degree that is substantially equivalent to the following course distribution:

<u>Course</u>	<u>Credit Hours</u>
English Composition/Grammar	6
Math	3
Psychology/Sociology/Multicultural Studies (some combination)	9
Phonetics	3
Human Anatomy and Physiology	6
Survey of Disabilities.....	3
Normal Speech, Language and Hearing Development Across the Life Span.....	3
Articulation Disorders and Rehabilitation	3
Language Disorders and Rehabilitation.....	3
Clinical Methods/Procedures	3
Introduction to Audiology/Aural Rehabilitation.....	3
Elective	3
	<u>Clock Hours</u>
Practicum 1: Observation.....	15
Practicum 2: Pediatric	40
Practicum 3: Adult	40

An applicant who has satisfied all of the above requirements, except for Practicum 1, 2 or 3, may meet the practicum requirement by completing a practicum from a regionally-accredited training program which includes, at a minimum, ninety-five (95) hours distributed as follows:

Practicum 1: 15 hours observation;
Practicum 2: 40 hours pediatric; and
Practicum 3: 40 hours adults

2. Application; Term

The applicant shall apply for registration as set forth in Chapter 6, Section 1 of the board's rules. As part of the application the applicant must provide documented proof of supervision by a Maine-licensed speech-language pathologist who meets the qualifications set forth in Section 3 of this chapter.

A registration issued by the board has no set expiration date.

3. Approved Supervisor

1. Practice Under Approved Supervisor

A speech-language pathology assistant may practice only under the supervision of an approved supervising speech-language pathologist as set forth in Sections 3, 4 and 5 of this chapter.

2. Qualifications for Approval as a Supervising Speech-Language Pathologist

To qualify for approval as a supervising speech-language pathologist, an individual must:

- A. Be a Maine-licensed speech-language pathologist with a minimum of 2 years professional experience following completion of the clinical fellowship required by Chapter 3, Section 1 of the board's rules;
- B. Document completion of 10 hours of training in the supervision of speech-language pathology assistants. The documentation provided must meet the requirements of Chapter 8, Section 5 of the board's rules; and
- C. Agree in writing on a form provided by the board to provide supervision pursuant to the laws and rules relating to speech-language pathology.

3. One Supervisor Per Supervisee; Maximum Number of Supervisees

- A. A speech-language pathology assistant may not have more than one approved supervisor.
- B. A supervisor may be approved to supervise up to 2 speech-language pathology assistants, provided that a supervisor may not supervise a total number of temporary licensees, trainee hearing aid dealers and fitters, speech-language pathology assistants and students in excess of the supervisor's ability to competently supervise such persons and also perform any direct client services for which the supervisor is responsible.

4. Legal and Ethical Responsibility

A supervising speech-language pathologist is legally and ethically responsible within the jurisdiction of the board for the professional activities of a speech-language pathology assistant under his or her supervision.

5. Change of Supervisor

- A. A speech-language pathology assistant shall notify the board of a proposed change of supervisor. Notice shall include the qualifications of the new supervisor. The new supervisor shall agree in writing on a form provided by the board to provide supervision pursuant to the laws and rules relating to speech-language pathology. The change of supervisor is not effective until the new supervisor is approved by the board.
- B. The supervisor of a speech-language pathology assistant shall notify the board of the termination of the supervisory relationship no later than 10 days after the termination.
- C. Upon termination of a supervisory relationship, the supervisee may not continue to perform the duties of a speech-language pathology assistant until a new supervisor has been approved by the board as set forth in Section 3(5)(A) of this chapter.

[NOTE: The board urges supervisors and supervisees to submit the notices required by this subsection sufficiently in advance of an anticipated change of supervisor in order to avoid a break in registered status of a speech-language pathology assistant.]

6. When a speech-language pathology assistant provides direct services, the approved supervisor is responsible for so informing, in writing, all clients (or their legal guardians), referring agencies and payers for service. All clients must be provided with a written copy of Sections 4 and 5 of this chapter.

4. Supervision Requirements

- 1. For the first 90 work days following registration, or the first 90 work days following a change of supervisor:
 - A. The supervising speech-language pathologist shall provide the assistant with at least 30% direct and indirect supervision overall; and
 - B. Direct supervision of student/client care shall be required no less than 20% of the assistant's actual student/client contact time weekly.

2. After the first 90 work days following registration, or the first 90 work days following a change of supervisor:
 - A. The supervising speech-language pathologist shall provide the assistant with at least 20% direct and indirect supervision overall; and
 - B. Direct supervision of student/client care shall be required no less than 10% of the assistant's actual student/client contact time weekly.

Supervision schedules must allow for this supervision to be proportionate to the caseload served by the assistant.

3. Documentation

Supervision provided pursuant to subsections 1 and 2 above must be documented as follows:

- A. The supervision required by subsections 1 and 2 above must be documented in a log maintained by the supervising speech-language pathologist. The log must contain the date, hours and type (direct/indirect) of supervision provided. The supervising speech-language pathologist shall retain log entries for a period of 5 years on a rolling basis.
- B. The content of the supervisory activity must provide information about the quality of the speech-language pathology assistant's performance of assigned tasks and must verify that the clinical activity is limited to tasks specified in the speech-language pathology assistant's scope of responsibilities. Information obtained during direct supervision must include data relative to:
 - (1) Agreement (reliability) between the assistant and the supervisor on correct/incorrect recording of target behavior;
 - (2) Accuracy in implementation of screening and treatment procedures;
 - (3) Accuracy in recording data; and
 - (4) Ability to interact effectively with the patient/client.

The board may perform an audit of supervision programs to assure compliance with these rules. The supervision log required by this subsection must be provided to the board upon request.

4. The supervising speech-language pathologist must be on-site or accessible by telecommunications at all times when the speech-language pathology assistant is providing client care.

5. Scope of Responsibilities of Speech-Language Pathology Assistants

1. Provided that the training, supervision, documentation and planning are appropriate, the following tasks may be delegated to a speech-language pathology assistant:
 - A. Conducting speech-language screenings (without interpretation) following specified screening protocols developed by the supervising speech-language pathologist.
 - B. Providing direct treatment assistance to clients identified by the supervising speech-language pathologist.
 - C. Following documented treatment plans or protocols developed by the supervising speech-language pathologist.
 - D. Documenting client progress toward meeting established objectives as stated in the treatment plan, and report this information to the supervising speech-language pathologist.
 - E. Assisting the speech-language pathologist during assessment of clients, such as those who are difficult to test.
 - F. Assisting with informal documentation (e.g. tallying notes for the speech-language pathologist to use), prepare materials, and assist with other clerical duties as directed by the speech-language pathologist.
 - G. Scheduling activities, prepare charts, records, graphs, or otherwise display data.
 - H. Performing checks and maintenance of equipment.
 - I. Participating with the speech-language pathologist in research projects, in-service training and public relations programs.
2. A speech-language pathology assistant may not:
 - A. Perform standardized or nonstandardized diagnostic tests, formal or informal evaluations or interpret test results.
 - B. Participate in parent conferences, case conferences, or any interdisciplinary team without the presence of the supervising speech-language pathologist.
 - C. Provide client or family counseling.
 - D. Write, develop, or modify a client's individualized treatment plan in any way.

- E. Assist with clients without following the individualized treatment plan prepared by the speech-language pathologist or without access to supervision.
- F. Sign any formal documents (e.g. treatment plans, reimbursement forms, or reports). The assistant should sign or initial informal treatment notes for review and co-signature by the supervising professional.
- G. Select clients for services.
- H. Discharge a client from services.
- I. Disclose clinical or confidential information, either orally or in writing, to anyone not designated by the supervising speech-language pathologist.
- J. Make referrals for additional services.
- K. Communicate with the client, family, or others regarding any aspect of the client's status without the specific consent of the supervising speech-language pathologist.
- L. Represent himself/herself as a speech-language pathologist.

6. Exclusive Responsibilities of the Speech-Language Pathologist

1. Documenting the pre-service training, competencies and credentials of the Assistant.
2. Informing patients/clients and families about the level (professional vs. support personnel), frequency, and duration of services as well as supervision.
3. Representing the speech-language pathology team in all collaborative, interprofessional, interagency meetings, correspondence and reports. This would not preclude the Assistant from attending meetings along with the speech-language pathologist as a team member or drafting correspondence and reports for editing, approval and signature by the speech-language pathologist.
4. Making all clinical decisions, including determining patient/client selection for inclusion/exclusion in the caseload and dismissing patients/clients from treatment.
5. Communicating with patients/ clients, parents and family members about diagnosis, prognosis and treatment plan.
6. Conducting diagnostic evaluations, assessments or appraisals, and interpreting obtained data in reports.
7. Reviewing each treatment plan with the assistant at least weekly.

8. Delegating specific tasks to the assistant while retaining legal and ethical responsibility for all patient/client services provided or omitted.
 9. Preparing an individualized treatment plan and making modifications prior to, or during, implementation.
 10. Discussing the case with, or referring the patient/client to, other professionals.
 11. Signing all formal documents (e.g. treatment plans, reimbursement forms, reports). The supervisor should indicate on the documents that the assistant performed certain activities.
 12. Reviewing and signing all informal progress notes prepared by the assistant.
 13. Providing ongoing training to the assistant on the job.
 14. Ensuring that the assistant only performs tasks within the scope of responsibility of the speech-language pathology assistant.
-

STATUTORY AUTHORITY: 32 MRSA §§17203(2), 17301(5)

EFFECTIVE DATE:

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

643 BOARD OF SPEECH, AUDIOLOGY AND HEARING

Chapter 10 PRACTICE OF HEARING AID DEALING AND FITTING

Summary: This chapter sets forth practice requirements relating to the calibration of audiometers and minimum testing requirements for hearing. This chapter also includes the model notice that the board is required to prepare pursuant to 32 MRSA §17305(6) in the form of a Sample Hearing Aid Purchase Agreement.

1. Calibration of Audiometers

Each audiometer used in the measurement of hearing when testing and fitting a hearing aid must meet the calibration standards set forth in American National Standards Institute ANSI S3.6-2010 (2010), which the board hereby incorporates into this chapter by reference, or the earlier ANSI standard that was in effect at the time the audiometer was built. Copies of ANSI S3.6-2010 are available from:

American National Standards Institute
25 West 43rd Street
New York, NY 10036
(212) 642-4900
www.ansi.org

A dealer-licensee shall obtain an objective calibration check in accordance with this standard on permanently installed and portable audiometers used by the licensee at least once a year. If the objective calibration check shows an audiometer to deviate more than 10 decibels from the calibration standard, the audiometer must be recalibrated by either a calibration laboratory or the audiometer manufacturer before it may be used to test hearing. The date of the last calibration check or recalibration must be prominently displayed on the audiometer. The dealer-licensee shall retain calibration and recalibration records for a period of 5 years and shall make such records available to the board upon inspection or request. Calibration and recalibration records may be requested in conjunction with an audit of continuing professional education authorized by Chapter 13 of the rules of the Office of Professional and Occupational Regulation, entitled “Uniform Rule for the Substantiation of Continuing Education Requirements.”

[NOTE: “Dealer-licensee” includes both a hearing aid dealer and fitter and an audiologist who engages in the practice of hearing aid dealing and fitting. See 32 MRSA §§17105(1) and 17305, first par.]

2. Minimum Testing Requirements

A dealer-licensee may not sell, attempt to sell or cause to be sold a hearing aid to any person who has not been given a test utilizing appropriate established procedures within the preceding 12 months. Such procedures shall include, at a minimum, otoscopic examination, pure tone air and bone conduction thresholds.

[NOTE: The Food and Drug Administration has adopted rules that contain requirements for medical evaluations in connection with the fitting of hearing aids. These rules are found in the Code of Federal Regulations at Title 21, Part 801, Sections 420 and 421. The rules may be downloaded from:

<http://www.gpoaccess.gov/cfr/retrieve.html>]

3. Written Notice or Purchase Agreement

A dealer-licensee who practices the fitting of and dealing in or sale of hearing aids shall deliver to each person supplied with a hearing aid a written notice prior to or at the time the hearing aid is purchased. The notice must include all of the provisions contained in the Sample Hearing Aid Purchase Agreement attached to and made a part of this chapter.

STATUTORY AUTHORITY: 32 MRSA §§17203(2), 17305(5), (6)

EFFECTIVE DATE:

Attachment to Chapter 10, Rules of the Board of Speech, Audiology and Hearing

SAMPLE HEARING AID PURCHASE AGREEMENT

ABC HEARING AID CENTER
 123 MAIN STREET
 ANYTOWN, MAINE 00000

NOTE: If the seller is financing the purchase of the hearing aid(s), the truth in lending disclosures specified in federal and state law must be made by the seller to the extent required by law.

Purchaser: _____ Address: _____ Phone: _____
 Manufacturer: _____ Model #: _____ Serial #(R) _____ (L) _____
 Condition: New Used Reconditioned
 Selling Price: \$ _____ (conspicuously note initial price less any discount, trade-in allowance or deposit)

30-day Trial Period: A 30-day trial period begins on the delivery date. Within the 30-day trial period, the dealer-licensee shall contact the purchaser and provide any service, fitting or repair that may be necessary for the beneficial and comfortable use of the hearing aid(s). The purchaser has the right to cancel this transaction by so notifying the dealer-licensee within the 30-day trial period. In this event, the dealer-licensee shall make a full refund of the purchase price, less the price of the ear mold(s) (\$ _____) and lab fees (\$ _____), at the time the purchaser returns the hearing aid(s).

60-day Medical Return Period: The purchaser has the right to cancel this transaction by submitting to the dealer-licensee within 60 calendar days from the delivery date a written opinion from a physician or audiologist stating that the hearing aid(s) are not advisable for the purchaser. Upon receipt of the statement and return by the purchaser of the hearing aid(s), the dealer-licensee shall make a full refund of the purchase price, less the price of the ear mold(s) and lab fees shown above.

Terms of service: *[Insert the complete terms of service, including cost of service, what services are available, by whom and for how long such service will be provided, including house or office calls, when applicable, and the terms of after care fitting.]*

Warranty: *[Insert the terms of guarantee or warranty, including: (1) the characteristics or properties of the hearing aid or parts of the hearing aid covered by or excluded from the guarantee or warranty, (2) the duration of the guarantee or warranty, (3) the conditions, if any, that the purchaser must fulfill before the guarantor or warrantor must perform the guarantor's or warrantor's obligations, (4) the obligations of the guarantor or warrantor, including obligations as to repair or replacement of hearing aids and refunding of the purchase price or part of the purchase price, and (5) the identity and address of the guarantor or warrantor.]*

If you wish to file a complaint regarding this purchase, contact: Complaint Coordinator, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, ME 04333, tel. (207) 624-8660, web site www.maine.gov/professionallicensing.

AN EXAMINATION OR REPRESENTATION MADE BY A DEALER-LICENSEE IN CONNECTION WITH THE FITTING AND SELLING OF A HEARING AID OR AIDS IS NOT AN EXAMINATION, DIAGNOSIS OR PRESCRIPTION BY AN INDIVIDUAL LICENSED TO PRACTICE MEDICINE IN THIS STATE AND MAY NOT BE REGARDED AS MEDICAL OPINION OR ADVICE.

Purchaser's Signature: _____ Date: _____

Delivery Date: The purchaser acknowledges actual delivery of the hearing aid(s) on *(insert date):* _____ *(confirm by initialing here):* _____

If the hearing aid(s) furnished are different than those described above, specify the manufacturer, model # and serial #s here: _____

Licensee's Signature: _____ Date: _____

Licensee's Printed Name & License #: _____

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

643 BOARD OF SPEECH, AUDIOLOGY AND HEARING

Chapter 11 CODE OF ETHICS

Summary: This chapter contains a code of ethics to be observed by licensees of the board.

1. Preamble

1. The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by licensees of the board. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.
2. The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to responsibility to persons served, the public, licensees, and to the conduct of research and scholarly activities.
3. Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Licensees shall observe these principles as affirmative obligations under all conditions of professional activity.
4. Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all licensees.

2. Principle of Ethics I

Licensees shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

Rules of Ethics

1. Licensees shall provide all services competently.
2. Licensees shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
3. Licensees shall not discriminate in the delivery of professional services on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.
4. Licensees shall not misrepresent the credentials of speech-language pathology assistants, students, Clinical Fellows, trainee hearing aid dealers and fitters or any

others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.

5. Licensees shall not delegate tasks that require the unique skills, knowledge and judgment that are within the scope of their profession to speech-language pathology assistants, trainee hearing aid dealers and fitters or any nonprofessionals over whom they have supervisory responsibility.
6. Licensees may delegate tasks related to provision of clinical services that require the unique skills, knowledge and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the licensee.
7. Licensees may delegate tasks related to provision of clinical services to speech-language pathology assistants or trainee hearing aid dealers and fitters only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the licensee.
8. Licensees shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted..
9. Licensees shall evaluate the effectiveness of services rendered and of products dispensed and shall provide services or dispense products only when benefit can reasonably be expected.
10. Licensees shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
11. Licensees shall not evaluate or treat speech, language, or hearing disorders solely by correspondence.
12. Licensees shall adequately maintain and appropriately secure records of professional services rendered and products dispensed, and they shall allow access to these records only when authorized or when required by law.
13. Licensees shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified persons involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.

14. Licensees shall not charge for services not rendered, nor shall they misrepresent¹, in any fashion, services rendered, products dispensed, or research and scholarly activities conducted.
15. Licensees shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.
16. Licensees whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

3. Principle of Ethics II

Licensees shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

Rules of Ethics

1. Licensees shall engage in the provision of clinical services only when they hold the appropriate state license.
2. Licensees shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.
3. Licensees shall not require or permit their professional staff to provide services that exceed the staff member's competence, considering the staff member's competence, level of education, training, and experience.
4. Licensees shall ensure that all equipment used to provide services is in proper working order and is properly calibrated.

4. Principle of Ethics III

Licensees shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing and advertising of products and services.

Rules of Ethics

¹ For purposes of this Code of Ethics, misrepresentation includes any untrue statements or statements that are likely to mislead. Misrepresentation also includes the failure to state any information that is material and that ought, in fairness, to be considered.

1. Licensees shall not misrepresent their credentials, competence, education, training, experience, or scholarly research or research contributions.
 2. Licensees shall not participate in professional activities that constitute a conflict of interest.
 3. Licensees shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.
 4. Licensees shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed or the effects of products dispensed.
 5. Licensees shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.
 6. Licensees' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
 7. Licensees' statements to the public when advertising, announcing, and marketing their professional services, reporting research results, and promoting products shall adhere to professional standards and shall not contain misrepresentations.
5. Principle of Ethics IV

Licensees shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

Rules of Ethics

1. Licensees shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
2. Licensees shall not engage in dishonesty, fraud, deceit or misrepresentation.
3. Licensees shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
4. Licensees shall reference the source when using other persons' ideas, research, presentations or products in written, oral or any other media presentation or summary.

5. Licensees' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
 6. Licensees shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
 7. Licensees shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
 8. Licensees shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
 9. Licensees shall cooperate fully with the board in its investigation and adjudication of matters related to this Code of Ethics.
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STATUTORY AUTHORITY: 32 MRSA §17203(2)

EFFECTIVE DATE:

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

643 BOARD OF SPEECH, AUDIOLOGY AND HEARING

Chapter 12 PROFESSIONAL MISCONDUCT

Summary: This chapter describes professional misconduct that may result in disciplinary action against a licensee, including denial or nonrenewal of a license.

1. Grounds for Discipline

In addition to the grounds for discipline set forth in 10 MRSA §8003(5-A)(A) and 32 MRSA §17307, the board may impose disciplinary action against a licensee, including denial or nonrenewal of a license, for any of the following reasons:

1. Habitual Substance Abuse

Habitual substance abuse that has resulted or is foreseeably likely to result in the licensee performing professional services in a manner that endangers the health or safety of patients; or

2. Sexual Misconduct

Sexual misconduct, which includes but is not limited to:

- A. Sexual behavior with an individual served in the context of a professional evaluation, treatment, procedure or other service to the client or patient, regardless of the setting in which the professional service is provided;
- B. Sexual behavior with an individual served under the pretense of diagnostic or therapeutic intent or benefit;
- C. Making sexual advances toward or requesting sexual favors from an individual served;
- D. Therapeutically inappropriate or intentional touching in a sexual manner of an individual served;
- E. Physical contact of a sexual nature with an individual served;
- F. Therapeutically unnecessary discussion of sexual matters or other verbal conduct of a sexual nature while treating the individual being served;
- G. Directly or indirectly watching the individual served while the individual is undressing or dressing when it is not part of the therapeutic process;

- H. Taking, for sexual purposes, photographs or videos of an individual served;
 - I. Sexual harassment of staff or students; or
3. False or Misleading Product or Service Warranty
- A. Using, or causing to be used, any guarantee or warranty which is false, misleading, deceptive or unfair to the purchasing or consuming public with respect to the quality, construction, serviceability, performance or method of manufacture of any hearing aid, the terms and conditions of refund, replacement or repair thereof, or in any other respect; or
 - B. Failing to honor a warranty or contract.
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STATUTORY AUTHORITY: 32 MRSA §17203(2), 17307(1)

EFFECTIVE DATE: