



**MEETING NOTICE & AGENDA**  
**August 20-21, 2014**  
**Radisson Hotel Los Angeles Airport**  
**Laguna Room**  
**6225 W. Century Blvd**  
**Los Angeles, CA 90045**  
**(916) 263-2666**

**August 20, 2014 - 1:30 p.m.**

**Speech-Language Pathology Practice Committee**

*(Patti Solomon-Rice, Committee Chair, Speech-Language Pathologist; Debbie Snow- Public Member; Rodney Diaz-Otolaryngologist; Dee Parker- Speech Language Pathologist)*

- I. Call to Order
- II. Introductions
- III. Approval of the May 22, 2014 Speech-Language Pathology Practice Committee Meeting Minutes
- IV. Update on the June 19, 2014 California Commission on Teacher Credentialing Meeting Held in Sacramento, CA.
  - A. CTC Draft Concept Paper, July 2014
- V. Discussion on How to Audit the Supervision of the Speech-Language Pathology Assistant
- VI. Update on Praxis Score Change - Effective September 1, 2014 from 600 to 162
- VII. Discussion and Possible Recommendation for an Increase in the Number of Self-Study Hours for Continuing Education
  - A. ASHA's Letter to the Board on Self-Study
- VIII. Update on the Revisions to the RPE Clinical Practicum Verification Form

**Upon conclusion of the Speech-Language Pathology Practice Committee Meeting:**

**The Hearing Aid Dispensers Committee Meeting**

*(Deane Manning-Committee Chair, Hearing Aid Dispenser; Amnon Shalev-Hearing Aid Dispenser; Alison Grimes-Dispensing Audiologist; Marcia Raggio- Dispensing Audiologist; Rodney Diaz-Otolaryngologist; Jaime Lee-Public Member)*

- I. Call to Order
- II. Introductions

- III. Approval of Meeting Minutes:
  - A. February 6, 2014 Hearing Aid Dispensers Committee Meeting Minutes
  - B. May 22, 2014 Hearing Aid Dispensers Committee Meeting Minutes
- IV. Discussion and Possible Action on the Development of Proposed Practice Guidelines for Hearing Aid Dispensing
  - A. Current Subject Matter Expert Guidelines
- V. Discussion on Whether a Bone-Anchored Device, External Sound Processor, Requires a License to Dispense
- VI. Update on Exemption Request of the Federal Drug Administration on Mail Order and Catalog Sales of Hearing Aids.

**Upon conclusion of the Hearing Aid Dispensers Committee Meeting:**

**The Audiology Practice Committee Meeting**

*(Alison Grimes-Committee Chair, Audiologist; Marcia Raggio- Audiologist; Rodney Diaz-Otolaryngologist; Jaime Lee- Public Member; Amnon Shalev-Hearing Aid Dispenser)*

- I. Call to Order
- II. Introductions
- III. Approval of Meeting Minutes:
  - A. February 6, 2014 Audiology Practice Committee Meeting Minutes
  - B. May 22, 2014 Audiology Practice Committee Meeting Minutes
- IV. Review/Discussion/Possible Recommendation on Informal Public Comments on the Proposed Regulatory Amendments for Audiology Aide Supervision Standards and Practice Limitations (16 CCR 1399.154-1399.154.4)
  - A. Regulation Language adopted at the February Committee Meeting Regarding the Changes for Supervision and Practice Limitations of an Audiology Aide
- V. Discussion Regarding MediCal/CCS (California Children's Services)
  - A. Provision of Services to Infants and Young Children Covered Under MediCal/CCS: Provider Shortages
  - B. Requirements that MediCal/CCS Places on Audiologists Who Hold a License but Not Yet Panned by CCS to Provide Services
- VI. Update on the Outreach Letters Regarding the Services Provided by Regional Centers to Children Who Are Deaf or Hard of Hearing
- VII. Discussion and Possible Recommendation for an Increase in the Number of Self-Study Hours for Continuing Education
  - A. ASHA's Letter to the Board on Self-Study

**August 21, 2014 – 9:00 a.m.**

**Full Board Meeting of the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board**

*(Alison Grimes, Board Chair-Dispensing Audiologist; Rodney Diaz-Otolaryngologist ;Patti Solomon-Rice, Vice Chair-Speech-Language Pathologist; Dee Parker-Speech-Language Pathologist; Debbie Snow-Public Member; Jaime Lee-Public Member; Deane Manning-Hearing Aid Dispenser; Amnon Shalev-Hearing Aid Dispenser; Marcia Raggio-Dispensing Audiologist)*

- I. Call to Order
- II. Introductions
- III. Hearing on Petition for Penalty Relief – Termination of Probation – J. Kiely Ball

**CLOSED SESSION**

The Board will meet in closed session pursuant to Government Code Section 11126 (c)(3) to discuss and vote on this matter.

**RETURN TO OPEN SESSION**

- IV. Approval of the May 23, 2014 Board Meeting Minutes
- V. Executive Officer and Board Staff Reports
  - A. Budget
  - B. Administration/Personnel/Staffing
  - C. Enforcement/Licensing/Examinations
  - D. Update on Proposed Regulation Packages
- VI. Legislation
  - A. AB 1758 – Patterson – Prorating of Initial Licensing Fees
  - B. SB 1326 – Roth – Hearing Aids: Warranty Work Order or Receipt
  - C. SB 1466 – (Committee on Business, Professions and Economic Development) – Health Care Professionals
- VII. Office of Professional Examination Services Presentation on the 2014 Speech-Language Pathology Occupational Analysis
- VIII. Practice Committee Reports
  - A. Speech-Language Pathology Practice Committee Report
  - B. Hearing Aid Dispensers Committee
  - C. Audiology Practice Committee Report
- IX. Discussion and Possible Action on Increasing the Number of Self-Study Hours for Speech-Language Pathology and Audiology
- X. Public Comment on Items Not on the Agenda

- XI. Agenda Items and Future Board Meetings Dates
  - A. Agenda Items for Next Meeting
  - B. Board Meeting – November 5-6, San Diego

XII. Adjournment

*MEETING AGENDAS AND MATERIALS CAN BE FOUND ON THE SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD'S WEBSITE AT [www.speechandhearing.ca.gov](http://www.speechandhearing.ca.gov)*

A quorum of the Board may be present at the Committee meetings. Board members who are not on the Committee may observe, but may not participate or vote. Each Committee meeting will begin with voluntary introduction of attendees.

Public comments will be taken on agenda items at the time the specific item is raised. The Board may take action on any item listed on the agenda unless listed as information only. All times indicated and the order of business are approximate and subject to change. Items scheduled for a particular day may be moved to an earlier day to facilitate the Board's business.

The meeting facility is accessible to persons with a disability. Any person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Board office at (916) 263-2666 or making a written request to Breanne Humphreys, Interim Executive Officer of the Board: 2005 Evergreen Street, Suite 2100, Sacramento, California 95815. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.





## **SPEECH-LANGUAGE PATHOLOGY PRACTICE COMMITTEE MINUTES**

**May 22, 2014**

### **Department of Consumer Affairs**

2005 Evergreen Street  
Sacramento, CA 95815

#### **Committee Members Present**

Patti Solomon-Rice, Chair, Speech-Language Pathologist  
Dee Parker, Speech-Language Pathologist  
Debbie Snow, Public Member

#### **Committee Members Absent**

Rodney Diaz, M.D.

#### **Staff Present**

Breanne Humphreys, Interim Executive Officer  
Sabina Knight, Legal Counsel

#### **Guests Present**

William Barnaby, California Speech Language and Hearing Association  
Ileana Butu, DCA Legal Affairs  
Alison Grimes, Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board  
Deane Manning, Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board  
Linda Pippert, California Speech Language and Hearing Association  
Marcia Raggio, Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board  
Shawn Talbot, California Speech Language and Hearing Association

### **I. Call to Order**

Chairperson Solomon-Rice called the meeting to order at 9:00 am. Three committee members were present and thus a quorum was established.

### **II. Introductions**

Those in attendance introduced themselves.

### **III. Approval of the February 6, 2014 Speech-Language Pathology Practice Committee Meeting Minutes**

Dee Parker motioned and Debbie Snow seconded to approve the February 6, 2014 minutes as amended.

#### **IV. Report from the California Commission on Teacher Credentialing (CTC) Regarding Credential Waivers Issued to Speech-Language Pathologists**

Ms. Teri Clark, Director of the Professional Services Division, CTC, presented an overview on the CTC and its Variable Term Waiver (VTW) process. She presented the background and the current requirements for obtaining the SLP variable term waiver (VTW). She then provided recommendations to strengthen the requirements for obtaining the VTW that would result in higher quality services for public school children served by VTW SLPs. Following are key points of the presentation:

- VTW Requirements across Credentials: There are no requirement differences for obtaining a VTW across the 47 credentials granted by the CTC.
- SLP VTW and SLP SC (Service Credential) Statistics for 2012-2013: A total of 399 SLP variable term waivers were granted in 2012-2013 and a total 646 SLP Service Credentials were granted for individuals who completed master's degrees in SLP in 2012-2013.
- School District Application Process for SLP VTW: School districts apply to the CTC for SLP VTWs. The requirements consist of: a) bachelor's degree in any area; b) evidence of applicant attempting to pass CBEST;(do not know if it is common knowledge, but I learned from the presentation that the CBEST is a high school level test) c) evidence that the school is unable to hire a credentialed individual; d) evidence that individual is enrolled in 6 units of coursework towards obtaining a degree in the credential area (e.g. undergraduate coursework if the bachelor's degree is not in speech-language pathology or graduate coursework if the bachelor's degree is in speech-language pathology or communicative disorders).
- Duration of SLP VTW: Applicants are approved to be employed as a VTW SLP by CTC for one year; applications can be renewed annually by the school district.
- Suggestions for Specifying VTW SLP Requirements to Provide Higher Quality Services:
  - 1) Bachelor's degree in communicative disorders/related area (to be defined)
  - 2) No more than one year to pass CBEST
  - 3) State where applicant applied for graduate programs; university programs must indicate applicant met standards for graduate program with no space available
  - 4) Specify amount, type and who will supervise VTW SLP (e.g. must be credentialed SLP)
  - 5) Provide training to schools who hire VTW SLP addressing the training of the VTW SLP and the type of supervision needed.

Ms. Clark discussed plans to place the VTW SLP issue on the August agenda of the CTC meeting. Ms. Parker will remain in contact with Ms. Clark. The SLP Practice Committee of the licensing board looks forward to continuing this collaborative, positive and forward-moving relationship with the CTC towards resolving issues of mutual concern regarding the requirements for the SLP VTW.

#### **V. Discussion on Public Comments Concerning the Limited Number of Continuing Education Hours of Self-Study**

Currently, of the minimum 24 continuing professional development hours required for SLP license maintenance every two years, a maximum of six hours can be completed through self-

study. During audits of SLPs who were renewing licenses in the fall of 2013, 97 responses were obtained from 205 voluntary surveys emailed addressing a variety of continuing professional development issues. Regarding types of learning format that were most effective, 36 percent of SLPs reported annual conventions were most effective, 29 percent of SLPs reported self-study was most effective, 20 percent of SLPs reported live webinars were most effective and 15 percent of SLPs reported another form was most effective (e.g. workshops; training at school). The results of the survey indicated a preference for increasing the minimum number of self-study hours allowed for SLP licensure renewal.

ASHA Director of Continuing Education, Ellen Fagan, Ed.D., CCC, also wrote a letter discussing the increase in self-study continuing education offered by ASHA approved CE providers during the past several years. She further described the more stringent requirements that ASHA approved CE providers must complete to obtain approval for self-study continuing education activities in comparison to live continuing education activities.

As a result of this discussion, the full board will consider increasing the minimum number of SLP CPD self-study hours obtained every two years at the next board meeting.

## **VI. Update on the Speech-Language Pathology Occupational Analysis**

An occupational analysis is being conducted in 2014 to identify the clinical activities and knowledge areas found to be important for entry level speech-language pathologists. Groups of eight to ten licensees from three clinical settings – hospital, private practice and schools, have been solicited to participate in this opportunity.

- A. Two workshops were conducted in Sacramento on January 13-14, 2014 and February 3-4, 2014 to gather information.
- B. A survey group of 3600 SLPs was randomly selected to validate the activities identified from the January and February workshops. The computer-based survey was available May 1, 2014 – May 21, 2014 (24/7) for those selected SLPs . SLPs were awarded two hours of continuing education for their time and effort.
- C. June 9-10, 2014 and June 23-24, 2014 workshops will compile the results of the survey.
- D. The result of the analysis will be presented at the August 20-21, 2014 SLPAHADB meeting in Los Angeles.

**Chairperson Solomon-Rice adjourned the meeting at 2:40 p.m.**



## **Speech-Language Pathology Services Credential Variable-Term Waivers**

### **Introduction:**

The Variable-Term Waiver is a document issued at the request of an employing agency for an individual who meets the waiver criteria when a fully credentialed educator is not available for the assignment. In reviewing the most recent full year (2013) of Commission data, Speech-Language Pathologist (SLP) Variable-Term Waivers (VTWs) represent the largest population of VTWs issued (38%). Concerns have been expressed by stakeholders during meetings held by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (SLPAHDB) that the SLP providing services under a VTW may not be practicing at a minimal level of competency. The SLP VTW holder may not hold a bachelor's or master's degree specifically aligned with Speech Pathology or Communicative Disorders, passed the associated Praxis exam, or completed any clinical practice under the supervision of a licensed SLP.

At issue is the disparity in preparation and qualification for a SLP VTW holder and that of a fully credentialed SLP. As the SLP provides a clinical service with evaluation and treatment, the primary concern is that all individuals providing this service meet minimum standards of competency in order to protect the health, safety, and welfare of California students. The topic of SLP VTWs is tentatively scheduled to be presented to the Commission at the October 2014 meeting. If you have any concerns or questions about the content of this concept paper or the proposed change, please contact Roxann Purdue at [rpurdue@ctc.ca.gov](mailto:rpurdue@ctc.ca.gov) before August 30, 2014.

### **Variable-Term Waivers (VTW)**

The Variable-Term Waiver allows the employing agency to fill the assignment while searching for a fully credentialed educator and gives the waiver holder additional time to complete requirements. Waiver Criteria are set by the Commission and include specific requirements including verification of recruitment efforts, evidence of qualifications for the assignment and a commitment to meet the credentialing goals. Variable-Term Waivers are restricted to service with the local education agency that is granted the Waiver and are generally issued for one school year with specific criteria set for a subsequent Waiver.

### **Proposed Change and Rationale**

Staff proposes that the criteria be strengthened for both initial issuance and reissuance of the VTW for the SLP Services Credential. A couple of options are identified that would increase assurance that individuals in the schools who hold SLP Waivers have a minimum level of knowledge and skills to be an SLP and are on the path to becoming a fully certified SLP.

### **Background**

Assembly Bill 2837 (Chap. 581, Stats. 2006) established the Speech-Language Pathology (SLP) Services Credential as a two-tiered credential, Preliminary and Clear. The two-year Preliminary Credential is the first document issued after an individual completes a Commission-approved program and meets additional specific requirements. Individuals issued the preliminary credential are making a commitment to complete the additional requirements to earn a clear credential.

The SLP Services Credential authorizes the holder to perform the following services: Conduct Language, Speech, and Hearing Assessments including the screening, evaluation, and interpretation of test results and referrals for further evaluation for treatment; provide Educational Services

including the development of speech and language goals and objectives and the delivery of speech and language services; and provide specific learning disability area services related to speech and language; and special education services to individuals with language and speech impairments across the special education disability areas, to students from birth through age 22 in services across the continuum of program options available.

There are currently 16 Commission-approved program sponsors that offer SLP Credential programs. Table A shows a steady increase in the number of SLP credentials issued in the past five years for both California and out-of-state prepared individuals. Institutions of Higher Education (IHE) recommendations had a 41.6 percent increase and Direct (out-of-state) applications increased by 55.9 percent. Overall, the number of SLP Services Credentials issued increased by 44.8 percent between 2008-09 and 2012-13.

**Table A. Speech-Language Pathology Services Credentials Issued, 2008-09 to 2012-13**

	2008-09	2009-10	2010-11	2011-12	2012-13	5-year Change (%) from 2008-09 and 2012-13
Direct Applications	102	114	125	130	159	55.9%
IHE Recommendations	344	395	379	428	487	41.6%
Totals	446	509	504	558	646	44.8%

*Note: Data include new credentials only; do not include renewals. SLP authorization became effective 1/1/2007. Prior to 2007 SLPs were issued a Clinical and Rehabilitative Services Credential in Language, Speech and Hearing.*

Despite the significant increase in new SLP credentials, the number of Variable-Term Waivers for positions requiring these authorizations continues to be relatively high in comparison with other Variable-Term Waivers issued by the Commission. Table B reports the number of SLP Waivers issued between 2008-09 and 2012-13. The number of Waivers increased slightly between 2008-09 and 2009-10 and then declined in the past three years. Overall, there was a decrease of Waivers by 19.1 percent in the past five years. There are no emergency permits issued for SLP.

**Table B. Speech-Language Pathology Services Credential Waivers Issued, 2008-09 to 2012-13**

	2008-09	2009-10	2010-11	2011-12	2012-13	5-year Change (%) from 2008-09 to 2012-13
Waivers	493	498	436	415	399	-19.1%

*Note – Waiver data include both initial issuance and subsequent reissuances. Data include previously issued Clinical and Rehabilitative Services Credential Waivers in Language, Speech and Hearing.*

Figure 1 shows that the total number of SLP Services Credentials issued increased steadily in the past five years while there was a downward trend in the number of SLP waivers issued.

**Figure 1. Comparison of SLP Credentials and Waivers Issued, 2008-09 to 2012-13**

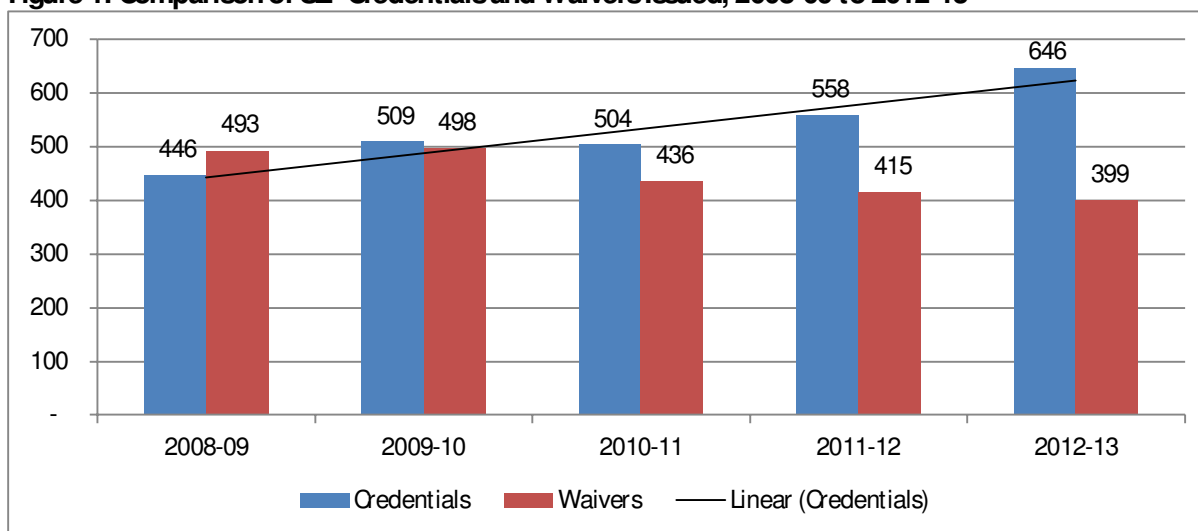


Table C shows that there has been a decrease (by 6.1 percent) between 2008-09 and 2012-13 in the number of individuals providing language, speech, and hearing services in the public schools.

**Table C. Number of SLPs Serving in Public Schools, 2008-09 to 2012-13**

	2008-09	2009-10	2010-11	2011-12	2012-13	5-year Change (%) from 2008-09 and 2012-13
Totals	5,211	Not available	4,646	4,608	4,893	-6.1%

Source: <http://www.ed-data.k12.ca.us/>

Note: CDE data does not disaggregate information into the specializations within the SLP and Clinical or Rehabilitative Services (Audiology and Orientation and Mobility) credential areas.

### Primary Concerns Raised by Stakeholders through the SLP AHDB

**Issue #1:** Issuance of a first-time SLP Variable-Term Waiver requires a bachelor's degree or higher in any subject area from a regionally accredited college or university. An individual on an SLP VTW is required to enroll in a Commission-approved SLP Services Credential graduate program or verify that he/she was unable to enroll in a program. The option of attempted enrollment in a program was initially identified in the criteria as programs are severely impacted and admit a limited number of students each year.

However, in some cases an individual applying for the SLP VTW may provide verification from an approved program of attempted enrollment that was denied for other reasons such as lack of appropriate prerequisite degree or GPA. The VTW may be issued based on a degree in any area but entry into a Commission-approved SLP Services Credential program requires either an undergraduate degree in Speech Pathology or Communicative Disorders, if a bachelor's degree is held in another field then the individual must have coursework equivalent to an undergraduate degree in Speech Pathology or Communication Disorders.

In reviewing data between 5/30/2004 – 5/30/2014, a total of 1,851 educators were issued 1 or more SLP VTWs for a total of 4,295 SLP VTW documents issued. Further analysis of the data for these 1,851 individuals illustrates several key points regarding their qualifications at the issuance of their initial waiver as well as the average number of waivers issued per person during this time period. Table D provides data on the number of educators issued a first-time SLP VTW with an allied degree in Speech Pathology, Communicative Disorders, or a closely related field during the 10 year period. This table also provides a distribution by degree type for allied degree holders. Approximately 45% of individuals issued a first-time VTW in SLP do not have an allied degree. For the 55% of individuals who hold an allied degree, 90% only hold a Bachelor’s degree.

**Table D. Number of Persons Issued First-Time SLP VTW with Allied and Non-Allied Degrees and Distribution by Degree Type for Allied Degree Holders, 2004-2014**

	#	%	Distribution by Degree*			
			D	M	B	F
Number of persons with allied degree at time of first waiver	1,020	55.1%	2	102	914	2
Number of persons without allied degree at time of first waiver *	831	44.9%	0.20%	10.0%	89.6%	0.2%
Number of persons to whom SLP waivers were issued during period	1,851					

\* Degree Codes – D=Doctorate; M=Master’s; B=Bachelor’s; F=Fifth Year of Study Beyond Bachelor’s

**Proposed Solution #1:**

Require a minimum of a Bachelor’s degree *in an allied degree area* for the initial issuance of a SLP VTW.

**Issue #2:**

Individuals are eligible for an unlimited number of issuances of SLP VTW if they continue to demonstrate that they are unable to enroll in a Commission-approved program. No distinction is made for the reason these individuals are unable to enroll in the program even if the reason includes not meeting minimum program requirements for entry. During the ten year period, individuals have held up to 11 issuances of SLP VTWs. However, a large majority (80%) hold a SLP VTW for 3 years or less.

Analysis of 10 years of data (2004-2014) indicates that approximately 63% of the individuals issued SLP VTW during this period have yet to earn the SLP Services Credential. This suggests that the majority of individuals serving on an SLP VTW either do not qualify to enter a program, do not complete a program, and/or may not intend to enter the profession long-term. We do know that during this same 10 year period there were 5,991 SLP Credentials issued and approximately 91% of those individuals did not previously hold an SLP VTW. These data suggest that the SLP VTW does not serve as a common pathway into the profession and that individuals serving on these documents may not be completing additional preparation while continuing to serve.

**Proposed Solution #2:**

Limit the SLP VTW reissuance based on inability to enroll in a program only to those individuals that verify they meet the minimum criteria for entry but were unable to enroll due to lack of available program slots. Also, limit the total number of SLP VTW issuances to no more than five.





## REQUIRED PROFESSIONAL EXPERIENCE SUPERVISOR RESPONSIBILITY STATEMENT

All qualified speech-language pathologists or audiologists who assume responsibility for providing supervision to a required professional experience (RPE) temporary license holder must complete and sign under penalty of perjury, the following statement.

- 1) I possess the following qualifications to supervise a speech-language pathology or audiology applicant:

A California license issued by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, or

If employed by the public school, a valid, current, and professional clear credential authorizing service in language speech, and hearing issued by the Commission on Teacher Credential.

- 2) I agree to ensure that either my California license or my official credential is renewed in a timely manner. Failure to do so could result in a loss of credit for experience obtained by the RPE.
- 3) I agree to provide 8 hours direct supervision per month for each full-time RPE and 4 hours direct supervision per month for each part-time RPE. (Full-time is defined as 30-40 hours per week. Part-time is defined as 15-29 hours per week).
- 4) I will not supervisor more than 3 RPE's at any one time pursuant to Section 1399.153.4 of the California Code of Regulations.
- 5) I will Immediately notify the RPE of any disciplinary action, including revocation, suspension, even if stayed, probation terms, inactive license, or lapse in licensure that affects my ability or right to supervise.
- 6) I know and understand the laws and regulations pertaining to the supervision of the RPE's and the experience required.
- 7) I will ensure that the extent, kind, and quality of the clinical work performed is consistent with the training and experience of the RPE and shall be accountable for the assigned tasks performed by the RPE.
- 8) At the time of termination of supervision, I will complete the Required Professional Experience Verification form. I will submit the original signed form to the board within 10 calendar days of termination of supervision.
- 9) I have completed the initial 6 hours of continuing professional development in supervision training and will complete 3 hours every other renewal cycle hereafter.

**Please keep this page for your records**

**REQUIRED PROFESSIONAL EXPERIENCE  
SUPERVISOR RESPONSIBILITY STATEMENT  
SIGNATURE PAGE**

Applicants Full Name \_\_\_\_\_

Applicants Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing. I further certify that all information submitted on this form is true and correct.**

Supervisor's Signature (in blue ink) \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

California License Number or Credential #  
(If not licensed, please attach a copy of  
the front AND back of your credential.)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



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

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

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

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

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
License Number

As the supervisor:

- 1) I possess the following qualifications to supervise a speech-language pathology assistant:

A California license issued by the Speech-Language Pathology & Hearing Aid Dispensers Board

**-OR-**

A valid and current Professional Clear, Clear, or Life Clinical or Rehabilitative Services Credential in language, speech, and hearing issued by the California Commission on Teacher Credentialing  
*(please attach a copy of the credential-front and back)*

\_\_\_\_\_  
License #

\_\_\_\_\_  
Issue Date

\_\_\_\_\_  
SSN #

\_\_\_\_\_  
Issue Date

- 2) I will immediately notify the assistant of any disciplinary action, including revocation, suspension, even if stayed, probation terms, inactive license, or lapse in licensure, that effects my ability or right to supervise.
- 3) I will complete not less than six (6) hours of continuing professional development in supervision training in the initial two year period from the commencement of supervision, and three (3) hours in supervision training every two years thereafter pursuant to Section 1399.170.15(b)(4) of the California Code of Regulations.
- 4) I will maintain records of course completion for a period of two years from the speech-language pathology assistant's registration renewal date.
- 5) I know and understand the laws and regulations pertaining to the supervision of assistants and the experience required for registration as a speech-language pathology assistant.
- 6) I will ensure that the extent, kind, and quality of the clinical work performed is consistent with the training and experience of the speech-language pathology assistant and shall be accountable for the assigned tasks performed by the speech-language pathology assistant.
- 7) I will review client/patient records, monitor and evaluate assessment and treatment decisions of the speech-language pathology assistant, monitor and evaluate the ability of the assistant to provide services at the site(s) where he or she will be practicing and to the particular clientele being treated, and ensure compliance with all laws and regulations governing the practice of speech-language pathology.
- 8) I will assist with the development of a plan for the speech-language pathology assistant to complete twelve (12) hours of continuing professional development every two years, through state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these, concerning communication disorders.
- 9) I will address with the speech-language pathology assistant the manner in which emergencies will be handled.

- 10) I will provide this board with this original signed form within thirty (30) calendar days of commencement of any supervision. I will provide a copy of this form to the speech-language pathology assistant.
- 11) At the time of termination of supervision, I will complete the "Termination of Supervision" form 77ST(new 12/99). I will submit the original signed form to the board within fourteen (14) calendar days of termination of supervision.
- 12) Upon written request of the board, I will provide to the board any documentation, which verifies my compliance with the requirements set forth in this statement.
- 13) I will not supervise more than three (3) support personnel, not more than two of which hold the title of speech-language pathology assistant.

**Multiple Supervision Statement**

Are you supervising an assistant who has more than one supervisor?       Yes       No

If yes, please indicate whether you will be the supervisor designated as the lead supervisor for the purposes of assisting the speech-language pathology assistant in his or her compliance with the continuing professional development requirement pursuant to section 1399.170.17 of the California Code of Regulations.

Yes       No

***I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and the information submitted on this form is true and correct.***

\_\_\_\_\_  
Print Name of Qualified Supervisor      Signature of Qualified Supervisor (in blue ink)      Date

\_\_\_\_\_  
Date Supervision Began

Mailing Address:    Number and Street      City      State      Zip Code

Qualified Supervisor's Daytime Telephone Number: (    )      \_\_\_\_\_

\_\_\_\_\_  
Print Name of Speech-Language Pathology Assistant      Signature of Speech-Language Pathology Assistant (in blue ink)      SPA Number

Mailing Address:    Number and Street      City      State      Zip Code

**\*\*ATTENTION\*\***

We are no longer sending approval letters. You must go to our website under "Verify a License". Enter only your last name, when you find your full name click on it. When your record appears look under "Related Licenses/Registrations/Permits" to view your approved speech-language pathology assistants and/or supervisors.

**DO NOT FAX THIS FORM**

# Continuing Education Requirements

The content of each continuing education (CE) course must meet the Board's content requirements for each license type, as described below. Content that is **not** acceptable for any license type are; courses related to office production, financial planning, employee benefits, marketing, or ways to increase productivity or profitability, and any course in which the licensee, not the consumer, is the primary beneficiary.

The board shall have the right to audit the records of any licensee to verify the completion of the CE requirements. Licensees shall maintain records of completion of required CE coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request. (B&P Code 2532.6)

## AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS

- **Courses that are relevant to the scope of practice may be taken from the following providers:**
  - American Speech and Hearing Association (ASHA)
  - American Academy of Audiology (AAA)
  - California Medical Association – Institute for Medical Quality (CMA)
  - Accredited Universities
  - Board approved Professional Development Providers (PDP). Click the following link for a current list of PDP's: [http://www.speechandhearing.ca.gov/forms\\_pubs/providerlist.pdf](http://www.speechandhearing.ca.gov/forms_pubs/providerlist.pdf)

### Definitions:

- **Self-Study** – This includes viewing pre-recorded courses, listening to audiotapes, and online courses which are non-participatory (recorded courses that include a live chat or test upon completion are still considered self-study.) **Live** online courses are not self-study and are considered the equivalent to sitting in a class.
- **Related Courses** – Topics such as: social interaction, cultural and linguistic diversity as it applies to service delivery for diverse populations, professional service delivery models, interdisciplinary case management issues, and medical pathologies related to neurological disorders that also result in communication difficulties.
- **Indirect Client Care** – Topics such as: legal or ethical issues, consultation, record-keeping, office management, managed care issues, research obligations, and technological applications related to assessment/diagnosis or intervention.

**NOTE: If you do not complete the CE by your license expiration date, you must place your license on inactive status and cease practice.** When placing your license on inactive status you are still required to pay the full renewal fee. To reactivate your license, you must submit the Request for Reactivation of License and provide proof of completing the CE requirement. Click here for the Request for Reactivation of License form: [http://www.speechandhearing.ca.gov/forms\\_pubs/reactivate.pdf](http://www.speechandhearing.ca.gov/forms_pubs/reactivate.pdf)

### Requirements:

#### Biennial Renewal:

**24 hours of CE are required for each renewal period.**

- Within the 24 hours, a minimum of 20 hours must be directly relevant to the scope of practice of speech-language pathology or audiology.
- Within the 24 hours, a maximum of 6 hours may be in self-study courses.
- Within the 24 hours, a maximum of 4 hours may be taken from related courses and/or indirect client care courses.
- Within the 24 hours, no more than 8 hours may be combined between self-study and related/client care courses.

#### New Licensees:

**If you have been licensed for less than two years (first time renewal), 12 hours of CE are required.**

- Minimum of 10 hours must be directly relevant to the scope of practice of speech-language pathology or audiology.
- **Maximum of 2 hours may be in self-study courses.**
- Maximum of 2 hours may be taken from related courses and/or indirect client care courses.

#### Dual License Holders:

***If you hold both a Speech-Language Pathology license and an Audiology license, 32 hours of CE are required. (16 hours for each license)***

- 16 hours must be directly relevant to the scope of practice of speech-language pathology
- 16 hours must be directly relevant to the scope of practice of audiology
- Within the 32 hours, a minimum of 29.5 hours must be live courses.
- Within the 32 hours, a maximum of 2.5 hours may be taken in self-study
- Within the 32 hours, a maximum of 2.5 hours may be taken in related and/or indirect care.

#### SPEECH-LANGUAGE PATHOLOGY ASSISTANTS – *Renews Biennially*

##### Requirements:

***12 hours of CE are required for each renewal period.***

- Courses may be taken from state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these concerning communication and related disorders. *Courses from an accredited university (including a master's degree program) cannot be counted for CE credit.*
- The Speech-Language Pathology Assistant's supervisor shall be responsible for assisting in the selection of the required courses.
- Courses may be taken from Board approved providers; however this is not a requirement. Click the following link for a current list of PDP's:  
[http://www.speechandhearing.ca.gov/forms\\_pubs/providerlist.pdf](http://www.speechandhearing.ca.gov/forms_pubs/providerlist.pdf)
- There is no limit to self-study courses that may be taken.

**NOTE: *If you do not complete the CE by your license expiration date, you must place your license on inactive status and cease practice.*** When placing your license on inactive status you are still required to pay the full renewal fee. To reactivate your license, you must submit the Request for Reactivation of License and provide proof of completing the CE requirement. Click here for the Request for Reactivation of License form: [http://www.speechandhearing.ca.gov/forms\\_pubs/reactivate.pdf](http://www.speechandhearing.ca.gov/forms_pubs/reactivate.pdf)

#### DISPENSING AUDIOLOGISTS – *Renews Annually*

- **Courses that are relevant to the scope of practice of Audiology may be taken from the following providers:**
  - American Speech and Hearing Association (ASHA)
  - American Academy of Audiology (AAA)
  - California Medical Association – Institute for Medical Quality (CMA)
  - Accredited Universities
  - Board approved Professional Development Providers (PDP). Click the following link for a current list of PDP's: [http://www.speechandhearing.ca.gov/forms\\_pubs/providerlist.pdf](http://www.speechandhearing.ca.gov/forms_pubs/providerlist.pdf)
- **Hearing Aid Dispenser courses must be taken from those listed on the Board approved list. Click here for a list of approved courses:**  
[http://www.speechandhearing.ca.gov/forms\\_pubs/cecourses.pdf](http://www.speechandhearing.ca.gov/forms_pubs/cecourses.pdf)

#### Definitions:

- **Self-Study** – This includes viewing pre-recorded courses, listening to audiotapes, and online courses which are non-participatory (recorded courses that include a live chat or test upon completion are still considered self-study.) **Live online courses are not self-study and are considered the equivalent to sitting in a class.**
- **Related Courses** – Topics such as: social interaction, cultural and linguistic diversity as it applies to service delivery for diverse populations, professional service delivery models, interdisciplinary case management issues, and medical pathologies related to neurological disorders that also result in communication difficulties.
- **Indirect Client Care** – Topics such as: legal or ethical issues, consultation, record-keeping, office management, managed care issues, research obligations, and technological applications related to assessment/diagnosis or intervention.

**NOTE: If you do not complete the CE by your license expiration date, you must place your license on inactive status and cease practice.** When placing your license on inactive status you are still required to pay the full renewal fee. To reactivate your license, you must submit the Request for Reactivation of License and provide proof of completing the CE requirement. Click here for the Request for Reactivation of License form: [http://www.speechandhearing.ca.gov/forms\\_pubs/reactivate.pdf](http://www.speechandhearing.ca.gov/forms_pubs/reactivate.pdf)

#### Requirements:

**12 hours of CE are required for each renewal period.**

- 6 hours must be relevant to the practice of audiology.
- 6 hours must be in courses relevant to hearing aid dispensing. **Manufacturer courses are allowed as long as they are not product and/or device specific.**
- Maximum of 1.5 hours may be taken in self-study courses.
- Maximum of 1.5 hours may be taken from related courses and/or indirect client care courses.

#### Dual License Holders:

**If you hold both a Dispensing Audiology license and a Speech-Language Pathology license:**

- **8 CE hours are required annually to renew the Dispensing Audiology License.**
  - 4 hours must be relevant to the practice of audiology
  - 4 hours must be relevant to the practice of speech-language pathology
  - Maximum of 1 hour may be taken in self-study courses.
  - Maximum of 1 hour may be taken from related courses and/or indirect client care courses.
- **16 CE hours are required biennially to renew the Speech-Language Pathology license.**
  - Maximum of 2.5 hours may be taken in self-study courses. \*
  - Maximum of 2.5 hours may be taken from related courses and/or indirect client care courses. \*

\*A maximum combination of only 4 hours may be obtained between self-study and related and/or indirect client care courses per renewal cycle.

#### HEARING AID DISPENSERS – *Renews Annually*

- All courses must be taken from those listed on the Board approved list. Click here for a list of approved courses: [http://www.speechandhearing.ca.gov/forms\\_pubs/cecourses.pdf](http://www.speechandhearing.ca.gov/forms_pubs/cecourses.pdf)

#### Definitions:

- **Self-Study** – This includes viewing pre-recorded courses, listening to audiotapes, and online courses which are non-participatory (recorded courses that include a live chat or test upon completion are still considered self-study.) *Live online courses are not self-study and are considered the equivalent to sitting in a class.*
- **Related Courses** – Topics such as: social interaction, cultural and linguistic diversity as it applies to service delivery for diverse populations, professional service delivery models, interdisciplinary case management issues, and medical pathologies related to neurological disorders that also result in communication difficulties.
- **Indirect Client Care** – Topics such as: legal or ethical issues, consultation, record-keeping, office management, managed care issues, research obligations, and technological applications related to assessment/diagnosis or intervention.

**Requirements:**

**9 hours of CE are required for each renewal period.**

- Minimum of 6 hours must be directly relevant to the scope of practice of Hearing Aid Dispensers.
- Maximum of 3 hours may be taken in ethics courses *(including the ethics of advertising and marketing)* or business practices.
- Currently, there is no limit to the amount of hours that may be taken through self-study courses.





AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

May 15, 2014

Breanne Humphreys  
Interim Executive Officer  
Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board  
2005 Evergreen Street, Suite 2100  
Sacramento, CA 95815

Ms. Humphreys:

The agenda for the May 22-23, 2014 meeting of the California Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board includes the agenda item "Discussion on Public Comment Concerning the Limited Number of Continuing Education Hours for Self-Study." I would like to provide you with some information about the requirements that the American Speech-Language-Hearing Association (ASHA) Continuing Education Board (CEB) has pertaining to self-study courses in order to aid the discussion regarding your board's restriction on this type of continuing education delivery method.

In the ASHA CEB standards, self-study is defined as courses developed by ASHA Approved CE Providers for use by individual learners. The methodology and course design are focused on one learner using the materials although the course is distributed to a large population of learners. The content is static; it is the same content for everyone who takes the course. There is usually no interaction with other learners who are using the same materials or learning resources. Typically the learner controls the pace of learning or the pace of the course. There is usually only one learning resource (the material and possibly an instructor).

Self-study courses fall into two categories in the CEB's system: periodicals and non-periodicals:

- Periodicals are journals and professional materials that are issued on a regular basis; typically have invited authors or authors that submit through a peer review process, and the periodical has a board and editors that oversee the selection, editing, peer review and publication of the periodical.
- Non-periodicals are enduring materials developed for ASHA CEUs such as DVDs, audiotapes, podcasts, streaming audio or courses delivered via the web, and journals that don't meet the definition of periodical.

When an ASHA Approved CE Provider offers self-study materials for ASHA CEUs, they must adhere to the same requirements and procedures used to plan, market, deliver, and evaluate other types of Provider-initiated courses, such as workshops and conferences. For example, Providers' courses must have measurable learning outcomes as well as learner assessment and program evaluation components. In addition, the Provider that offers self-study courses for ASHA CEUs must also provide evidence of periodic peer review of these courses. The purpose of the peer review is to: (a) offer the Provider feedback to improve the courses before publication, and (b) validate that the content of the courses is accurate, current, understandable by the learner, and delivered in the appropriate format. Evidence of peer review must include two independent reviews of the content courses that address form, content, and appropriate use as an educational activity, as well as documentation of each reviewer's credentials demonstrating that they have expertise in the content area. Independent means the reviewer has no proprietary interest in the courses or the organization offering the courses

as self-study products. All self-study courses require a new review process by at least two external reviewers (different from the previous reviewers) 3 years after the original peer-review date in order to continue to offer the self-study for ASHA CEUs for another 3 year cycle. However, most self-studies are not offered for more than the initial 3 years because the content is usually no longer current as determined by the Provider and/or reviewers.

In terms of rigor, our self-study requirements are actually more stringent than the requirements for group learning courses because of the peer review component and the more stringent learner assessment component. We do not require peer review of the course content of our group learning courses because of the interactive nature of those courses and the learners' ability to question the validity and currency of content during the course. We require a learning assessment component for self-studies just like we do of group courses. However, because of the nature of self-study delivery, the learning assessment usually takes the form of formal written test questions targeted to the content and learning outcomes. Although our group learning courses also require a learning assessment, planners and instructors have more choices as to how they conduct those assessments and are not limited to formal testing of learning outcomes like that required of self-study courses.

It is because of this rigor of review and testing that many state regulatory boards have already lifted the cap on how many hours a licensee can earn using self-study courses. Also, over the years the philosophy of many in regulatory arenas as well as continuing education arenas appears to have shifted to focus on what is learned rather than how or where learning takes place. Research focused on nurses' and physicians' learning patterns shows that an equivalent amount of learning takes place regardless of the delivery method (self-study or group learning). We have not done a similar study in our professions but I believe the data and results can be applied to our professions given our equivalent CE standards and the nature of the content of CE courses across health care professions.

### **Trends in Group and Self-Study Offerings and Attendance**

Looking back over our data from the last 10 years, we have noticed a considerable increase in the number of courses being developed for self-study and the number of individuals taking those courses. Many of our providers offer group learning courses and then convert those courses to self-study courses after the live event.

The chart below provides counts of courses offered for ASHA CEUs for the past 3 years along with the total number of course attendees who met the satisfactory completion requirement and qualified to earn ASHA CEUs for those courses.

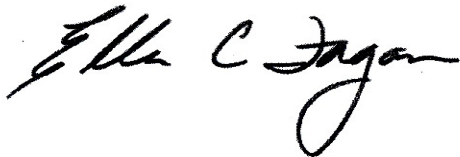
<b>Year</b>	<b>Number of group courses offered</b>	<b>Total participation</b>	<b>Number of self-study courses offered</b>	<b>Total participation</b>
2011	16,601	162,770	13,388	166,750
2012	17,337	163,672	15,773	207,802
2013	17,405	167,921	15,142	272,187

Finally, I wanted to clarify the three types of learning activities available through ASHA's network of ASHA Approved CE Providers: group learning, self-study and independent study. Some state regulatory agencies use the terms *self-study* and *independent study* differently from our definitions so this chart should help clarify how we use those terms.

### Comparison of Group, Self-Study and Independent Study Courses Offered for ASHA CEUs

Characteristics	Group/live	Self-study	Independent study
Planned by	ASHA Approved CE Provider	ASHA Approved CE Provider	Learner
Learner Assessment	Informal or formal	Formal	Informal or formal
Peer Reviewed	No	Yes	No
CEU calculation	Based on course agenda and seat time	Subject to a pre-assigned CEU limit that reflects the average time a sample group of learners took to complete the self-study.	Limited to 2.0 ASHA CEUs and determined by learner and ASHA Approved CE Provider based upon contact hours and contact hours spent preparing (if applicable).
Used by	Group	Intended for use by an individual learner, but developed for, and marketed to, a large audience of potential users	Individual

I hope this information is helpful in the board's discussions. If you need additional information or clarification, please let me know. I would be happy to provide any assistance.



Ellen C. Fagan, Ed.D., CCC-SLP  
 Director, Continuing Education  
 American Speech-Language-Hearing Association  
 2200 Research Boulevard, #340  
 Rockville, MD 20850-3289  
 Direct line: 301-296-5739





## CLINICAL PRACTICUM VERIFICATION

**REQUIREMENTS:**

A minimum of 300 clock hours must be completed in 3 different settings under the supervision of a licensed Speech-Language Pathologist or Audiologist as defined in section 1399.152.2 of the California Code of Regulations.

A maximum of 25 hours may be obtained in a field other than that for which the applicant is seeking licensure. (For example: audiology for a speech pathology applicant or speech pathology for an audiology applicant.)

This form must be completed and submitted directly to the board by the training program director.

**DO NOT USE WHITE OUT OR CORRECTION TAPE ON THIS FORM.**

**APPLICANT INFORMATION:**

1. NAME:	LAST	FIRST	MIDDLE
2. SOCIAL SECURITY NUMBER:	3. DATE OF BIRTH: (MM/DD/YYYY)		

**UNIVERSITY & TRAINING PROGRAM DIRECTOR INFORMATION:**

4. COLLEGE OR UNIVERSITY:
5. TRAINING PROGRAM DIRECTOR'S NAME:
6. LICENSE NUMBER OR ASHA CERTIFICATION NUMBER:

**VERIFICATION:**

7. THE APPLICANT HAS COMPLETED A MINIMUM OF 300 CLOCK HOURS OF SUPERVISED CLINICAL EXPERIENCE IN DIRECT CLIENT/PATIENT CONTACT.	YES	NO
8. THE APPLICANT HAS OBTAINED CLOCK HOURS IN A MINIMUM OF THREE DIFFERENT SETTING.	YES	NO
9. THE APPLICANT HAS COMPLETED THE CLOCK HOURS WHILE ENGAGED IN GRADUATE PROGRAM.	YES	NO
10. THE APPLICANT HAS GAINED KNOWLEDGE AND EXPERIENCE WITH CLIENTS/PATIENTS OF ALL AGES.	YES	NO
11. THE APPLICANT HAS BEEN SUPERVISED BY INDIVIDUAL(S) HOLDING CURRENT/VALID ASHA CERTIFICATION OR STATE LICENSURE IN SPEECH PATHOLOGY OR AUDIOLOGY.	YES	NO
12. THE AMOUNT OF SUPERVISION WAS APPROPRIATE TO THE STUDENT'S LEVEL OF KNOWLEDGE, EXPERIENCE & COMPETENCE, AND WAS SUFFICIENT TO ENSURE THE WELFARE OF THE CLIENTS/PATIENTS.	YES	NO

I certify that all practicum information listed on this form was completed according to all ASHA and State of California practicum requirements.

\_\_\_\_\_  
SIGNATURE OF CURRENT TRAINING PROGRAM DIRECTOR IN BLUE INK

\_\_\_\_\_  
DATE SIGNED





**HEARING AID DISPENSERS MEETING MINUTES**  
**Radisson Hotel/San Francisco Airport**  
**February 6, 2014**  
5000 Sierra Point Parkway  
Brisbane, CA 94005

**Committee Members Present**

Alison Grimes, Dispensing Audiologist  
Marcia Raggio, Dispensing Audiologist  
Amnon Shalev, Hearing Aid Dispenser

**Committee Members Absent**

Deane Manning, Chair, Hearing Aid Dispenser  
Rodney Diaz, M.D.  
Jaime Lee, Public Member

**Staff Present**

Breanne Humphreys, Interim Executive Officer  
Sabina Knight, Legal Counsel

**Guests Present**

Kim Craig, KP Public Affairs  
Dee Parker, Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board  
Cindy Peffers, Hearing Aid Dispenser, HHP  
Randall Sager, Hearing Aid Dispenser, HHP  
Debbie Snow, Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board  
Michael Snow

**I. Call to Order**

Chairperson Alison Grimes called the meeting to order at 1:45 p.m.

**II. Introductions**

Those in attendance introduced themselves.

**III. Approval of the June 12, 2013 Hearing Aid Dispensers Committee Meeting Minutes**

**M/S/C Shalev/Raggio**

**Minutes approved with minor edits.**

**IV. Development of Proposed Practice Guidelines for Hearing Aid Dispensing**

Ms. Humphreys stated that Mr. Manning was still revising the document and would have it available for the May Board meeting.

#### **V. Discussion on Whether a Bone-Anchored Device, External Sound Processor, Requires a License to Dispense**

Ms. Grimes gave a background on bone-conduction hearing devices. The devices have been around for over 40 years and are not a new technology. Most hearing aids can be wired to have a bone conduction receiver as opposed to an air conduction receiver. It is still a hearing aid but with a different kind of receiver.

The device is provided to patients in two different types of application. One type of application is by use of a headband without surgery. The device can also be one-half of a two-part integrated system that is surgically implanted. This component is classified as a Class II medical device and is FDA approved for children over the age of five.

Mr. Shalev stated that any device that requires fitting and programming for a specific hearing loss should be performed by a licensed dispenser of hearing aids. Ms. Raggio agreed.

However, the Board has been informed by a manufacturer of this bundled system that the FDA does not require the person fitting the external component to have a hearing aid license. Ms. Raggio stated that since state laws cannot be more stringent than FDA laws, we would have to address this issue with the FDA and obtain a waiver.

Ms. Knight stated this is a scope of practice question. She will contact the FDA for clarification and inquire about the headband versus the bone anchored device.

#### **VI. Update on Exemption Request of the Federal Drug Administration on Mail Order and Catalog Sales of Hearing Aids**

Ms. Humphreys reported that our exemption request is currently under review. It was filed on June 4, 2012.

Chairperson Grimes adjourned the meeting.





## **HEARING AID DISPENSERS MEETING MINUTES**

**May 22, 2014**

**Department of Consumer Affairs**

2005 Evergreen Street  
Sacramento, CA 95815

### **Committee Members Present**

Deane Manning, Chair, Hearing Aid Dispenser  
Alison Grimes, Dispensing Audiologist  
Marcia Raggio, Dispensing Audiologist

### **Committee Members Absent**

Rodney Diaz, M.D.  
Jaime Lee, Public Member  
Amnon Shalev, Hearing Aid Dispenser

### **Staff Present**

Breanne Humphreys, Interim Executive Officer  
Sabina Knight, Legal Counsel  
Yvonne Crawford, Enforcement Analyst

### **Guests Present**

Ileana Butu, DCA Legal Affairs  
Bryce Docherty, KP Public Affairs  
Vanessa Kajina, KP Public Affairs  
Dee Parker, Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board  
Debbie Snow, Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

## **I. Call to Order**

Chairperson Deane Manning called the meeting to order at approximately 10:15 am. Three committee members were present thus the required four member quorum was not established. Chairperson Manning stated that the committee meeting would be held for discussion only due to the lack of a quorum.

## **II. Introductions**

Those in attendance introduced themselves.

## **III. Approval of the February 6, 2014 Hearing Aid Dispensers Committee Meeting Minutes**

Need clarification on February 6, 2014 minutes, Item V. Ms. Grimes and Ms. Humphreys to discuss changes.

#### **IV. Discussion and Possible Action on the Development of Proposed Practice Guidelines for Hearing Aid Dispensing**

Chairperson Manning expressed concerns that the purpose of providing guidance to SMEs through the development of the Guidelines needs to be better defined. Ms. Grimes suggested that a preamble be developed to clarify the purpose of the document. Ms. Grimes suggested that when referring to FDA language that we should parallel the exact federal language. There was further discussion as to whether the Board had already written a preamble. Ms. Humphreys offered to look into finding out whether a preamble to the guidelines was already drafted. Ms. Knight, Legal Counsel will look at how other Boards provide guidance to SMEs.

#### **V. Discussion on Whether a Bone-Anchored Device, External Sound Processor, Requires a License to Dispense**

Ms. Grimes discussed the importance of seeking clarity on how bone-anchored devices are being used. We understand that the devices are FDA-approved, but does this device require a license to dispense? Ms. Knight is seeking clarification from the FDA of dispensing requirements for the bone-anchored devices.

#### **VI. Discussion and Possible Action on SB 1326 – Roth: Warranty Provisions for Hearing Aids**

Ms. Humphreys discussed the Song Beverly Consumer Warranty Act (SBCWA) changes would impact the Board. She added that approximately two-thirds of the Boards complaints on Hearing Dispensers are regarding warranties. Ms. Humphreys also stated that historically SBCWA has been difficult for the Board to enforce because the language is too vague and leads to different interpretations by both the consumer and dispensers of hearing aids. Enforcement problems include: 1) the term “completion of fitting” is not specific; 2) the warranty period is not clearly defined; and 3) tolling of the assistive devices is not specific. She stated that the Board staff is in full support of this needed amendment to SBCWA.

Bryce Docherty, KP Public Affairs and lobbyist for Hearing Healthcare Providers (HHP) of California, provided the Committee historical background on SB 1326. HHP is sponsoring the bill. The Song-Beverly Consumer Protection Act (SBCWA) provides for the warranty of assistive devices. This bill would clarify the warranty provisions as it pertains to hearing aids. Mr. Docherty touched on specific points of the bill: 1) clearly defining when the 30-day period begins, 2) when does the warranty period end, and 3) tolling requirements - if device needs servicing, adjustment, and replacement. Mr. Docherty added that HHP is still seeking clarification on certain point from Assembly Business and Professions Committee.

Marcia Raggio inquired about the necessity for sample forms for providers and Mr. Docherty added that it would be beneficial for the profession to provide samples and educational materials.

**VII. Update on Exemption Request of the Federal Drug Administration on Mail Order and Catalog Sales of Hearing Aids**

Ms. Humphreys reported that our exemption request is still under review. It was filed on June 4, 2012.

Chairperson Manning adjourned the meeting at 3:26pm.



# Practice Guidelines for Hearing Aid Dispensing

**Preamble:** Develop a reference document for subject matter experts to assist in reviewing enforcement cases to determine whether a standard of care issue is a factor in the case. This document is not intended to replace the expert's judgment or professional opinion.

## **I. Client Assessment**

- A. Patient History
  - Prior medical conditions related to ears and hearing, ear-or ear-related surgeries.
  - Prior experience with hearing instruments/devices
  - Family/social considerations regarding hearing problems
  - Ear/hearing-specific history (e.g., onset of hearing loss)
  - Communication needs/requirements (e.g., work safety)
- B. Identify Conditions Requiring a Referral for Medical Evaluation/Treatment (FDA/State Law)
- C. Communication needs/requirements
- D. HIPAA Disclosures

## **II. Ear Inspection**

- A. Perform Safe Support Technique- Otoscopic Examination
  - Assess size, length, and formation of ear canal; Assess auricle, external auditory canal, tympanic membrane
- B. INDICATIONS FOR REFERRAL TO PHYSICIAN:
  - Presence of cerumen or other ear canal blockage
  - Presence of blood, foreign object, PE tube, pus/drainage
  - Presence of congenital or acquired deformities

## **III. Testing Procedures**

- A. Audiometric Assessment (Check Equipment for Proper Functioning)
  - i. **Pure tone air conduction (masking)**
  - ii. **Pure tone bone conduction (masking)**
    - Most comfortable loudness
    - Speech discrimination
    - Word Recognition
    - Speech reception threshold
    - Speech Recognition Threshold
    - Speech stimuli/Threshold of discomfort
- B. Audiometric Interpretation
  - Evaluate test results
  - Advise client of results
  - Check prior test results to determine reliability/validity

## **IV. Candidacy & Selection**

- A. Determine type and degree of loss and appropriate amplification

- B. Candidacy based on degree of hearing loss/physical/life style/client functionality
- C. Select technology including client preferences for features and price
- D. Inform client of legal obligations regarding purchase, return policies, refunds, replacements, exchanges, & expectations regarding adjustments

**V. Ear Impression**

- A. Placement of otoblock
- B. Pre-impresion otoscopy to ensure proper otoblock placement
- C. Insert impression material using proper safe-support technique
- D. Remove impression
- E. Post-impresion otoscopy to ensure no impression material remains in the ear canal(s) or any abrasion is noted.

**VI. Evaluating Hearing Instrument**

- A. Determine proper equipment/mold received is correct and functioning
- B. Perform an electroacoustic analysis of the hearing aid(s).

**VII. Fitting**

- A. Verify physical fit
- B. Adjustments (electroacoustic characteristics)
- C. Instruction/Demonstration to client
  - Verify client can insert and remove hearing aid
  - Demonstrate use of volume control and/or program button and any other ancillary items such as remote control
  - Demonstrate proper care of hearing aid
  - Ensure information provided about battery use and disposal
- D. Counsel client on expectations
- E. Fitting verification measurements
  - (Speech Mapping/RealEar Measurement/Self-Report Scale)

**VIII. Hearing Aid Orientation/Expectations**

- A. Frequency of use
- B. How to manage ear pain
- C. Becoming accustomed to hearing aid use
- D. Limitations of amplification/Hearing in Noise
- E. Changing batteries

**IX. Postfitting**

- A. Assess performance of hearing instrument – testing
- B. Service or repair
- C. Follow-up and assistance with client needs

Speech-Language  
Pathology & Audiology  
& Hearing Aid Dispensers  
Board

**GUIDELINES FOR  
SUBJECT MATTER  
EXPERTS**

June 2013

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## I. INTRODUCTION

The California Speech-Language Pathology Audiology & Hearing Aid Dispensers Board (SLPAHADB) is an administrative agency within the Department of Consumer Affairs. The SLPAHADB is responsible for the investigation and discipline of its licensees and registrants for violations of the Speech-Language Pathologists and Audiologists Practice Act and the provisions of Hearing Aid Dispensing. The licensees consist of speech-language pathologists (SLP), audiologists (AU) and hearing aid dispensers (HAD). Provisional licenses are issued to speech-language pathology and audiology required professional experience (RPE) temporary license holders and hearing aid dispenser temporary license holders. Registrations are issued to speech-language pathology assistants and speech-language pathology and audiology aides. The SLPAHADB has on staff, an in-house special investigator, and also contracts with the Division of Investigation for investigative services. The primary purpose of the SLPAHADB is to protect the public from incompetent, negligent, dishonest or otherwise dangerous licensees.

The role of the expert is extremely important. Experts may be called upon to identify whether a deviation from the standard practice or other unprofessional conduct has occurred. The expert may be asked to serve as an expert witness at hearings which result from their written opinion.

The purpose of this booklet is to introduce you to the administrative disciplinary process against our licensees. In addition, the booklet will define the standards of the SLPAHADB with respect to the expert review you have been asked to provide, your responsibilities, your legal protection, the compensation for your review and, where necessary, your testimony.

The SLPAHADB appreciates your cooperation in lending your expertise and experience to accomplish this important consumer protection service.

## **II. IMMUNITY FROM LIABILITY**

Civil Code Section 43.8 states, in pertinent part:

“ . . . there shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any person on account of the communication of information in the possession of such person to any hospital, hospital medical staff, . . . professional licensing board or division, committee or panel of such licensing board, the Senior Assistant Attorney General of the Health Quality Enforcement Section appointed under Section 12529 of the Government Code, peer review committee, . . .when such communication is intended to aid in the evaluations of the qualifications, fitness, character . . . of a practitioner of the healing . . . arts . . . .”

This statutory provision provided for immunity from civil liability for experts acting within the scope of their duties in evaluating and testifying in cases before the SLPAHADB. This immunity is a defense if a licensee should file a lawsuit against you based on your role as an expert witness. Should any problems arise in this area, you should immediately contact the SLPAHADB staff.

## **III. CONFIDENTIALITY OF INVESTIGATIVE MATERIALS**

Government Code Section 11183 makes confidential the information acquired in the course of an investigation conducted by the SLPAHADB, except in a report to the agency or in testimony after proceedings are instituted against a licensee of the Board.

Client records provided for review are obtained through a client release to the Board. Other client records may be obtained through the subpoena process with the assistance of the investigative agents. Please be aware that the records obtained were and are for other purposes subject to the health practitioner-client privilege and are obtained only for our confidential review.

As an expert, you are expected to safeguard the confidentiality of the records delivered to you for review and to safeguard the identity of the clients/complainants, witnesses, and licensees involved. You will be given materials to review, including appropriate records and investigative materials. You are obliged to not divulge any information contained in these materials to other parties. After your report is written, all materials received should be returned to the Board. The obligation to preserve confidentiality also extends to your employees who assist in the preparation of your report.

## **IV. OVERVIEW OF THE ENFORCEMENT AND DISCIPLINARY PROCESS**

The SLPAHADB is responsible for investigating and bringing disciplinary action against its licensees and registrants who are suspected of violating the Speech-Language Pathologists, Audiologists, and Hearing Aid Dispensers Practice Act(s).

The SLPAHADB is part of the California Department of Consumer Affairs, and its proceedings are conducted in accordance with the Administrative Procedure Act (Government Code Section 11150 et. seq.). Business and Professions Code Section 2531 established the SLPAHADB, which consists of nine members, three of whom are public members. Business and Professions Code Sections 2533 and 3401 impose upon the SLPAHADB the administration and enforcement of the Board's licensing laws.

The SLPAHADB, through its enforcement staff, the Division of Investigation, and the Office of the Attorney General, identifies and takes appropriate action against licensees who, through their conduct, expose themselves to disciplinary action. The purpose of the disciplinary process is to assure quality health care to the consumers of the State of California and to preserve high standards of practice in this jurisdiction.

Complaints come to the Board from many sources. Complaints are most often filed by clients or others concerned about the care rendered by a speech-language pathologist, audiologist, dispensing audiologist, or hearing aid dispenser to a client or clients.

All complaints are reviewed by Board staff. After careful review of the complaint, if a violation of law is suspected, the matter may be investigated internally or sent for investigation to the Division of Investigation (DOI). The Business and Professions Code gives DOI investigators the authority of peace officers while engaged in their duties.

Standard investigations in quality of care cases include obtaining all relevant records, and conducting interviews with witnesses, which can include the affected client or clients, any prior or subsequent treating practitioners, and the licensee. In insurance fraud cases, billing records and insurance claims are obtained.

At times, information is found that goes far beyond the original complaint. After the documentary and interview evidence is obtained, the case is reviewed and a determination is made whether an expert opinion is necessary. If it is determined that expert consultation is necessary, Board staff will obtain the name of a qualified expert to ascertain whether a departure from the standard of practice exists.

When the investigative process is finished and if it is determined that the licensee's acts or omissions may constitute a violation of law, the completed investigative report and expert opinion are submitted to the California Office of the Attorney General to determine whether sufficient evidence exists to file an accusation against the subject for a violation of law. If it is determined that sufficient evidence exists, an accusation is

prepared and served upon the subject or licensee. He or she is given the opportunity to request a hearing to contest the charges against him or her. The Board's Executive Officer is designated as the "Complainant" and the subject licensee is designated as the "respondent."

Acts subject to disciplinary action (which may result in revocation, suspension and/or probationary status of a license) include, but are not limited to, unprofessional conduct, conviction of a substantially related crime, drug or alcohol abuse, commission of a dishonest act related to the qualifications, functions or duties of the licensee, committing a corrupt or abusive act against a client/patient, and incompetence or negligence which has endangered or is likely to endanger the health, welfare or safety of the public.

Following the filing of an accusation, many cases are resolved by stipulated settlements. Stipulations are written agreements between the parties in which the person charged admits to certain violations and agrees that a particular disciplinary order may be imposed. Stipulations are subject to adoption by the Board.

If a stipulated settlement cannot be negotiated, a hearing is held before an administrative law judge with the Office of Administrative Hearings. The hearing may last from one day to several days, depending upon the complexity of the case and the defense, which is usually quite vigorous because a licensee's livelihood is at stake. Both sides call percipient witnesses (witnesses who have personal knowledge of the facts) and expert witnesses (who provide opinions based on their expertise) to support that party's view. A court reporter is present to take down the oral testimony in written form. The administrative law judge, which is the trier of fact, hears evidence against and for the licensee and renders a written proposed decision, which is then submitted to the Board for adoption as its decision in the matter. If the Board non-adopts the proposed decision, it will have the transcript of the hearing prepared and decide the case itself, based upon the administrative record. The respondent licensee may petition for reconsideration if dissatisfied with the Board's final decision or proceed to take a writ of mandate to the appropriate Superior Court to contest the decision.

The Superior Court decision is also subject to review by the Court of Appeal. It should be emphasized, however, that judicial review of the Board's Decision is limited to a review of the administrative record. Except in the rarest of cases meeting certain narrow requirements, no new testimony is permitted. As a result, the evidence and testimony submitted during the administrative hearing is critical.

## **V. EXPERT OVERVIEW**

The Board's mission is "to protect the consumer through information, oversight and standards for the professions of speech-language pathology, audiology, and hearing aid dispensing." In order to be an expert witness, each person must possess the following minimum qualifications:

1. A current license in good standing, in the area for which expertise is asserted; no prior disciplinary action; no pending investigations; and no record of complaints that have been closed with merit. A licensee may be trained as an expert with a complaint pending, but may not be assigned a case until the complaint is closed without merit.
2. Five years post licensure practice with specialty area(s) noted.
3. Current working knowledge of laws and regulations.
4. Consistent, ongoing, face to face client contact (minimum of 10 hours per week).
5. Strong, persuasive writing skills with the ability to express ideas logically and critically.
6. Clinical review experience (e.g., participation in peer review, experience as a supervisor and/or consultant, having testified as a qualified expert, and active membership in professional organization(s) are examples of the types of experience recommended, although not each is required.)

If you need further information or clarification about your participation as a expert reviewer and witness, you are encouraged to contact the Board's Executive Officer for assistance. If you personally know the subject licensee, feel you cannot be objective in your assessment or do not feel qualified to review the case, you must excuse yourself from the case and immediately contact the Board's Executive Officer or enforcement analyst. In addition, if you do not have knowledge of the standard of care at the time of the alleged misconduct or were not licensed by the Board at that time, please advise the Board's Executive Officer of these facts before proceeding with the review, as these facts may also be disqualifying.

## **EXPERT REVIEW/OPINION**

When consumer complaints are filed and reviewed by Board staff, experts may be called upon to review the documents and render an opinion regarding the alleged conduct of the respondent as it relates to or deviates from acceptable standard of relevant practice. Disposition of some of the complaints (processed through initial review, investigation and expert review) may involve referral to the Office of the Attorney General for disciplinary action. Those experts rendering opinions on complaints must be available and willing to appear as expert witnesses in the legal proceedings which relate to the case(s) in which their written opinion was sought.

## VI. STAGES OF EXPERT REVIEW

### A. INVESTIGATIVE REVIEW - EXPERT OPINION

After the necessary records have been obtained and if necessary, interviews have been conducted with the parties involved, including the subject, the case is reviewed to determine whether or not a departure from the standard of practice exists.

At this point, Board staff will contact the expert and ask him or her to review the case. Information will be provided that should be sufficient in determining whether the subject matter of the allegations is within the expert's area of expertise. The expert will also be asked if he or she is able to devote the necessary time to prepare an expert report in a timely manner. If an expert is acquainted with the subject licensee personally, professionally, or socially, if the expert has knowledge of the licensee, or has personal knowledge of the incident or incidents giving rise to the allegations, the expert must excuse himself or herself from reviewing the case. Prior knowledge of the patient or client who is the subject of the complaint may also require disqualification. Please advise the Executive Officer or the enforcement analyst immediately if you have such knowledge.

If the expert agrees to review the case, he or she will be provided with the client records and all pertinent documents. The expert will be asked, on the basis of the documentation provided, to render a professional assessment of the care rendered by the subject to the client(s) involved.

If, after reviewing the issues raised in the case, the expert feels that he or she does not have the expertise to conduct a competent review or cannot devote the amount of time necessary to review the matter, the expert must also excuse himself or herself from reviewing the case. Please contact the Board's Executive Officer or enforcement analyst immediately. To proceed as the expert, the review should include an assessment of all relevant aspects of professional care. If additional information is needed or something is unclear, the expert should contact the Board's enforcement analyst. Every effort will be made to provide the necessary information.

The expert is not asked, **nor should he or she try**, to determine what discipline, if any, should be imposed upon the subject. Opinions must be based solely upon the information provided. However, reference to textbooks and other authoritative reference material which help define accepted standards is allowed. The opinion should be based upon the expert's knowledge of the standard of practice of the profession in general at the time of the allegations, based upon his or her education, training and experience, and not upon the manner in which the expert personally conducts his or her professional practice.

Remember, at this stage, the review is primarily concerned with **whether** there has been a departure from the standard of practice of the profession. The expert is not

asked to be, nor should he or she be, an advocate for the Board or the licensee. The expert's opinion may determine whether the case is submitted for disciplinary action, so the quality of the expert's reasoning and impartiality are crucial.

Once the case is submitted for disciplinary action, and an accusatory pleading is filed, the expert may be called upon to provide expert testimony, should the case go to hearing. While the majority of cases are settled before a hearing is held, if the case is not settled, an expert will be required to testify at administrative hearings before an administrative law judge. As an expert witness, you will be required to meet with the Deputy Attorney General (DAG) in advance of the hearing to help prepare for the hearing. You will also be required to testify in person to give your opinion and the reasons for the opinion.

## **B. INSTRUCTIONS**

1. Ensure that the records, reports and materials provided for your review are kept confidential and secure.
2. Review the case and determine if there is any reason that you cannot provide an opinion because of a professional or personal relationship with the licensee or the client(s) involved in the complaint against the licensee. Sign the conflict of interest certification which accompanies the case file.
3. If, for any reason, you determine that you cannot complete the review or provide an opinion, please let the Executive Officer or enforcement analyst know immediately and the case will be retrieved and reassigned.
4. It is important that you held a valid license at the time the alleged violation occurred and that you feel qualified to render an expert opinion for that time frame.
5. Keep track of dates and hours spent reviewing records, writing the report, consulting with the DAG and testifying.
6. Do not contact the subject licensee, the person filing the complaint, or any other witnesses in the case.
7. Do not discuss the case with third parties.
8. Do not perform any investigation on your own (e.g., do not attempt to obtain additional records or interview participants in the case.) Advise the Board's Executive Officer or enforcement analyst if more information is required.
9. Do not judge the validity or truth of the allegations.

10. Do not offer any recommendation about the appropriate disciplinary action for the subject licensee.
11. Do not mark on the copy of the records provided.
12. Do not destroy any of the materials provided. You may make your own copy of the records for your own use, but they must be returned to the Board after your use.
13. Prepare your written opinion. Remember to sign and date it. (See Section D for further instructions.)
14. Enclose a current curriculum vitae with your opinion. Please include the following information where applicable, including the dates or time frames:
  - a. Educational background.
  - b. The publications you have written.
  - c. Any courses you have taught. Include place, date and title of course(s).
  - d. Indicate whether you have been qualified as an expert in any administrative or court case (e.g., if you have previously testified as an expert in depositions or trials.)
  - e. If applicable to the case, provide your experience as a billing consultant.
  - f. List your experience as a member of a peer review or ethics committee.
  - g. List your membership in professional societies and associations.
  - h. List your experience, if any, as a subject matter expert related to the development and updating of the hearing aid dispenser written and practical license examinations and/or as an examiner for the hearing aid dispenser practical license examination.
15. If you have any questions or concerns, please contact the Board's Executive Officer or enforcement analyst.
16. When your review is completed, please contact the Board's Executive Officer or enforcement analyst to make arrangements to return the opinion along with your statement for services, vendor data record form, curriculum vitae, signed conflict of interest certification and the records reviewed.

### **C. UNPROFESSIONAL CONDUCT RELATED TO QUALITY OF CARE**

The Board has the authority to discipline a licensee for unprofessional conduct based on the applicable statutes and regulations. As an expert witness, you will be asked for your opinion regarding the quality of a licensee's professional care rendered to one or more clients. The general question asked in this context is whether the subject licensee's conduct constituted a departure from the acceptable standard of care in the profession or whether the subject licensee has demonstrated a lack of knowledge or ability in discharging professional obligations.



Generally speaking, a departure from the standard of care or standard of practice is conduct which falls below that which a reasonable licensee (in the specialty for which the subject licensee holds himself or herself out as able to perform) would practice under the circumstances. This is considered negligence. A lack of knowledge or ability in carrying out professional obligations is shown by evidence that the licensee either lacked training in the particular area in which he or she exhibited unprofessional conduct, or that he or she was unable to understand the standard of practice and perform according to its mandates. This is considered incompetence.

A licensee's conduct may fall into both categories; a given professional act or omission may constitute both a departure from the standard of care and separately demonstrate a lack of knowledge or ability in discharging the licensee's professional obligations. The expert should list each finding which applies to each separate client, for each aspect of the licensee's care of that client which constitutes a deviation.

Based on the language of the applicable regulation, in quality of care cases, you must also provide your opinion as to whether the deviation from the standard of care (or lack of skill or knowledge) has endangered or is likely to endanger the health, welfare, or safety of the public.

Of course, if there is no deviation from the standard of care, this conclusion should be stated in the opinion.

The Code section applicable to the regulation of **speech-language pathologists, speech-language pathology assistants, audiologists, dispensing audiologists, and hearing aid dispensers** is **Business and Professions Code Section 2533**. It states:

The board may refuse to issue, or issue subject to terms and conditions, a license on the grounds specified in Section 480, or may suspend, revoke, or impose terms and conditions upon the license of any licensee if he or she has been found guilty of unprofessional conduct. Unprofessional conduct shall include, but shall not be limited to, the following:

- a. Conviction of a crime substantially related to the qualifications, functions, and duties of a speech-language pathologist or audiologist or hearing aid dispenser, as the case may be. The record of the conviction shall be conclusive evidence thereof.
- b. Securing a license by fraud or deceit.
- c. (1) The use or administering to himself or herself, of any controlled substance;

- (2) The use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent, or in a manner as to be dangerous or injurious to the licensee, to any other person, or to the public, or to the extent that the use impairs the ability of the licensee to practice speech-language pathology or audiology safely;
  - (3) more than one misdemeanor or any felony involving the use, consumption, or self-administration of any of the substances referred to in this section; or
  - (4) any combination of paragraphs (1), (2), or (3). The record of the conviction shall be conclusive evidence of unprofessional conduct.
- d. Advertising in violation of Section 17500 (Unfair business practices).
  - e. Committing a dishonest or fraudulent act which is substantially related to the qualifications, functions, or duties of a licensee.
  - f. Incompetence or gross negligence in the practice of speech-language pathology or audiology or hearing aid dispensing.
  - g. Other acts that have endangered or are likely to endanger the health, welfare, and safety of the public.
  - h. Use by a hearing aid dispenser of the term “doctor” or “physician” or “clinic” or “audiologist”, or derivation thereof, except as authorized by law.
  - i. The use, or causing the use, of any advertising or promotional literature in a manner that has the capacity or tendency to mislead or deceive purchasers or prospective purchasers.
  - j. An cause that would be grounds for denial of an application for a license.
  - k. Violation of Section 1689.6 or 1793.02 of the Civil Code.

**The applicable regulation is contained in the California Code of Regulations, Title 16, Section 1399.156.** It states:

Unprofessional conduct as set forth in Section 2533 of the code includes, but is not limited to, the following:

- a. Violating or conspiring to violate or aiding or abetting any person to violate the provisions of the Act or these regulations.
- b. Committing any corrupt act, or any abusive act against a patient, which is substantially related to the qualifications, functions or duties of a speech-language pathologist or audiologist.
- c. Incompetence or negligence in the practice of speech-language pathology or audiology which has endangered or is likely to endanger the health, welfare, or safety of the public.

As a practical matter, your expert opinion will generally be sought only in relation to the applicable provisions above, (regarding the applicable standard of care and the harm or potential harm to the public from the licensee's deviation from the standard of care or his or her lack of knowledge and skill). If your opinion is sought for any other reason, you will be specifically asked that question by the Board. (In some instances, for example, an expert could be asked to comment on whether a particular corrupt or abusive act is "substantially related to the qualifications, functions or duties of a speech language pathologist, audiologist, dispensing audiologist, or hearing aid dispenser" (California Code of Regulations, Section 1399.156 (b).)

**Below is an example of a hypothetical audiology complaint.**

In May, 1997, we brought our daughter Susie, who was then 18 months old, to audiologist Rex Reed for an assessment of her hearing. She just didn't seem to communicate well and friends suggested we have her hearing tested. Mr. Reed tested our daughter and told us that Susie was extremely hearing impaired. He recommended that she be fitted with an expensive, high-end hearing aid. We followed his advice. There still seemed to be problems we thought should have been solved by the hearing aid. When we last brought Susie back to Mr. Reed in April, 1998, Mr. Reed told us that he had done all he could to evaluate her hearing impairment and that we should take her to a speech-language pathologist. When we went to the speech-language pathologist in May, 1998, the speech-language pathologist evaluated Susie and told us that she had a speech development problem. We did not know what to believe. We then took Susie to another audiologist, Jane Other, who evaluated Susie and told us that Susie did not have any hearing impairment – that she had a normal range of hearing! Based on her assessment, we stopped using any hearing aid and concentrated on Susie working with the speech-language pathologist, Mr. Path. Susie is finally improving based on her

work with Mr. Path. We feel Mr. Reed cost us a precious year of our daughter's life and think he ought to have his license taken away.

Signed, Enraged Mom.

The Board sends you the written complaint and all the audiology records from both Mr. Reed and Ms. Other, as well as the records from the speech language pathologist. You are asked for your expert opinion as to the quality of care provided by Mr. Reed.

#### **D. FORMAT OF THE OPINION**

This format is intended to clarify the necessary components of an expert opinion report, and to organize the report in a methodical fashion. The format and content should not reflect an assumption regarding guilt or innocence of the subject licensee. Please use this guideline when drafting your report.

- 1. Introduction.** Identify the name of the licensee who is the subject of the review. Include the licensee's license number and the number assigned by the Board.
- 2. Materials and records reviewed.** Accurately list the records and other documents sent to you by the Board for your review.
- 3. Additional references consulted.** List any professional resources utilized in formulating the opinion.
- 4. Substance of opinion.** The substance of the opinion should consist of the following, going client by client for each client, if there is more than one client. For ease of reference during review (and possible court testimony), please include:
  - A. Summary.** For each client and/or complaint, summarize the client's case, including the relevant client history or referral, the reason he or she sought professional evaluation, or other pertinent information. Include a summary of the complaint on which the suspicion of misconduct is based. Describe the subject licensee's course of action, including (where applicable) testing, findings, recommendations or treatment. Include any subsequent evaluations, consultations, treatment or therapy by the licensee.
  - B. Itemization of issues.** Provide an itemized summary of each of the areas of inquiry, listing the specific **issue** (e.g., improper testing, failing to follow referral, improper evaluation of test results, practicing beyond scope of practice, etc).

**C. The standard of practice.** This section should state the standard of practice for the particular issue. Remember to state the standard of practice applicable for licensees throughout the state, not just the way in which you personally would address the issue.

**D. The deviation(s) from the standard of practice.** Specifically describe any alleged practices which, if proven, constitute deviations from acceptable practice during the year(s) in which treatment was rendered.

**E. The nature of the deviation from proper practice.** State your opinion whether the alleged misconduct constitutes a departure from the standard of care for the profession and/or whether it shows a lack of skill or training, and the degree of deviation from the standard of care.

**F. State whether the conduct has endangered or is likely to endanger the health, welfare, or safety of the public,** and how the misconduct has or is likely to endanger the health, welfare, or safety of the public. Explain the basis for your opinion.

In summary:

1. Identify the issues of concern
2. Identify the standard of care for each;
3. Identify the deviation and nature
4. Determine whether the deviation from the standard of care or the lack of skill and training endangered or is likely to endanger the health, welfare or safety of public, and provide an explanation for the basis of your opinion (how and/or why).

**5. Summary of opinion.** A general recap of your rationale and overall conclusions. This should be short and concise.

Please print your completed report on your letterhead.

## **E. MITIGATING CIRCUMSTANCES**

In writing an opinion, summarize the treatment rendered by, and the findings of, the subject licensee. In preparing the summary, certain factors may have been identified that could have hampered accurate treatment (such as disruptive events in the licensee's personal life.) Remember, it is the expert's obligation to state the standard of practice and identify any departure therefrom.

Mitigating circumstances are those factors that may abate or diminish a penalty or punishment imposed by law. Although there are instances where mitigating

circumstances are relevant to the imposition of any penalty, those factors will be considered by the trier of fact, which, in the Board's administrative proceedings, is the administrative law judge.

Therefore, the expert is to refrain from commenting on whether the subject should or should not be punished because of certain mitigating or aggravating factors. The actual discipline to be imposed on the licensee is the province of the trier of fact, and the expert is not asked to prescribe or recommend any discipline in the case.

## **F. NO LEGAL CONCLUSIONS**

Experts are not asked to determine whether the subject's conduct is a violation of a certain statute or required to draw a legal conclusion. Experts are asked to render an opinion as to whether the subject's conduct violated the standard of practice and to what degree and manner. Experts should characterize an opinion in terms of identifying any departures from the established standard of practice, the degree to that departure, and your opinion regarding whether and if so, how the departure from the established standard of practice (or lack of training or skill) endangered or is likely to endanger the health, welfare or safety of the public.

## **G. ASSESS THE STANDARD OF PRACTICE AS OF THE TIME OF OCCURRENCE OF ALLEGED VIOLATION**

Cases which are investigated and prosecuted by the Board are not time limited and there is no statute of limitations. This is because the aim of these statutes is for the protection of the consuming public, not to mete out criminal punishment or to collect monetary damages. Sometimes, the time when the breach of the standard of practice occurred may have occurred several years prior to the complaint. Do not let the date of the alleged misconduct sway your opinion. The licensee has legal arguments which can be raised by his or her attorney regarding the passage of time. Do not raise the issue, as it is irrelevant to your expert opinion regarding the standard of care.

The standard of practice is constantly evolving, and so *it is particularly important to be cognizant of the time that the violation occurred and assess the case in terms of the standard of practice AT THAT TIME.*

## **H. HEARING TESTIMONY**

After a case is submitted for disciplinary action, and an accusation is filed, the expert may be called upon to provide testimony, should the case go to a hearing. The majority of cases are settled before a hearing is held.

If a case is set for hearing, the Deputy Attorney General (DAG) assigned to prosecute the case will meet with the expert, perhaps several times, to review the expert's opinion. The expert will be asked to educate the DAG regarding the details of the opinion and to

assist in the presentation of that opinion in the clearest and most concise manner possible. The expert may also be asked to assist in reviewing the opinions of the opposing experts and in preparing cross-examination questions for them.

During the hearing, you will be called as the State's expert to testify concerning your opinion and the reasons for your opinion. You will be asked questions by the DAG and by the subject's attorney. The total time taken for your testimony at the hearing varies with the complexity of the case. The licensee's attorney will have been provided with copies of any written opinions submitted during the investigative stage of the case.

## **VII. COMPENSATION**

The SLPAHADB will provide a form entitled "Expert Consultant Itemized Invoice" and a form entitled "Payee Data Record" for use in billing for services which you render to the SLPAHADB as an expert. You will be asked to fill the Itemized Invoice form out completely for each case you review for the SLPAHADB. You may be required to fill out more than one form during the course of a case. Failure to complete the form in its entirety will delay your compensation. The Payee Data Record is only required to be completed annually.

### **A. INITIAL EVALUATION**

Initial evaluation and preparation of the expert report is compensated at the rate of \$100 per hour. Record the daily hours worked for each case for your eventual billing to the SLPAB. Should this phase exceed 10 hours or \$1000, you will need to contact the Board to obtain approval for the additional time. The SLPAB's accounts are kept by fiscal year, which is July 1 through June 30. A separate form must be used for each fiscal year.

### **B. CONSULTATION WITH DEPUTY ATTORNEY GENERAL (DAG)**

Consultation with the DAG is compensated at the rate of \$150 per hour and includes any consultation, in person or via telephone:

- before the case is filed;
- during the pendency of the action; or
- preparation for the hearing.

### **C. TESTIMONY AT A HEARING**

Testimony is compensated at the rate of \$150 per hour, with a maximum allowable daily fee of \$1200.

#### **D. OTHER EXPENSES INCURRED**

Miscellaneous expenses incurred in fulfilling the various requests may be itemized on a separate sheet of paper. All travel costs can be charged in connection with testimony at hearings. Travel costs include hotels, meals, mileage and parking. The state mileage rate of \$.55.5 per mile is allowed. All reimbursable expenses must be accompanied by an original receipt, except mileage.



## Humphreys, Breanne@DCA

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**From:** Deane Manning <deane1951@dslextreme.com>  
**Sent:** Friday, December 20, 2013 4:10 PM  
**To:** Humphreys, Breanne@DCA  
**Subject:** Fwd: FW: Question regarding non-licensed audiologists fitting a Ponto soudn processor

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

**Categories:** Breanne

Hi Breanne,  
Happy Holidays,  
I am forwarding on to you an email that was sent to me. I was wondering if this has been addressed in the past. I know we have discussed it in passing at past Board meetings and my memory was that we said a hearing aid of any type is still a hearing aid, but I am not clear on the pertinent regulations. Your help would be appreciated.  
Thanks  
Sincerely  
Deane Manning

----- Original Message -----

**Subject:**FW: Question regarding non-licensed audiologists fitting a Ponto soudn processor  
**Date:**Fri, 20 Dec 2013 13:00:25 -0800  
**From:**Don Tucker <[don.tucker@verizon.net](mailto:don.tucker@verizon.net)>  
**To:**'Deane Manning' <[deane1951@dslextreme.com](mailto:deane1951@dslextreme.com)>

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**From:** Teri Sinopoli [<mailto:tsin@oticonmedical.com>]  
**Sent:** Wednesday, December 18, 2013 11:58 AM  
**To:** [don.tucker@verizon.net](mailto:don.tucker@verizon.net)  
**Subject:** Question regarding non-licensed audiologists fitting a Ponto soudn processor

Dear Don,

I was given your name from Gloria Peterson.

I am the Director of Corporate Compliance at Oticon Medical. Corey Brackmann is the regional manager representing southern California. She has been having some discussion with a gentleman / audiologist at, Douglas Martin, at Children's Central California regarding the legality of audiologists without a hearing aid dispensers license, fitting an external processor with children. I am not entirely sure what the issue is, but maybe if I explain how the Ponto System is different from a typical hearing aid, it might help.

First, Medicare recognizes bone anchored hearing devices as a prosthesis rather than a hearing aid. This is because bone anchored devices are usually implanted, and after a certain amount of time to allow for proper osseointegration, the external processor is fit. The fitting and programming of the device is done by an

audiologist with proper training. The surgical components and sound processor is sold as a bundled product based on HCPCS codes established by CMS and used by third party payers. For younger children (under 5 years of age) or adults who prefer not to have surgery, the external processor can be fit to a soft band or a head band.

The issue that Mr. Martin appears to have is that the external sound processor cannot be dispensed (or fit) without a hearing aid license. But the reality is, these devices are Class II medical devices (vs. hearing aids that are Class I) and requires a doctor's prescription. The FDA does not require the person fitting the sound processor to have a hearing aid license.

If only audiologists with dispensing licenses can fit the external sound processor, then physicians who do not dispense hearing aids in their practice and therefore may not require an audiologist with a hearing aid license would be unable to treat patients who are candidates for bone anchored systems, which impinges on a physician's ability to practice medicine.

I need some clarity as to why a bone anchored device requires a hearing aid license in the state of California. I appreciate your assistance.

Warm Regards,  
**Teri Sinopoli, M.A., FFF-A, CCC-A**  
Director of Corporate Compliance  
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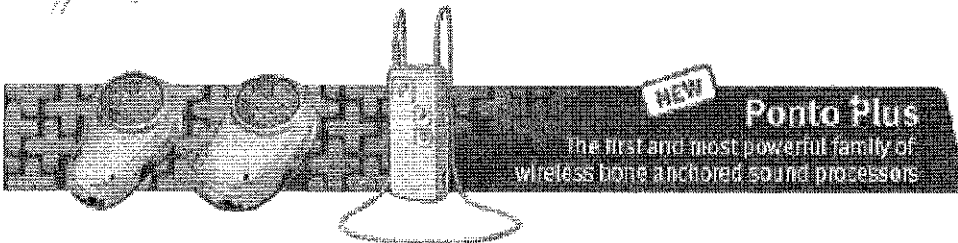
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## **AUDIOLOGY PRACTICE COMMITTEE MEETING MINUTES**

**Radisson Hotel/San Francisco Airport**

**February 6, 2014**

5000 Sierra Point Parkway

Brisbane, CA 94005

### **Committee Members Present**

Alison Grimes, Chair, Dispensing Audiologist

Marcia Raggio, Dispensing Audiologist

Amnon Shalev, Hearing Aid Dispenser

### **Committee Members Absent**

Rodney Diaz, Otolaryngologist

Jaime Lee, Public Member

### **Board Members Present**

Dee Parker, Speech-Language Pathologist

Debbie Snow, Public Member

Patti-Solomon Rice, Speech-Language Pathologist

### **Staff Present**

Breanne Humphreys, Interim Executive Officer

Sabina Knight, Legal Counsel

### **Guests Present**

Kim Craig, KP Public Affairs

Cindy Peffers, Hearing Aid Dispenser, HHP

Randall Sager, Hearing Aid Dispenser, HHP

Michael Snow

## **I. Call to Order**

Chairperson Alison Grimes called the meeting to order at 3:30 p.m.

## **II. Introductions**

No introductions.

## **III. Approval of the October 10, 2013 Audiology Practice Committee Meeting Minutes**

**M/S/C Shalev/Raggio**

**Minutes approved with minor edits.**

**IV. Develop Proposed Regulatory Amendments for Audiology Aide Supervision Standards and Practice Limitations (16 CCR 1399.154-1399.154.4)**

Ms. Grimes stated that in developing the audiology aide practice limitations, the committee focused on the prohibited tasks of the aide instead of what is allowable.

An audiology aide may not perform any of the following functions:

1. Provide counseling or advice to a client or a client's parent or guardian which is beyond the scope of the client's treatment;
2. Sign any documents in lieu of the supervising audiologist i.e. treatment plans, client reimbursement forms, or formal reports;
3. Discharge clients from services;
4. Make referrals for additional services;
5. Unless required by law, disclose confidential information either orally or in writing to anyone not designated by the supervising audiologist;
6. Represent himself or herself as an audiologist;
7. Fit or sell a hearing aid without possessing a valid hearing aid dispensers license;
8. Independently adjust hearing aids or cochlear implant settings; and,
9. Perform procedures that require a high level of clinical acumen and technical skill;
10. Conduct evaluations;
11. Interpret data;
12. Alter treatment plans;
13. Perform any allowable task without the express knowledge and approval of a supervising audiologist.

Ms. Peffers commented that HHP feels that the fitting and selling of hearing aids is a broad statement (i.e. ear mold impression). She feels like it should read that any activity that requires a hearing aid dispenser trainee license would not be allowed by an audiology aide unless they possess a hearing aid trainee license. She stated that ear mold impressions should be a separate item on the list.

Mr. Shalev recommended that we add to #7. Fit or sell a hearing aid without possessing a valid hearing aid dispensers license or hearing aid dispensers training license.

The committee delegated to Ms. Humphreys to send out the above list as it is, with no additional changes at this time to the interested parties (CAA, HHP, CSHA) for public comment. Ms. Raggio said she would take those comments back to the subcommittee for review.

**V. Clarifying the Language for Ease of Understanding on the Permissible Continuing Education Hours for Dispensing Audiologists.**

Ms. Grimes asked to have this placed on the agenda since there is much confusion on what CE courses are allowed for dispensing audiologists.

Ms. Humphreys explained that she got her team together and reviewed what was on the website regarding continuing education and realized it was confusing. She and staff reworked the website document.

Ms. Grimes suggested that we add to the document that live on-line courses are the equivalent to sitting in a classroom.

Mr. Shalev commented that the document incorrectly states that there are hearing aid dispensing changes that are effective January 1, 2015; the Board has not submitted the Rulemaking File. Ms. Humphreys will confirm.

#### **VI. Discussion of Services Provided by Regional Centers to Children Who Are Deaf or Hard of Hearing**

Ms. Grimes stated that this has been a consumer protection of the Board for several years. The Board's last letter to the Department of Developmental Services (DDS) is dated September 2009 with a response from DDS on July 2010.

Ms. Humphreys referenced the Board's 2013 Sunset Report where the Board asked the Legislature to convene a task force to investigate and address these issues. The Senate Business and Professions and Economic Development Committee responded that it was outside their jurisdiction and suggested we work with the Health Committee, Human Services Committee and/or the Educational Committee of both houses.

The Board delegated that Ms. Humphreys send out letters to the three committees of both houses. (Ms. Grimes will write the letter.)

Ms. Grimes adjourned the meeting at 4:00 p.m.





## **AUDIOLOGY PRACTICE COMMITTEE MEETING MINUTES**

**May 22, 2014**

**Department of Consumer Affairs**

2005 Evergreen Street

Sacramento, CA 95815

### **Committee Members Present**

Alison Grimes, Chair, Dispensing Audiologist

Marcia Raggio, Dispensing Audiologist

### **Committee Members Absent**

Rodney Diaz, M.D.

Jaime Lee, Public Member

Amnon Shalev, Hearing Aid Dispenser

### **Staff Present**

Breanne Humphreys, Interim Executive Officer

Sabina Knight, Legal Counsel

### **Guests Present**

Ileana Butu, DCA Legal Affairs

Bryce Docherty, KP Public Affairs

Vanessa Kajina, KP Public Affairs

Deane Manning, Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

## **I. Call to Order**

Chairperson Alison Grimes called the meeting to order at 3:26 p.m. Two committee members were present thus the required three member quorum was not established. Chairperson Grimes stated that the committee meeting would be held for discussion only due to the lack of a quorum.

## **II. Introductions**

Those in attendance introduced themselves.

## **III. Approval of the February 6, 2014 Audiology Practice Committee Meeting Minutes**

No approval. Chairperson Grimes will provide edits to Ms. Humphreys.

## **IV. Review/Discussion/Possible Action on Informal Public Comments on the Proposed Regulatory Amendments for Audiology Aide Supervision Standards and Practice Limitations (16 CCR 1399.154=1399.154.4)**

Chairperson Grimes provided an overview of the proposed amendments. Marcia Raggio discussed the change in legislation that removed the term “direct supervision” and how it may impact consumer protection. Ms. Humphreys introduced the informal comments summary provided to the Board. Chairperson Grimes discussed the role of an industrial audiology aide and requested that the proposed language clearly refer to audiology aides and not industrial audiology aides. In response to comments provided, Chairperson Grimes further clarified that the intent of the proposed language was to define an audiology aide and that we should limit the language to the profession of audiology and avoid language referring to excluded activities. Ms. Raggio discussed the current parameters of the law in relation to supervision of audiology aides.

Vanessa Cajina, KP Public Affairs and lobbyist for Hearing Healthcare Providers (HHP) of California stated that the membership of HHP, hearing aid dispensers, would like the proposed regulations to further define 1399.154.8 (10) Fit or sell a hearing aid without possessing a valid hearing aid dispensers license or a valid hearing aid trainee license. The membership feels that there are more activities that are involved to the fitting and selling of hearing aids: ear impressions, adjusting/modifying a hearing aid or the mold. HHP requests additional language to include that an audiology aide may not perform any activities that require a hearing aid dispenser’s license or a hearing aid dispenser trainee license.

**V. Discussion on the Requirements that MediCal/CCS (California Children’s Services) Places on Audiologist Who Hold a License but Not Yet Panelled by CCS to Provide Services.**

Chairperson Grimes discussed the large number of children in California who are receiving services through MediCal/CCS (approximately 50% of children born in California). Due to systematic problems with CCS, the number of audiologists providing services through CCS is dwindling. Chairperson Grimes stated that in future meetings she would like to work with representatives from CCS, MediCal, and CCS providers meet with the committee to discuss ways to respond to the shortage of services to CCS recipients.

**VI. Update on the Outreach Letters Regarding the Services Provided by Regional Centers to Children Who Are Deaf or Hard of Hearing**

Ms. Humphreys informed the committee that on February 11, 2014, letters were mailed to six legislative committees from both the Senate and Assembly on Education, Health, and Human Services and the Department of Developmental Services. To date the Board has received no communication in response to the letters from any of the recipients. Board staff will place telephone calls to follow up on the letters.

Chairperson Grimes adjourned the meeting at 4:01 p.m.



## INFORMAL COMMENTS ON THE AUDIOLOGY AIDE DRAFT REGULATIONS

- Likes that the aide shall wear a name tag at all times.
- The expanded definition of an audiology aide would include evaluation of vestibular function and/or treating individuals with balance disorders. Licensed dispensers do not test vestibular or balance issues and this raises a concern on consumer protection.
- Add the following language to your proposed language: Be physically present while the audiology aide is assisting with patients, unless an alternative treatment plan has been approved by the Board, and provide the appropriate level of supervision to the audiology aide when he or she is engaged in direct client or patient care or assisting with patients. This is consistent with standing regulations, included in the speech-language pathology aide supervision.
- “Fit or sell a hearing aid without possessing a valid hearing aid dispenser’s license or a valid hearing aid trainee license”. Need to elaborate and include:
  - May not take an ear impression
  - May not adjust or modify a hearing aid or an ear mold
- Need to add to the list of activities outside of the scope of responsibility:  
Any activities that currently require either a hearing aid dispensing license or a trainee license without first obtaining one.
- Need more clarity in testing: specify that one must be licensed to perform bone conduction testing including masked bone conduction.
- I am currently training an audiology aide for a Hearing Aid license. This person informed me that he has taken impressions before.
- Audiology codes VNG, ABR, and OAE that have a technical and professional component can be performed alone in a room by a non-audiologist technician as long as the physician provides supervision. Medicare guidelines state the physician does not need to be in the room when this occurs as long as they are present in the office.

The following codes are listed as having a billable technical component when performed by a technician:

92541 Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording

92542 Positional nystagmus test minimum of four positions with recording

92543 Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests) with recording

92544 Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation with recording

92545 Oscillating tracking test with recording

92546 Sinusoidal vertical axis rotational testing

92548 Computerized dynamic posturography

In addition to vestibular function tests (92541-92546 and 92548) with a technical component, and audiology tech may bill the technical portion of these services:

92585 Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive

92587 Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)

92588 Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies

- Excellent Job.



Hearing Healthcare Providers California  
One Capitol Mall, Suite 320  
Sacramento, CA 95814  
Phone (916) 447-1975  
Fax (916) 444-7462  
[www.hhpca.org](http://www.hhpca.org)

Friday, April 25, 2014

Ms. Breanne Humphreys  
Interim Executive Officer, Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board  
2005 Evergreen Street, Suite 2100  
Sacramento, CA 95815

**RE: Draft regulations  
regarding Audiology Aids**

Dear Ms. Humphreys:

The Hearing Healthcare Providers California (*hereafter*; HHP) respectfully submits comments to the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board (*hereafter*; the Board) regarding your draft regulations that would make changes to an audiology aide's supervision and duties. We greatly appreciate the opportunity to comment on these important proposed changes. HHP is professional association representing the Hearing Instrument Specialists throughout California. Our members test hearing and select, fit, and dispense hearing instruments. Our mission is to enable effective treatment alternatives for hearing impaired Californians and enhance our professional development. In conjunction with our redline edits in the other attached document, the following points reflect our concerns as to the proposed regulations.

**Section 1399.154. Definitions.** Current language in the California Code of Regulations pertaining to definitions of audiology aides in Section (b) (1) reads: "assists or facilitates while an audiologist is evaluating the hearing of individuals and/or is treating individuals with hearing disorders..." Yet the draft regulations appear to expand that definition and were not redlined in the same manner as the rest of the proposed changes. It appears that this definition expands the explanation of duties performed by an audiologist that an aide can assist with or facilitate. This definition would now include evaluation of vestibular function and/or treating individuals with balance disorders.

Our members are concerned that although as hearing aid dispensers who do not test vestibular or balance issues, allowing an aide to assist in those activities raises consumer protection concerns. If the duty were allowed, it might be used as an example in the future to expand duties to include dispensing activities, to which our members would object. As such, we request clarification on this language as it is not in current regulation but was not included in the Board's redline edits.

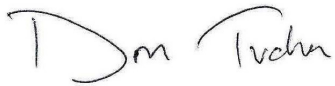
**Section 1399.154.25. Responsibilities of Audiology Aide's Supervisor.** Our members request the addition in (c) of the phrase "Be physically present while the audiology aide is assisting with patients, unless an alternative treatment plan has been approved by the board, and provide..." This is consistent with standing regulations, included in the speech-language pathology aide supervision. It should be included here as well.

**Section 1399.154.8. Activities, Duties, and Functions Outside the Scope of Responsibility of an Audiology Aide.** Current item 10 should be more elaborately defined, and our addition of 11 addresses

our concern. A simple prohibition of fitting or selling hearing aids by an audiology aid does not go far enough. Per our membership, there are many more activities leading up to the fitting and selling of a hearing aid, like taking of ear impressions, adjusting or modifying a hearing aid or ear mold, among other things. Those activities require a dispenser license or dispenser trainee license as consumer protections, and these regulations should be modified to reflect these protections. We request that you include (11) as part of our redline edits in the regulations to read "An audiology aide may not perform any of the following functions: Any activities that require either a hearing aid dispensing license or a trainee license without first obtaining one." The other prohibited functions would then be subsequently renumbered.

Once again, thank you for the opportunity to comment on these proposed regulations. For any further questions, please contact HHP Legislative Advocates Bryce Docherty or Vanessa Cajina at KP Public Affairs at (916) 448-2162 or [bdocherty@ka-pow.com](mailto:bdocherty@ka-pow.com) or [vcajina@ka-pow.com](mailto:vcajina@ka-pow.com).

Sincerely,

A handwritten signature in black ink that reads "Don Tucker". The signature is written in a cursive, slightly slanted style.

Don Tucker  
President

## **Business and Professions Code: Section 2530.2 (m) Audiology Aide:**

(m) "Audiology aide" means any person meeting the minimum requirements established by the board. An audiology aide may not perform any function that constitutes the practice of audiology unless he or she is under the supervision of an audiologist. The board may by regulation exempt certain functions performed by an industrial audiology aide from supervision provided that his or her employer has established a set of procedures or protocols that the aide shall follow in performing these functions.

### **Title 16 Division 13.4 Article 5. Speech-Language Pathology & Audiology Aides**

#### **1399.154. Definitions.**

As used in this article, the term:

- (a) "Speech-language pathology aide" means a person who
  - (1) assists or facilitates while a speech-language pathologist is evaluating the speech and/or language of individuals or is treating individuals with a speech-language and/or language disorder and
  - (2) is registered by the supervisor with the board and the registration is approved by the board.
- (b) "Audiology aide" means a person who
  - (1) assists or facilitates while an audiologist is evaluating the hearing or vestibular function of individuals and/or is treating individuals with hearing or balance disorders, and
  - (2) is registered by the supervisor with the board and the registration is approved by the board.
- (c) "Supervisor" means a licensed speech-language pathologist who supervises a speech-language pathology aide or a licensed audiologist who supervises an audiology aide.
- (d) "Industrial audiology aide" means an audiology aide who conducts pure tone air conduction threshold audiograms for the purpose of industrial hearing testing in addition to other acts and services as provided in these regulations.

#### **1399.154.1. Registration of Aides.**

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

NOTE: Authority cited: Section 2531.25, Business and Professions Code. Reference: Sections 2530.2, 2530.6 and 2532.4, Business and Professions Code.

### **1399.154.1.1 Supervision of Audiology Aide.**

For the purposes of the supervision of an audiology aide, the following supervision terms shall apply:

(a) “Direct supervision” means on-site observation and guidance by the audiology supervisor while the audiology aide is treating a patient or client. Direct supervision performed by the supervising audiologist may include, but is not limited to, the following: observation of a portion of the testing or treatment procedures performed by the audiology aide, coaching the audiology aide, and modeling for the aide.

(b) “Indirect supervision” means the supervising audiologist is not at the same facility or in close proximity to the audiology aide, but is available to provide supervision by telephonic or electronic means. Indirect supervision activities performed by the supervising audiologist may include, but are not limited to, demonstration, record review, review and evaluation of recorded sessions, interactive television, and supervisory conferences that may be conducted by telephone or electronic mail. Indirect supervision may be provided to an industrial audiology aide, if all of the following conditions are met:

(1) An alternative plan of supervision has been approved by the board.

(2) The supervisor includes the proposed plan with his or her application form.

(3) The only activity the industrial audiology aide performs outside the physical presence of the supervisor is pure tone air conduction threshold audiograms.

(4) Following the completion of any pure tone air conduction threshold audiograms, the supervisor reviews the patient histories and the audiograms and make any necessary referrals for evaluation and treatment.

(c) “Immediate supervision” means the supervising audiologist is physically present during services provided to the patient or client by the audiology aide.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

### **1399.154.2. Responsibilities of Speech-Language Pathology Aide's Supervisor.**

A supervisor of a speech-language pathology ~~or audiology~~ aide shall:

(a) Have legal responsibility for the health, safety and welfare of the patients.

(b) Have legal responsibility for the acts and services provided by the speech-language pathology ~~or audiology~~ aide, including compliance with the provisions of the Act and these regulations.

(c) Be physically present while the speech-language pathology ~~or audiology~~ aide is assisting with patients, unless an alternative plan of supervision has been approved by the board. ~~—A supervisor of industrial audiology aides shall include a proposed plan for alternative supervision with the application form. An industrial audiology aide may only be authorized to conduct puretone air conduction threshold audiograms when performing outside the physical presence of a supervisor. The supervisor shall review the patient histories and the audiograms and make any necessary referrals for evaluation and treatment.~~

(d) Evaluate, treat, manage and determine the future dispositions of patients.

(e) Appropriately train the speech-language pathology ~~or audiology~~ aide to perform duties to effectively assist in evaluation and/or treatment. A supervisor shall establish and complete a training program for a speech-language pathology ~~or audiology~~ aide in accordance with Section 1399.154.4 which is unique to the duties of the aide and the setting in which he or she will be assisting the supervisor.

(f) Define the services which may be provided by the speech-language pathology ~~or audiology~~ aide. Those services shall not exceed the competency of the aide as determined by his or her education, training and experience, and shall not include any treatment beyond the plan established by the supervisor for the patient.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

**1399.154.25. Responsibilities of Audiology Aide's Supervisor.**

A supervisor of an audiology aide shall:

- (a) Have legal responsibility for the health, safety and welfare of the patients.
- (b) Have legal responsibility for the acts and services provided by the audiology aide, including compliance with the provisions of the Act and these regulations.
- (c) Provide the appropriate level of supervision to the audiology aide when he or she is engaged in direct client or patient care or assisting with patients.
- (d) Evaluate, treat, manage and determine the future dispositions of patients.
- (e) Appropriately train the audiology aide to perform duties to effectively assist in evaluation and/or treatment. A supervisor shall establish and complete a training program for the audiology aide in accordance with Section 1399.154.4 which is unique to the duties of the aide and the setting in which he or she will be assisting the supervisor.
- (f) Define the services that may be provided by the audiology aide in the supervision plan for the particular aide and setting, in keeping with Board requirements (Section 1399.154.1), and list those tasks that an aide will not conduct (Section 1399.154.8).
- (g) Ensure that the audiology aide is wearing a nametag, at all times while working, with their name and registration status displayed in at least 18-point type.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

**1399.154.3. Maximum Number of Aides.**

A supervisor shall not supervise more than three (3) speech-language pathology or audiology aides. The board may authorize more than three supervisees if, in its discretion, the supervisor demonstrates that the public health and safety would not be jeopardized and that he or she can adequately supervise more than three aides.

**1399.154.4. Training of Aides.**

Before a speech-language pathologist or audiologist allows an aide to assist in the practice of speech-language pathology or audiology under his or her supervision, a speech-language pathology or audiology aide shall complete a training program established by the supervisor. The training program shall include, but is not limited to:

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

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

**1399.154.5. Notice of Termination.**

Within 30 days after the termination of the supervision of a speech-language pathology or audiology aide, the supervisor shall notify the board, in writing, of such termination and the date thereof.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

**1399.154.6. Noncompliance With Article.**

Failure of a supervising licensee to comply with the provisions of this article may result in a forfeiture of the privilege to supervise an aide.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Section 2530.6, Business and Professions Code.

**1399.154.7. Aide Experience Not Applicable to Qualifications for Licensure.**

Any experience obtained acting as a speech-language pathology or audiology aide shall not be creditable toward the supervised clinical experience required in Section 2532.2(c) of the code or the required professional experience required in Section 2532.2(d) of the code.

**1399.154.8. Activities, Duties, and Functions Outside the Scope of Responsibility of an Audiology Aide**

- (a) An audiology aide may not perform any of the following functions:
  - (1) Conduct diagnostic evaluations;
  - (2) Interpret diagnostic data;
  - (3) Alter treatment plans;
  - (4) Provide counseling or advice to a client or a client's parent or guardian which is beyond the scope of the client's treatment;
  - (5) Sign any documents in lieu of the supervising audiologist i.e., treatment plans, client reimbursement forms, or formal reports;
  - (6) Discharge clients from services;
  - (7) Make referrals for additional services outside the audiology practice;
  - (8) Unless required by law, disclose confidential information either orally or in writing to anyone not designated by the supervising audiologist;
  - (9) Represent himself or herself as an audiologist;
  - (10) Fit or sell a hearing aid without possessing a valid hearing aid dispensers license or a valid hearing aid trainee license;
  - (11) Independently adjust hearing aids or cochlear implant settings;
  - (12) Perform those procedures that require a high level of clinical acumen and technical skill, e.g., diagnostic VNG, ENG, ABR interpretation;
  - (13) Perform any task without the express knowledge and approval of a supervising audiologist, or
  - (14) Violate HIPPA regulations/laws/requirements





February 11, 2014

Mike Wilkening, Acting Director  
Department of Developmental Services  
1600 9<sup>th</sup> Street  
Sacramento, CA 95814

Dear Mr. Wilkening,

I am writing on behalf of the Speech-Language Pathology, Audiology and Hearing Aid Dispensers Board to express our concern about lack of appropriate services to infants and children who are Deaf/Hard-of-Hearing (D/HH) whose Early Intervention (EI) provider is the Regional Center (RC) system.

Children (birth-3) who are D/HH and who have additional physical/developmental handicaps receive all of their EI services at/through the RC system. In some limited cases, children may be dually-served by the RC and the local educational agency (LEA), however, this is not typically the case. The RC system takes on the responsibility for the diagnosis and treatment of all conditions that impede the child's development.

When the RC is the case-manager for EI, the child's physical needs are typically met by Physical Therapy, Occupational Therapy, and "Infant Stimulation". The speech-language-auditory piece, including American Sign Language instruction for the child and family if indicated, are often overlooked or postponed. The reasons for this are unclear, but probably include the fact that hearing impairment and language delay are invisible disabilities, and are often not addressed until well after the critical time period for intervention.

The mission of the Joint Committee on Infant Hearing (JCIH) is to address issues that are important to the early identification, intervention, and follow-up care of infants and young children with hearing loss. In 1994, the JCIH endorsed universal detection of hearing loss in newborns and infants and stated that all infants with hearing loss be identified before 3 months of age; be fitted with hearing aids by 4 months of age; and receive EI by 6 months of age. The best practice guidelines stipulate that services be provided by speech-language pathologists, audiologists, and teachers of the D/HH with specific knowledge and skills in speech and language development needs of the D/HH infant. (Please see the attached 2012 Supplement to the JCIH 2007 Position Statement: Principals and Guidelines for Early Intervention Following Confirmation That a Child is Deaf or Hard of Hearing.)

We have more than a few examples of children whose hearing impairment failed to be addressed in the RC system until the child transitioned to Part B services at age 3. Including more than one child with congenital, bilateral, aural atresia (absence of ears) who did not receive evaluation, hearing aids or services, until transitioning to Part B! Children with hearing impairment have apparently received speech services without seeing an audiologist first, only to discover that the

child had significant hearing loss which was impeding his ability to participate in the speech therapy. The RC system misdiagnosed a child as “autistic”, as the child was later found to be deaf, not autistic. This misdiagnosis could have been prevented if the child was given a hearing evaluation. Parents have expressed concern about their child’s hearing and are still unable to get their child’s hearing evaluated.

No professional other than a pediatric audiologist can evaluate an infant’s hearing and provide appropriate hearing aid or cochlear implant treatment. If parents/caregivers choose sign language for their deaf infant, only an interventionist with fluent American Sign Language (ASL) skills can provide intervention. These services seem to be largely lacking within the Regional Center system.

We have communicated with the Department of Developmental Services in the past, and have repeatedly been asked to provide examples. Examples abound, and it is past time to begin to address this on a statewide programmatic level. We exchanged letters and phone calls back in 2010, promises were made, and the situation continues.

California has a model newborn hearing screening program, in place since 2000. But there is little point in screening newborn hearing if appropriate diagnostic and therapy services are not in place for those infants/toddlers with hearing impairment.

Please assist the Board, and the consumers in California, by reaching out to the Department of Developmental Services to help us help them design treatment protocols that are consistent with national standards of care.

Sincerely,

Alison M. Grimes, AuD, Board Chair  
Board Certified Audiologist, American Board of Audiology

Cc: Carol Liu, Chair  
Senate Education Committee

Joan Buchanan, Chair  
Education Committee, General Assembly

Ed Hernandez, Chair  
Health Committee, Senate

Richard Pan, Chair  
Health Committee, General Assembly

Leland Yee, Chair  
Human Services Committee, Senate

Mark Stone, Chair  
Human Services Committee, Assembly

# Continuing Education Requirements

The content of each continuing education (CE) course must meet the Board's content requirements for each license type, as described below. Content that is **not** acceptable for any license type are; courses related to office production, financial planning, employee benefits, marketing, or ways to increase productivity or profitability, and any course in which the licensee, not the consumer, is the primary beneficiary.

The board shall have the right to audit the records of any licensee to verify the completion of the CE requirements. Licensees shall maintain records of completion of required CE coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request. (B&P Code 2532.6)

## AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS

- **Courses that are relevant to the scope of practice may be taken from the following providers:**

- American Speech and Hearing Association (ASHA)
- American Academy of Audiology (AAA)
- California Medical Association – Institute for Medical Quality (CMA)
- Accredited Universities
- Board approved Professional Development Providers (PDP). Click the following link for a current list of PDP's: [http://www.speechandhearing.ca.gov/forms\\_pubs/providerlist.pdf](http://www.speechandhearing.ca.gov/forms_pubs/providerlist.pdf)

### Definitions:

- **Self-Study** – This includes viewing pre-recorded courses, listening to audiotapes, and online courses which are non-participatory (recorded courses that include a live chat or test upon completion are still considered self-study.) **Live** online courses are not self-study and are considered the equivalent to sitting in a class.
- **Related Courses** – Topics such as: social interaction, cultural and linguistic diversity as it applies to service delivery for diverse populations, professional service delivery models, interdisciplinary case management issues, and medical pathologies related to neurological disorders that also result in communication difficulties.
- **Indirect Client Care** – Topics such as: legal or ethical issues, consultation, record-keeping, office management, managed care issues, research obligations, and technological applications related to assessment/diagnosis or intervention.

**NOTE: If you do not complete the CE by your license expiration date, you must place your license on inactive status and cease practice.** When placing your license on inactive status you are still required to pay the full renewal fee. To reactivate your license, you must submit the Request for Reactivation of License and provide proof of completing the CE requirement. Click here for the Request for Reactivation of License form: [http://www.speechandhearing.ca.gov/forms\\_pubs/reactivate.pdf](http://www.speechandhearing.ca.gov/forms_pubs/reactivate.pdf)

### Requirements:

#### Biennial Renewal:

**24 hours of CE are required for each renewal period.**

- Within the 24 hours, a minimum of 20 hours must be directly relevant to the scope of practice of speech-language pathology or audiology.
- Within the 24 hours, a maximum of 6 hours may be in self-study courses.
- Within the 24 hours, a maximum of 4 hours may be taken from related courses and/or indirect client care courses.
- Within the 24 hours, no more than 8 hours may be combined between self-study and related/client care courses.

#### New Licensees:

**If you have been licensed for less than two years (first time renewal), 12 hours of CE are required.**

- Minimum of 10 hours must be directly relevant to the scope of practice of speech-language pathology or audiology.
- **Maximum of 2 hours may be in self-study courses.**
- Maximum of 2 hours may be taken from related courses and/or indirect client care courses.

#### Dual License Holders:

***If you hold both a Speech-Language Pathology license and an Audiology license, 32 hours of CE are required. (16 hours for each license)***

- 16 hours must be directly relevant to the scope of practice of speech-language pathology
- 16 hours must be directly relevant to the scope of practice of audiology
- Within the 32 hours, a minimum of 29.5 hours must be live courses.
- Within the 32 hours, a maximum of 2.5 hours may be taken in self-study
- Within the 32 hours, a maximum of 2.5 hours may be taken in related and/or indirect care.

#### SPEECH-LANGUAGE PATHOLOGY ASSISTANTS – *Renews Biennially*

##### Requirements:

***12 hours of CE are required for each renewal period.***

- Courses may be taken from state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these concerning communication and related disorders. *Courses from an accredited university (including a master's degree program) cannot be counted for CE credit.*
- The Speech-Language Pathology Assistant's supervisor shall be responsible for assisting in the selection of the required courses.
- Courses may be taken from Board approved providers; however this is not a requirement. Click the following link for a current list of PDP's:  
[http://www.speechandhearing.ca.gov/forms\\_pubs/providerlist.pdf](http://www.speechandhearing.ca.gov/forms_pubs/providerlist.pdf)
- There is no limit to self-study courses that may be taken.

**NOTE: *If you do not complete the CE by your license expiration date, you must place your license on inactive status and cease practice.*** When placing your license on inactive status you are still required to pay the full renewal fee. To reactivate your license, you must submit the Request for Reactivation of License and provide proof of completing the CE requirement. Click here for the Request for Reactivation of License form: [http://www.speechandhearing.ca.gov/forms\\_pubs/reactivate.pdf](http://www.speechandhearing.ca.gov/forms_pubs/reactivate.pdf)

#### DISPENSING AUDIOLOGISTS – *Renews Annually*

- **Courses that are relevant to the scope of practice of Audiology may be taken from the following providers:**
  - American Speech and Hearing Association (ASHA)
  - American Academy of Audiology (AAA)
  - California Medical Association – Institute for Medical Quality (CMA)
  - Accredited Universities
  - Board approved Professional Development Providers (PDP). Click the following link for a current list of PDP's: [http://www.speechandhearing.ca.gov/forms\\_pubs/providerlist.pdf](http://www.speechandhearing.ca.gov/forms_pubs/providerlist.pdf)
- **Hearing Aid Dispenser courses must be taken from those listed on the Board approved list. Click here for a list of approved courses:**  
[http://www.speechandhearing.ca.gov/forms\\_pubs/cecourses.pdf](http://www.speechandhearing.ca.gov/forms_pubs/cecourses.pdf)

#### Definitions:

- **Self-Study** – This includes viewing pre-recorded courses, listening to audiotapes, and online courses which are non-participatory (recorded courses that include a live chat or test upon completion are still considered self-study.) **Live online courses are not self-study and are considered the equivalent to sitting in a class.**
- **Related Courses** – Topics such as: social interaction, cultural and linguistic diversity as it applies to service delivery for diverse populations, professional service delivery models, interdisciplinary case management issues, and medical pathologies related to neurological disorders that also result in communication difficulties.
- **Indirect Client Care** – Topics such as: legal or ethical issues, consultation, record-keeping, office management, managed care issues, research obligations, and technological applications related to assessment/diagnosis or intervention.

**NOTE: If you do not complete the CE by your license expiration date, you must place your license on inactive status and cease practice.** When placing your license on inactive status you are still required to pay the full renewal fee. To reactivate your license, you must submit the Request for Reactivation of License and provide proof of completing the CE requirement. Click here for the Request for Reactivation of License form: [http://www.speechandhearing.ca.gov/forms\\_pubs/reactivate.pdf](http://www.speechandhearing.ca.gov/forms_pubs/reactivate.pdf)

#### Requirements:

**12 hours of CE are required for each renewal period.**

- 6 hours must be relevant to the practice of audiology.
- 6 hours must be in courses relevant to hearing aid dispensing. **Manufacturer courses are allowed as long as they are not product and/or device specific.**
- Maximum of 1.5 hours may be taken in self-study courses.
- Maximum of 1.5 hours may be taken from related courses and/or indirect client care courses.

#### Dual License Holders:

**If you hold both a Dispensing Audiology license and a Speech-Language Pathology license:**

- **8 CE hours are required annually to renew the Dispensing Audiology License.**
  - 4 hours must be relevant to the practice of audiology
  - 4 hours must be relevant to the practice of speech-language pathology
  - Maximum of 1 hour may be taken in self-study courses.
  - Maximum of 1 hour may be taken from related courses and/or indirect client care courses.
- **16 CE hours are required biennially to renew the Speech-Language Pathology license.**
  - Maximum of 2.5 hours may be taken in self-study courses. \*
  - Maximum of 2.5 hours may be taken from related courses and/or indirect client care courses. \*

\*A maximum combination of only 4 hours may be obtained between self-study and related and/or indirect client care courses per renewal cycle.

#### HEARING AID DISPENSERS – *Renews Annually*

- All courses must be taken from those listed on the Board approved list. Click here for a list of approved courses: [http://www.speechandhearing.ca.gov/forms\\_pubs/cecourses.pdf](http://www.speechandhearing.ca.gov/forms_pubs/cecourses.pdf)

#### Definitions:

- **Self-Study** – This includes viewing pre-recorded courses, listening to audiotapes, and online courses which are non-participatory (recorded courses that include a live chat or test upon completion are still considered self-study.) *Live online courses are not self-study and are considered the equivalent to sitting in a class.*
- **Related Courses** – Topics such as: social interaction, cultural and linguistic diversity as it applies to service delivery for diverse populations, professional service delivery models, interdisciplinary case management issues, and medical pathologies related to neurological disorders that also result in communication difficulties.
- **Indirect Client Care** – Topics such as: legal or ethical issues, consultation, record-keeping, office management, managed care issues, research obligations, and technological applications related to assessment/diagnosis or intervention.

**Requirements:**

**9 hours of CE are required for each renewal period.**

- Minimum of 6 hours must be directly relevant to the scope of practice of Hearing Aid Dispensers.
- Maximum of 3 hours may be taken in ethics courses *(including the ethics of advertising and marketing)* or business practices.
- Currently, there is no limit to the amount of hours that may be taken through self-study courses.



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

May 15, 2014

Breanne Humphreys  
Interim Executive Officer  
Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board  
2005 Evergreen Street, Suite 2100  
Sacramento, CA 95815

Ms. Humphreys:

The agenda for the May 22-23, 2014 meeting of the California Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board includes the agenda item "Discussion on Public Comment Concerning the Limited Number of Continuing Education Hours for Self-Study." I would like to provide you with some information about the requirements that the American Speech-Language-Hearing Association (ASHA) Continuing Education Board (CEB) has pertaining to self-study courses in order to aid the discussion regarding your board's restriction on this type of continuing education delivery method.

In the ASHA CEB standards, self-study is defined as courses developed by ASHA Approved CE Providers for use by individual learners. The methodology and course design are focused on one learner using the materials although the course is distributed to a large population of learners. The content is static; it is the same content for everyone who takes the course. There is usually no interaction with other learners who are using the same materials or learning resources. Typically the learner controls the pace of learning or the pace of the course. There is usually only one learning resource (the material and possibly an instructor).

Self-study courses fall into two categories in the CEB's system: periodicals and non-periodicals:

- Periodicals are journals and professional materials that are issued on a regular basis; typically have invited authors or authors that submit through a peer review process, and the periodical has a board and editors that oversee the selection, editing, peer review and publication of the periodical.
- Non-periodicals are enduring materials developed for ASHA CEUs such as DVDs, audiotapes, podcasts, streaming audio or courses delivered via the web, and journals that don't meet the definition of periodical.

When an ASHA Approved CE Provider offers self-study materials for ASHA CEUs, they must adhere to the same requirements and procedures used to plan, market, deliver, and evaluate other types of Provider-initiated courses, such as workshops and conferences. For example, Providers' courses must have measurable learning outcomes as well as learner assessment and program evaluation components. In addition, the Provider that offers self-study courses for ASHA CEUs must also provide evidence of periodic peer review of these courses. The purpose of the peer review is to: (a) offer the Provider feedback to improve the courses before publication, and (b) validate that the content of the courses is accurate, current, understandable by the learner, and delivered in the appropriate format. Evidence of peer review must include two independent reviews of the content courses that address form, content, and appropriate use as an educational activity, as well as documentation of each reviewer's credentials demonstrating that they have expertise in the content area. Independent means the reviewer has no proprietary interest in the courses or the organization offering the courses

as self-study products. All self-study courses require a new review process by at least two external reviewers (different from the previous reviewers) 3 years after the original peer-review date in order to continue to offer the self-study for ASHA CEUs for another 3 year cycle. However, most self-studies are not offered for more than the initial 3 years because the content is usually no longer current as determined by the Provider and/or reviewers.

In terms of rigor, our self-study requirements are actually more stringent than the requirements for group learning courses because of the peer review component and the more stringent learner assessment component. We do not require peer review of the course content of our group learning courses because of the interactive nature of those courses and the learners' ability to question the validity and currency of content during the course. We require a learning assessment component for self-studies just like we do of group courses. However, because of the nature of self-study delivery, the learning assessment usually takes the form of formal written test questions targeted to the content and learning outcomes. Although our group learning courses also require a learning assessment, planners and instructors have more choices as to how they conduct those assessments and are not limited to formal testing of learning outcomes like that required of self-study courses.

It is because of this rigor of review and testing that many state regulatory boards have already lifted the cap on how many hours a licensee can earn using self-study courses. Also, over the years the philosophy of many in regulatory arenas as well as continuing education arenas appears to have shifted to focus on what is learned rather than how or where learning takes place. Research focused on nurses' and physicians' learning patterns shows that an equivalent amount of learning takes place regardless of the delivery method (self-study or group learning). We have not done a similar study in our professions but I believe the data and results can be applied to our professions given our equivalent CE standards and the nature of the content of CE courses across health care professions.

### **Trends in Group and Self-Study Offerings and Attendance**

Looking back over our data from the last 10 years, we have noticed a considerable increase in the number of courses being developed for self-study and the number of individuals taking those courses. Many of our providers offer group learning courses and then convert those courses to self-study courses after the live event.

The chart below provides counts of courses offered for ASHA CEUs for the past 3 years along with the total number of course attendees who met the satisfactory completion requirement and qualified to earn ASHA CEUs for those courses.

<b>Year</b>	<b>Number of group courses offered</b>	<b>Total participation</b>	<b>Number of self-study courses offered</b>	<b>Total participation</b>
2011	16,601	162,770	13,388	166,750
2012	17,337	163,672	15,773	207,802
2013	17,405	167,921	15,142	272,187

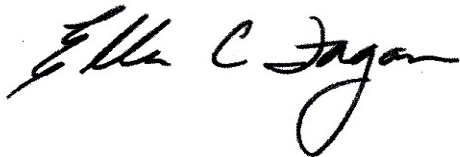
Finally, I wanted to clarify the three types of learning activities available through ASHA's network of ASHA Approved CE Providers: group learning, self-study and independent study. Some state regulatory agencies use the terms *self-study* and *independent study* differently from our definitions so this chart should help clarify how we use those terms.



### Comparison of Group, Self-Study and Independent Study Courses Offered for ASHA CEUs

Characteristics	Group/live	Self-study	Independent study
Planned by	ASHA Approved CE Provider	ASHA Approved CE Provider	Learner
Learner Assessment	Informal or formal	Formal	Informal or formal
Peer Reviewed	No	Yes	No
CEU calculation	Based on course agenda and seat time	Subject to a pre-assigned CEU limit that reflects the average time a sample group of learners took to complete the self-study.	Limited to 2.0 ASHA CEUs and determined by learner and ASHA Approved CE Provider based upon contact hours and contact hours spent preparing (if applicable).
Used by	Group	Intended for use by an individual learner, but developed for, and marketed to, a large audience of potential users	Individual

I hope this information is helpful in the board's discussions. If you need additional information or clarification, please let me know. I would be happy to provide any assistance.



Ellen C. Fagan, Ed.D., CCC-SLP  
 Director, Continuing Education  
 American Speech-Language-Hearing Association  
 2200 Research Boulevard, #340  
 Rockville, MD 20850-3289  
 Direct line: 301-296-5739





## **BOARD MEETING MINUTES**

**May 23, 2014**

**Department of Consumer Affairs**

2005 Evergreen Street

Sacramento, CA 95815

### **Board Members Present**

Alison Grimes, Chair, Dispensing Audiologist

Patti Solomon-Rice, Vice Chair, Speech-Language Pathologist

Deane Manning, Hearing Aid Dispenser

Dee Parker, Speech-Language Pathologist

Marcia Raggio, Dispensing Audiologist

Debbie Snow, Public Member

### **Board Members Absent**

Rodney Diaz, M.D.

Jaime Lee, Public Member

Amnon Shalev, Hearing Aid Dispenser

### **Staff Present**

Breanne Humphreys, Interim Executive Officer

Sabina Knight, Legal Counsel

### **Guests Present**

Ileana Butu, DCA Legal Affairs

Bryce Docherty, KP Public Affairs

Laura Gutierrez, DCA Human Resources

Vanessa Kajina, KP Public Affairs

Jeffrey Sears, DCA Human Resources

## **I. Call to Order**

Chairperson Alison Grimes called the meeting to order at 9:02 a.m.; eight board members were present and thus a quorum was established.

## **II. Introductions**

Those present introduced themselves. Prior to going into closed session, Jeffrey Sears, DCA Personnel Officer reviewed the process of interviewing candidates for the Board's Executive Officer position.

## **CLOSED SESSION**

The Board met in closed session pursuant to Government Code Section 11126(a)(1) to interview candidates for the Executive Officer vacancy.

## **RETURN TO OPEN SESSION**

### **III. Report on Action Taken in Closed Session**

Chairperson Grimes announced that the Board interviewed and selected a candidate for the Executive Officer. The Board will make an official offer to the selected candidate in the afternoon.

### **IV. Approval of the February 7, 2014 Board Meeting Minutes**

**Dean Manning motioned and Dee Parker seconded approval of the February 7, 2014 Meeting Minutes as amended. The motion carried 6-0.**

### **V. Executive Officer's Report**

Breanne Humphreys reported that at the close of this fiscal year we are projected to end with a thirteen percent surplus of \$249,736, much of this amount is a result of salary savings due to the Executive Officer and Special Investigator vacancies. The Governor's loan repayment is still on target with the Board scheduled to receive the first payment of \$300,000 due by June 30, 2014. The second payment of \$400,000 is due during fiscal year 2014-15 and the final payment of \$450,000 is due during fiscal year 2015-16. Chairperson Grimes asked Ms. Humphreys to look into whether the repayments of the loan include added interest. Ms. Humphreys added that she is working with DCA Budgets to modify the expenditure projection report for fiscal year 2014-15 to more accurately reflect the Board's allocations and expenditures.

The Board hired Kellie Flores as a seasonal clerk to assist the Board with clerical support and is going to cross train her on some of the administrative assistant's duties and clearing the filing backlog.

Board staff has completed entering all of the Board's disciplinary actions into the National Practitioner's Database. In addition, all of the Board's disciplinary decision and orders have been uploaded to the Board's website. When a consumer uses the license verification feature on the Board's website, if a licensee has been disciplined, the accusation and disciplinary order documents are available for viewing.

The Continuing Education Audit continues. Staffing shortages have slowed the completion of the audit. The Board anticipates the audit will be complete by summer's end.

All Board members' travel claims must now be approved by Chairperson Grimes using the CalATERS, the state's automated travel expense reimbursement system.

## **VI. Legislative Update**

### **A. Senate Committee on Business, Professions and Economic Development Committee has agreed to carry the change to the Business and Professions Code 655.2 in their omnibus bill.**

The Board voted at the last Board meeting to submit the original language that was adopted in October to the SBP&EDC for inclusion in their omnibus bill. Currently under B & P Code 655.2 a physician and/or audiologist are prohibited from employing a hearing aid dispenser, unless they too are licensed to dispense hearing aids. The intent of the statute was to avoid collusion between referring parties and the selling parties.

There is no provision for the alternate employment arrangement for a hearing aid dispenser. Current law allows for a hearing aid dispenser to employ a physician and/or audiologist who are not licensed dispensers. Legislation was needed to make the employment arrangement bi-directional.

### **B. SB 1326 Roth – Warranty Provisions for Hearing Aids**

Hearing Healthcare Providers have sponsored a bill that will assist the Board in enforcing the warranty provision of hearing aids. The Board directed Ms. Humphreys to send a letter of support for this bill.

Mr. Bryce Docherty, KP Public Affairs and lobbyist for Hearing Healthcare Providers (HHP) of California, commented on SB 1326 and provided background and status information.

## **VII. Practice Committee Reports**

### **A. Speech-Language Pathology Practice Committee Report**

Patti Solomon-Rice provided a summary of the California Commission on Teacher Credentialing (CTC) presentation provided by Terri Clark, Director of the Professional Services Division. The presentation included a background and the current requirements for obtaining the SLP variable term waiver and recommendations to strengthen the requirements for obtaining the waiver that would result in higher quality services and consumer protection for public school children. Ms. Clark plans to place the issue on the CTC's August agenda.

Ms. Solomon-Rice discussed the Board's continuing education audit that was conducted in the fall of 2013. The Board also sent out a survey to those who were audited. Of the 205 surveys that were sent out, the Board received 97 responses—almost 50 percent responded. In response to the Board's question of which type of CE format was most effective, the survey revealed the following:

- 29 percent preferred self-study
- 36 percent preferred annual conferences
- 20 percent preferred live webinars

- 15 percent preferred other types of CE – traditional workshops, training at schools

Ms. Solomon-Rice referenced a May 15, 2014 letter addressed to the Board from the American Speech-Language-Hearing Association's (ASHA) Director of Continuing Education.

ASHA CE providers have more a more vigorous approval requirements for self-study CE activities in comparison to live continuing education activities. These self-study CE courses are peer-reviewed as opposed to some of the live courses which are not peer-reviewed. Over the past several years, ASHA has seen an increase in the number of self-study courses from its approved providers. The committee recommends and would like the Board to discuss increasing the number of self-study hours for speech-language pathologists. The maximum number of self-study hours is currently six hours.

Ms. Solomon-Rice discussed the Occupational Analysis. Two more workshops are scheduled for June. Surveys have been sent out and so far 300 surveys have been returned. The results of the analysis will be presented at the August Board meeting.

**Dee Parker motioned and Chairperson Grimes seconded that the Board approve the Speech-Language Pathology Practice Committee report. The motion carried 6-0.**

#### **B. Hearing Aid Dispensers Committee Report**

Deane Manning discussed the committee's meeting. There was no quorum but topics discussed were proposed practice guidelines for hearing aid dispensing and whether bone-anchored devices require a license to dispense. Agenda items will be placed on the August Committee meeting's agenda.

**Chairperson Grimes motioned and Ms. Parker seconded that the Board approve the Hearing Aid Dispensers Committee report. The motion carried 6-0.**

#### **C. Audiology Practice Committee Report**

Chairperson Grimes discussed the committee's meeting. There was no quorum but topics discussed were proposed regulatory changes to audiology aide supervision standards and practice limitations; the shortage of MediCal/CCS providers; and the outreach letter to stakeholders involved with the services provided by Regional Centers to children who are deaf or hard of hearing.

**Marcia Raggio motioned and Chairperson Grimes seconded that the Board approve the Audiology Practice Committee report. The motion carried 6-0.**

#### **VIII. Licensing/Enforcement/Examination Statistical Data**

Ms. Humphreys reviewed the Board's statistical data. There has been significant growth in the Board's licensing population with speech-language pathology and speech-language pathology assistants. Ms. Humphreys reported that 70 percent of the complaints received by the Board involve hearing aid dispensers and are mostly related to the Song Beverly Act warranty

provisions. The enforcement unit is backlogged in investigating complaints going back to 2012. Staff is working on ways to work the backlogged cases. The special investigator has been vacant for 18 months. The Board may want to reclassify the position to an analyst to handle complaints. Part of the holdup in filling the special investigator position has been the need to clarify the benefit structure of the classification.

#### **IX. Public Comment on Items Not on the Agenda**

No public comments.

#### **X. Future 2014 Board Meetings/Agenda Items**

- A. August 20-21, 2014, Los Angeles (Wednesday and Thursday) Board Meeting
- B. November 13-14, 2014 San Diego Board Meeting. (There may be conflicts with Board members.) This meeting was tentatively changed to November 6-7, 2014.
- C. August Agenda Items
  - Speech-Language Pathology CE self-study on Board agenda
  - Audiology and Hearing Aid Committee's May agenda items moved to their August agenda
  - Audiology CE self-study on committee agenda
  - Speech-language pathology occupational analysis presentation on full board agenda
  - Speech-language pathology supervision audit on committee agenda
  - Speech-language pathology Praxis score change on committee agenda

#### **XIII. Adjournment**

**Ms. Parker motioned and Chairperson Grimes seconded to adjourn the meeting. The motion carried 6-0.**

The meeting was adjourned at 1:05 p.m.





**Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board - 0376**  
**BUDGET REPORT**  
**FY 2013-14 EXPENDITURE PROJECTION**  
**FISCAL MONTH 13**

OBJECT DESCRIPTION	FY 2012-13		FY 2013-14				
	ACTUAL	PRIOR YEAR	BUDGET	CURRENT YEAR	PERCENT	PROJECTIONS	UNENCUMBERED
	EXPENDITURES (MONTH 13)	EXPENDITURES 6/30/2013	STONE 2013-14	EXPENDITURES 6/30/2014	SPENT	TO YEAR END	BALANCE
<b>PERSONNEL SERVICES</b>							
Salary & Wages (Staff)	361,666	361,666	424,311	350,858	83%	350,858	73,453
Statutory Exempt (EO)	78,356	78,356	81,732	79,405	97%	79,405	2,327
Temp Help Reg (Seasonals)	153	153	1,000	3,316	332%	3,316	(2,316)
Temp Help (Exam Proctors)	871	871		475		475	(475)
Board Member Per Diem	0	0	5,854		0%	0	5,854
Committee Members (DEC)	8,700	8,700		5,100		5,100	(5,100)
Overtime	22,102	22,102	5,000	12,235		12,235	(7,235)
Staff Benefits	215,895	215,895	222,940	182,185	82%	182,185	40,755
<b>TOTALS, PERSONNEL SVC</b>	<b>687,743</b>	<b>687,743</b>	<b>740,837</b>	<b>633,574</b>	<b>86%</b>	<b>633,574</b>	<b>107,263</b>
<b>OPERATING EXPENSE AND EQUIPMENT</b>							
General Expense	10,416	10,416	50,876	11,356	22%	11,356	39,520
Fingerprint Reports	15,680	15,680	28,439	13,696	48%	13,696	14,743
Minor Equipment	3,525	3,525	11,100	8,234		8,234	2,866
Printing	11,853	11,853	24,393	8,653	35%	8,653	15,740
Communication	6,277	6,277	17,027	5,043	30%	5,043	11,984
Postage	21,989	21,989	23,340	24,062	103%	24,062	(722)
Insurance			144		0%		144
Travel In State	18,573	18,573	34,162	16,196	47%	16,196	17,966
Travel, Out-of-State							0
Training			5,802		0%		5,802
Facilities Operations	65,374	65,374	112,569	60,083	53%	60,083	52,486
Utilities							0
C & P Services - Interdept.			23,890		0%		23,890
C & P Services - External	905	905		363		363	(363)
<b>DEPARTMENTAL SERVICES:</b>							
Departmental Pro Rata	151,494	151,494	172,854	171,051	99%	171,051	1,803
Admin/Exec	70,488	70,488	87,956	87,432	99%	87,432	524
Interagency Services - OPES			29,093		0%		29,093
IA w/ OPES	56,926	56,926		67,996		67,996	(67,996)
DOI-ProRata Internal	1,669	1,669	2,794	2,780	99%	2,780	14
Public Affairs Office	4,197	4,197	3,961	3,241	82%	3,241	720
CCED	18,947	18,947	38,091	35,893	94%	35,893	2,198
<b>INTERAGENCY SERVICES:</b>							
Consolidated Data Center	276	276	8,932	193	2%	193	8,739
DP Maintenance & Supply	4,344	4,344	17,077	3,902	23%	3,902	13,175
Central Admin Svc-ProRata	92,758	92,758	59,269	59,269	100%	59,269	0
<b>EXAM EXPENSES:</b>							
Exam Supplies							0
Exam Freight							0
Exam Site Rental			7,663	2,232		2,232	5,431
C/P Svcs-External Expert Administrative	11,463	11,463	25,542	9,995		9,995	15,547
C/P Svcs-External Expert Examiners			37,913				37,913
C/P Svcs-External Subject Matter	39,560	39,560		40,079		40,079	(40,079)
<b>ENFORCEMENT:</b>							
Attorney General	111,565	111,565	90,567	84,005	93%	84,005	6,562
Office Admin. Hearings	24,720	24,720	21,749	16,021	74%	16,021	5,728
Court Reporters	2,428	2,428		1,202		1,202	(1,202)
Evidence/Witness Fees	2,267	2,267	7,428	19,153	258%	19,153	(11,725)
DOI - Investigations	237,324	237,324	214,314	214,031	100%	214,031	283
Major Equipment	6,727	6,727	5,600				5,600
Other - Clothing & Pers Supp							0
Special Items of Expense							0
Other (Vehicle Operations)			15,000				15,000
<b>TOTALS, OE&amp;E</b>	<b>991,745</b>	<b>991,745</b>	<b>1,177,545</b>	<b>966,161</b>	<b>82%</b>	<b>966,161</b>	<b>211,384</b>
<b>TOTAL EXPENSE</b>	<b>1,679,488</b>	<b>1,679,488</b>	<b>1,918,382</b>	<b>1,599,735</b>	<b>168%</b>	<b>1,599,735</b>	<b>318,647</b>
Sched. Reimb. - Fingerprints	(15,920)	(15,920)	(31,000)	(16,635)	54%	(31,000)	0
Sched. Reimb. - Other	(8,325)	(8,325)	(2,000)	(5,415)	271%	(2,000)	0
Distributed							0
Unsched. Reimb. - Other	(11,474)	(11,474)		(32,613)			0
<b>NET APPROPRIATION</b>	<b>1,643,769</b>	<b>1,643,769</b>	<b>1,885,382</b>	<b>1,545,072</b>	<b>82%</b>	<b>1,566,735</b>	<b>318,647</b>
<b>SURPLUS/(DEFICIT):</b>							<b>16.9%</b>



**SPEECH**

Month:

Jun

Month Number:

12

**REVENUE PROJECTION**

Mos. Remaining:

0

2013-14

	FY 11-12		FY 12-13		FY 13-14			Projection Formulas		Comments	
	6/30/12 YTD	Month 13	6/30/13 YTD	Month 13	Budgeted	6/30/14 YTD	Projection	PY Ratio	SL Projection		
<b>Speech Reimbursements:</b>											
<b>991937</b>											
991937 01	Scheduled Reimbursements/Fingerprints	\$ 16,770	\$ 16,770	\$ 24,245	\$ 24,245	\$ 33,000	\$ 21,585	\$ 21,585	\$ 21,585	\$ 21,585	PY RatioStraightlin
991937 02	Scheduled Reimbursements/External	\$ 9,905	\$ 9,905	\$ 15,920	\$ 15,920		\$ 16,170	\$ 16,170	\$ 16,170	\$ 16,170	PY RatioStraightlin
<b>995988</b>		\$ 6,865	\$ 6,865	\$ 8,325	\$ 8,325		\$ 5,415	\$ 5,415	\$ 5,415	\$ 5,415	PY RatioStraightlin
995988 00	Unsch - External/Other	\$ 1,944	\$ 1,944	\$ 11,474	\$ 11,474	\$ -	\$ 32,613	\$ 32,613	\$ 32,612	\$ 32,613	
995988 01	Unsch - Investigative Cost Recovery	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	Straightline
		\$ 1,944	\$ 1,944	\$ 11,474	\$ 11,474		\$ 32,613	\$ 32,613	\$ 32,612	\$ 32,613	
<b>Total Reimbursements:</b>		\$ 18,714	\$ 18,714	\$ 35,719	\$ 35,719	\$ 33,000	\$ 54,198	\$ 54,198	\$ 54,197	\$ 54,198	
<b>Speech Revenue:</b>											
<b>125600</b>		\$ 13,099	\$ 13,099	\$ 19,714	\$ 19,714	\$ 23,000	\$ 13,665	\$ 13,665	\$ 13,665	\$ 13,665	
125600 SD	*Letter of Good Standing	\$ 4,460	\$ 4,460	\$ 5,389	\$ 5,389	\$ -	\$ 5,440	\$ 5,440	\$ 5,440	\$ 5,440	PY RatioStraightlin
125600 5H	Citation and Fine	\$ 2,789	\$ 2,789	\$ 7,000	\$ 7,000	\$ -	\$ -	\$ -	\$ -	\$ -	
125600 5T	Duplicate Renewal License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
125600 5W	Duplicate License	\$ 5,850	\$ 5,850	\$ 7,325	\$ 7,325	\$ -	\$ 8,225	\$ 8,225	\$ 8,225	\$ 8,225	PY RatioStraightlin
<b>125700</b>		\$ 97,054	\$ 97,054	\$ 94,286	\$ 94,286	\$ 286,000	\$ 97,219	\$ 97,219	\$ 97,219	\$ 97,219	
125700 D8	Cont. Prof. Develop Provider	\$ 2,600	\$ 2,600	\$ 2,000	\$ 2,000		\$ 4,400	\$ 4,400	\$ 4,400	\$ 4,400	PY RatioStraightlin
125700 H2	Temporary License- SP	\$ 60	\$ 60	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
125700 H3	Temporary License- AU	\$ 150	\$ 150	\$ 120	\$ 120		\$ -	\$ -	\$ -	\$ -	
125700 N1	**Speech Assistant App. Fee	\$ 17,650	\$ 17,650	\$ 20,600	\$ 20,600		\$ 19,500	\$ 19,500	\$ 19,500	\$ 19,500	PY RatioStraightlin
125700 01	Refunded Reimbursements	\$ 51	\$ 51	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
125700 5S	Application Fee - Speech	\$ 40,075	\$ 40,075	\$ 38,605	\$ 38,605		\$ 39,585	\$ 39,585	\$ 39,585	\$ 39,585	PY RatioStraightlin
125700 5T	Initial License Fee - Speech	\$ 32,195	\$ 32,195	\$ 28,510	\$ 28,510		\$ 27,725	\$ 27,725	\$ 27,725	\$ 27,725	PY RatioStraightlin
125700 5U	Aide Registration	\$ 650	\$ 650	\$ 630	\$ 630		\$ 510	\$ 510	\$ 510	\$ 510	PY RatioStraightlin
125700 5V	Application Fee - Audiology	\$ 1,960	\$ 1,960	\$ 2,590	\$ 2,590		\$ 3,325	\$ 3,325	\$ 3,325	\$ 3,325	PY RatioStraightlin
125700 5W	Initial License Fee - Audiology	\$ 1,900	\$ 1,900	\$ 2,000	\$ 2,000		\$ 2,375	\$ 2,375	\$ 2,375	\$ 2,375	PY RatioStraightlin
125700 8V	App Fee - Dispensing Audiologist \$2	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
125700 90	Over/Short Fees	\$ 113	\$ 113	\$ 61	\$ 61		\$ 17	\$ 17	\$ 17	\$ 17	PY RatioStraightlin
125700 91	Suspended Revenue	\$ 15	\$ 15	\$ 75	\$ 75		\$ -	\$ -	\$ -	\$ -	
125700 92	Prior Year Revenue Adjustment	\$ (365)	\$ (365)	\$ (905)	\$ (905)		\$ (218)	\$ (218)	\$ (218)	\$ (218)	PY RatioStraightlin
<b>125800</b>		\$ 721,833	\$ 721,043	\$ 750,612	\$ 750,072	\$ 1,144,000	\$ 780,788	\$ 780,788	\$ 724,170	\$ 724,763	
125800 A2	Temp Lic Renewal - SP	\$ 30	\$ 30	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
125800 A3	Revewal-Temporary License AU	\$ 30	\$ 30	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
125800 A6	SPA Assistant Renewal	\$ 39,825	\$ 39,825	\$ 54,300	\$ 54,300		\$ 56,025	\$ 56,025	\$ 56,025	\$ 56,025	PY RatioStraightlin
125800 BJ	Biennial Renewal Fee - SP	\$ 622,425	\$ 622,425	\$ 616,610	\$ 616,610		\$ 681,795	\$ 681,795	\$ 681,795	\$ 681,795	PY RatioStraightlin
125800 BK	Biennial Renewal Fee - AU	\$ 44,720	\$ 44,720	\$ 67,550	\$ 67,550		\$ 29,370	\$ 29,370	\$ 29,370	\$ 29,370	PY RatioStraightlin
125800 RM	Continuing Prof. Devel. Renew	\$ 14,000	\$ 14,000	\$ 11,600	\$ 11,600		\$ 13,000	\$ 13,000	\$ 13,000	\$ 13,000	PY RatioStraightlin
125800 8V	Biennial Renewal - DAU	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
125800 8W	Ann Ren-Dispensing Audiologist	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
125800 90	Over/Short Fees	\$ 13	\$ 13	\$ 12	\$ 12		\$ 5	\$ 5	\$ 5	\$ 5	PY RatioStraightlin
125800 C1	Automated Revenue Refund Claim	\$ 790	\$ -	\$ 540	\$ -		\$ 593	\$ 593	\$ -	\$ 593	Straightline
<b>125900</b>		\$ 16,865	\$ 16,865	\$ 15,250	\$ 15,250	\$ 20,000	\$ 14,325	\$ 14,325	\$ 14,325	\$ 14,325	

		FY 11-12		FY 12-13		FY 13-14			Projection Formulas		Comments
125900 DE	Delinq. Renewal - SPA	\$ 1,525	\$ 1,525	\$ 2,725	\$ 2,725		\$ 1,675	\$ 1,675	\$ 1,675	\$ 1,675	PY RatioStraightlir
125900 5U	Delinq. Renewal - SP	\$ 14,765	\$ 14,765	\$ 11,875	\$ 11,875		\$ 12,100	\$ 12,100	\$ 12,100	\$ 12,100	PY RatioStraightlir
125900 5V	Delinq. Renewal - AU	\$ 575	\$ 575	\$ 650	\$ 650		\$ 550	\$ 550	\$ 550	\$ 550	PY RatioStraightlir
125900 8V	Delinq. Renewal - DAU	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
<b>142500</b>		\$ -	\$ -	\$ 15	\$ 15	\$ -	\$ 626	\$ 626	\$ 626	\$ 626	
142500	Misc. Services to the Public	\$ -	\$ -	\$ 15	\$ 15		\$ 626	\$ 626	\$ 626	\$ 626	PY RatioStraightlir
<b>150300</b>		\$ 2,078	\$ 2,785	\$ 2,231	\$ 2,823	\$ 4,000	\$ 1,719	\$ 1,719	\$ 2,175	\$ 1,719	
150300 00	Income from Surplus Money Invest.	\$ 2,078	\$ 2,785	\$ 2,231	\$ 2,823		\$ 1,719	\$ 1,719	\$ 2,175	\$ 1,719	Straightline
<b>161000</b>		\$ 710	\$ 710	\$ 1,230	\$ 1,230	\$ 1,000	\$ 704	\$ 704	\$ 704	\$ 704	
161000 02	Revenue Cancelled Warrants	\$ 710	\$ 710	\$ 1,230	\$ 1,230		\$ 704	\$ 704	\$ 704	\$ 704	PY RatioStraightlir
<b>161400</b>		\$ 325	\$ 325	\$ 525	\$ 525	\$ -	\$ 682	\$ 682	\$ 547	\$ 682	
161400 91	Misc Revenue	\$ 325	\$ 325	\$ 525	\$ 525		\$ 547	\$ 547	\$ 547	\$ 547	PY RatioStraightlir
161400 FT	Misc Revenue FTB Collection	\$ -	\$ -	\$ -	\$ -		\$ 135	\$ 135	\$ -	\$ 135	Straightline
<b>Total Revenue:</b>		\$ 851,964	\$ 851,881	\$ 883,863	\$ 883,915	\$ 1,478,000	\$ 909,728	\$ 909,728	\$ 853,431	\$ 853,703	
<b>Total:</b>		\$ 870,678	\$ 870,596	\$ 919,582	\$ 919,634	\$ 1,511,000	\$ 963,926	\$ 963,926	\$ 907,628	\$ 907,901	

\*SB 2021, Statutes of 2002, Effective January 1, 2003 provided the Board the authority to collect fees for issuing Letters of Good Standing. The fee was established by regulation CCR Section 1399.157(e) in the amount of \$10.00

\*\*Significant spike in speech assistant applications in 02/03 due to expiration of grandfathering clause as of June 1, 2003. Number of applications drastically decreased in FY 03/04 and will level off in future years.

**HEARING AID DISPENSERS  
REVENUE PROJECTION  
2013-14**

Month: **Jun**

Month Number: **12**

Mos. Remaining: **0**

Revenue Code:		FY 11/12		FY 12/13		FY 13/14			Projection Formulas		Comments
		6/30/12 YTD	Month 13	6/30/13 YTD	Month 13	Budgeted	6/30/13 YTD	Projection	PY Ratio	SL Projection	
<b>HADB Reimbursements:</b>											
<b>991913</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
991913 00	Scheduled Interdepartmental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>991937</b>		\$ 202	\$ 202	\$ 147	\$ 147	\$ -	\$ 465	\$ 465	\$ -	\$ -	
991937 01	Fingerprint Reports	\$ 202	\$ 202	\$ 147	\$ 147	\$ -	\$ 465	\$ 465	\$ 465	\$ 465	PY RatioStraightline
991937 02	Scheduled Reimbursements/External	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>995988</b>		\$ 1,245	\$ 1,245	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
995988 01	Unsch - Investigative Cost Recovery	\$ 1,245	\$ 1,245	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>Total Reimbursements:</b>		\$ 1,447	\$ 1,447	\$ 147	\$ 147	\$ -	\$ 465	\$ 465	\$ -	\$ -	
<b>HADB Revenue:</b>											
<b>125600</b>		\$ 10,338	\$ 10,338	\$ 10,887	\$ 10,887	\$ -	\$ 10,470	\$ 10,470	\$ 10,470	\$ 10,470	
125600 00	Other Regulatory Fees	\$ 24,805	\$ 24,805	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
125600 3M	Replacement Lic \$25	\$ (24,055)	\$ (24,055)	\$ 575	\$ 575	\$ -	\$ 850	\$ 850	\$ 850	\$ 850	PY RatioStraightline
125600 3N	Official Lic cert \$15	\$ 195	\$ 195	\$ 465	\$ 465	\$ -	\$ 675	\$ 675	\$ 675	\$ 675	PY RatioStraightline
125600 3R	License Confirmation Letter \$10	\$ 50	\$ 50	\$ 10	\$ 10	\$ -	\$ -	\$ -	\$ -	\$ -	
125600 5X	Cite and Fine	\$ 9,343	\$ 9,343	\$ 9,837	\$ 9,837	\$ -	\$ 8,945	\$ 8,945	\$ 8,945	\$ 8,945	Straightline
125600 92	Prior Year Adj	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>125700</b>		\$ 188,340	\$ 188,340	\$ 202,815	\$ 202,815	\$ -	\$ 194,060	\$ 194,060	\$ 188,995	\$ 194,060	
125700 00	Other Fees	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
125700 F2	HAD Acct-Written Exam Fee \$225	\$ 52,075	\$ 52,075	\$ 65,300	\$ 65,300	\$ -	\$ 79,650	\$ 79,650	\$ 79,650	\$ 79,650	PY RatioStraightline
125700 F3	HAD Acct-Practical Exam Fee \$500	\$ 55,900	\$ 55,900	\$ 60,275	\$ 60,275	\$ -	\$ 36,000	\$ 36,000	\$ 36,000	\$ 36,000	PY RatioStraightline
125700 3N	Initial App Fee - \$75	\$ 10,840	\$ 10,840	\$ 11,250	\$ 11,250	\$ -	\$ 17,700	\$ 17,700	\$ 17,700	\$ 17,700	PY RatioStraightline
125700 3P	Initial License - \$280	\$ 24,640	\$ 24,640	\$ 23,520	\$ 23,520	\$ -	\$ 6,440	\$ 6,440	\$ 6,440	\$ 6,440	PY RatioStraightline
125700 3S	CE Provider App - \$50	\$ 29,800	\$ 29,800	\$ 27,340	\$ 27,340	\$ -	\$ 25,500	\$ 25,500	\$ 25,500	\$ 25,500	PY RatioStraightline
125700 38	Initial Temp Lic \$100	\$ 1,100	\$ 1,100	\$ 1,000	\$ 1,000	\$ -	\$ 900	\$ 900	\$ 900	\$ 900	PY RatioStraightline
125700 39	Initial Branch Lic \$25	\$ 4,875	\$ 4,875	\$ 4,375	\$ 4,375	\$ -	\$ 7,100	\$ 7,100	\$ 7,100	\$ 7,100	PY RatioStraightline
125700 42	Initial TraineeLicense - Hearing Aid Disp	\$ 10,900	\$ 10,900	\$ 10,100	\$ 10,100	\$ -	\$ 15,700	\$ 15,700	\$ 15,700	\$ 15,700	PY RatioStraightline
125700 56	Practical Exam - HAD \$285	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
125700 59	Written Exam - HAD \$100	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
125700 8V	App Fee-Dispensing Audiologist \$2	\$ 280	\$ 280	\$ -	\$ -	\$ -	\$ 4,760	\$ 4,760	\$ -	\$ 4,760	Straightline
125700 90	Over/Short Fees	\$ 25	\$ 25	\$ 5	\$ 5	\$ -	\$ 5	\$ 5	\$ 5	\$ 5	PY RatioStraightline
125700 91	Suspended Revenue	\$ 330	\$ 330	\$ -	\$ -	\$ -	\$ 305	\$ 305	\$ -	\$ 305	Straightline
125700 92	Prior Year Adj	\$ (2,425)	\$ (2,425)	\$ (350)	\$ (350)	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>125800</b>		\$ 422,753	\$ 422,578	\$ 488,039	\$ 487,989	\$ -	\$ 551,838	\$ 551,838	\$ 551,788	\$ 551,838	
125800 00	Renewal Fees	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
125800 3M	Temp Lic Renewal - \$100	\$ 10,800	\$ 10,800	\$ 10,425	\$ 10,425	\$ -	\$ 12,200	\$ 12,200	\$ 12,200	\$ 12,200	PY RatioStraightline
125800 3P	Annual Renewal - HAD \$280	\$ 252,150	\$ 252,150	\$ 245,255	\$ 245,255	\$ -	\$ 254,040	\$ 254,040	\$ 254,040	\$ 254,040	PY RatioStraightline
125800 3T	Branch Lic Renewal - \$25	\$ 12,375	\$ 12,375	\$ 12,875	\$ 12,875	\$ -	\$ 12,950	\$ 12,950	\$ 12,950	\$ 12,950	PY RatioStraightline
125800 3Y	Bien Ren - P&S - One Time Credit	\$ (25)	\$ (25)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
125800 8V	Bien Ren - Dispensing Audiologist	\$ 23,410	\$ 23,410	\$ 36,314	\$ 36,314	\$ -	\$ 50,800	\$ 50,800	\$ 50,800	\$ 50,800	PY RatioStraightline
125800 8W	Ann Ren-Dispensing Audiologist	\$ 123,870	\$ 123,870	\$ 183,120	\$ 183,120	\$ -	\$ 221,798	\$ 221,798	\$ 221,798	\$ 221,798	PY RatioStraightline
125800 90	Over/Short Fees	\$ (2)	\$ (2)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
125800 C1	Automated Revenue Refund Claim	\$ 175	\$ -	\$ 50	\$ -	\$ -	\$ 50	\$ 50	\$ -	\$ 50	Straightline
<b>125900</b>		\$ 3,600	\$ 3,600	\$ 4,125	\$ 4,125	\$ -	\$ 3,725	\$ 3,725	\$ 3,725	\$ 3,725	
125900 00	Deliq. Fees	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
125900 3J	Delq. Ren - HAD \$25	\$ 1,750	\$ 1,750	\$ 2,175	\$ 2,175	\$ -	\$ 1,775	\$ 1,775	\$ 1,775	\$ 1,775	PY RatioStraightline
125900 3K	Delq. Ren - Temp Lic HAD \$25	\$ 400	\$ 400	\$ 350	\$ 350	\$ -	\$ 350	\$ 350	\$ 350	\$ 350	PY RatioStraightline
125900 3L	Delq. Ren - Branch Lic \$25	\$ 775	\$ 775	\$ 575	\$ 575	\$ -	\$ 625	\$ 625	\$ 625	\$ 625	PY RatioStraightline
125900 8V	Delq. Ren - Dispensing Audiologist	\$ 675	\$ 675	\$ 1,025	\$ 1,025	\$ -	\$ 975	\$ 975	\$ 975	\$ 975	PY RatioStraightline

		FY 11/12		FY 12/13		FY 13/14			Projection Formulas		Comments
<b>142500</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
142500 90	Misc Services to the Public	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>150300</b>		\$ 1,517	\$ 1,517	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
150300 00	Income from Surplus Invest.	\$ 1,517	\$ 1,517	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>160400</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
160400 00	Sale of Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>161000</b>		\$ 25	\$ 25	\$ 125	\$ 125	\$ -	\$ 610	\$ 610	\$ 610	\$ 610	
161000 02	Revenue Canceled Warrants	\$ 25	\$ 25	\$ 125	\$ 125	\$ -	\$ 610	\$ 610	\$ 610	\$ 610	PY RatioStraightline
<b>161400</b>		\$ 25	\$ 25	\$ 187	\$ 187	\$ -	\$ 110	\$ 110	\$ 110	\$ 110	
161400 FT	Misc Revenue FTB Collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
161400 TB	Misc Revenue FTB	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
161400 00	Misc Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
161400 90	Misc Income	\$ -	\$ -	\$ 27	\$ 27	\$ -	\$ 10	\$ 10	\$ 10	\$ 10	PY RatioStraightline
161400 91	Dishonored Check Fee	\$ 25	\$ 25	\$ 160	\$ 160	\$ -	\$ 100	\$ 100	\$ 100	\$ 100	PY RatioStraightline
<b>302080</b>		\$ 387,256	\$ 387,256	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
302080 00	Tr From Hearing Aid Dispensers'	\$ 387,256	\$ 387,256	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>Totals Revenue:</b>		\$ 626,598	\$ 626,424	\$ 706,178	\$ 706,128	\$ -	\$ 760,813	\$ 760,813	\$ 755,698	\$ 760,813	
<b>Total:</b>		\$ 628,045	\$ 627,871	\$ 706,325	\$ 706,275	\$ -	\$ 761,278	\$ 761,278	\$ 755,698	\$ 760,813	

## LICENSES ISSUED

<b>LICENSES ISSUED</b>	<b>FY10/11</b>	<b>FY11/12</b>	<b>FY12/13</b>	<b>FY13/14</b>
AU	57	55	76	57
AUT	2	1	1	0
DAU	78	20	19	UA
SLP	734	911	1056	974
SPT	1	0	0	0
SLPA	312	346	407	325
RPE'S	513	667	727	702
AIDES	52	44	51	40
CPD PROVIDERS	15	16	9	15
HAD Permanant **	50	91	84	49
HAD Trainees	77	94	95	139
HAD Licensed in Another State	12	6	7	5
HAD Branch Office	205	192	132	282
<b><i>TOTAL LICENSES ISSUED</i></b>	<b>2108</b>	<b>2443</b>	<b>2664</b>	<b>2588</b>





## LICENSING POPULATION

POPULATION	FY10/11	FY11/12	FY12/13	FY13/14 As of 6/30
AU	622	595	609	UA
DAU	911	930	942	UA
Both License Types	1,533	1,525	1,551	1,555
AUT	0	0	0	0
SLP	11,349	12,020	12,696	13,285
SPT	0	0	0	0
SLPA	1,304	1,529	1,771	1,969
RPE'S	608	665	682	768
AIDES	215	181	120	119
HAD Permanant **	932	938	946	913
HAD Trainees	83	97	95	145
HAD Licensed in Another State	12	6	9	8
HAD Branch Office	601	627	653	710
<b>TOTAL LICENSEES</b>	<b>18,170</b>	<b>19,113</b>	<b>20,074</b>	<b>19,472</b>



# ENFORCEMENT STATISTICS

<b>COMPLAINTS AND CONVICTIONS</b>	<b>FISCAL YEAR 2012 - 2013</b>		<b>FISCAL YEAR 2013 - 2014</b>	
	<b>HAD</b>	<b>SP/AU</b>	<b>HAD</b>	<b>SP/AU</b>
Complaints Received	71	28	86	41
Convictions Received	7	41	6	29
Average Days to Intake	1	2	2	2
Closed	103	87	104	69
Pending	111	29	100	30

*Average Days to Intake - Average cycle time from complaint received, to the date the complaint was assigned to an investigator.*

<b>INVESTIGATIONS Desk</b>	<b>FISCAL YEAR 2012 - 2013</b>		<b>FISCAL YEAR 2013 - 2014</b>	
	<b>HAD</b>	<b>SP/AU</b>	<b>HAD</b>	<b>SP/AU</b>
Assigned	98	69	91	68
Closed	91	80	84	63
Average Days to Complete	360	220	458	128
Pending	84	27	80	28

*Average Days to Complete Desk Investigations - Average cycle time from complaint receipt to closure of the investigation process.*

<b>INVESTIGATIONS Non Sworn</b>	<b>FISCAL YEAR 2012 - 2013</b>		<b>FISCAL YEAR 2013 - 2014</b>	
	<b>HAD</b>	<b>SP/AU</b>	<b>HAD</b>	<b>SP/AU</b>
Assigned	0	0	0	0
Closed	6	1	0	1
Average Days to Complete	604	1166	0	905
Pending	0	1	0	0

*Average Days to Complete Non-Sworn Investigations - Average cycle time from complaint receipt to closure of the investigation process.*

<b>INVESTIGATIONS Sworn</b>	<b>FISCAL YEAR 2012 - 2013</b>		<b>FISCAL YEAR 2013 - 2014</b>	
	<b>HAD</b>	<b>SP/AU</b>	<b>HAD</b>	<b>SP/AU</b>
Assigned	25	0	12	5
Closed	6	6	20	5
Average Days to Complete	758	697	451	503
Pending	27	1	19	2

*Average Days to Complete Sworn Investigations - Average cycle time from complaint receipt to closure of the investigation process.*

## ENFORCEMENT STATISTICS

	FISCAL YEAR 2012 - 2013		FISCAL YEAR 2013 - 2014	
	HAD	SP/AU	HAD	SP/AU
<b>ALL TYPES OF INVESTIGATIONS</b>				
Closed Without Discipline	94	77	93	60
Cycle Time - No Discipline	383	243	470	152

	FISCAL YEAR 2012 - 2013		FISCAL YEAR 2013 - 2014	
	HAD	SP/AU	HAD	SP/AU
<b>CITATIONS/Cease&amp;Desist</b>				
Issued	6	3	7	3
Avg Days to Complete Cite	654	794	358	453
Cease & Desist Letter	26	0	9	0

*Average Days to Issue a Citation - Average cycle time from complaint receipt to the effective date of the citation.*

	FISCAL YEAR 2012 - 2013		FISCAL YEAR 2013 - 2014	
	HAD	SP/AU	HAD	SP/AU
<b>ATTORNEY GENERAL CASES</b>				
Initiated / Referred to the AG	4	9	6	9
Pending at the AG	12	12	9	13
Statement of Issues Filed	1	2	0	1
Accusations Filed	1	3	3	6
SOI Withdrawn, Dismissed, Declined	0	0	0	0
Acc Withdrawn, Dismissed, Declined	0	4	2	1
Closed Without Discipline	1	4	5	5
Average Days to Discipline	606	1013	703	617

	FISCAL YEAR 2012 - 2013		FISCAL YEAR 2013 - 2014	
	HAD	SP/AU	HAD	SP/AU
<b>ATTORNEY GENERAL CASE ACTIONS</b>				
Probation		4	4	
Surrender of License		1	1	1
Conditional License			1	3
License Denied (SOI)	1			
Revocation-No Stay of Order				1
Petition for Modification of Probation				1
Petition for Reinstatement Denied			1	

*Average Days to Close a Discipline Case - Average cycle time from complaint receipt to the effective date of the disciplinary order.*

# ENFORCEMENT STATISTICS

<b>PROBATION</b>	<b>FISCAL YEAR 2012 - 2013</b>		<b>FISCAL YEAR 2013 - 2014</b>	
	<b>HAD</b>	<b>SP/AU</b>	<b>HAD</b>	<b>SP/AU</b>
New Probation Cases	0	4	5	3
Probation Completed	0	2	0	2
Active Cases	2	14	7	15
Tolled	1	9	1	9





*California*  
LEGISLATIVE INFORMATION

**AB-1758 Healing arts: initial license fees: proration. (2013-2014)**

Date	Action
08/04/14	From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on APPR.
06/30/14	Read second time and amended. Re-referred to Com. on APPR.
06/26/14	From committee: Do pass as amended and re-refer to Com. on APPR. (Ayes 8. Noes 0.) (June 23).
06/05/14	Referred to Com. on B., P. & E.D.
05/29/14	In Senate. Read first time. To Com. on RLS. for assignment.
05/29/14	Read third time. Passed. Ordered to the Senate. (Ayes 77. Noes 1. Page 5364.)
05/28/14	Read second time. Ordered to third reading.
05/27/14	Read second time and amended. Ordered to second reading.
05/27/14	From committee: Do pass as amended. (Ayes 17. Noes 0.) (May 23).
05/07/14	In committee: Set, first hearing. Referred to APPR. suspense file.
04/22/14	From committee: Do pass and re-refer to Com. on APPR. (Ayes 14. Noes 0.) (April 22). Re-referred to Com. on APPR.
04/07/14	Re-referred to Com. on B.,P. & C.P.
04/03/14	From committee chair, with author's amendments: Amend, and re-refer to Com. on B.,P. & C.P. Read second time and amended.
03/24/14	Re-referred to Com. on B.,P. & C.P.
03/20/14	From committee chair, with author's amendments: Amend, and re-refer to Com. on B.,P. & C.P. Read second time and amended.
02/27/14	Referred to Com. on B.,P. & C.P.
02/18/14	From printer. May be heard in committee March 20.
02/14/14	Read first time. To print.

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AMENDED IN SENATE JUNE 30, 2014  
AMENDED IN ASSEMBLY MAY 27, 2014  
AMENDED IN ASSEMBLY APRIL 3, 2014  
AMENDED IN ASSEMBLY MARCH 20, 2014  
CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1758**

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**Introduced by Assembly Member Patterson**  
*(Coauthor: Senator Lieu)*

February 14, 2014

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An act to amend Sections 1724, 1944, 2435, 2538.57, 2570.16, 2688, 2987, 4842.5, 4905, 4970, and 5604 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1758, as amended, Patterson. Healing arts: initial license fees: proration.

Existing law provides for the regulation and licensure of various professions and vocations. Existing law requires that licenses issued to certain licensees, including, among others, architects, acupuncturists, dental hygienists, dentists, occupational therapists, physical therapists, physicians and surgeons, psychologists, and veterinarians, expire at 12 a.m. on either the last day of the birth month of the licensee or at 12 a.m. of the legal birth date of the licensee during the 2nd year of a 2-year term if not renewed.

This bill would require that the fee for an initial temporary or permanent license, or an original license, as specified, imposed pursuant to these provisions be prorated on a monthly basis, but would authorize

a board or committee, as applicable, to impose an additional fee to cover the reasonable costs of issuing an initial or original license that expires in less than 12 months, as specified. The bill would limit the total amount of the prorated fee and the additional fee imposed for an initial or original license that expires in less than 12 months to  $\frac{1}{2}$  of the fee for an initial or original license, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 1724 of the Business and Professions  
2 Code is amended to read:  
3 1724. The amount of charges and fees for dentists licensed  
4 pursuant to this chapter shall be established by the board as is  
5 necessary for the purpose of carrying out the responsibilities  
6 required by this chapter as it relates to dentists, subject to the  
7 following limitations:  
8 (a) The fee for application for examination shall not exceed five  
9 hundred dollars (\$500).  
10 (b) The fee for application for reexamination shall not exceed  
11 one hundred dollars (\$100).  
12 (c) The fee for examination and for reexamination shall not  
13 exceed eight hundred dollars (\$800). Applicants who are found to  
14 be ineligible to take the examination shall be entitled to a refund  
15 in an amount fixed by the board.  
16 (d) The fee for an initial license and for the renewal of a license  
17 shall not exceed four hundred fifty dollars (\$450). The fee for an  
18 initial license shall be prorated on a monthly basis. The board may,  
19 however, with respect to an initial license that expires in less than  
20 12 months, impose an additional fee sufficient to cover the  
21 reasonable costs of issuing the license if the board makes a  
22 determination in writing that the prorated fee for the initial license  
23 is insufficient to cover the reasonable costs of issuing the license  
24 and that the additional fee is necessary to cover those costs. The  
25 total amount of the prorated initial license fee and any additional  
26 fee imposed by the board pursuant to this subdivision for an initial  
27 license that expires in less than 12 months shall not exceed two  
28 hundred twenty-five dollars (\$225).

1 (e) The fee for a special permit shall not exceed three hundred  
2 dollars (\$300), and the renewal fee for a special permit shall not  
3 exceed one hundred dollars (\$100).

4 (f) The delinquency fee shall be the amount prescribed by  
5 Section 163.5.

6 (g) The penalty for late registration of change of place of  
7 practice shall not exceed seventy-five dollars (\$75).

8 (h) The application fee for permission to conduct an additional  
9 place of practice shall not exceed two hundred dollars (\$200).

10 (i) The renewal fee for an additional place of practice shall not  
11 exceed one hundred dollars (\$100).

12 (j) The fee for issuance of a substitute certificate shall not exceed  
13 one hundred twenty-five dollars (\$125).

14 (k) The fee for a provider of continuing education shall not  
15 exceed two hundred fifty dollars (\$250) per year.

16 (l) The fee for application for a referral service permit and for  
17 renewal of that permit shall not exceed twenty-five dollars (\$25).

18 (m) The fee for application for an extramural facility permit  
19 and for the renewal of a permit shall not exceed twenty-five dollars  
20 (\$25).

21 The board shall report to the appropriate fiscal committees of  
22 each house of the Legislature whenever the board increases any  
23 fee pursuant to this section and shall specify the rationale and  
24 justification for that increase.

25 SEC. 2. Section 1944 of the Business and Professions Code is  
26 amended to read:

27 1944. (a) The committee shall establish by resolution the  
28 amount of the fees that relate to the licensing of a registered dental  
29 hygienist, a registered dental hygienist in alternative practice, and  
30 a registered dental hygienist in extended functions. The fees  
31 established by board resolution in effect on June 30, 2009, as they  
32 relate to the licensure of registered dental hygienists, registered  
33 dental hygienists in alternative practice, and registered dental  
34 hygienists in extended functions, shall remain in effect until  
35 modified by the committee. The fees are subject to the following  
36 limitations:

37 (1) The application fee for an original license and the fee for  
38 the issuance of an original license shall not exceed two hundred  
39 fifty dollars (\$250). The fee for the issuance of an original license  
40 shall be prorated on a monthly basis. The committee may, however,

1 with respect to an original license that expires in less than 12  
2 months, impose an additional fee sufficient to cover the reasonable  
3 costs of issuing the original license if the committee makes a  
4 determination in writing that the fee for the original license is  
5 insufficient to cover the reasonable costs of issuing the license and  
6 that the additional fee is necessary to cover those costs. The total  
7 amount of the prorated original license fee and any additional fee  
8 imposed by the committee pursuant to this paragraph for an original  
9 license that expires in less than 12 months shall not exceed one  
10 hundred twenty-five dollars (\$125).

11 (2) The fee for examination for licensure as a registered dental  
12 hygienist shall not exceed the actual cost of the examination.

13 (3) For third- and fourth-year dental students, the fee for  
14 examination for licensure as a registered dental hygienist shall not  
15 exceed the actual cost of the examination.

16 (4) The fee for examination for licensure as a registered dental  
17 hygienist in extended functions shall not exceed the actual cost of  
18 the examination.

19 (5) The fee for examination for licensure as a registered dental  
20 hygienist in alternative practice shall not exceed the actual cost of  
21 administering the examination.

22 (6) The biennial renewal fee shall not exceed one hundred sixty  
23 dollars (\$160).

24 (7) The delinquency fee shall not exceed one-half of the renewal  
25 fee. Any delinquent license may be restored only upon payment  
26 of all fees, including the delinquency fee, and compliance with all  
27 other applicable requirements of this article.

28 (8) The fee for issuance of a duplicate license to replace one  
29 that is lost or destroyed, or in the event of a name change, shall  
30 not exceed twenty-five dollars (\$25) or one-half of the renewal  
31 fee, whichever is greater.

32 (9) The fee for certification of licensure shall not exceed one-half  
33 of the renewal fee.

34 (10) The fee for each curriculum review and site evaluation for  
35 educational programs for dental hygienists who are not accredited  
36 by a committee-approved agency shall not exceed two thousand  
37 one hundred dollars (\$2,100).

38 (11) The fee for each review of courses required for licensure  
39 that are not accredited by a committee-approved agency, the  
40 Council Bureau for Private Postsecondary and Vocational

1 Education *or its successor*, or the Chancellor's Office of the  
2 California Community Colleges shall not exceed three hundred  
3 dollars (\$300).

4 (12) The initial application and biennial fee for a provider of  
5 continuing education shall not exceed five hundred dollars (\$500).

6 (13) The amount of fees payable in connection with permits  
7 issued under Section 1962 is as follows:

8 (A) The initial permit fee is an amount equal to the renewal fee  
9 for the applicant's license to practice dental hygiene in effect on  
10 the last regular renewal date before the date on which the permit  
11 is issued.

12 (B) If the permit will expire less than one year after its issuance,  
13 then the initial permit fee is an amount equal to 50 percent of the  
14 renewal fee in effect on the last regular renewal date before the  
15 date on which the permit is issued.

16 (b) The renewal and delinquency fees shall be fixed by the  
17 committee by resolution at not more than the current amount of  
18 the renewal fee for a license to practice under this article nor less  
19 than five dollars (\$5).

20 (c) Fees fixed by the committee by resolution pursuant to this  
21 section shall not be subject to the approval of the Office of  
22 Administrative Law.

23 (d) Fees collected pursuant to this section shall be collected by  
24 the committee and deposited into the State Dental Hygiene Fund,  
25 which is hereby created. All money in this fund shall, upon  
26 appropriation by the Legislature in the annual Budget Act, be used  
27 to implement the provisions of this article.

28 (e) No fees or charges other than those listed in this section shall  
29 be levied by the committee in connection with the licensure of  
30 registered dental hygienists, registered dental hygienists in  
31 alternative practice, or registered dental hygienists in extended  
32 functions.

33 (f) The fee for registration of an extramural dental facility shall  
34 not exceed two hundred fifty dollars (\$250).

35 (g) The fee for registration of a mobile dental hygiene unit shall  
36 not exceed one hundred fifty dollars (\$150).

37 (h) The biennial renewal fee for a mobile dental hygiene unit  
38 shall not exceed two hundred fifty dollars (\$250).

39 (i) The fee for an additional office permit shall not exceed two  
40 hundred fifty dollars (\$250).

1 (j) The biennial renewal fee for an additional office as described  
2 in Section 1926.4 shall not exceed two hundred fifty dollars (\$250).

3 (k) The initial application and biennial special permit fee is an  
4 amount equal to the biennial renewal fee specified in paragraph  
5 (6) of subdivision (a).

6 (l) The fees in this section shall not exceed an amount sufficient  
7 to cover the reasonable regulatory cost of carrying out the  
8 provisions of this article.

9 SEC. 3. Section 2435 of the Business and Professions Code is  
10 amended to read:

11 2435. The following fees apply to the licensure of physicians  
12 and surgeons:

13 (a) Each applicant for a certificate based upon a national board  
14 diplomate certificate, each applicant for a certificate based on  
15 reciprocity, and each applicant for a certificate based upon written  
16 examination, shall pay a nonrefundable application and processing  
17 fee, as set forth in subdivision (b), at the time the application is  
18 filed.

19 (b) The application and processing fee shall be fixed by the  
20 board by May 1 of each year, to become effective on July 1 of that  
21 year. The fee shall be fixed at an amount necessary to recover the  
22 actual costs of the licensing program as projected for the fiscal  
23 year commencing on the date the fees become effective.

24 (c) Each applicant who qualifies for a certificate, as a condition  
25 precedent to its issuance, in addition to other fees required herein,  
26 shall pay an initial license fee, if any, in an amount fixed by the  
27 board consistent with this section. The initial license fee shall not  
28 exceed seven hundred ninety dollars (\$790). The initial license fee  
29 shall be prorated on a monthly basis. The board may, however,  
30 with respect to an initial license that expires in less than 12 months,  
31 impose an additional fee sufficient to cover the reasonable costs  
32 of issuing the license if the board makes a determination in writing  
33 that the fee for the initial license is insufficient to cover the  
34 reasonable costs of issuing the license and that the additional fee  
35 is necessary to cover those costs. The total amount of the prorated  
36 initial license fee and any additional fee imposed by the board  
37 pursuant to this subdivision for an initial license that expires in  
38 less than 12 months shall not exceed three hundred ninety-five  
39 dollars (\$395). An applicant enrolled in an approved postgraduate

1 training program shall be required to pay only 50 percent of the  
2 initial license fee.

3 (d) The biennial renewal fee shall be fixed by the board  
4 consistent with this section and shall not exceed seven hundred  
5 ninety dollars (\$790).

6 (e) Notwithstanding subdivisions (c) and (d), and to ensure that  
7 subdivision (k) of Section 125.3 is revenue neutral with regard to  
8 the board, the board may, by regulation, increase the amount of  
9 the initial license fee and the biennial renewal fee by an amount  
10 required to recover both of the following:

11 (1) The average amount received by the board during the three  
12 fiscal years immediately preceding July 1, 2006, as reimbursement  
13 for the reasonable costs of investigation and enforcement  
14 proceedings pursuant to Section 125.3.

15 (2) Any increase in the amount of investigation and enforcement  
16 costs incurred by the board after January 1, 2006, that exceeds the  
17 average costs expended for investigation and enforcement costs  
18 during the three fiscal years immediately preceding July 1, 2006.  
19 When calculating the amount of costs for services for which the  
20 board paid an hourly rate, the board shall use the average number  
21 of hours for which the board paid for those costs over these prior  
22 three fiscal years, multiplied by the hourly rate paid by the board  
23 for those costs as of July 1, 2005. Beginning January 1, 2009, the  
24 board shall instead use the average number of hours for which it  
25 paid for those costs over the three-year period of fiscal years  
26 2005–06, 2006–07, and 2007–08, multiplied by the hourly rate  
27 paid by the board for those costs as of July 1, 2005. In calculating  
28 the increase in the amount of investigation and enforcement costs,  
29 the board shall include only those costs for which it was eligible  
30 to obtain reimbursement under Section 125.3 and shall not include  
31 probation monitoring costs and disciplinary costs, including those  
32 associated with the citation and fine process and those required to  
33 implement subdivision (b) of Section 12529 of the Government  
34 Code.

35 (f) Notwithstanding Section 163.5, the delinquency fee shall be  
36 10 percent of the biennial renewal fee.

37 (g) The duplicate certificate and endorsement fees shall each  
38 be fifty dollars (\$50), and the certification and letter of good  
39 standing fees shall each be ten dollars (\$10).

1 (h) It is the intent of the Legislature that, in setting fees pursuant  
2 to this section, the board shall seek to maintain a reserve in the  
3 Contingent Fund of the Medical Board of California in an amount  
4 not less than two nor more than four months' operating  
5 expenditures.

6 (i) Not later than January 1, 2012, the Office of State Audits  
7 and Evaluations within the Department of Finance shall commence  
8 a preliminary review of the board's financial status, including, but  
9 not limited to, its projections related to expenses, revenues, and  
10 reserves, and the impact of the loan from the Contingent Fund of  
11 the Medical Board of California to the General Fund made pursuant  
12 to the Budget Act of 2008. The office shall make the results of this  
13 review available upon request by June 1, 2012. This review shall  
14 be funded from the existing resources of the office during the  
15 2011–12 fiscal year.

16 SEC. 4. Section 2538.57 of the Business and Professions Code  
17 is amended to read:

18 2538.57. The amount of fees and penalties prescribed by this  
19 article shall be those set forth in this section unless a lower fee is  
20 fixed by the board:

21 (a) The fee for applicants applying for the first time for a license  
22 is seventy-five dollars (\$75), which shall not be refunded, except  
23 to applicants who are found to be ineligible to take an examination  
24 for a license. Those applicants are entitled to a refund of fifty  
25 dollars (\$50).

26 (b) The fees for taking or retaking the written and practical  
27 examinations shall be amounts fixed by the board, which shall be  
28 equal to the actual cost of preparing, grading, analyzing, and  
29 administering the examinations.

30 (c) The initial temporary license fee is one hundred dollars  
31 (\$100). The fee for an initial temporary license shall be prorated  
32 on a monthly basis. The board may, however, with respect to an  
33 initial temporary license that expires in less than 12 months, impose  
34 an additional fee sufficient to cover the reasonable costs of issuing  
35 the initial temporary license if the board makes a determination in  
36 writing that the fee for the initial temporary license is insufficient  
37 to cover the reasonable costs of issuing the license and that the  
38 additional fee is necessary to cover those costs. The total amount  
39 of the prorated initial temporary license fee and any additional fee  
40 imposed by the board pursuant to this subdivision for an initial



1 temporary license that expires in less than 12 months shall not  
2 exceed fifty dollars (\$50). The fee for renewal of a temporary  
3 license is one hundred dollars (\$100) for each renewal.

4 (d) The initial permanent license fee is two hundred eighty  
5 dollars (\$280). The fee for an initial permanent license shall be  
6 prorated on a monthly basis. The board may, however, with respect  
7 to an initial permanent license that expires in less than 12 months,  
8 impose an additional fee sufficient to cover the reasonable costs  
9 of issuing the initial permanent license if the board makes a  
10 determination in writing that the fee for the initial permanent  
11 license is insufficient to cover the reasonable costs of issuing the  
12 license and that the additional fee is necessary to cover those costs.  
13 The total amount of the prorated initial permanent license fee and  
14 any additional fee imposed by the board pursuant to this  
15 subdivision for an initial permanent license that expires in less  
16 than 12 months shall not exceed one hundred forty dollars (\$140).  
17 The fee for renewal of a permanent license is not more than two  
18 hundred eighty dollars (\$280) for each renewal.

19 (e) The initial branch office license fee is twenty-five dollars  
20 (\$25). The fee for renewal of a branch office license is twenty-five  
21 dollars (\$25) for each renewal.

22 (f) The delinquency fee is twenty-five dollars (\$25).

23 (g) The fee for issuance of a replacement license is twenty-five  
24 dollars (\$25).

25 (h) The continuing education course approval application fee  
26 is fifty dollars (\$50).

27 (i) The fee for official certification of licensure is fifteen dollars  
28 (\$15).

29 SEC. 5. Section 2570.16 of the Business and Professions Code  
30 is amended to read:

31 2570.16. Initial license and renewal fees shall be established  
32 by the board in an amount that does not exceed one hundred fifty  
33 dollars (\$150) per year. The initial license fee shall be prorated on  
34 a monthly basis. The board may, however, with respect to an initial  
35 license that expires in less than 12 months, impose an additional  
36 fee sufficient to cover the reasonable costs of issuing the initial  
37 license if the board makes a determination in writing that the fee  
38 for the initial license is insufficient to cover the reasonable costs  
39 of issuing the initial license and that the additional fee is necessary  
40 to cover those costs. The total amount of the prorated initial license

1 fee and any additional fee imposed by the board pursuant to this  
2 section, excluding the fees described in subdivisions (a) to (d),  
3 inclusive, for an initial license that expires in less than 12 months  
4 shall not exceed seventy-five dollars (\$75). The board shall  
5 establish the following additional fees:

- 6 (a) An application fee not to exceed fifty dollars (\$50).
- 7 (b) A late renewal fee as provided for in Section 2570.10.
- 8 (c) A limited permit fee.
- 9 (d) A fee to collect fingerprints for criminal history record  
10 checks.

11 SEC. 6. Section 2688 of the Business and Professions Code is  
12 amended to read:

13 2688. The amount of fees assessed in connection with licenses  
14 issued under this chapter is as follows:

15 (a) (1) The fee for an application for licensure as a physical  
16 therapist submitted to the board prior to March 1, 2009, shall be  
17 seventy-five dollars (\$75). The fee for an application submitted  
18 under Section 2653 to the board prior to March 1, 2009, shall be  
19 one hundred twenty-five dollars (\$125).

20 (2) The fee for an application for licensure as a physical therapist  
21 submitted to the board on or after March 1, 2009, shall be one  
22 hundred twenty-five dollars (\$125). The fee for an application  
23 submitted under Section 2653 to the board on or after March 1,  
24 2009, shall be two hundred dollars (\$200).

25 (3) Notwithstanding paragraphs (1) and (2), the board may  
26 decrease or increase the amount of an application fee under this  
27 subdivision to an amount that does not exceed the cost of  
28 administering the application process, but in no event shall the  
29 application fee amount exceed three hundred dollars (\$300).

30 (b) The examination and reexamination fees for the physical  
31 therapist examination, physical therapist assistant examination,  
32 and the examination to demonstrate knowledge of the California  
33 rules and regulations related to the practice of physical therapy  
34 shall be the actual cost to the board of the development and writing  
35 of, or purchase of, the examination, and grading of each written  
36 examination, plus the actual cost of administering each  
37 examination. The board, at its discretion, may require the licensure  
38 applicant to pay the fee for the examinations required by Section  
39 2636 directly to the organization conducting the examination.

1 (c) (1) The fee for a physical therapist license issued prior to  
2 March 1, 2009, shall be seventy-five dollars (\$75).

3 (2) The fee for a physical therapist license issued on or after  
4 March 1, 2009, shall be one hundred dollars (\$100).

5 (3) Notwithstanding paragraphs (1) and (2), the board may  
6 decrease or increase the amount of the fee under this subdivision  
7 to an amount that does not exceed the cost of administering the  
8 process to issue the license, but in no event shall the fee to issue  
9 the license exceed one hundred fifty dollars (\$150).

10 (4) The fee assessed pursuant to this subdivision for an initial  
11 physical therapist license issued on or after January 1, 2015, shall  
12 be prorated on a monthly basis. The board may, however, with  
13 respect to an initial physical therapist license that expires in less  
14 than 12 months, impose an additional fee sufficient to cover the  
15 reasonable costs of issuing the license if the board makes a  
16 determination in writing that the fee for the initial license is  
17 insufficient to cover the reasonable costs of issuing the license and  
18 that the additional fee is necessary to cover those costs. The total  
19 amount of the prorated initial physical therapist license fee and  
20 any additional fee imposed by the board pursuant to this paragraph  
21 for an initial physical therapist license that expires in less than 12  
22 months shall not exceed seventy-five dollars (\$75).

23 (d) (1) The fee to renew a physical therapist license that expires  
24 prior to April 1, 2009, shall be one hundred fifty dollars (\$150).

25 (2) The fee to renew a physical therapist license that expires on  
26 or after April 1, 2009, shall be two hundred dollars (\$200).

27 (3) Notwithstanding paragraphs (1) and (2), the board may  
28 decrease or increase the amount of the renewal fee under this  
29 subdivision to an amount that does not exceed the cost of the  
30 renewal process, but in no event shall the renewal fee amount  
31 exceed three hundred dollars (\$300).

32 (e) (1) The fee for application and for issuance of a physical  
33 therapist assistant license shall be seventy-five dollars (\$75) for  
34 an application submitted to the board prior to March 1, 2009.

35 (2) The fee for application and for issuance of a physical  
36 therapist assistant license shall be one hundred twenty-five dollars  
37 (\$125) for an application submitted to the board on or after March  
38 1, 2009. The fee for an application submitted under Section 2653  
39 to the board on or after March 1, 2009, shall be two hundred dollars  
40 (\$200).

1 (3) Notwithstanding paragraphs (1) and (2), the board may  
2 decrease or increase the amount of the fee under this subdivision  
3 to an amount that does not exceed the cost of administering the  
4 application process, but in no event shall the application fee amount  
5 exceed three hundred dollars (\$300).

6 (f) (1) The fee to renew a physical therapist assistant license  
7 that expires prior to April 1, 2009, shall be one hundred fifty dollars  
8 (\$150).

9 (2) The fee to renew a physical therapist assistant license that  
10 expires on or after April 1, 2009, shall be two hundred dollars  
11 (\$200).

12 (3) Notwithstanding paragraphs (1) and (2), the board may  
13 decrease or increase the amount of the renewal fee under this  
14 subdivision to an amount that does not exceed the cost of the  
15 renewal process, but in no event shall the renewal fee amount  
16 exceed three hundred dollars (\$300).

17 (g) Notwithstanding Section 163.5, the delinquency fee shall  
18 be 50 percent of the renewal fee in effect.

19 (h) (1) The duplicate wall certificate fee shall be fifty dollars  
20 (\$50). The duplicate renewal receipt fee amount shall be fifty  
21 dollars (\$50).

22 (2) Notwithstanding paragraph (1), the board may decrease or  
23 increase the amount of the fee under this subdivision to an amount  
24 that does not exceed the cost of issuing duplicates, but in no event  
25 shall that fee exceed one hundred dollars (\$100).

26 (i) (1) The endorsement or letter of good standing fee shall be  
27 sixty dollars (\$60).

28 (2) Notwithstanding paragraph (1), the board may decrease or  
29 increase the amount of the fee under this subdivision to an amount  
30 that does not exceed the cost of issuing an endorsement or letter,  
31 but in no event shall the fee amount exceed one hundred dollars  
32 (\$100).

33 SEC. 7. Section 2987 of the Business and Professions Code is  
34 amended to read:

35 2987. The amount of the fees prescribed by this chapter shall  
36 be determined by the board, and shall be as follows:

37 (a) The application fee for a psychologist shall not be more than  
38 fifty dollars (\$50).

39 (b) The examination and reexamination fees for the  
40 examinations shall be the actual cost to the board of developing,

1 purchasing, and grading of each examination, plus the actual cost  
2 to the board of administering each examination.

3 (c) The initial license fee is an amount equal to the renewal fee  
4 in effect on the last regular renewal date before the date on which  
5 the license is issued. The initial license fee shall be prorated on a  
6 monthly basis. The board may, however, with respect to an initial  
7 license that expires in less than 12 months, impose an additional  
8 fee sufficient to cover the reasonable costs of issuing the license  
9 if the board makes a determination in writing that the fee for the  
10 initial license is insufficient to cover the reasonable costs of issuing  
11 the license and that the additional fee is necessary to cover those  
12 costs. The total amount of the prorated initial license fee and any  
13 additional fee imposed by the board pursuant to this subdivision  
14 for an initial license that expires in less than 12 months shall not  
15 exceed one-half of the initial ~~license~~ *license* fee.

16 (d) The biennial renewal fee for a psychologist shall be four  
17 hundred dollars (\$400). The board may increase the renewal fee  
18 to an amount not to exceed five hundred dollars (\$500).

19 (e) The application fee for registration and supervision of a  
20 psychological assistant by a supervisor under Section 2913, which  
21 is payable by that supervisor, shall not be more than seventy-five  
22 dollars (\$75).

23 (f) The annual renewal fee for registration of a psychological  
24 assistant shall not be more than seventy-five dollars (\$75).

25 (g) The duplicate license or registration fee is five dollars (\$5).

26 (h) The delinquency fee is twenty-five dollars (\$25).

27 (i) The endorsement fee is five dollars (\$5).

28 Notwithstanding any other law, the board may reduce any fee  
29 prescribed by this section, when, in its discretion, the board deems  
30 it administratively appropriate.

31 SEC. 8. Section 4842.5 of the Business and Professions Code  
32 is amended to read:

33 4842.5. The amount of fees prescribed by this article is that  
34 fixed by the following schedule:

35 (a) The fee for filing an application for examination shall be set  
36 by the board in an amount it determines is reasonably necessary  
37 to provide sufficient funds to carry out the purposes of this chapter,  
38 not to exceed three hundred fifty dollars (\$350).

39 (b) The fee for the California registered veterinary technician  
40 examination shall be set by the board in an amount it determines

1 is reasonably necessary to provide sufficient funds to carry out the  
2 purposes of this chapter, not to exceed three hundred dollars (\$300).

3 (c) The initial registration fee shall be set by the board at not  
4 more than three hundred fifty dollars (\$350) and shall be prorated  
5 on a monthly basis. The board may, however, with respect to an  
6 initial registration that expires in less than 12 months, impose an  
7 additional fee sufficient to cover the reasonable costs of registration  
8 if the board makes a determination in writing that the fee for the  
9 initial registration is insufficient to cover the reasonable costs of  
10 registration and that the additional fee is necessary to cover those  
11 costs. The total amount of the prorated initial registration fee and  
12 any additional fee imposed by the board pursuant to this  
13 subdivision for an initial registration that expires in less than 12  
14 months shall not exceed one hundred seventy-five dollars (\$175).  
15 The board may adopt regulations to provide for the waiver or  
16 refund of the initial registration fee when the registration is issued  
17 less than 45 days before the date on which it will expire.

18 (d) The biennial renewal fee shall be set by the board at not  
19 more than three hundred fifty dollars (\$350).

20 (e) The delinquency fee shall be set by the board at not more  
21 than fifty dollars (\$50).

22 (f) Any charge made for duplication or other services shall be  
23 set at the cost of rendering the services.

24 (g) The fee for filing an application for approval of a school or  
25 institution offering a curriculum for training registered veterinary  
26 technicians pursuant to Section 4843 shall be set by the board at  
27 an amount not to exceed three hundred dollars (\$300). The school  
28 or institution shall also pay for the actual costs of an onsite  
29 inspection conducted by the board pursuant to Section 2065.6 of  
30 Title 16 of the California Code of Regulations, including, but not  
31 limited to, the travel, food, and lodging expenses incurred by an  
32 inspection team sent by the board.

33 (h) The fee for failure to report a change in the mailing address  
34 is twenty-five dollars (\$25).

35 SEC. 9. Section 4905 of the Business and Professions Code is  
36 amended to read:

37 4905. The following fees shall be collected by the board and  
38 shall be credited to the Veterinary Medical Board Contingent Fund:

39 (a) The fee for filing an application for examination shall be set  
40 by the board in an amount it determines is reasonably necessary

1 to provide sufficient funds to carry out the purpose of this chapter,  
2 not to exceed three hundred fifty dollars (\$350).

3 (b) The fee for the California state board examination shall be  
4 set by the board in an amount it determines is reasonably necessary  
5 to provide sufficient funds to carry out the purpose of this chapter,  
6 not to exceed three hundred fifty dollars (\$350).

7 (c) The fee for the Veterinary Medicine Practice Act  
8 examination shall be set by the board in an amount it determines  
9 reasonably necessary to provide sufficient funds to carry out the  
10 purpose of this chapter, not to exceed one hundred dollars (\$100).

11 (d) The initial license fee shall be set by the board not to exceed  
12 five hundred dollars (\$500) and shall be prorated on a monthly  
13 basis. The board may, however, with respect to an initial license  
14 that expires in less than 12 months, impose an additional fee  
15 sufficient to cover the reasonable costs of issuing the license if the  
16 board makes a determination in writing that the fee for the initial  
17 license is insufficient to cover the reasonable costs of issuing the  
18 license and that the additional fee is necessary to cover those costs.  
19 The total amount of the prorated initial license fee and any  
20 additional fee imposed by the board pursuant to this subdivision  
21 for an initial license that expires in less than 12 months shall not  
22 exceed two hundred fifty dollars (\$250). The board may, by  
23 appropriate regulation, provide for the waiver or refund of the  
24 initial license fee when the license is issued less than 45 days before  
25 the date on which it will expire.

26 (e) The renewal fee shall be set by the board for each biennial  
27 renewal period in an amount it determines is reasonably necessary  
28 to provide sufficient funds to carry out the purpose of this chapter,  
29 not to exceed five hundred dollars (\$500).

30 (f) The temporary license fee shall be set by the board in an  
31 amount it determines is reasonably necessary to provide sufficient  
32 funds to carry out the purpose of this chapter, not to exceed two  
33 hundred fifty dollars (\$250).

34 (g) The delinquency fee shall be set by the board, not to exceed  
35 fifty dollars (\$50).

36 (h) The fee for issuance of a duplicate license is twenty-five  
37 dollars (\$25).

38 (i) Any charge made for duplication or other services shall be  
39 set at the cost of rendering the service, except as specified in  
40 subdivision (h).

1 (j) The fee for failure to report a change in the mailing address  
2 is twenty-five dollars (\$25).

3 (k) The initial and annual renewal fees for registration of  
4 veterinary premises shall be set by the board in an amount not to  
5 exceed four hundred dollars (\$400) annually.

6 (l) If the money transferred from the Veterinary Medical Board  
7 Contingent Fund to the General Fund pursuant to the Budget Act  
8 of 1991 is redeposited into the Veterinary Medical Board  
9 Contingent Fund, the fees assessed by the board shall be reduced  
10 correspondingly. However, the reduction shall not be so great as  
11 to cause the Veterinary Medical Board Contingent Fund to have  
12 a reserve of less than three months of annual authorized board  
13 expenditures. The fees set by the board shall not result in a  
14 Veterinary Medical Board Contingent Fund reserve of more than  
15 10 months of annual authorized board expenditures.

16 SEC. 10. Section 4970 of the Business and Professions Code  
17 is amended to read:

18 4970. The amount of fees prescribed for licensed acupuncturists  
19 shall be those set forth in this section unless a lower fee is fixed  
20 by the board in accordance with Section 4972:

21 (a) The application fee shall be seventy-five dollars (\$75).

22 (b) The examination and reexamination fees shall be the actual  
23 cost to the Acupuncture Board for the development and writing  
24 of, grading, and administering of each examination.

25 (c) The initial license fee shall be three hundred twenty-five  
26 dollars (\$325) and shall be prorated on a monthly basis. The board  
27 may, however, with respect to an initial license that expires in less  
28 than 12 months, impose an additional fee sufficient to cover the  
29 reasonable costs of issuing the license if the board makes a  
30 determination in writing that the fee for the initial license is  
31 insufficient to cover the reasonable costs of issuing the license and  
32 that the additional fee is necessary to cover those costs. The total  
33 amount of the prorated initial license fee and any additional fee  
34 imposed by the board pursuant to this subdivision for an initial  
35 license that expires in less than 12 months shall not exceed one  
36 hundred sixty-two dollars and fifty cents (\$162.50).

37 (d) The renewal fee shall be three hundred twenty-five dollars  
38 (\$325) and in the event a lower fee is fixed by the board, shall be  
39 an amount sufficient to support the functions of the board in the  
40 administration of this chapter. The renewal fee shall be assessed



1 on an annual basis until January 1, 1996, and on and after that date  
2 the board shall assess the renewal fee biennially.

3 (e) The delinquency fee shall be set in accordance with Section  
4 163.5.

5 (f) The application fee for the approval of a school or college  
6 under Section 4939 shall be three thousand dollars (\$3,000).

7 (g) The duplicate wall license fee is an amount equal to the cost  
8 to the board for the issuance of the duplicate license.

9 (h) The duplicate renewal receipt fee is ten dollars (\$10).

10 (i) The endorsement fee is ten dollars (\$10).

11 (j) The fee for a duplicate license for an additional office  
12 location as required under Section 4961 shall be fifteen dollars  
13 (\$15).

14 SEC. 11. Section 5604 of the Business and Professions Code  
15 is amended to read:

16 5604. The fees prescribed by this chapter for architect  
17 applicants or architect licenseholders shall be fixed by the board  
18 as follows:

19 (a) The application fee for reviewing a candidate's eligibility  
20 to take any section of the examination may not exceed one hundred  
21 dollars (\$100).

22 (b) The fee for any section of the examination administered by  
23 the board may not exceed one hundred dollars (\$100).

24 (c) The fee for an original license at an amount equal to the  
25 renewal fee in effect at the time the license is issued. The fee for  
26 an original license shall be prorated on a monthly basis. The board  
27 may, however, with respect to an original license that expires in  
28 less than 12 months, impose an additional fee sufficient to cover  
29 the reasonable costs of issuing the license if the board makes a  
30 determination in writing that the fee for the original license is  
31 insufficient to cover the reasonable costs of issuing the license and  
32 that the additional fee is necessary to cover those costs. The total  
33 amount of the prorated original license fee and any additional fee  
34 imposed by the board pursuant to this subdivision for an original  
35 license that expires in less than 12 months shall not exceed one-half  
36 of the original ~~license~~ *license* fee. The board may, by appropriate  
37 regulation, provide for the waiver or refund of the fee for an  
38 original license if the license is issued less than 45 days before the  
39 date on which it will expire.

1 (d) The fee for an application for reciprocity may not exceed  
2 one hundred dollars (\$100).

3 (e) The fee for a duplicate license may not exceed twenty-five  
4 dollars (\$25).

5 (f) The renewal fee may not exceed four hundred dollars (\$400).

6 (g) The delinquency fee may not exceed 50 percent of the  
7 renewal fee.

8 (h) The fee for a retired license may not exceed the fee  
9 prescribed in subdivision (c).

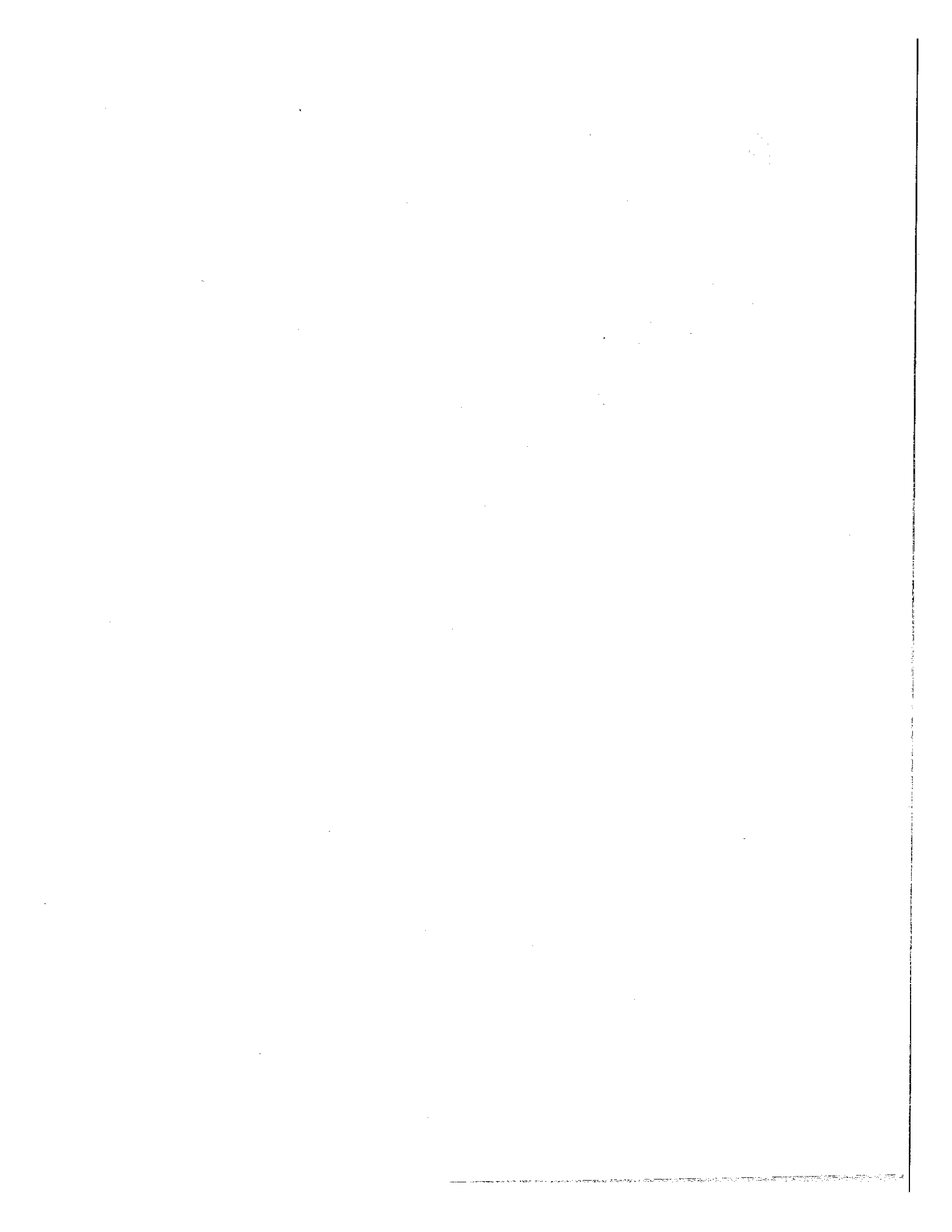


# California

## LEGISLATIVE INFORMATION

### SB-1326 Hearing aids: warranty: work order or receipt. (2013-2014)

Date	Action
06/25/14	Read second time. Ordered to third reading.
06/24/14	From committee: Do pass. (Ayes 12, Noes 0.) (June 24).
05/18/14	From committee with author's amendments. Read second time and amended. Re-referred to Com. on B., P. & C.P.
05/10/14	Set, first hearing. Hearing canceled at the request of author.
05/15/14	Referred to Com. on B., F. & C.P.
05/05/14	In Assembly. Read first time. Held at Desk.
05/05/14	Read third time. Passed. (Ayes 37, Noes 0, Page 3361.) Ordered to the Assembly.
05/01/14	Read second time. Ordered to third reading.
04/30/14	From committee: Do pass. (Ayes 7, Noes 0, Page 3309.) (April 29).
04/22/14	Set for hearing April 29.
04/21/14	From committee with author's amendments. Read second time and amended. Re-referred to Com. on JUD.
04/07/14	From committee: Do pass and re-refer to Com. on JUD. (Ayes 8, Noes 0, Page 3078.) (April 7). Re-referred to Com. on JUD.
03/20/14	Set for hearing April 7.
03/05/14	Referred to Coms. on B., P. & E.D. and JUD.
02/24/14	Read first time.
02/23/14	From printer. May be acted upon on or after March 25.
02/21/14	Introduced. To Com. on R.S. for assignment. To print.



AMENDED IN ASSEMBLY JUNE 18, 2014

AMENDED IN SENATE APRIL 21, 2014

**SENATE BILL**

**No. 1326**

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**Introduced by Senator Roth**

February 21, 2014

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An act to amend Sections 1793.02 and 1795.6 of the Civil Code, relating to hearing aids.

LEGISLATIVE COUNSEL'S DIGEST

SB 1326, as amended, Roth. Hearing aids: warranty: work order or receipt.

Existing law requires all new and used assistive devices sold at retail in this state to be accompanied by the retail seller's written warranty which is required to contain specified language including, among other things, that the assistive device may be returned to the seller within 30 days of the date of the actual receipt by the buyer or completion of fitting by the seller, whichever occurs later.

This bill would, with respect to hearing aids, require all new and used hearing aids sold in this state to be accompanied by the retail seller's written warranty which is required to contain specified language including, among other things, that if the device is not initially fit for the buyer's particular needs, it may be returned to the seller within 30 45 days of the initial date of delivery to the buyer.

Existing law requires the warranty period relating to an implied or express warranty accompanying a sale or consignment for sale of consumer goods selling for \$50 or more to automatically be tolled from the date upon which the buyer takes certain actions.

This bill would, with respect to hearing aids, require the warranty period to resume on the date upon which the repaired or serviced hearing

aid is delivered to the buyer or 5 days after the buyer is notified that the hearing aid is repaired or serviced and is available for the buyer's possession, whichever is earlier.

Existing law requires every manufacturer or seller of consumer goods selling for \$50 or more to provide a receipt to the buyer showing the date of purchase. Existing law requires every manufacturer or seller performing warranty repairs or service on the goods to provide to the buyer a work order or receipt with the date of return and either the date the buyer was notified that the goods were repaired or serviced, as specified.

This bill would, with respect to hearing aids, require the seller, after receiving the hearing aid for warranty repairs or service, to provide at the time of delivery to the buyer a work order or receipt with the date the warranty period resumes and the revised expiration date of the warranty, as adjusted to reflect the suspension of the warranty period provided pursuant to these provisions.

Vote: majority. Appropriation: no. Fiscal committee: no.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 1793.02 of the Civil Code is amended  
2 to read:

3 1793.02. (a) (1) Except as provided in paragraph (2), all new  
4 and used assistive devices sold at retail in this state shall be  
5 accompanied by the retail seller's written warranty which shall  
6 contain the following language: "This assistive device is warranted  
7 to be specifically fit for the particular needs of you, the buyer. If  
8 the device is not specifically fit for your particular needs, it may  
9 be returned to the seller within 30 days of the date of actual receipt  
10 by you or completion of fitting by the seller, whichever occurs  
11 later. If you return the device, the seller will either adjust or replace  
12 the device or promptly refund the total amount paid. This warranty  
13 does not affect the protections and remedies you have under other  
14 laws." In lieu of the words "30 days" the retail seller may specify  
15 any longer period.

16 (2) (A) All new and used hearing aids sold in this state shall  
17 be accompanied by the retail seller's written warranty and shall  
18 contain the following language: "This hearing aid is warranted to  
19 be specifically fit for the particular needs of you, the buyer. If the

1 hearing aid is not initially fit for your particular needs, it may be  
2 returned to the seller within ~~30~~ 45 days of the initial date of  
3 delivery to you. If you return the hearing aid, the seller will either  
4 adjust or replace the hearing aid or promptly refund the total  
5 amount paid. This warranty does not affect the protections and  
6 remedies you have under other laws.”

7 (B) In lieu of the words ~~“30~~ “45 days” the retail seller may  
8 specify any longer period.

9 (C) ~~The~~ *On the initial date of delivery, the retail seller’s seller*  
10 *shall revise the written warranty shall to* include the initial date of  
11 delivery to the buyer of the hearing aid and expiration date of the  
12 warranty.

13 (b) The language prescribed in subdivision (a) shall appear on  
14 the first page of the warranty in at least 10-point bold type. The  
15 warranty shall be delivered to the buyer at the time of the sale of  
16 the device.

17 (c) If the buyer returns the device within the period specified  
18 in the written warranty, the seller shall, without charge and within  
19 a reasonable time, adjust the device or, if appropriate, replace it  
20 with a device that is specifically fit for the particular needs of the  
21 buyer. If the seller does not adjust or replace the device so that it  
22 is specifically fit for the particular needs of the buyer, the seller  
23 shall promptly refund to the buyer the total amount paid, the  
24 transaction shall be deemed rescinded, and the seller shall promptly  
25 return to the buyer all payments and any assistive device or other  
26 consideration exchanged as part of the transaction and shall  
27 promptly cancel or cause to be canceled all contracts, instruments,  
28 and security agreements executed by the buyer in connection with  
29 the sale. When a sale is rescinded under this section, no charge,  
30 penalty, or other fee may be imposed in connection with the  
31 purchase, fitting, financing, or return of the device.

32 (d) With respect to the retail sale of an assistive device to an  
33 individual, organization, or agency known by the seller to be  
34 purchasing for the ultimate user of the device, this section and  
35 subdivision (b) of Section 1792.2 shall be construed to require that  
36 the device be specifically fit for the particular needs of the ultimate  
37 user.

38 (e) This section and subdivision (b) of Section 1792.2 shall not  
39 apply to any of the following sales of assistive devices:

1 (1) A catalog or similar sale, as defined in subdivision (q) of  
2 Section 1791, except a sale of a hearing aid.

3 (2) A sale which involves a retail sale price of less than fifteen  
4 dollars (\$15).

5 (3) A surgical implant performed by a physician and surgeon,  
6 or a restoration or dental prosthesis provided by a dentist.

7 (f) The rights and remedies of the buyer under this section and  
8 subdivision (b) of Section 1792.2 are not subject to waiver under  
9 Section 1792.3. The rights and remedies of the buyer under this  
10 section and subdivision (b) of Section 1792.2 are cumulative, and  
11 shall not be construed to affect the obligations of the retail seller  
12 or any other party or to supplant the rights or remedies of the buyer  
13 under any other section of this chapter or under any other law or  
14 instrument.

15 (g) Section 1795.5 shall not apply to a sale of used assistive  
16 devices, and for the purposes of the Song-Beverly Consumer  
17 Warranty Act the buyer of a used assistive device shall have the  
18 same rights and remedies as the buyer of a new assistive device.

19 (h) The language in subdivision (a) shall not constitute an  
20 express warranty for purposes of Sections 1793.2 and 1793.3.

21 SEC. 2. Section 1795.6 of the Civil Code is amended to read:

22 1795.6. (a) (1) Except as provided in paragraph (2) warranty  
23 period relating to an implied or express warranty accompanying  
24 a sale or consignment for sale of consumer goods selling for fifty  
25 dollars (\$50) or more shall automatically be tolled for the period  
26 from the date upon which the buyer either (1) delivers  
27 nonconforming goods to the manufacturer or seller for warranty  
28 repairs or service or (2), pursuant to subdivision (c) of Section  
29 1793.2 or Section 1793.22, notifies the manufacturer or seller of  
30 the nonconformity of the goods up to, and including, the date upon  
31 which (1) the repaired or serviced goods are delivered to the buyer,  
32 (2) the buyer is notified the goods are repaired or serviced and are  
33 available for the buyer's possession or (3) the buyer is notified  
34 that repairs or service is completed, if repairs or service is made  
35 at the buyer's residence.

36 (2) With respect to hearing aids, the warranty period shall  
37 resume on the date upon which (1) the repaired or serviced hearing  
38 aid is delivered to the buyer or (2) five days after the buyer is  
39 notified the hearing aid is repaired or serviced and is available for  
40 the buyer's possession, whichever is earlier.



1 (b) Notwithstanding the date or conditions set for the expiration  
2 of the warranty period, such warranty period shall not be deemed  
3 expired if either or both of the following situations occur: (1) after  
4 the buyer has satisfied the requirements of subdivision (a), the  
5 warranty repairs or service has not been performed due to delays  
6 caused by circumstances beyond the control of the buyer or (2)  
7 the warranty repairs or service performed upon the nonconforming  
8 goods did not remedy the nonconformity for which such repairs  
9 or service was performed and the buyer notified the manufacturer  
10 or seller of this failure within 60 days after the repairs or service  
11 was completed. When the warranty repairs or service has been  
12 performed so as to remedy the nonconformity, the warranty period  
13 shall expire in accordance with its terms, including any extension  
14 to the warranty period for warranty repairs or service.

15 (c) For purposes of this section only, "manufacturer" includes  
16 the manufacturer's service or repair facility.

17 (d) (1) Except as provided in paragraph (2), every manufacturer  
18 or seller of consumer goods selling for fifty dollars (\$50) or more  
19 shall provide a receipt to the buyer showing the date of purchase.  
20 Every manufacturer or seller performing warranty repairs or service  
21 on the goods shall provide to the buyer a work order or receipt  
22 with the date of return and either the date the buyer was notified  
23 that the goods were repaired or serviced or, where applicable, the  
24 date the goods were shipped or delivered to the buyer.

25 (2) With respect to hearing aids, the seller, after receiving the  
26 hearing aid for warranty repairs or service, shall also provide at  
27 the time of delivery to the buyer a work order or receipt with the  
28 following: (1) the date the warranty period resumes and (2) the  
29 revised expiration date of the warranty, as adjusted to reflect the  
30 suspension of the warranty period provided under this section.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This not only helps in tracking expenses but also ensures compliance with tax regulations. The second part of the document provides a detailed breakdown of the company's financial performance over the last quarter. It includes a comparison of actual results against budgeted figures, highlighting areas of both strength and weakness. The third part of the document outlines the company's strategic goals for the upcoming year. It focuses on increasing operational efficiency, expanding market reach, and investing in research and development. The final part of the document concludes with a summary of the key findings and recommendations. It stresses the need for continuous monitoring and adjustment of the business plan to stay on track and achieve long-term success.



*California*  
LEGISLATIVE INFORMATION

**SB-1466 Health care professionals. (2013-2014)**

Date	Action
08/04/14	From committee with author's amendments. Read second time and amended. Re-referred to Com. on APPR.
07/01/14	Read second time and amended. Re-referred to Com. on APPR.
06/30/14	From committee: Do pass as amended and re-refer to Com. on APPR. (Ayes 13. Noes 0.) (June 24).
06/02/14	From committee with author's amendments. Read second time and amended. Re-referred to Com. on B., P. & C.P.
05/23/14	Referred to Com. on B., P. & C.P.
05/15/14	In Assembly. Read first time. Held at Desk.
05/15/14	Read third time. Passed. (Ayes 36. Noes 0. Page 3467.) Ordered to the Assembly.
05/13/14	Read second time. Ordered to consent calendar.
05/12/14	From committee: Be placed on second reading file pursuant to Senate Rule 26.8 and ordered to consent calendar.
05/02/14	Set for hearing May 12.
04/28/14	From committee: Do pass and re-refer to Com. on APPR. with recommendation: To consent calendar. (Ayes 5. Noes 0. Page 3279.) (April 28). Re-referred to Com. on APPR.
04/04/14	Set for hearing April 28.
04/03/14	Referred to Com. on B., P. & E.D.
03/26/14	From printer. May be acted upon on or after April 25.
03/25/14	Introduced. Read first time. To Com. on RLS. for assignment. To print.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that this is crucial for ensuring transparency and accountability in the organization's operations.

2. The second part of the document outlines the various methods and tools used to collect and analyze data. It highlights the need for consistent and reliable data collection processes to support effective decision-making.

3. The third part of the document focuses on the role of technology in data management and analysis. It discusses how modern software solutions can streamline data collection, storage, and reporting, thereby improving efficiency and accuracy.

4. The fourth part of the document addresses the challenges associated with data management, such as data quality, security, and privacy. It provides strategies to mitigate these risks and ensure that data is used responsibly and ethically.

5. The fifth part of the document discusses the importance of data governance and the establishment of clear policies and procedures. It stresses that a strong data governance framework is essential for maintaining data integrity and compliance with regulatory requirements.

6. The sixth part of the document explores the benefits of data-driven decision-making and how it can lead to improved organizational performance. It provides examples of how data analysis can identify trends, opportunities, and areas for improvement.

7. The seventh part of the document discusses the role of data in strategic planning and the development of long-term goals. It emphasizes that data provides valuable insights into the organization's current state and future potential.

8. The eighth part of the document addresses the importance of data literacy and the need for ongoing training and development. It suggests that all employees should have a basic understanding of data to make informed decisions in their roles.

9. The ninth part of the document discusses the role of data in customer relationship management and the importance of understanding customer behavior. It suggests that data analysis can help identify customer needs and preferences, leading to more personalized and effective marketing strategies.

10. The tenth part of the document concludes by summarizing the key points discussed and emphasizing the overall importance of data in driving organizational success. It encourages a data-driven culture where information is used to inform decisions and improve performance.

AMENDED IN ASSEMBLY JULY 1, 2014

AMENDED IN ASSEMBLY JUNE 2, 2014

**SENATE BILL**

**No. 1466**

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**Introduced by Committee on Business, Professions and Economic Development (Senators Lieu (Chair), Berryhill, Block, Corbett, Galgiani, Hernandez, Hill, Padilla, and Wyland)**

March 25, 2014

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An act to amend Sections 27, 655.2, 2023.5, 2089.5, 2240, 2530.5, 2532.2, 2532.7, 2936, 4021.5, 4053, 4980, ~~4980.36~~, 4980.37, 4980.399, 4980.41, 4980.43, 4980.55, 4980.72, 4980.78, 4987.5, 4989.16, 4989.22, 4992.09, 4996.17, 4996.23, 4998, 4999.55, 4999.58, 4999.59, 4999.60, and 4999.123 of, to amend the heading of Chapter 13 (commencing with Section 4980) of Division 2 of, ~~to add Section 2023 to~~, and to repeal Sections 2930.5 and 2987.3 of, the Business and Professions Code, and to amend Section 14132.55 of the Welfare and Institutions Code, relating to health care professionals.

LEGISLATIVE COUNSEL'S DIGEST

SB 1466, as amended, Committee on Business, Professions and Economic Development. Health care professionals.

(1) Existing law prohibits a physician and surgeon, licensed medical corporation, or any audiologist who is not a licensed hearing aid dispenser from employing a licensed hearing aid dispenser for the purpose of fitting or selling hearing aids.

This bill would prohibit a licensed hearing aid dispenser from employing a physician and surgeon or any audiologist who is not a licensed dispensing audiologist or hearing aid dispenser, or contracting with a licensed medical corporation, for the purpose of fitting or selling hearing aids.

(2) Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Existing law requires the Medical Board of California to review issues and problems surrounding the use of laser or intense light pulse devices for elective cosmetic procedures, in conjunction with the Board of Registered Nursing and in consultation with other specified groups. Existing law requires the board and the Board of Registered Nursing to adopt regulations, by January 1, 2009, with regard to the use of laser or intense pulse light devices for elective cosmetic procedures, as specified. Existing law requires the board to adopt regulations, by January 1, 2013, regarding the appropriate level of physician availability needed within clinics or other settings using laser or intense pulse light devices for elective cosmetic procedures.

This bill would delete the provisions that require the board to adopt regulations by January 1, 2009, and January 1, 2013. ~~The bill would instead require the board to adopt regulations, by January 1, 2016, regarding the appropriate level of physician availability needed within all clinics or other settings.~~

(3) Existing law requires a physician and surgeon who performs a scheduled medical procedure outside of a general acute care hospital that results in the death of any patient on whom that medical treatment was performed by the physician and surgeon, or by a person acting under the physician and surgeon's orders or supervision, to report, in writing on a form prescribed by the board, that occurrence to the board within 15 days after the occurrence. A person who violates this requirement is guilty of a misdemeanor.

This bill would make that provision applicable without regard to whether the procedure was scheduled. By expanding the scope of a crime, the bill would impose a state-mandated local program.

(4) Existing law provides for the licensing and regulation of persons who are engaged in the practice of speech-language pathology or audiology, as specified, and vests the enforcement of these provisions in the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board. Among other requirements, an applicant for licensure as a speech-language pathologist or audiologist is required to submit transcripts from an educational institution approved by the board evidencing completion of specified coursework, and submit evidence of the satisfactory completion of supervised clinical practice with individuals representative of a wide spectrum of ages and communication disorders. Existing law requires the board to establish

by regulation the required number of clock hours, not to exceed 300 clock hours, of supervised clinical practice necessary for the applicant.

This bill would delete the requirement that the applicant submit transcripts from an educational institution approved by the board evidencing completion of specified coursework and would increase the maximum number of clock hours that the board may establish by regulation to 375.

(5) Existing law, the Psychology Licensing Law, provides for the licensure and regulation of psychologists by the Board of Psychology. Under certain circumstances, existing law authorizes the board to issue a fictitious-name permit to a psychologist, as specified.

This bill would repeal the provision that authorizes the issuance of a fictitious-name permit, and would make conforming changes with regard to that repeal. The bill would make other changes to update a provision related to consumer notices, as specified.

(6) Existing law, the Pharmacy Law, governs the regulation of the practice of pharmacy and establishes the California State Board of Pharmacy to administer and enforce these provisions. The law authorizes the board to issue a license to an individual to serve as a designated representative to provide sufficient and qualified supervision in a wholesaler or veterinary food-animal drug retailer, as specified, and requires the licensee to protect the public health and safety in the handling, storage, and shipment of dangerous drugs and dangerous devices in the wholesaler or veterinary food-animal drug retailer. The law also defines a correctional pharmacy to mean a pharmacy, licensed by the board, located within a state correctional facility, as specified.

This bill would require an individual who applies for a designated representative license to be at least 18 years of age. The bill would also revise the definition of a correctional pharmacy to mean a pharmacy, licensed by the board, located within a correctional facility, without regard to whether the facility is a state or local correctional facility.

~~(7) Existing law, the Licensed Marriage and Family Therapist Act, provides for the licensure and regulation of marriage and family therapists by the Board of Behavioral Sciences. Existing law sets forth the educational and training requirements for licensure as a marriage and family therapist. Existing law, among other requirements, requires an applicant for licensure to complete 75 hours of client centered advocacy or face-to-face counseling, as specified.~~

~~This bill would authorize an applicant for licensure to meet this requirement by completing 75 hours of client centered advocacy or face-to-face counseling, or any combination thereof.~~

(8)

(7) Existing law, the Educational Psychologist Practice Act, provides for the licensure and regulation of educational psychologists by the Board of Behavioral Sciences. Existing law authorizes an applicant for examination who has passed the standard written examination to take a clinical vignette written examination for licensure if that applicant is the subject of a complaint or under investigation by the board, as specified.

This bill would eliminate the clinical vignette written examination for those purposes, and would make conforming changes to other provisions.

(9)

(8) Existing law requires an applicant for a license as a marriage and family therapist, clinical social worker, or professional clinical counselor, to participate in and obtain a passing score on a board-administered California law and ethics examination in order to qualify for a license or renewal of a license.

This bill would permit an applicant who holds a registration eligible for renewal, with an expiration date no later than June 30, 2016, and who applies for renewal of that registration between January 1, 2016, and June 30, 2016, if eligible, to renew the registration without first participating in the California law and ethics examination. The bill would require the applicant to pass that examination prior to licensure or issuance of a subsequent registration number. The bill would also permit an applicant who holds or has held a registration, with an expiration date no later than January 1, 2017, and who applies for a subsequent registration number between January 1, 2016, and January 1, 2017, if eligible, to obtain the subsequent registration number without first passing the California law and ethics examination, if he or she passes the law and ethics examination during the next renewal period or prior to licensure, whichever occurs first.

This bill would make other changes relating to licensure as a marriage and family therapist, clinical social worker, or a professional clinical counselor.

The bill would also make other technical, conforming, and clarifying changes.

(10)



(9) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 27 of the Business and Professions Code  
2 is amended to read:

3 27. (a) Each entity specified in subdivisions (c), (d), and (e)  
4 shall provide on the Internet information regarding the status of  
5 every license issued by that entity in accordance with the California  
6 Public Records Act (Chapter 3.5 (commencing with Section 6250)  
7 of Division 7 of Title 1 of the Government Code) and the  
8 Information Practices Act of 1977 (Chapter 1 (commencing with  
9 Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code).  
10 The public information to be provided on the Internet shall include  
11 information on suspensions and revocations of licenses issued by  
12 the entity and other related enforcement action, including  
13 accusations filed pursuant to the Administrative Procedure Act  
14 (Chapter 3.5 (commencing with Section 11340) of Part 1 of  
15 Division 3 of Title 2 of the Government Code) taken by the entity  
16 relative to persons, businesses, or facilities subject to licensure or  
17 regulation by the entity. The information may not include personal  
18 information, including home telephone number, date of birth, or  
19 social security number. Each entity shall disclose a licensee's  
20 address of record. However, each entity shall allow a licensee to  
21 provide a post office box number or other alternate address, instead  
22 of his or her home address, as the address of record. This section  
23 shall not preclude an entity from also requiring a licensee, who  
24 has provided a post office box number or other alternative mailing  
25 address as his or her address of record, to provide a physical  
26 business address or residence address only for the entity's internal  
27 administrative use and not for disclosure as the licensee's address  
28 of record or disclosure on the Internet.

1 (b) In providing information on the Internet, each entity specified  
2 in subdivisions (c) and (d) shall comply with the Department of  
3 Consumer Affairs' guidelines for access to public records.

4 (c) Each of the following entities within the Department of  
5 Consumer Affairs shall comply with the requirements of this  
6 section:

7 (1) The Board for Professional Engineers, Land Surveyors, and  
8 Geologists shall disclose information on its registrants and  
9 licensees.

10 (2) The Bureau of Automotive Repair shall disclose information  
11 on its licensees, including auto repair dealers, smog stations, lamp  
12 and brake stations, smog check technicians, and smog inspection  
13 certification stations.

14 (3) The Bureau of Electronic and Appliance Repair, Home  
15 Furnishings, and Thermal Insulation shall disclose information on  
16 its licensees and registrants, including major appliance repair  
17 dealers, combination dealers (electronic and appliance), electronic  
18 repair dealers, service contract sellers, and service contract  
19 administrators.

20 (4) The Cemetery and Funeral Bureau shall disclose information  
21 on its licensees, including cemetery brokers, cemetery salespersons,  
22 cemetery managers, crematory managers, cemetery authorities,  
23 crematories, cremated remains disposers, embalmers, funeral  
24 establishments, and funeral directors.

25 (5) The Professional Fiduciaries Bureau shall disclose  
26 information on its licensees.

27 (6) The Contractors' State License Board shall disclose  
28 information on its licensees and registrants in accordance with  
29 Chapter 9 (commencing with Section 7000) of Division 3. In  
30 addition to information related to licenses as specified in  
31 subdivision (a), the board shall also disclose information provided  
32 to the board by the Labor Commissioner pursuant to Section 98.9  
33 of the Labor Code.

34 (7) The Bureau for Private Postsecondary Education shall  
35 disclose information on private postsecondary institutions under  
36 its jurisdiction, including disclosure of notices to comply issued  
37 pursuant to Section 94935 of the Education Code.

38 (8) The California Board of Accountancy shall disclose  
39 information on its licensees and registrants.

1 (9) The California Architects Board shall disclose information  
2 on its licensees, including architects and landscape architects.

3 (10) The State Athletic Commission shall disclose information  
4 on its licensees and registrants.

5 (11) The State Board of Barbering and Cosmetology shall  
6 disclose information on its licensees.

7 (12) The State Board of Guide Dogs for the Blind shall disclose  
8 information on its licensees and registrants.

9 (13) The Acupuncture Board shall disclose information on its  
10 licensees.

11 (14) The Board of Behavioral Sciences shall disclose  
12 information on its licensees, including licensed marriage and family  
13 therapists, licensed clinical social workers, licensed educational  
14 psychologists, and licensed professional clinical counselors.

15 (15) The Dental Board of California shall disclose information  
16 on its licensees.

17 (16) The State Board of Optometry shall disclose information  
18 regarding certificates of registration to practice optometry,  
19 statements of licensure, optometric corporation registrations, branch  
20 office licenses, and fictitious name permits of its licensees.

21 (17) The Board of Psychology shall disclose information on its  
22 licensees, including psychologists, psychological assistants, and  
23 registered psychologists.

24 (d) The State Board of Chiropractic Examiners shall disclose  
25 information on its licensees.

26 (e) The Structural Pest Control Board shall disclose information  
27 on its licensees, including applicators, field representatives, and  
28 operators in the areas of fumigation, general pest and wood  
29 destroying pests and organisms, and wood roof cleaning and  
30 treatment.

31 (f) "Internet" for the purposes of this section has the meaning  
32 set forth in paragraph (6) of subdivision (f) of Section 17538.

33 SEC. 2. Section 655.2 of the Business and Professions Code  
34 is amended to read:

35 655.2. (a) (1) No physician and surgeon or medical  
36 corporation licensed under Chapter 5 (commencing with Section  
37 2000), nor any audiologist who is not a licensed dispensing  
38 audiologist or hearing aid dispenser shall employ any individual  
39 licensed pursuant to Article 8 (commencing with Section 2538.10)  
40 of Chapter 5.3 for the purpose of fitting or selling hearing aids.

1 (2) No individual licensed pursuant to Article 8 (commencing  
2 with Section 2538.10) of Chapter 5.3 shall employ any physician  
3 and surgeon or any audiologist who is not a licensed dispensing  
4 audiologist or hearing aid dispenser, or contract with a medical  
5 corporation licensed under Chapter 5 (commencing with Section  
6 2000), for the purpose of fitting or selling hearing aids.

7 (b) This section shall not apply to any physician and surgeon  
8 or medical corporation that contracts with or is affiliated with a  
9 comprehensive group practice health care service plan licensed  
10 pursuant to the Knox-Keene Health Care Service Plan Act, as set  
11 forth in Chapter 2.2 (commencing with Section 1340) of Division  
12 2 of the Health and Safety Code.

13 ~~SEC. 3. Section 2023 is added to the Business and Professions~~  
14 ~~Code, to read:~~

15 ~~2023. On or before January 1, 2016, the board shall adopt~~  
16 ~~regulations regarding the appropriate level of physician availability~~  
17 ~~needed within clinics or other settings.~~

18 ~~SEC. 4.~~

19 ~~SEC. 3. Section 2023.5 of the Business and Professions Code~~  
20 ~~is amended to read:~~

21 2023.5. (a) The board, in conjunction with the Board of  
22 Registered Nursing, and in consultation with the Physician  
23 Assistant Committee and professionals in the field, shall review  
24 issues and problems surrounding the use of laser or intense light  
25 pulse devices for elective cosmetic procedures by physicians and  
26 surgeons, nurses, and physician assistants. The review shall include,  
27 but need not be limited to, all of the following:

- 28 (1) The appropriate level of physician supervision needed.  
29 (2) The appropriate level of training to ensure competency.  
30 (3) Guidelines for standardized procedures and protocols that  
31 address, at a minimum, all of the following:  
32 (A) Patient selection.  
33 (B) Patient education, instruction, and informed consent.  
34 (C) Use of topical agents.  
35 (D) Procedures to be followed in the event of complications or  
36 side effects from the treatment.  
37 (E) Procedures governing emergency and urgent care situations.  
38 (b) Nothing in this section shall be construed to modify the  
39 prohibition against the unlicensed practice of medicine.

1     ~~SEC. 5.~~

2     *SEC. 4.* Section 2089.5 of the Business and Professions Code  
3 is amended to read:

4     2089.5. (a) Clinical instruction in the subjects listed in  
5 subdivision (b) of Section 2089 shall meet the requirements of this  
6 section and shall be considered adequate if the requirements of  
7 subdivision (a) of Section 2089 and the requirements of this section  
8 are satisfied.

9     (b) Instruction in the clinical courses shall total a minimum of  
10 72 weeks in length.

11     (c) Instruction in the core clinical courses of surgery, medicine,  
12 family medicine, pediatrics, obstetrics and gynecology, and  
13 psychiatry shall total a minimum of 40 weeks in length with a  
14 minimum of eight weeks instruction in surgery, eight weeks in  
15 medicine, six weeks in pediatrics, six weeks in obstetrics and  
16 gynecology, a minimum of four weeks in family medicine, and  
17 four weeks in psychiatry.

18     (d) Of the instruction required by subdivision (b), including all  
19 of the instruction required by subdivision (c), 54 weeks shall be  
20 performed in a hospital that sponsors the instruction and shall meet  
21 one of the following:

22     (1) Is a formal part of the medical school or school of  
23 osteopathic medicine.

24     (2) Has a residency program, approved by the Accreditation  
25 Council for Graduate Medical Education (ACGME) or the Royal  
26 College of Physicians and Surgeons of Canada (RCPSC), in family  
27 practice or in the clinical area of the instruction for which credit  
28 is being sought.

29     (3) Is formally affiliated with an approved medical school or  
30 school of osteopathic medicine located in the United States or  
31 Canada. If the affiliation is limited in nature, credit shall be given  
32 only in the subject areas covered by the affiliation agreement.

33     (4) Is formally affiliated with a medical school or a school of  
34 osteopathic medicine located outside the United States or Canada.

35     (e) If the institution, specified in subdivision (d), is formally  
36 affiliated with a medical school or a school of osteopathic medicine  
37 located outside the United States or Canada, it shall meet the  
38 following:

39     (1) The formal affiliation shall be documented by a written  
40 contract detailing the relationship between the medical school, or

1 a school of osteopathic medicine, and hospital and the  
2 responsibilities of each.

3 (2) The school and hospital shall provide to the board a  
4 description of the clinical program. The description shall be in  
5 sufficient detail to enable the board to determine whether or not  
6 the program provides students an adequate medical education. The  
7 board shall approve the program if it determines that the program  
8 provides an adequate medical education. If the board does not  
9 approve the program, it shall provide its reasons for disapproval  
10 to the school and hospital in writing specifying its findings about  
11 each aspect of the program that it considers to be deficient and the  
12 changes required to obtain approval.

13 (3) The hospital, if located in the United States, shall be  
14 accredited by the Joint Commission on Accreditation of Hospitals,  
15 or the American Osteopathic Association's Healthcare Facilities  
16 Accreditation Program, and if located in another country, shall be  
17 accredited in accordance with the law of that country.

18 (4) The clinical instruction shall be supervised by a full-time  
19 director of medical education, and the head of the department for  
20 each core clinical course shall hold a full-time faculty appointment  
21 of the medical school or school of osteopathic medicine and shall  
22 be board certified or eligible, or have an equivalent credential in  
23 that specialty area appropriate to the country in which the hospital  
24 is located.

25 (5) The clinical instruction shall be conducted pursuant to a  
26 written program of instruction provided by the school.

27 (6) The school shall supervise the implementation of the  
28 program on a regular basis, documenting the level and extent of  
29 its supervision.

30 (7) The hospital-based faculty shall evaluate each student on a  
31 regular basis and shall document the completion of each aspect of  
32 the program for each student.

33 (8) The hospital shall ensure a minimum daily census adequate  
34 to meet the instructional needs of the number of students enrolled  
35 in each course area of clinical instruction, but not less than 15  
36 patients in each course area of clinical instruction.

37 (9) The board, in reviewing the application of a foreign medical  
38 graduate, may require the applicant to submit a description of the  
39 clinical program, if the board has not previously approved the  
40 program, and may require the applicant to submit documentation

1 to demonstrate that the applicant's clinical training met the  
2 requirements of this subdivision.

3 (10) The medical school or school of osteopathic medicine shall  
4 bear the reasonable cost of any site inspection by the board or its  
5 agents necessary to determine whether the clinical program offered  
6 is in compliance with this subdivision.

7 ~~SEC. 6.~~

8 *SEC. 5.* Section 2240 of the Business and Professions Code is  
9 amended to read:

10 2240. (a) A physician and surgeon who performs a medical  
11 procedure outside of a general acute care hospital, as defined in  
12 subdivision (a) of Section 1250 of the Health and Safety Code,  
13 that results in the death of any patient on whom that medical  
14 treatment was performed by the physician and surgeon, or by a  
15 person acting under the physician and surgeon's orders or  
16 supervision, shall report, in writing on a form prescribed by the  
17 board, that occurrence to the board within 15 days after the  
18 occurrence.

19 (b) A physician and surgeon who performs a scheduled medical  
20 procedure outside of a general acute care hospital, as defined in  
21 subdivision (a) of Section 1250 of the Health and Safety Code,  
22 that results in the transfer to a hospital or emergency center for  
23 medical treatment for a period exceeding 24 hours, of any patient  
24 on whom that medical treatment was performed by the physician  
25 and surgeon, or by a person acting under the physician and  
26 surgeon's orders or supervision, shall report, in writing, on a form  
27 prescribed by the board that occurrence, within 15 days after the  
28 occurrence. The form shall contain all of the following information:

- 29 (1) Name of the patient's physician in the outpatient setting.  
30 (2) Name of the physician with hospital privileges.  
31 (3) Name of the patient and patient identifying information.  
32 (4) Name of the hospital or emergency center where the patient  
33 was transferred.  
34 (5) Type of outpatient procedures being performed.  
35 (6) Events triggering the transfer.  
36 (7) Duration of the hospital stay.  
37 (8) Final disposition or status, if not released from the hospital,  
38 of the patient.  
39 (9) Physician's practice specialty and ABMS certification, if  
40 applicable.

1 (c) The form described in subdivision (b) shall be constructed  
2 in a format to enable the physician and surgeon to transmit the  
3 information in paragraphs (5) to (9), inclusive, to the board in a  
4 manner that the physician and surgeon and the patient are  
5 anonymous and their identifying information is not transmitted to  
6 the board. The entire form containing information described in  
7 paragraphs (1) to (9), inclusive, shall be placed in the patient's  
8 medical record.

9 (d) The board shall aggregate the data and publish an annual  
10 report on the information collected pursuant to subdivisions (a)  
11 and (b).

12 (e) On and after January 1, 2002, the data required in subdivision  
13 (b) shall be sent to the Office of Statewide Health Planning and  
14 Development (OSHPD) instead of the board. OSHPD may revise  
15 the reporting requirements to fit state and national standards, as  
16 applicable. The board shall work with OSHPD in developing the  
17 reporting mechanism to satisfy the data collection requirements  
18 of this section.

19 (f) The failure to comply with this section constitutes  
20 unprofessional conduct.

21 ~~SEC. 7.~~

22 *SEC. 6.* Section 2530.5 of the Business and Professions Code  
23 is amended to read:

24 2530.5. (a) Nothing in this chapter shall be construed as  
25 restricting hearing testing conducted by licensed physicians and  
26 surgeons or by persons conducting hearing tests under the direct  
27 supervision of a physician and surgeon.

28 (b) Nothing in this chapter shall be construed to prevent a  
29 licensed hearing aid dispenser from engaging in testing of hearing  
30 and other practices and procedures used solely for the fitting and  
31 selling of hearing aids nor does this chapter restrict persons  
32 practicing their licensed profession and operating within the scope  
33 of their licensed profession or employed by someone operating  
34 within the scope of their licensed professions, including persons  
35 fitting and selling hearing aids who are properly licensed or  
36 registered under the laws of the State of California.

37 (c) Nothing in this chapter shall be construed as restricting or  
38 preventing the practice of speech-language pathology or audiology  
39 by personnel holding the appropriate credential from the  
40 Commission on Teacher Credentialing as long as the practice is



1 conducted within the confines of or under the jurisdiction of a  
2 public preschool, elementary, or secondary school by which they  
3 are employed and those persons do not either offer to render or  
4 render speech-language pathology or audiology services to the  
5 public for compensation over and above the salary they receive  
6 from the public preschool, elementary, or secondary school by  
7 which they are employed for the performance of their official  
8 duties.

9 (d) Nothing in this chapter shall be construed as restricting the  
10 activities and services of a student or speech-language pathology  
11 intern in speech-language pathology pursuing a course of study  
12 leading to a degree in speech-language pathology at an accredited  
13 or approved college or university or an approved clinical training  
14 facility, provided that these activities and services constitute a part  
15 of his or her supervised course of study and that those persons are  
16 designated by the title as "speech-language pathology intern,"  
17 "speech-language pathology trainee," or other title clearly  
18 indicating the training status appropriate to his or her level of  
19 training.

20 (e) Nothing in this chapter shall be construed as restricting the  
21 activities and services of a student or audiology intern in audiology  
22 pursuing a course of study leading to a degree in audiology at an  
23 accredited or approved college or university or an approved clinical  
24 training facility, provided that these activities and services  
25 constitute a part of his or her supervised course of study and that  
26 those persons are designated by the title as "audiology intern,"  
27 "audiology trainee," or other title clearly indicating the training  
28 status appropriate to his or her level of training.

29 (f) Nothing in this chapter shall be construed as restricting the  
30 practice of an applicant who is obtaining the required professional  
31 experience specified in subdivision (c) of Section 2532.2 and who  
32 has been issued a temporary license pursuant to Section 2532.7.  
33 The number of applicants who may be supervised by a licensed  
34 speech-language pathologist or a speech-language pathologist  
35 having qualifications deemed equivalent by the board shall be  
36 determined by the board. The supervising speech-language  
37 pathologist shall register with the board the name of each applicant  
38 working under his or her supervision, and shall submit to the board  
39 a description of the proposed professional responsibilities of the  
40 applicant working under his or her supervision. The number of

1 applicants who may be supervised by a licensed audiologist or an  
2 audiologist having qualifications deemed equivalent by the board  
3 shall be determined by the board. The supervising audiologist shall  
4 register with the board the name of each applicant working under  
5 his or her supervision, and shall submit to the board a description  
6 of the proposed professional responsibilities of the applicant  
7 working under his or her supervision.

8 (g) Nothing in this chapter shall be construed as restricting  
9 hearing screening services in public or private elementary or  
10 secondary schools so long as these screening services are provided  
11 by persons registered as qualified school audiometrists pursuant  
12 to Sections 1685 and 1686 of the Health and Safety Code or hearing  
13 screening services supported by the State Department of Health  
14 Care Services so long as these screening services are provided by  
15 appropriately trained or qualified personnel.

16 (h) Persons employed as speech-language pathologists or  
17 audiologists by a federal agency shall be exempt from this chapter.

18 (i) Nothing in this chapter shall be construed as restricting  
19 consultation or the instructional or supervisory activities of a  
20 faculty member of an approved or accredited college or university  
21 for the first 60 days following appointment after the effective date  
22 of this subdivision.

23 ~~SEC. 8.~~

24 *SEC. 7.* Section 2532.2 of the Business and Professions Code  
25 is amended to read:

26 2532.2. Except as required by Section 2532.25, to be eligible  
27 for licensure by the board as a speech-language pathologist or  
28 audiologist, the applicant shall possess all of the following  
29 qualifications:

30 (a) Possess at least a master's degree in speech-language  
31 pathology or audiology from an educational institution approved  
32 by the board or qualifications deemed equivalent by the board.

33 (b) (1) Submit evidence of the satisfactory completion of  
34 supervised clinical practice with individuals representative of a  
35 wide spectrum of ages and communication disorders. The board  
36 shall establish by regulation the required number of clock hours,  
37 not to exceed 375 clock hours, of supervised clinical practice  
38 necessary for the applicant.

39 (2) The clinical practice shall be under the direction of an  
40 educational institution approved by the board.

1 (c) Submit evidence of no less than 36 weeks of satisfactorily  
2 completed supervised professional full-time experience or 72 weeks  
3 of professional part-time experience obtained under the supervision  
4 of a licensed speech-language pathologist or audiologist or a  
5 speech-language pathologist or audiologist having qualifications  
6 deemed equivalent by the board. This experience shall be evaluated  
7 and approved by the board. The required professional experience  
8 shall follow completion of the requirements listed in subdivisions  
9 (a) and (b). Full time is defined as at least 36 weeks in a calendar  
10 year and a minimum of 30 hours per week. Part time is defined as  
11 a minimum of 72 weeks and a minimum of 15 hours per week.

12 (d) (1) Pass an examination or examinations approved by the  
13 board. The board shall determine the subject matter and scope of  
14 the examinations and may waive the examination upon evidence  
15 that the applicant has successfully completed an examination  
16 approved by the board. Written examinations may be supplemented  
17 by oral examinations as the board shall determine. An applicant  
18 who fails his or her examination may be reexamined at a  
19 subsequent examination upon payment of the reexamination fee  
20 required by this chapter.

21 (2) A speech-language pathologist or audiologist who holds a  
22 license from another state or territory of the United States or who  
23 holds equivalent qualifications as determined by the board and  
24 who has completed no less than one year of full-time continuous  
25 employment as a speech-language pathologist or audiologist within  
26 the past three years is exempt from the supervised professional  
27 experience in subdivision (c).

28 (c) As applied to licensure as an audiologist, this section shall  
29 apply to applicants who graduated from an approved educational  
30 institution on or before December 31, 2007.

31 ~~SEC. 9:~~

32 *SEC. 8.* Section 2532.7 of the Business and Professions Code  
33 is amended to read:

34 2532.7. (a) Upon approval of an application filed pursuant to  
35 Section 2532.1, and upon payment of the fee prescribed by Section  
36 2534.2, the board may issue a required professional experience  
37 (RPE) temporary license for a period to be determined by the board  
38 to an applicant who is obtaining the required professional  
39 experience specified in subdivision (c) of Section 2532.2 or  
40 paragraph (2) of subdivision (b) of Section 2532.25.

1 (b) Effective July 1, 2003, no person shall obtain the required  
2 professional experience for licensure in either an exempt or  
3 nonexempt setting, as defined in Section 2530.5, unless he or she  
4 is licensed in accordance with this section or is completing the  
5 final clinical externship of a board-approved audiology doctoral  
6 training program in accordance with paragraph (2) of subdivision  
7 (b) of Section 2532.25 in another state.

8 (c) A person who obtains an RPE temporary license outside the  
9 State of California shall not be required to hold a temporary license  
10 issued pursuant to subdivision (a) if the person is completing the  
11 final clinical externship of an audiology doctoral training program  
12 in accordance with paragraph (2) of subdivision (b) of Section  
13 2532.25.

14 (d) Any experience obtained in violation of this act shall not be  
15 approved by the board.

16 (e) An RPE temporary license shall terminate upon notice  
17 thereof by certified mail, return receipt requested, if it is issued by  
18 mistake or if the application for permanent licensure is denied.

19 (f) Upon written application, the board may reissue an RPE  
20 temporary license for a period to be determined by the board to  
21 an applicant who is obtaining the required professional experience  
22 specified in subdivision (c) of Section 2532.2 or paragraph (2) of  
23 subdivision (b) of Section 2532.25.

24 ~~SEC. 10.~~

25 ~~SEC. 9.~~ Section 2930.5 of the Business and Professions Code  
26 is repealed.

27 ~~SEC. 11.~~

28 ~~SEC. 10.~~ Section 2936 of the Business and Professions Code  
29 is amended to read:

30 2936. The board shall adopt a program of consumer and  
31 professional education in matters relevant to the ethical practice  
32 of psychology. The board shall establish as its standards of ethical  
33 conduct relating to the practice of psychology, the "Ethical  
34 Principles of Psychologists and Code of Conduct" published by  
35 the American Psychological Association (APA). Those standards  
36 shall be applied by the board as the accepted standard of care in  
37 all licensing examination development and in all board enforcement  
38 policies and disciplinary case evaluations.

39 To facilitate consumers in receiving appropriate psychological  
40 services, all licensees and registrants shall be required to post, in

1 a conspicuous location in their principal psychological business  
2 office, a notice which reads as follows:

3

4 “NOTICE TO CONSUMERS: The Department of Consumer  
5 Affair’s Board of Psychology receives and responds to questions  
6 and complaints regarding the practice of psychology. If you have  
7 questions or complaints, you may contact the board by email at  
8 bopmail@dca.ca.gov, on the Internet at www.psychology.ca.gov,  
9 by calling 1-866-503-3221, or by writing to the following  
10 address:

11 Board of Psychology  
12 1625 North Market Boulevard, Suite –215  
13 Sacramento, California 95834”

14

15 ~~SEC. 12.~~

16 *SEC. 11.* Section 2987.3 of the Business and Professions Code  
17 is repealed.

18 ~~SEC. 13.~~

19 *SEC. 12.* Section 4021.5 of the Business and Professions Code  
20 is amended to read:

21 4021.5. “Correctional pharmacy” means a pharmacy, licensed  
22 by the board, located within a correctional facility for the purpose  
23 of providing pharmaceutical care to inmates of the correctional  
24 facility.

25 ~~SEC. 14.~~

26 *SEC. 13.* Section 4053 of the Business and Professions Code  
27 is amended to read:

28 4053. (a) Notwithstanding Section 4051, the board may issue  
29 a license as a designated representative to provide sufficient and  
30 qualified supervision in a wholesaler or veterinary food-animal  
31 drug retailer. The designated representative shall protect the public  
32 health and safety in the handling, storage, and shipment of  
33 dangerous drugs and dangerous devices in the wholesaler or  
34 veterinary food-animal drug retailer.

35 (b) An individual who is at least 18 years of age may apply for  
36 a designated representative license. In order to obtain and maintain  
37 that license, the individual shall meet all of the following  
38 requirements:

39 (1) He or she shall be a high school graduate or possess a general  
40 education development certificate equivalent.

1 (2) He or she shall have a minimum of one year of paid work  
2 experience in a licensed pharmacy, or with a drug wholesaler, drug  
3 distributor, or drug manufacturer, in the past three years, related  
4 to the distribution or dispensing of dangerous drugs or dangerous  
5 devices or meet all of the prerequisites to take the examination  
6 required for licensure as a pharmacist by the board.

7 (3) He or she shall complete a training program approved by  
8 the board that, at a minimum, addresses each of the following  
9 subjects:

10 (A) Knowledge and understanding of California law and federal  
11 law relating to the distribution of dangerous drugs and dangerous  
12 devices.

13 (B) Knowledge and understanding of California law and federal  
14 law relating to the distribution of controlled substances.

15 (C) Knowledge and understanding of quality control systems.

16 (D) Knowledge and understanding of the United States  
17 Pharmacopoeia standards relating to the safe storage and handling  
18 of drugs.

19 (E) Knowledge and understanding of prescription terminology,  
20 abbreviations, dosages, and format.

21 (4) The board may, by regulation, require training programs to  
22 include additional material.

23 (5) The board may not issue a license as a designated  
24 representative until the applicant provides proof of completion of  
25 the required training to the board.

26 (c) The veterinary food-animal drug retailer or wholesaler shall  
27 not operate without a pharmacist or a designated representative  
28 on its premises.

29 (d) Only a pharmacist or a designated representative shall  
30 prepare and affix the label to veterinary food-animal drugs.

31 (e) Section 4051 shall not apply to any laboratory licensed under  
32 Section 351 of Title III of the Public Health Service Act (Public  
33 Law 78-410).

34 ~~SEC. 15.~~

35 *SEC. 14.* The heading of Chapter 13 (commencing with Section  
36 4980) of Division 2 of the Business and Professions Code is  
37 amended to read:

38

39 CHAPTER 13. LICENSED MARRIAGE AND FAMILY THERAPISTS

40

1     ~~SEC. 16.~~

2     ~~SEC. 15.~~ Section 4980 of the Business and Professions Code  
3 is amended to read:

4     4980. (a) (1) Many California families and many individual  
5 Californians are experiencing difficulty and distress, and are in  
6 need of wise, competent, caring, compassionate, and effective  
7 counseling in order to enable them to improve and maintain healthy  
8 family relationships.

9     (2) Healthy individuals and healthy families and healthy  
10 relationships are inherently beneficial and crucial to a healthy  
11 society, and are our most precious and valuable natural resource.  
12 Licensed marriage and family therapists provide a crucial support  
13 for the well-being of the people and the State of California.

14     (b) No person may engage in the practice of marriage and family  
15 therapy as defined by Section 4980.02, unless he or she holds a  
16 valid license as a marriage and family therapist, or unless he or  
17 she is specifically exempted from that requirement, nor may any  
18 person advertise himself or herself as performing the services of  
19 a marriage, family, child, domestic, or marital consultant, or in  
20 any way use these or any similar titles, including the letters  
21 "L.M.F.T." "M.F.T.," or "M.F.C.C.," or other name, word initial,  
22 or symbol in connection with or following his or her name to imply  
23 that he or she performs these services without a license as provided  
24 by this chapter. Persons licensed under Article 4 (commencing  
25 with Section 4996) of Chapter 14 of Division 2, or under Chapter  
26 6.6 (commencing with Section 2900) may engage in such practice  
27 or advertise that they practice marriage and family therapy but  
28 may not advertise that they hold the marriage and family therapist's  
29 license.

30     ~~SEC. 17.~~ ~~Section 4980.36 of the Business and Professions~~  
31 ~~Code is amended to read:~~

32     ~~4980.36.~~ (a) ~~This section shall apply to the following:~~

33     ~~(1) Applicants for licensure or registration who begin graduate~~  
34 ~~study before August 1, 2012, and do not complete that study on~~  
35 ~~or before December 31, 2018.~~

36     ~~(2) Applicants for licensure or registration who begin graduate~~  
37 ~~study before August 1, 2012, and who graduate from a degree~~  
38 ~~program that meets the requirements of this section.~~

39     ~~(3) Applicants for licensure or registration who begin graduate~~  
40 ~~study on or after August 1, 2012.~~

1     ~~(b) To qualify for a license or registration, applicants shall~~  
2     ~~possess a doctoral or master's degree meeting the requirements of~~  
3     ~~this section in marriage, family, and child counseling, marriage~~  
4     ~~and family therapy, couple and family therapy, psychology, clinical~~  
5     ~~psychology, counseling psychology, or counseling with an~~  
6     ~~emphasis in either marriage, family, and child counseling or~~  
7     ~~marriage and family therapy, obtained from a school, college, or~~  
8     ~~university approved by the Bureau for Private Postsecondary~~  
9     ~~Education, or accredited by either the Commission on Accreditation~~  
10    ~~for Marriage and Family Therapy Education, or a regional~~  
11    ~~accrediting agency that is recognized by the United States~~  
12    ~~Department of Education. The board has the authority to make the~~  
13    ~~final determination as to whether a degree meets all requirements,~~  
14    ~~including, but not limited to, course requirements, regardless of~~  
15    ~~accreditation or approval.~~

16    ~~(c) A doctoral or master's degree program that qualifies for~~  
17    ~~licensure or registration shall do the following:~~

18    ~~(1) Integrate all of the following throughout its curriculum:~~

19    ~~(A) Marriage and family therapy principles.~~

20    ~~(B) The principles of mental health recovery-oriented care and~~  
21    ~~methods of service delivery in recovery-oriented practice~~  
22    ~~environments, among others.~~

23    ~~(C) An understanding of various cultures and the social and~~  
24    ~~psychological implications of socioeconomic position, and an~~  
25    ~~understanding of how poverty and social stress impact an~~  
26    ~~individual's mental health and recovery.~~

27    ~~(2) Allow for innovation and individuality in the education of~~  
28    ~~marriage and family therapists.~~

29    ~~(3) Encourage students to develop the personal qualities that~~  
30    ~~are intimately related to effective practice, including, but not~~  
31    ~~limited to, integrity, sensitivity, flexibility, insight, compassion,~~  
32    ~~and personal presence.~~

33    ~~(4) Permit an emphasis or specialization that may address any~~  
34    ~~one or more of the unique and complex array of human problems,~~  
35    ~~symptoms, and needs of Californians served by marriage and~~  
36    ~~family therapists.~~

37    ~~(5) Provide students with the opportunity to meet with various~~  
38    ~~consumers and family members of consumers of mental health~~  
39    ~~services to enhance understanding of their experience of mental~~  
40    ~~illness, treatment, and recovery.~~



1     ~~(d) The degree described in subdivision (b) shall contain no less~~  
2 ~~than 60 semester or 90 quarter units of instruction that includes,~~  
3 ~~but is not limited to, the following requirements:~~

4     ~~(1) Both of the following:~~

5     ~~(A) No less than 12 semester or 18 quarter units of coursework~~  
6 ~~in theories, principles, and methods of a variety of~~  
7 ~~psychotherapeutic orientations directly related to marriage and~~  
8 ~~family therapy and marital and family systems approaches to~~  
9 ~~treatment and how these theories can be applied therapeutically~~  
10 ~~with individuals, couples, families, adults, including elder adults,~~  
11 ~~children, adolescents, and groups to improve, restore, or maintain~~  
12 ~~healthy relationships.~~

13     ~~(B) Practicum that involves direct client contact, as follows:~~

14     ~~(i) A minimum of six semester or nine quarter units of practicum~~  
15 ~~in a supervised clinical placement that provides supervised~~  
16 ~~fieldwork experience.~~

17     ~~(ii) A minimum of 150 hours of face-to-face experience~~  
18 ~~counseling individuals, couples, families, or groups.~~

19     ~~(iii) A student must be enrolled in a practicum course while~~  
20 ~~counseling clients, except as specified in subdivision (e) of Section~~  
21 ~~4980.42.~~

22     ~~(iv) The practicum shall provide training in all of the following~~  
23 ~~areas:~~

24     ~~(I) Applied use of theory and psychotherapeutic techniques.~~

25     ~~(II) Assessment, diagnosis, and prognosis.~~

26     ~~(III) Treatment of individuals and premarital, couple, family,~~  
27 ~~and child relationships, including trauma and abuse, dysfunctions,~~  
28 ~~healthy functioning, health promotion, illness prevention, and~~  
29 ~~working with families.~~

30     ~~(IV) Professional writing, including documentation of services,~~  
31 ~~treatment plans, and progress notes.~~

32     ~~(V) How to connect people with resources that deliver the~~  
33 ~~quality of services and support needed in the community.~~

34     ~~(v) Educational institutions are encouraged to design the~~  
35 ~~practicum required by this subparagraph to include marriage and~~  
36 ~~family therapy experience in low-income and multicultural mental~~  
37 ~~health settings.~~

38     ~~(vi) In addition to the 150 hours required in clause (ii), 75 hours~~  
39 ~~of either of the following, or a combination thereof:~~

40     ~~(1) Client-centered advocacy, as defined in Section 4980.03.~~

- 1     ~~(H) Face-to-face experience counseling individuals, couples,~~  
2     ~~families, or groups.~~
- 3     ~~(2) Instruction in all of the following:~~
- 4     ~~(A) Diagnosis, assessment, prognosis, and treatment of mental~~  
5     ~~disorders, including severe mental disorders, evidence-based~~  
6     ~~practices, psychological testing, psychopharmacology, and~~  
7     ~~promising mental health practices that are evaluated in peer~~  
8     ~~reviewed literature.~~
- 9     ~~(B) Developmental issues from infancy to old age, including~~  
10    ~~instruction in all of the following areas:~~
- 11    ~~(i) The effects of developmental issues on individuals, couples,~~  
12    ~~and family relationships.~~
- 13    ~~(ii) The psychological, psychotherapeutic, and health~~  
14    ~~implications of developmental issues and their effects.~~
- 15    ~~(iii) Aging and its biological, social, cognitive, and~~  
16    ~~psychological aspects. This coursework shall include instruction~~  
17    ~~on the assessment and reporting of, as well as treatment related~~  
18    ~~to, elder and dependent adult abuse and neglect.~~
- 19    ~~(iv) A variety of cultural understandings of human development.~~
- 20    ~~(v) The understanding of human behavior within the social~~  
21    ~~context of socioeconomic status and other contextual issues~~  
22    ~~affecting social position.~~
- 23    ~~(vi) The understanding of human behavior within the social~~  
24    ~~context of a representative variety of the cultures found within~~  
25    ~~California.~~
- 26    ~~(vii) The understanding of the impact that personal and social~~  
27    ~~insecurity, social stress, low educational levels, inadequate housing,~~  
28    ~~and malnutrition have on human development.~~
- 29    ~~(C) The broad range of matters and life events that may arise~~  
30    ~~within marriage and family relationships and within a variety of~~  
31    ~~California cultures, including instruction in all of the following:~~
- 32    ~~(i) A minimum of seven contact hours of training or coursework~~  
33    ~~in child abuse assessment and reporting as specified in Section 28,~~  
34    ~~and any regulations promulgated thereunder.~~
- 35    ~~(ii) Spousal or partner abuse assessment, detection, intervention~~  
36    ~~strategies, and same gender abuse dynamics.~~
- 37    ~~(iii) Cultural factors relevant to abuse of partners and family~~  
38    ~~members.~~
- 39    ~~(iv) Childbirth, child-rearing, parenting, and stepparenting.~~
- 40    ~~(v) Marriage, divorce, and blended families.~~

- 1 ~~(vi) Long-term care:~~
- 2 ~~(vii) End of life and grief:~~
- 3 ~~(viii) Poverty and deprivation:~~
- 4 ~~(ix) Financial and social stress:~~
- 5 ~~(x) Effects of trauma:~~
- 6 ~~(xi) The psychological, psychotherapeutic, community, and~~
- 7 ~~health implications of the matters and life events described in~~
- 8 ~~clauses (i) to (x), inclusive:~~
- 9 ~~(D) Cultural competency and sensitivity, including a familiarity~~
- 10 ~~with the racial, cultural, linguistic, and ethnic backgrounds of~~
- 11 ~~persons living in California:~~
- 12 ~~(E) Multicultural development and cross-cultural interaction;~~
- 13 ~~including experiences of race, ethnicity, class, spirituality, sexual~~
- 14 ~~orientation, gender, and disability, and their incorporation into the~~
- 15 ~~psychotherapeutic process:~~
- 16 ~~(F) The effects of socioeconomic status on treatment and~~
- 17 ~~available resources:~~
- 18 ~~(G) Resilience, including the personal and community qualities~~
- 19 ~~that enable persons to cope with adversity, trauma, tragedy, threats,~~
- 20 ~~or other stresses:~~
- 21 ~~(H) Human sexuality, including the study of physiological,~~
- 22 ~~psychological, and social-cultural variables associated with sexual~~
- 23 ~~behavior and gender identity, and the assessment and treatment of~~
- 24 ~~psychosexual dysfunction:~~
- 25 ~~(I) Substance use disorders, cooccurring disorders, and addiction,~~
- 26 ~~including, but not limited to, instruction in all of the following:~~
- 27 ~~(i) The definition of substance use disorders, cooccurring~~
- 28 ~~disorders, and addiction. For purposes of this subparagraph,~~
- 29 ~~“cooccurring disorders” means a mental illness and substance~~
- 30 ~~abuse diagnosis occurring simultaneously in an individual:~~
- 31 ~~(ii) Medical aspects of substance use disorders and cooccurring~~
- 32 ~~disorders:~~
- 33 ~~(iii) The effects of psychoactive drug use:~~
- 34 ~~(iv) Current theories of the etiology of substance abuse and~~
- 35 ~~addiction:~~
- 36 ~~(v) The role of persons and systems that support or compound~~
- 37 ~~substance abuse and addiction:~~
- 38 ~~(vi) Major approaches to identification, evaluation, and treatment~~
- 39 ~~of substance use disorders, cooccurring disorders, and addiction,~~
- 40 ~~including, but not limited to, best practices:~~

- 1 ~~(vii) Legal aspects of substance abuse.~~
- 2 ~~(viii) Populations at risk with regard to substance use disorders~~
- 3 ~~and cooccurring disorders.~~
- 4 ~~(ix) Community resources offering screening, assessment,~~
- 5 ~~treatment, and followup for the affected person and family.~~
- 6 ~~(x) Recognition of substance use disorders, cooccurring~~
- 7 ~~disorders, and addiction, and appropriate referral.~~
- 8 ~~(xi) The prevention of substance use disorders and addiction.~~
- 9 ~~(J) California law and professional ethics for marriage and~~
- 10 ~~family therapists, including instruction in all of the following areas~~
- 11 ~~of study:~~
- 12 ~~(i) Contemporary professional ethics and statutory, regulatory,~~
- 13 ~~and decisional laws that delineate the scope of practice of marriage~~
- 14 ~~and family therapy.~~
- 15 ~~(ii) The therapeutic, clinical, and practical considerations~~
- 16 ~~involved in the legal and ethical practice of marriage and family~~
- 17 ~~therapy, including, but not limited to, family law.~~
- 18 ~~(iii) The current legal patterns and trends in the mental health~~
- 19 ~~professions.~~
- 20 ~~(iv) The psychotherapist-patient privilege, confidentiality, the~~
- 21 ~~patient dangerous to self or others, and the treatment of minors~~
- 22 ~~with and without parental consent.~~
- 23 ~~(v) A recognition and exploration of the relationship between~~
- 24 ~~a practitioner's sense of self and human values and his or her~~
- 25 ~~professional behavior and ethics.~~
- 26 ~~(vi) Differences in legal and ethical standards for different types~~
- 27 ~~of work settings.~~
- 28 ~~(vii) Licensing law and licensing process.~~
- 29 ~~(e) The degree described in subdivision (b) shall, in addition to~~
- 30 ~~meeting the requirements of subdivision (d), include instruction~~
- 31 ~~in case management, systems of care for the severely mentally ill,~~
- 32 ~~public and private services and supports available for the severely~~
- 33 ~~mentally ill, community resources for persons with mental illness~~
- 34 ~~and for victims of abuse, disaster and trauma response, advocacy~~
- 35 ~~for the severely mentally ill, and collaborative treatment. This~~
- 36 ~~instruction may be provided either in credit level coursework or~~
- 37 ~~through extension programs offered by the degree-granting~~
- 38 ~~institution.~~
- 39 ~~(f) The changes made to law by this section are intended to~~
- 40 ~~improve the educational qualifications for licensure in order to~~

1 better prepare future licentiates for practice, and are not intended  
2 to expand or restrict the scope of practice for marriage and family  
3 therapists.

4 ~~SEC. 18.~~

5 *SEC. 16.* Section 4980.37 of the Business and Professions Code  
6 is amended to read:

7 4980.37. (a) This section shall apply to applicants for licensure  
8 or registration who begin graduate study before August 1, 2012,  
9 and complete that study on or before December 31, 2018. Those  
10 applicants may alternatively qualify under paragraph (2) of  
11 subdivision (a) of Section 4980.36.

12 (b) To qualify for a license or registration, applicants shall  
13 possess a doctor's or master's degree in marriage, family, and child  
14 counseling, marriage and family therapy, couple and family  
15 therapy, psychology, clinical psychology, counseling psychology,  
16 or counseling with an emphasis in either marriage, family, and  
17 child counseling or marriage and family therapy, obtained from a  
18 school, college, or university accredited by a regional accrediting  
19 agency that is recognized by the United States Department of  
20 Education or approved by the Bureau for Private Postsecondary  
21 Education. The board has the authority to make the final  
22 determination as to whether a degree meets all requirements,  
23 including, but not limited to, course requirements, regardless of  
24 accreditation or approval. In order to qualify for licensure pursuant  
25 to this section, a doctor's or master's degree program shall be a  
26 single, integrated program primarily designed to train marriage  
27 and family therapists and shall contain no less than 48 semester  
28 or 72 quarter units of instruction. This instruction shall include no  
29 less than 12 semester units or 18 quarter units of coursework in  
30 the areas of marriage, family, and child counseling, and marital  
31 and family systems approaches to treatment. The coursework shall  
32 include all of the following areas:

33 (1) The salient theories of a variety of psychotherapeutic  
34 orientations directly related to marriage and family therapy, and  
35 marital and family systems approaches to treatment.

36 (2) Theories of marriage and family therapy and how they can  
37 be utilized in order to intervene therapeutically with couples,  
38 families, adults, children, and groups.

39 (3) Developmental issues and life events from infancy to old  
40 age and their effect on individuals, couples, and family

1 relationships. This may include coursework that focuses on specific  
2 family life events and the psychological, psychotherapeutic, and  
3 health implications that arise within couples and families,  
4 including, but not limited to, childbirth, child rearing, childhood,  
5 adolescence, adulthood, marriage, divorce, blended families,  
6 stepparenting, abuse and neglect of older and dependent adults,  
7 and geropsychology.

8 (4) A variety of approaches to the treatment of children.

9 The board shall, by regulation, set forth the subjects of instruction  
10 required in this subdivision.

11 (c) (1) In addition to the 12 semester or 18 quarter units of  
12 coursework specified in subdivision (b), the doctor's or master's  
13 degree program shall contain not less than six semester or nine  
14 quarter units of supervised practicum in applied psychotherapeutic  
15 technique, assessments, diagnosis, prognosis, and treatment of  
16 premarital, couple, family, and child relationships, including  
17 dysfunctions, healthy functioning, health promotion, and illness  
18 prevention, in a supervised clinical placement that provides  
19 supervised fieldwork experience within the scope of practice of a  
20 marriage and family therapist.

21 (2) For applicants who enrolled in a degree program on or after  
22 January 1, 1995, the practicum shall include a minimum of 150  
23 hours of face-to-face experience counseling individuals, couples,  
24 families, or groups.

25 (3) The practicum hours shall be considered as part of the 48  
26 semester or 72 quarter unit requirement.

27 (d) As an alternative to meeting the qualifications specified in  
28 subdivision (b), the board shall accept as equivalent degrees those  
29 master's or doctor's degrees granted by educational institutions  
30 whose degree program is approved by the Commission on  
31 Accreditation for Marriage and Family Therapy Education.

32 (e) In order to provide an integrated course of study and  
33 appropriate professional training, while allowing for innovation  
34 and individuality in the education of marriage and family therapists,  
35 a degree program that meets the educational qualifications for  
36 licensure or registration under this section shall do all of the  
37 following:

38 (1) Provide an integrated course of study that trains students  
39 generally in the diagnosis, assessment, prognosis, and treatment  
40 of mental disorders.

1 (2) Prepare students to be familiar with the broad range of  
2 matters that may arise within marriage and family relationships.

3 (3) Train students specifically in the application of marriage  
4 and family relationship counseling principles and methods.

5 (4) Encourage students to develop those personal qualities that  
6 are intimately related to the counseling situation such as integrity,  
7 sensitivity, flexibility, insight, compassion, and personal presence.

8 (5) Teach students a variety of effective psychotherapeutic  
9 techniques and modalities that may be utilized to improve, restore,  
10 or maintain healthy individual, couple, and family relationships.

11 (6) Permit an emphasis or specialization that may address any  
12 one or more of the unique and complex array of human problems,  
13 symptoms, and needs of Californians served by marriage and  
14 family therapists.

15 (7) Prepare students to be familiar with cross-cultural mores  
16 and values, including a familiarity with the wide range of racial  
17 and ethnic backgrounds common among California's population,  
18 including, but not limited to, Blacks, Hispanics, Asians, and Native  
19 Americans.

20 (f) Educational institutions are encouraged to design the  
21 practicum required by this section to include marriage and family  
22 therapy experience in low income and multicultural mental health  
23 settings.

24 (g) This section shall remain in effect only until January 1, 2019,  
25 and as of that date is repealed, unless a later enacted statute, that  
26 is enacted before January 1, 2019, deletes or extends that date.

27 ~~SEC. 19.~~

28 *SEC. 17.* Section 4980.399 of the Business and Professions  
29 Code is amended to read:

30 4980.399. (a) Except as provided in subdivision (a) of Section  
31 4980.398, each applicant and registrant shall obtain a passing score  
32 on a board-administered California law and ethics examination in  
33 order to qualify for licensure.

34 (b) A registrant shall participate in a board-administered  
35 California law and ethics examination prior to his or her registration  
36 renewal.

37 (c) Notwithstanding subdivision (b), an applicant who holds a  
38 registration eligible for renewal, with an expiration date no later  
39 than June 30, 2016, and who applies for renewal of that registration  
40 between January 1, 2016, and June 30, 2016, shall, if eligible, be

1 allowed to renew the registration without first participating in the  
2 California law and ethics examination. These applicants shall  
3 participate in the California law and ethics examination in the next  
4 renewal cycle, and shall pass the examination prior to licensure or  
5 issuance of a subsequent registration number, as specified in this  
6 section.

7 (d) If an applicant fails the California law and ethics  
8 examination, he or she may retake the examination, upon payment  
9 of the required fees, without further application except as provided  
10 in subdivision (e).

11 (e) If a registrant fails to obtain a passing score on the California  
12 law and ethics examination described in subdivision (a) within his  
13 or her renewal period on or after the operative date of this section,  
14 he or she shall complete, at a minimum, a 12-hour course in  
15 California law and ethics in order to be eligible to participate in  
16 the California law and ethics examination. Registrants shall only  
17 take the 12-hour California law and ethics course once during a  
18 renewal period. The 12-hour law and ethics course required by  
19 this section shall be taken through a board-approved continuing  
20 education provider, a county, state or governmental entity, or a  
21 college or university.

22 (f) The board shall not issue a subsequent registration number  
23 unless the registrant has passed the California law and ethics  
24 examination.

25 (g) Notwithstanding subdivision (f), an applicant who holds or  
26 has held a registration, with an expiration date no later than January  
27 1, 2017, and who applies for a subsequent registration number  
28 between January 1, 2016, and January 1, 2017, shall, if eligible,  
29 be allowed to obtain the subsequent registration number without  
30 first passing the California law and ethics examination. These  
31 applicants shall pass the California law and ethics examination  
32 during the next renewal period or prior to licensure, whichever  
33 occurs first.

34 (h) This section shall become operative on January 1, 2016.

35 ~~SEC. 20.~~

36 *SEC. 18.* Section 4980.41 of the Business and Professions Code  
37 is amended to read:

38 4980.41. (a) An applicant for licensure whose education  
39 qualifies him or her under Section 4980.37 shall complete the  
40 following coursework or training in order to be eligible to sit for



1 the licensing examinations as specified in subdivision (d) of Section  
2 4980.40:

3 (1) A two semester or three quarter unit course in California  
4 law and professional ethics for marriage and family therapists,  
5 which shall include, but not be limited to, the following areas of  
6 study:

7 (A) Contemporary professional ethics and statutory, regulatory,  
8 and decisional laws that delineate the profession's scope of  
9 practice.

10 (B) The therapeutic, clinical, and practical considerations  
11 involved in the legal and ethical practice of marriage and family  
12 therapy, including family law.

13 (C) The current legal patterns and trends in the mental health  
14 profession.

15 (D) The psychotherapist-patient privilege, confidentiality, the  
16 patient dangerous to self or others, and the treatment of minors  
17 with and without parental consent.

18 (E) A recognition and exploration of the relationship between  
19 a practitioner's sense of self and human values and his or her  
20 professional behavior and ethics.

21 This course may be considered as part of the 48 semester or 72  
22 quarter unit requirements contained in Section 4980.37.

23 (2) A minimum of seven contact hours of training or coursework  
24 in child abuse assessment and reporting as specified in Section 28  
25 and any regulations promulgated thereunder.

26 (3) A minimum of 10 contact hours of training or coursework  
27 in human sexuality as specified in Section 25, and any regulations  
28 promulgated thereunder. When coursework in a master's or  
29 doctor's degree program is acquired to satisfy this requirement, it  
30 shall be considered as part of the 48 semester or 72 quarter unit  
31 requirement contained in Section 4980.37.

32 (4) For persons who began graduate study on or after January  
33 1, 1986, a master's or doctor's degree qualifying for licensure shall  
34 include specific instruction in alcoholism and other chemical  
35 substance dependency as specified by regulation. When coursework  
36 in a master's or doctor's degree program is acquired to satisfy this  
37 requirement, it shall be considered as part of the 48 semester or  
38 72 quarter unit requirement contained in Section 4980.37.  
39 Coursework required under this paragraph may be satisfactory if  
40 taken either in fulfillment of other educational requirements for

1 licensure or in a separate course. The applicant may satisfy this  
2 requirement by successfully completing this coursework from a  
3 master's or doctoral degree program at an accredited or approved  
4 institution, as described in subdivision (b) of Section 4980.37, or  
5 from a board-accepted provider of continuing education, as  
6 described in Section 4980.54.

7 (5) For persons who began graduate study during the period  
8 commencing on January 1, 1995, and ending on December 31,  
9 2003, a master's or doctor's degree qualifying for licensure shall  
10 include coursework in spousal or partner abuse assessment,  
11 detection, and intervention. For persons who began graduate study  
12 on or after January 1, 2004, a master's or doctor's degree qualifying  
13 for licensure shall include a minimum of 15 contact hours of  
14 coursework in spousal or partner abuse assessment, detection, and  
15 intervention strategies, including knowledge of community  
16 resources, cultural factors, and same gender abuse dynamics.  
17 Coursework required under this paragraph may be satisfactory if  
18 taken either in fulfillment of other educational requirements for  
19 licensure or in a separate course. The applicant may satisfy this  
20 requirement by successfully completing this coursework from a  
21 master's or doctoral degree program at an accredited or approved  
22 institution, as described in subdivision (b) of Section 4980.37, or  
23 from a board-accepted provider of continuing education, as  
24 described in Section 4980.54.

25 (6) For persons who began graduate study on or after January  
26 1, 2001, an applicant shall complete a minimum of a two semester  
27 or three quarter unit survey course in psychological testing. When  
28 coursework in a master's or doctor's degree program is acquired  
29 to satisfy this requirement, it may be considered as part of the 48  
30 semester or 72 quarter unit requirement of Section 4980.37.

31 (7) For persons who began graduate study on or after January  
32 1, 2001, an applicant shall complete a minimum of a two semester  
33 or three quarter unit survey course in psychopharmacology. When  
34 coursework in a master's or doctor's degree program is acquired  
35 to satisfy this requirement, it may be considered as part of the 48  
36 semester or 72 quarter unit requirement of Section 4980.37.

37 (8) The requirements added by paragraphs (6) and (7) are  
38 intended to improve the educational qualifications for licensure in  
39 order to better prepare future licentiates for practice and are not

1 intended in any way to expand or restrict the scope of practice for  
2 licensed marriage and family therapists.

3 (b) This section shall remain in effect only until January 1, 2019,  
4 and as of that date is repealed, unless a later enacted statute, that  
5 is enacted before January 1, 2019, deletes or extends that date.

6 ~~SEC. 21.~~

7 *SEC. 19.* Section 4980.43 of the Business and Professions Code  
8 is amended to read:

9 4980.43. (a) Prior to applying for licensure examinations, each  
10 applicant shall complete experience that shall comply with the  
11 following:

12 (1) A minimum of 3,000 hours completed during a period of at  
13 least 104 weeks.

14 (2) Not more than 40 hours in any seven consecutive days.

15 (3) Not less than 1,700 hours of supervised experience  
16 completed subsequent to the granting of the qualifying master's  
17 or doctoral degree.

18 (4) (A) Not more than 1,300 hours of supervised experience  
19 obtained prior to completing a master's or doctoral degree.

20 (B) The applicant shall not be credited with more than 750 hours  
21 of counseling and direct supervisor contact prior to completing  
22 the master's or doctoral degree.

23 (5) No hours of experience may be gained prior to completing  
24 either 12 semester units or 18 quarter units of graduate instruction  
25 and becoming a trainee except for personal psychotherapy.

26 (6) No hours of experience may be gained more than six years  
27 prior to the date the application for examination eligibility was  
28 filed, except that up to 500 hours of clinical experience gained in  
29 the supervised practicum required by subdivision (c) of Section  
30 4980.37 and subparagraph (B) of paragraph (1) of subdivision (d)  
31 of Section 4980.36 shall be exempt from this six-year requirement.

32 (7) Not more than a combined total of 1,000 hours of experience  
33 in the following:

34 (A) Direct supervisor contact.

35 (B) Professional enrichment activities. For purposes of this  
36 chapter, "professional enrichment activities" include the following:

37 (i) Workshops, seminars, training sessions, or conferences  
38 directly related to marriage and family therapy attended by the  
39 applicant that are approved by the applicant's supervisor. An

1 applicant shall have no more than 250 hours of verified attendance  
2 at these workshops, seminars, training sessions, or conferences.

3 (ii) Participation by the applicant in personal psychotherapy,  
4 which includes group, marital or conjoint, family, or individual  
5 psychotherapy by an appropriately licensed professional. An  
6 applicant shall have no more than 100 hours of participation in  
7 personal psychotherapy. The applicant shall be credited with three  
8 hours of experience for each hour of personal psychotherapy.

9 (8) Not more than 500 hours of experience providing group  
10 therapy or group counseling.

11 (9) For all hours gained on or after January 1, 2012, not more  
12 than 500 hours of experience in the following:

13 (A) Experience administering and evaluating psychological  
14 tests, writing clinical reports, writing progress notes, or writing  
15 process notes.

16 (B) Client centered advocacy.

17 (10) Not less than 500 total hours of experience in diagnosing  
18 and treating couples, families, and children. For up to 150 hours  
19 of treating couples and families in conjoint therapy, the applicant  
20 shall be credited with two hours of experience for each hour of  
21 therapy provided.

22 (11) Not more than 375 hours of experience providing personal  
23 psychotherapy, crisis counseling, or other counseling services via  
24 telehealth in accordance with Section 2290.5.

25 (12) It is anticipated and encouraged that hours of experience  
26 will include working with elders and dependent adults who have  
27 physical or mental limitations that restrict their ability to carry out  
28 normal activities or protect their rights.

29 This subdivision shall only apply to hours gained on and after  
30 January 1, 2010.

31 (b) All applicants, trainees, and registrants shall be at all times  
32 under the supervision of a supervisor who shall be responsible for  
33 ensuring that the extent, kind, and quality of counseling performed  
34 is consistent with the training and experience of the person being  
35 supervised, and who shall be responsible to the board for  
36 compliance with all laws, rules, and regulations governing the  
37 practice of marriage and family therapy. Supervised experience  
38 shall be gained by interns and trainees only as an employee or as  
39 a volunteer. The requirements of this chapter regarding gaining  
40 hours of experience and supervision are applicable equally to

1 employees and volunteers. Experience shall not be gained by  
2 interns or trainees as an independent contractor.

3 (1) If employed, an intern shall provide the board with copies  
4 of the corresponding W-2 tax forms for each year of experience  
5 claimed upon application for licensure.

6 (2) If volunteering, an intern shall provide the board with a letter  
7 from his or her employer verifying the intern's employment as a  
8 volunteer upon application for licensure.

9 (c) Except for experience gained pursuant to subparagraph (B)  
10 of paragraph (7) of subdivision (a), supervision shall include at  
11 least one hour of direct supervisor contact in each week for which  
12 experience is credited in each work setting, as specified:

13 (1) A trainee shall receive an average of at least one hour of  
14 direct supervisor contact for every five hours of client contact in  
15 each setting.

16 (2) An individual supervised after being granted a qualifying  
17 degree shall receive at least one additional hour of direct supervisor  
18 contact for every week in which more than 10 hours of client  
19 contact is gained in each setting. No more than five hours of  
20 supervision, whether individual or group, shall be credited during  
21 any single week.

22 (3) For purposes of this section, "one hour of direct supervisor  
23 contact" means one hour per week of face-to-face contact on an  
24 individual basis or two hours per week of face-to-face contact in  
25 a group.

26 (4) Direct supervisor contact shall occur within the same week  
27 as the hours claimed.

28 (5) Direct supervisor contact provided in a group shall be  
29 provided in a group of not more than eight supervisees and in  
30 segments lasting no less than one continuous hour.

31 (6) Notwithstanding paragraph (3), an intern working in a  
32 governmental entity, a school, a college, or a university, or an  
33 institution that is both nonprofit and charitable may obtain the  
34 required weekly direct supervisor contact via two-way, real-time  
35 videoconferencing. The supervisor shall be responsible for ensuring  
36 that client confidentiality is upheld.

37 (7) All experience gained by a trainee shall be monitored by the  
38 supervisor as specified by regulation.

39 (d) (1) A trainee may be credited with supervised experience  
40 completed in any setting that meets all of the following:

1 (A) Lawfully and regularly provides mental health counseling  
2 or psychotherapy.

3 (B) Provides oversight to ensure that the trainee's work at the  
4 setting meets the experience and supervision requirements set forth  
5 in this chapter and is within the scope of practice for the profession  
6 as defined in Section 4980.02.

7 (C) Is not a private practice owned by a licensed marriage and  
8 family therapist, a licensed professional clinical counselor, a  
9 licensed psychologist, a licensed clinical social worker, a licensed  
10 physician and surgeon, or a professional corporation of any of  
11 those licensed professions.

12 (2) Experience may be gained by the trainee solely as part of  
13 the position for which the trainee volunteers or is employed.

14 (e) (1) An intern may be credited with supervised experience  
15 completed in any setting that meets both of the following:

16 (A) Lawfully and regularly provides mental health counseling  
17 or psychotherapy.

18 (B) Provides oversight to ensure that the intern's work at the  
19 setting meets the experience and supervision requirements set forth  
20 in this chapter and is within the scope of practice for the profession  
21 as defined in Section 4980.02.

22 (2) An applicant shall not be employed or volunteer in a private  
23 practice, as defined in subparagraph (C) of paragraph (1) of  
24 subdivision (d), until registered as an intern.

25 (3) While an intern may be either a paid employee or a  
26 volunteer, employers are encouraged to provide fair remuneration  
27 to interns.

28 (4) Except for periods of time during a supervisor's vacation or  
29 sick leave, an intern who is employed or volunteering in private  
30 practice shall be under the direct supervision of a licensee that has  
31 satisfied the requirements of subdivision (g) of Section 4980.03.  
32 The supervising licensee shall either be employed by and practice  
33 at the same site as the intern's employer, or shall be an owner or  
34 shareholder of the private practice. Alternative supervision may  
35 be arranged during a supervisor's vacation or sick leave if the  
36 supervision meets the requirements of this section.

37 (5) Experience may be gained by the intern solely as part of the  
38 position for which the intern volunteers or is employed.

1 (f) Except as provided in subdivision (g), all persons shall  
2 register with the board as an intern in order to be credited for  
3 postdegree hours of supervised experience gained toward licensure.

4 (g) Except when employed in a private practice setting, all  
5 postdegree hours of experience shall be credited toward licensure  
6 so long as the applicant applies for the intern registration within  
7 90 days of the granting of the qualifying master's or doctoral  
8 degree and is thereafter granted the intern registration by the board.

9 (h) Trainees, interns, and applicants shall not receive any  
10 remuneration from patients or clients, and shall only be paid by  
11 their employers.

12 (i) Trainees, interns, and applicants shall only perform services  
13 at the place where their employers regularly conduct business,  
14 which may include performing services at other locations, so long  
15 as the services are performed under the direction and control of  
16 their employer and supervisor, and in compliance with the laws  
17 and regulations pertaining to supervision. Trainees and interns  
18 shall have no proprietary interest in their employers' businesses  
19 and shall not lease or rent space, pay for furnishings, equipment,  
20 or supplies, or in any other way pay for the obligations of their  
21 employers.

22 (j) Trainees, interns, or applicants who provide volunteered  
23 services or other services, and who receive no more than a total,  
24 from all work settings, of five hundred dollars (\$500) per month  
25 as reimbursement for expenses actually incurred by those trainees,  
26 interns, or applicants for services rendered in any lawful work  
27 setting other than a private practice shall be considered an  
28 employee and not an independent contractor. The board may audit  
29 applicants who receive reimbursement for expenses, and the  
30 applicants shall have the burden of demonstrating that the payments  
31 received were for reimbursement of expenses actually incurred.

32 (k) Each educational institution preparing applicants for  
33 licensure pursuant to this chapter shall consider requiring, and  
34 shall encourage, its students to undergo individual, marital or  
35 conjoint, family, or group counseling or psychotherapy, as  
36 appropriate. Each supervisor shall consider, advise, and encourage  
37 his or her interns and trainees regarding the advisability of  
38 undertaking individual, marital or conjoint, family, or group  
39 counseling or psychotherapy, as appropriate. Insofar as it is deemed  
40 appropriate and is desired by the applicant, the educational

1 institution and supervisors are encouraged to assist the applicant  
2 in locating that counseling or psychotherapy at a reasonable cost.

3 ~~SEC. 22.~~

4 *SEC. 20.* Section 4980.55 of the Business and Professions Code  
5 is amended to read:

6 4980.55. As a model for all therapeutic professions, and to  
7 acknowledge respect and regard for the consuming public, all  
8 licensed marriage and family therapists are encouraged to provide  
9 to each client, at an appropriate time and within the context of the  
10 psychotherapeutic relationship, an accurate and informative  
11 statement of the therapist's experience, education, specialities,  
12 professional orientation, and any other information deemed  
13 appropriate by the licensee.

14 ~~SEC. 23.~~

15 *SEC. 21.* Section 4980.72 of the Business and Professions Code  
16 is amended to read:

17 4980.72. (a) This section applies to persons who are licensed  
18 outside of California and apply for licensure on or after January  
19 1, 2016.

20 (b) The board may issue a license to a person who, at the time  
21 of submitting an application for a license pursuant to this chapter,  
22 holds a valid license in good standing issued by a board of marriage  
23 counselor examiners, board of marriage and family therapists, or  
24 corresponding authority, of any state or country, if all of the  
25 following conditions are satisfied:

26 (1) The applicant's education is substantially equivalent, as  
27 defined in Section 4980.78. The applicant's degree title need not  
28 be identical to that required by Section 4980.36 or 4980.37.

29 (2) The applicant complies with Section 4980.76, if applicable.

30 (3) The applicant's supervised experience is substantially  
31 equivalent to that required for a license under this chapter. The  
32 board shall consider hours of experience obtained outside of  
33 California during the six-year period immediately preceding the  
34 date the applicant initially obtained the license described above.

35 (4) The applicant passes the California law and ethics  
36 examination.

37 (5) The applicant passes a clinical examination designated by  
38 the board. An applicant who obtained his or her license or  
39 registration under another jurisdiction may apply for licensure with



1 the board without taking the clinical examination if both of the  
2 following conditions are met:

3 (A) The applicant obtained a passing score on the licensing  
4 examination set forth in regulation as accepted by the board.

5 (B) The applicant's license or registration in that jurisdiction is  
6 in good standing at the time of his or her application and is not  
7 revoked, suspended, surrendered, denied, or otherwise restricted  
8 or encumbered.

9 ~~SEC. 24.~~

10 *SEC. 22.* Section 4980.78 of the Business and Professions Code  
11 is amended to read:

12 4980.78. (a) This section applies to persons who apply for  
13 licensure or registration on or after January 1, 2016.

14 (b) For purposes of Sections 4980.72 and 4980.74, education  
15 is substantially equivalent if all of the following requirements are  
16 met:

17 (1) The degree is obtained from a school, college, or university  
18 accredited by an accrediting agency that is recognized by the  
19 United States Department of Education and consists of, at a  
20 minimum, 48 semester or 72 quarter units, including, but not  
21 limited to, both of the following:

22 (A) Six semester or nine quarter units of practicum, including,  
23 but not limited to, a minimum of 150 hours of face-to-face  
24 counseling.

25 (B) Twelve semester or 18 quarter units in the areas of marriage,  
26 family, and child counseling and marital and family systems  
27 approaches to treatment, as specified in subparagraph (A) of  
28 paragraph (1) of subdivision (d) of Section 4980.36.

29 (2) The applicant completes any units and course content  
30 requirements under subdivision (d) of Section 4980.36 not already  
31 completed in his or her education.

32 (3) The applicant completes credit level coursework from a  
33 degree-granting institution that provides all of the following:

34 (A) Instruction regarding the principles of mental health  
35 recovery-oriented care and methods of service delivery in recovery  
36 model practice environments.

37 (B) An understanding of various California cultures and the  
38 social and psychological implications of socioeconomic position.

39 (C) Structured meeting with various consumers and family  
40 members of consumers of mental health services to enhance

1 understanding of their experience of mental illness, treatment, and  
2 recovery.

3 (D) Instruction in addiction and cooccurring substance abuse  
4 and mental health disorders, as specified in subparagraph (I) of  
5 paragraph (2) of subdivision (d) of Section 4980.36.

6 (4) The applicant completes an 18-hour course in California  
7 law and professional ethics. The content of the course shall include,  
8 but not be limited to, advertising, scope of practice, scope of  
9 competence, treatment of minors, confidentiality, dangerous  
10 patients, psychotherapist-patient privilege, recordkeeping, patient  
11 access to records, state and federal laws relating to confidentiality  
12 of patient health information, dual relationships, child abuse, elder  
13 and dependent adult abuse, online therapy, insurance  
14 reimbursement, civil liability, disciplinary actions and  
15 unprofessional conduct, ethics complaints and ethical standards,  
16 termination of therapy, standards of care, relevant family law,  
17 therapist disclosures to patients, differences in legal and ethical  
18 standards in different types of work settings, and licensing law  
19 and licensing process.

20 (5) The applicant's degree title need not be identical to that  
21 required by subdivision (b) of Section 4980.36.

22 ~~SFC. 25.~~

23 *SEC. 23.* Section 4987.5 of the Business and Professions Code  
24 is amended to read:

25 4987.5. A marriage and family therapy corporation is a  
26 corporation that is authorized to render professional services, as  
27 defined in Section 13401 of the Corporations Code, so long as that  
28 corporation and its shareholders, officers, directors, and employees  
29 rendering professional services who are licensed marriage and  
30 family therapists, physicians and surgeons, psychologists, licensed  
31 professional clinical counselors, licensed clinical social workers,  
32 registered nurses, chiropractors, or acupuncturists are in compliance  
33 with the Moscone-Knox Professional Corporation Act (Part 4  
34 (commencing with Section 13400) of Division 3 of Title 1 of the  
35 Corporations Code), this article, and any other statute or regulation  
36 pertaining to that corporation and the conduct of its affairs. With  
37 respect to a marriage and family therapy corporation, the  
38 governmental agency referred to in the Moscone-Knox Professional  
39 Corporation Act is the Board of Behavioral Sciences.

1     ~~SEC. 26.~~

2     ~~SEC. 24.~~ Section 4989.16 of the Business and Professions Code  
3 is amended to read:

4     4989.16. (a) A person appropriately credentialed by the  
5 Commission on Teacher Credentialing may perform the functions  
6 authorized by that credential in a public school without a license  
7 issued under this chapter by the board.

8     (b) Nothing in this chapter shall be construed to constrict, limit,  
9 or withdraw the Medical Practice Act (Chapter 5 (commencing  
10 with Section 2000)), the Nursing Practice Act (Chapter 6  
11 (commencing with Section 2700)), the Psychology Licensing Law  
12 (Chapter 6.6 (commencing with Section 2900)), the Licensed  
13 Marriage and Family Therapist Practice Act (Chapter 13  
14 (commencing with Section 4980)), the Clinical Social Worker  
15 Practice Act (Chapter 14 (commencing with Section 4991)), or  
16 the Licensed Professional Clinical Counselor Act (Chapter 16  
17 (commencing with Section 4999.10)).

18     ~~SEC. 27.~~

19     ~~SEC. 25.~~ Section 4989.22 of the Business and Professions Code  
20 is amended to read:

21     4989.22. (a) Only persons who satisfy the requirements of  
22 Section 4989.20 are eligible to take the licensure examination.

23     (b) An applicant who fails the written examination may, within  
24 one year from the notification date of failure, retake the  
25 examination as regularly scheduled without further application.  
26 Thereafter, the applicant shall not be eligible for further  
27 examination until he or she files a new application, meets all  
28 current requirements, and pays all fees required.

29     (c) Notwithstanding any other provision of law, the board may  
30 destroy all examination materials two years after the date of an  
31 examination.

32     (d) The board shall not deny any applicant, whose application  
33 for licensure is complete, admission to the written examination,  
34 nor shall the board postpone or delay any applicant's written  
35 examination or delay informing the candidate of the results of the  
36 written examination, solely upon the receipt by the board of a  
37 complaint alleging acts or conduct that would constitute grounds  
38 to deny licensure.

39     (e) Notwithstanding Section 135, the board may deny any  
40 applicant who has previously failed the written examination

1 permission to retake the examination pending completion of the  
2 investigation of any complaint against the applicant. Nothing in  
3 this section shall prohibit the board from denying an applicant  
4 admission to any examination, withholding the results, or refusing  
5 to issue a license to any applicant when an accusation or statement  
6 of issues has been filed against the applicant pursuant to Section  
7 11503 or 11504 of the Government Code, or the applicant has been  
8 denied in accordance with subdivision (b) of Section 485.

9 ~~SEC. 28.~~

10 *SEC. 26.* Section 4992.09 of the Business and Professions Code  
11 is amended to read:

12 4992.09. (a) Except as provided in subdivision (a) of Section  
13 4992.07, an applicant and registrant shall obtain a passing score  
14 on a board-administered California law and ethics examination in  
15 order to qualify for licensure.

16 (b) A registrant shall participate in a board-administered  
17 California law and ethics examination prior to his or her registration  
18 renewal.

19 (c) Notwithstanding subdivision (b), an applicant who holds a  
20 registration eligible for renewal, with an expiration date no later  
21 than June 30, 2016, and who applies for renewal of that registration  
22 between January 1, 2016, and June 30, 2016, shall, if eligible, be  
23 allowed to renew the registration without first participating in the  
24 California law and ethics examination. These applicants shall  
25 participate in the California law and ethics examination in the next  
26 renewal cycle, and shall pass the examination prior to licensure or  
27 issuance of a subsequent registration number, as specified in this  
28 section.

29 (d) If an applicant fails the California law and ethics  
30 examination, he or she may retake the examination, upon payment  
31 of the required fees, without further application except for as  
32 provided in subdivision (e).

33 (e) If a registrant fails to obtain a passing score on the California  
34 law and ethics examination described in subdivision (a) within his  
35 or her renewal period on or after the operative date of this section,  
36 he or she shall complete, at a minimum, a 12-hour course in  
37 California law and ethics in order to be eligible to participate in  
38 the California law and ethics examination. Registrants shall only  
39 take the 12-hour California law and ethics course once during a  
40 renewal period. The 12-hour law and ethics course required by

1 this section shall be taken through a board-approved continuing  
2 education provider, a county, state or governmental entity, or a  
3 college or university.

4 (f) The board shall not issue a subsequent registration number  
5 unless the registrant has passed the California law and ethics  
6 examination.

7 (g) Notwithstanding subdivision (f), an applicant who holds or  
8 has held a registration, with an expiration date no later than January  
9 1, 2017, and who applies for a subsequent registration number  
10 between January 1, 2016, and January 1, 2017, shall, if eligible,  
11 be allowed to obtain the subsequent registration number without  
12 first passing the California law and ethics examination. These  
13 applicants shall pass the California law and ethics examination  
14 during the next renewal period or prior to licensure, whichever  
15 occurs first.

16 (h) This section shall become operative on January 1, 2016.

17 ~~SEC. 29.~~

18 *SEC. 27.* Section 4996.17 of the Business and Professions Code  
19 is amended to read:

20 4996.17. (a) (1) Experience gained outside of California shall  
21 be accepted toward the licensure requirements if it is substantially  
22 the equivalent of the requirements of this chapter.

23 (2) Commencing January 1, 2014, an applicant with education  
24 gained outside of California shall complete an 18-hour course in  
25 California law and professional ethics. The content of the course  
26 shall include, but not be limited to, the following: advertising,  
27 scope of practice, scope of competence, treatment of minors,  
28 confidentiality, dangerous patients, psychotherapist-patient  
29 privilege, recordkeeping, patient access to records, state and federal  
30 laws related to confidentiality of patient health information, dual  
31 relationships, child abuse, elder and dependent adult abuse, online  
32 therapy, insurance reimbursement, civil liability, disciplinary  
33 actions and unprofessional conduct, ethics complaints and ethical  
34 standards, termination of therapy, standards of care, relevant family  
35 law, therapist disclosures to patients, differences in legal and ethical  
36 standards in different types of work settings, and licensing law  
37 and process.

38 (b) The board may issue a license to any person who, at the time  
39 of application, holds a valid active clinical social work license  
40 issued by a board of clinical social work examiners or

1 corresponding authority of any state, if the person passes, or has  
2 passed, the licensing examinations as specified in Section 4996.1  
3 and pays the required fees. Issuance of the license is conditioned  
4 upon all of the following:

5 (1) The applicant has supervised experience that is substantially  
6 the equivalent of that required by this chapter. If the applicant has  
7 less than 3,200 hours of qualifying supervised experience, time  
8 actively licensed as a clinical social worker shall be accepted at a  
9 rate of 100 hours per month up to a maximum of 1,200 hours.

10 (2) Completion of the following coursework or training in or  
11 out of this state:

12 (A) A minimum of seven contact hours of training or coursework  
13 in child abuse assessment and reporting as specified in Section 28,  
14 and any regulations promulgated thereunder.

15 (B) A minimum of 10 contact hours of training or coursework  
16 in human sexuality as specified in Section 25, and any regulations  
17 promulgated thereunder.

18 (C) A minimum of 15 contact hours of training or coursework  
19 in alcoholism and other chemical substance dependency, as  
20 specified by regulation.

21 (D) A minimum of 15 contact hours of coursework or training  
22 in spousal or partner abuse assessment, detection, and intervention  
23 strategies.

24 (3) Commencing January 1, 2014, completion of an 18-hour  
25 course in California law and professional ethics. The content of  
26 the course shall include, but not be limited to, the following:  
27 advertising, scope of practice, scope of competence, treatment of  
28 minors, confidentiality, dangerous patients, psychotherapist-patient  
29 privilege, recordkeeping, patient access to records, state and federal  
30 laws related to confidentiality of patient health information, dual  
31 relationships, child abuse, elder and dependent adult abuse, online  
32 therapy, insurance reimbursement, civil liability, disciplinary  
33 actions and unprofessional conduct, ethics complaints and ethical  
34 standards, termination of therapy, standards of care, relevant family  
35 law, therapist disclosures to patients, differences in legal and ethical  
36 standards in different types of work settings, and licensing law  
37 and process.

38 (4) The applicant's license is not suspended, revoked, restricted,  
39 sanctioned, or voluntarily surrendered in any state.

1 (5) The applicant is not currently under investigation in any  
2 other state, and has not been charged with an offense for any act  
3 substantially related to the practice of social work by any public  
4 agency, entered into any consent agreement or been subject to an  
5 administrative decision that contains conditions placed by an  
6 agency upon an applicant's professional conduct or practice,  
7 including any voluntary surrender of license, or been the subject  
8 of an adverse judgment resulting from the practice of social work  
9 that the board determines constitutes evidence of a pattern of  
10 incompetence or negligence.

11 (6) The applicant shall provide a certification from each state  
12 where he or she holds a license pertaining to licensure, disciplinary  
13 action, and complaints pending.

14 (7) The applicant is not subject to denial of licensure under  
15 Section 480, 4992.3, 4992.35, or 4992.36.

16 (c) The board may issue a license to any person who, at the time  
17 of application, holds a valid, active clinical social work license  
18 issued by a board of clinical social work examiners or a  
19 corresponding authority of any state, if the person has held that  
20 license for at least four years immediately preceding the date of  
21 application, the person passes, or has passed, the licensing  
22 examinations as specified in Section 4996.1, and the person pays  
23 the required fees. Issuance of the license is conditioned upon all  
24 of the following:

25 (1) Completion of the following coursework or training in or  
26 out of state:

27 (A) A minimum of seven contact hours of training or coursework  
28 in child abuse assessment and reporting as specified in Section 28,  
29 and any regulations promulgated thereunder.

30 (B) A minimum of 10 contact hours of training or coursework  
31 in human sexuality as specified in Section 25, and any regulations  
32 promulgated thereunder.

33 (C) A minimum of 15 contact hours of training or coursework  
34 in alcoholism and other chemical substance dependency, as  
35 specified by regulation.

36 (D) A minimum of 15 contact hours of coursework or training  
37 in spousal or partner abuse assessment, detection, and intervention  
38 strategies.

39 (2) Commencing January 1, 2014, completion of an 18-hour  
40 course in California law and professional ethics. The content of

1 the course shall include, but not be limited to, the following:  
2 advertising, scope of practice, scope of competence, treatment of  
3 minors, confidentiality, dangerous patients, psychotherapist-patient  
4 privilege, recordkeeping, patient access to records, state and federal  
5 laws related to confidentiality of patient health information, dual  
6 relationships, child abuse, elder and dependent adult abuse, online  
7 therapy, insurance reimbursement, civil liability, disciplinary  
8 actions and unprofessional conduct, ethics complaints and ethical  
9 standards, termination of therapy, standards of care, relevant family  
10 law, therapist disclosures to patients, differences in legal and ethical  
11 standards in different types of work settings, and licensing law  
12 and process.

13 (3) The applicant has been licensed as a clinical social worker  
14 continuously for a minimum of four years prior to the date of  
15 application.

16 (4) The applicant's license is not suspended, revoked, restricted,  
17 sanctioned, or voluntarily surrendered in any state.

18 (5) The applicant is not currently under investigation in any  
19 other state, and has not been charged with an offense for any act  
20 substantially related to the practice of social work by any public  
21 agency, entered into any consent agreement or been subject to an  
22 administrative decision that contains conditions placed by an  
23 agency upon an applicant's professional conduct or practice,  
24 including any voluntary surrender of license, or been the subject  
25 of an adverse judgment resulting from the practice of social work  
26 that the board determines constitutes evidence of a pattern of  
27 incompetence or negligence.

28 (6) The applicant provides a certification from each state where  
29 he or she holds a license pertaining to licensure, disciplinary action,  
30 and complaints pending.

31 (7) The applicant is not subject to denial of licensure under  
32 Section 480, 4992.3, 4992.35, or 4992.36.

33 (d) Commencing January 1, 2016, an applicant who obtained  
34 his or her license or registration under another jurisdiction may  
35 apply for licensure with the board without taking the clinical  
36 examination specified in Section 4996.1 if the applicant obtained  
37 a passing score on the licensing examination set forth in regulation  
38 as accepted by the board.



1     ~~SEC. 30.~~

2     ~~SEC. 28.~~ Section 4996.23 of the Business and Professions Code  
3 is amended to read:

4     4996.23. The experience required by subdivision (c) of Section  
5 4996.2 shall meet the following criteria:

6     (a) All persons registered with the board on and after January  
7 1, 2002, shall have at least 3,200 hours of post-master's degree  
8 supervised experience providing clinical social work services as  
9 permitted by Section 4996.9. At least 1,700 hours shall be gained  
10 under the supervision of a licensed clinical social worker. The  
11 remaining required supervised experience may be gained under  
12 the supervision of a licensed mental health professional acceptable  
13 to the board as defined by a regulation adopted by the board. This  
14 experience shall consist of the following:

15     (1) A minimum of 2,000 hours in clinical psychosocial  
16 diagnosis, assessment, and treatment, including psychotherapy or  
17 counseling.

18     (2) A maximum of 1,200 hours in client-centered advocacy,  
19 consultation, evaluation, and research.

20     (3) Of the 2,000 clinical hours required in paragraph (1), no less  
21 than 750 hours shall be face-to-face individual or group  
22 psychotherapy provided to clients in the context of clinical social  
23 work services.

24     (4) A minimum of two years of supervised experience is required  
25 to be obtained over a period of not less than 104 weeks and shall  
26 have been gained within the six years immediately preceding the  
27 date on which the application for licensure was filed.

28     (5) Experience shall not be credited for more than 40 hours in  
29 any week.

30     (b) "Supervision" means responsibility for, and control of, the  
31 quality of clinical social work services being provided.  
32 Consultation or peer discussion shall not be considered to be  
33 supervision.

34     (c) (1) Prior to the commencement of supervision, a supervisor  
35 shall comply with all requirements enumerated in Section 1870 of  
36 Title 16 of the California Code of Regulations and shall sign under  
37 penalty of perjury the "Responsibility Statement for Supervisors  
38 of an Associate Clinical Social Worker" form.

39     (2) Supervised experience shall include at least one hour of  
40 direct supervisor contact for a minimum of 104 weeks. For

1 purposes of this subdivision, “one hour of direct supervisor contact”  
2 means one hour per week of face-to-face contact on an individual  
3 basis or two hours of face-to-face contact in a group conducted  
4 within the same week as the hours claimed.

5 (3) An associate shall receive at least one additional hour of  
6 direct supervisor contact for every week in which more than 10  
7 hours of face-to-face psychotherapy is performed in each setting  
8 in which experience is gained. No more than five hours of  
9 supervision, whether individual or group, shall be credited during  
10 any single week.

11 (4) Group supervision shall be provided in a group of not more  
12 than eight supervisees and shall be provided in segments lasting  
13 no less than one continuous hour.

14 (5) Of the 104 weeks of required supervision, 52 weeks shall  
15 be individual supervision, and of the 52 weeks of required  
16 individual supervision, not less than 13 weeks shall be supervised  
17 by a licensed clinical social worker.

18 (6) Notwithstanding paragraph (2), an associate clinical social  
19 worker working for a governmental entity, school, college, or  
20 university, or an institution that is both a nonprofit and charitable  
21 institution, may obtain the required weekly direct supervisor  
22 contact via live two-way videoconferencing. The supervisor shall  
23 be responsible for ensuring that client confidentiality is preserved.

24 (d) The supervisor and the associate shall develop a supervisory  
25 plan that describes the goals and objectives of supervision. These  
26 goals shall include the ongoing assessment of strengths and  
27 limitations and the assurance of practice in accordance with the  
28 laws and regulations. The associate shall submit to the board the  
29 initial original supervisory plan upon application for licensure.

30 (e) Experience shall only be gained in a setting that meets both  
31 of the following:

32 (1) Lawfully and regularly provides clinical social work, mental  
33 health counseling, or psychotherapy.

34 (2) Provides oversight to ensure that the associate’s work at the  
35 setting meets the experience and supervision requirements set forth  
36 in this chapter and is within the scope of practice for the profession  
37 as defined in Section 4996.9.

38 (f) Experience shall not be gained until the applicant has been  
39 registered as an associate clinical social worker.

1 (g) Employment in a private practice as defined in subdivision  
2 (h) shall not commence until the applicant has been registered as  
3 an associate clinical social worker.

4 (h) A private practice setting is a setting that is owned by a  
5 licensed clinical social worker, a licensed marriage and family  
6 therapist, a licensed psychologist, a licensed professional clinical  
7 counselor, a licensed physician and surgeon, or a professional  
8 corporation of any of those licensed professions.

9 (i) If volunteering, the associate shall provide the board with a  
10 letter from his or her employer verifying his or her voluntary status  
11 upon application for licensure.

12 (j) If employed, the associate shall provide the board with copies  
13 of his or her W-2 tax forms for each year of experience claimed  
14 upon application for licensure.

15 (k) While an associate may be either a paid employee or  
16 volunteer, employers are encouraged to provide fair remuneration  
17 to associates.

18 (l) An associate shall not do the following:

19 (1) Receive any remuneration from patients or clients and shall  
20 only be paid by his or her employer.

21 (2) Have any proprietary interest in the employer's business.

22 (3) Lease or rent space, pay for furnishings, equipment, or  
23 supplies, or in any other way pay for the obligations of his or her  
24 employer.

25 (m) An associate, whether employed or volunteering, may obtain  
26 supervision from a person not employed by the associate's  
27 employer if that person has signed a written agreement with the  
28 employer to take supervisory responsibility for the associate's  
29 social work services.

30 (n) Notwithstanding any other provision of law, associates and  
31 applicants for examination shall receive a minimum of one hour  
32 of supervision per week for each setting in which he or she is  
33 working.

34 ~~SEC. 31.~~

35 *SEC. 29.* Section 4998 of the Business and Professions Code  
36 is amended to read:

37 4998. A licensed clinical social worker corporation is a  
38 corporation that is authorized to render professional services, as  
39 defined in Section 13401 of the Corporations Code, so long as that  
40 corporation and its shareholders, officers, directors, and employees

1 rendering professional services who are licensed clinical social  
2 workers, physicians and surgeons, psychologists, licensed  
3 professional clinical counselors, licensed marriage and family  
4 therapists, registered nurses, chiropractors, or acupuncturists are  
5 in compliance with the Moscone-Knox Professional Corporation  
6 Act (Part 4 (commencing with Section 13400) of Division 3 of  
7 Title 1 of the Corporations Code), this article, and all other statutes  
8 and regulations now or hereafter enacted or adopted pertaining to  
9 that corporation and the conduct of its affairs. With respect to a  
10 licensed clinical social worker corporation, the governmental  
11 agency referred to in the Moscone-Knox Professional Corporation  
12 Act is the Board of Behavioral Sciences.

13 ~~SEC. 32.~~

14 *SEC. 30.* Section 4999.55 of the Business and Professions Code  
15 is amended to read:

16 4999.55. (a) Each applicant and registrant shall obtain a  
17 passing score on a board-administered California law and ethics  
18 examination in order to qualify for licensure.

19 (b) A registrant shall participate in a board-administered  
20 California law and ethics examination prior to his or her registration  
21 renewal.

22 (c) Notwithstanding subdivision (b), an applicant who holds a  
23 registration eligible for renewal, with an expiration date no later  
24 than June 30, 2016, and who applies for renewal of that registration  
25 between January 1, 2016, and June 30, 2016, shall, if eligible, be  
26 allowed to renew the registration without first participating in the  
27 California law and ethics examination. These applicants shall  
28 participate in the California law and ethics examination in the next  
29 renewal cycle, and shall pass the examination prior to licensure or  
30 issuance of a subsequent registration number, as specified in this  
31 section.

32 (d) If an applicant fails the California law and ethics  
33 examination, he or she may retake the examination, upon payment  
34 of the required fees, without further application, except as provided  
35 in subdivision (e).

36 (e) If a registrant fails to obtain a passing score on the California  
37 law and ethics examination described in subdivision (a) within his  
38 or her renewal period on or after the operative date of this section,  
39 he or she shall complete, at minimum, a 12-hour course in  
40 California law and ethics in order to be eligible to participate in

1 the California law and ethics examination. Registrants shall only  
2 take the 12-hour California law and ethics course once during a  
3 renewal period. The 12-hour law and ethics course required by  
4 this section shall be taken through a board-approved continuing  
5 education provider, a county, state, or governmental entity, or a  
6 college or university.

7 (f) The board shall not issue a subsequent registration number  
8 unless the registrant has passed the California law and ethics  
9 examination.

10 (g) Notwithstanding subdivision (f), an applicant who holds or  
11 has held a registration, with an expiration date no later than January  
12 1, 2017, and who applies for a subsequent registration number  
13 between January 1, 2016, and January 1, 2017, shall, if eligible,  
14 be allowed to obtain the subsequent registration number without  
15 first passing the California law and ethics examination. These  
16 applicants shall pass the California law and ethics examination  
17 during the next renewal period or prior to licensure, whichever  
18 occurs first.

19 (h) This section shall become operative January 1, 2016.

20 ~~SEC. 33.~~

21 *SEC. 31.* Section 4999.58 of the Business and Professions Code  
22 is amended to read:

23 4999.58. (a) This section applies to a person who applies for  
24 examination eligibility between January 1, 2011, and December  
25 31, 2015, inclusive, and who meets both of the following  
26 requirements:

27 (1) At the time of application, holds a valid license as a  
28 professional clinical counselor, or other counseling license that  
29 allows the applicant to independently provide clinical mental health  
30 services, in another jurisdiction of the United States.

31 (2) Has held the license described in paragraph (1) for at least  
32 two years immediately preceding the date of application.

33 (b) The board may issue a license to a person described in  
34 subdivision (a) if all of the following requirements are satisfied:

35 (1) The education and supervised experience requirements of  
36 the other jurisdiction are substantially the equivalent of this chapter,  
37 as described in subdivision (e) and in Section 4999.46.

38 (2) The person complies with subdivision (b) of Section 4999.40,  
39 if applicable.

1 (3) The person successfully completes the examinations required  
2 by the board pursuant to paragraph (3) of subdivision (a) of Section  
3 4999.50. An applicant who obtained his or her license or  
4 registration under another jurisdiction by taking a national  
5 examination that is required by the board may apply for licensure  
6 with the board without retaking that examination if both of the  
7 following conditions are met:

8 (A) The applicant obtained a passing score on the national  
9 licensing examination that is required by the board.

10 (B) The applicant's license or registration in that jurisdiction is  
11 in good standing at the time of his or her application and is not  
12 revoked, suspended, surrendered, denied, or otherwise restricted  
13 or encumbered.

14 (4) The person pays the required fees.

15 (c) Experience gained outside of California shall be accepted  
16 toward the licensure requirements if it is substantially equivalent  
17 to that required by this chapter. The board shall consider hours of  
18 experience obtained in another state during the six-year period  
19 immediately preceding the applicant's initial licensure by that state  
20 as a licensed professional clinical counselor.

21 (d) Education gained while residing outside of California shall  
22 be accepted toward the licensure requirements if it is substantially  
23 equivalent to the education requirements of this chapter, and if the  
24 applicant has completed the training or coursework required under  
25 subdivision (e) of Section 4999.32, which includes, in addition to  
26 the course described in subparagraph (I) of paragraph (1) of  
27 subdivision (c) of Section 4999.32, an 18-hour course in California  
28 law and professional ethics for professional clinical counselors.

29 (e) For purposes of this section, the board may, in its discretion,  
30 accept education as substantially equivalent if the applicant's  
31 education meets the requirements of Section 4999.32. If the  
32 applicant's degree does not contain the content or the overall units  
33 required by Section 4999.32, the board may, in its discretion, accept  
34 the applicant's education as substantially equivalent if the following  
35 criteria are satisfied:

36 (1) The applicant's degree contains the required number of  
37 practicum units under paragraph (3) of subdivision (c) of Section  
38 4999.32.

1 (2) The applicant remediates his or her specific deficiency by  
2 completing the course content and units required by Section  
3 4999.32.

4 (3) The applicant's degree otherwise complies with this section.

5 (f) This section shall become inoperative on January 1, 2016,  
6 and as of that date is repealed, unless a later enacted statute, which  
7 is enacted before January 1, 2016, deletes or extends that date.

8 ~~SEC. 34.~~

9 *SEC. 32.* Section 4999.59 of the Business and Professions Code  
10 is amended to read:

11 4999.59. (a) This section applies to a person who applies for  
12 examination eligibility or registration between January 1, 2011,  
13 and December 31, 2015, inclusive, who meets both of the following  
14 requirements:

15 (1) At the time of application, holds a valid license described  
16 in paragraph (1) of subdivision (a) of Section 4999.58.

17 (2) Has held the license described in paragraph (1) for less than  
18 two years immediately preceding the date of application.

19 (b) Experience gained outside of California shall be accepted  
20 toward the licensure requirements if it is substantially equivalent  
21 to that required by this chapter, if the applicant complies with  
22 Section 4999.40, if applicable, and if the applicant has gained a  
23 minimum of 250 hours of supervised experience in direct  
24 counseling within California while registered as an intern with the  
25 board. The board shall consider hours of experience obtained in  
26 another state during the six-year period immediately preceding the  
27 applicant's initial licensure in that state as a professional clinical  
28 counselor.

29 (c) Education gained while residing outside of California shall  
30 be accepted toward the licensure requirements if it is substantially  
31 equivalent to the education requirements of this chapter, and if the  
32 applicant has completed the training or coursework required under  
33 subdivision (e) of Section 4999.32, which includes, in addition to  
34 the course described in subparagraph (I) of paragraph (1) of  
35 subdivision (c) of Section 4999.32, an 18-hour course in California  
36 law and professional ethics for professional clinical counselors.

37 (d) For purposes of this section, the board may, in its discretion,  
38 accept education as substantially equivalent if the applicant's  
39 education meets the requirements of Section 4999.32. If the  
40 applicant's degree does not contain the content or the overall units

1 required by Section 4999.32, the board may, in its discretion, accept  
2 the applicant's education as substantially equivalent if the following  
3 criteria are satisfied:

4 (1) The applicant's degree contains the required number of  
5 practicum units under paragraph (3) of subdivision (c) of Section  
6 4999.32.

7 (2) The applicant remediates his or her specific deficiency by  
8 completing the course content and units required by Section  
9 4999.32.

10 (3) The applicant's degree otherwise complies with this section.

11 (e) An applicant who obtained his or her license or registration  
12 under another jurisdiction by taking a national examination that  
13 is required by the board may apply for licensure with the board  
14 without retaking that examination if both of the following  
15 conditions are met:

16 (1) The applicant obtained a passing score on the national  
17 licensing examination that is required by the board.

18 (2) The applicant's license or registration in that jurisdiction is  
19 in good standing at the time of his or her application and is not  
20 revoked, suspended, surrendered, denied, or otherwise restricted  
21 or encumbered.

22 (f) This section shall become inoperative on January 1, 2016,  
23 and as of that date is repealed, unless a later enacted statute, which  
24 is enacted before January 1, 2016, deletes or extends that date.

25 ~~SEC. 35.~~

26 *SEC. 33.* Section 4999.60 of the Business and Professions Code  
27 is amended to read:

28 4999.60. (a) This section applies to persons who are licensed  
29 outside of California and apply for examination eligibility on or  
30 after January 1, 2016.

31 (b) The board may issue a license to a person who, at the time  
32 of submitting an application for a license pursuant to this chapter,  
33 holds a valid license as a professional clinical counselor, or other  
34 counseling license that allows the applicant to independently  
35 provide clinical mental health services, in another jurisdiction of  
36 the United States, if all of the following conditions are satisfied:

37 (1) The applicant's education is substantially equivalent, as  
38 defined in Section 4999.62.

39 (2) The applicant complies with subdivision (b) of Section  
40 4999.40, if applicable.



1 (3) The applicant's supervised experience is substantially  
2 equivalent to that required for a license under this chapter. The  
3 board shall consider hours of experience obtained outside of  
4 California during the six-year period immediately preceding the  
5 date the applicant initially obtained the license described above.

6 (4) The applicant passes the examinations required to obtain a  
7 license under this chapter. An applicant who obtained his or her  
8 license or registration under another jurisdiction may apply for  
9 licensure with the board without taking the clinical examination  
10 if both of the following conditions are met:

11 (A) The applicant obtained a passing score on the licensing  
12 examination set forth in regulation as accepted by the board.

13 (B) The applicant's license or registration in that jurisdiction is  
14 in good standing at the time of his or her application and is not  
15 revoked, suspended, surrendered, denied, or otherwise restricted  
16 or encumbered.

17 ~~SEC. 36.~~

18 *SEC. 34.* Section 4999.123 of the Business and Professions  
19 Code is amended to read:

20 4999.123. A professional clinical counselor corporation is a  
21 corporation that is authorized to render professional services, as  
22 defined in Section 13401 of the Corporations Code, so long as that  
23 corporation and its shareholders, officers, directors, and employees  
24 who are rendering professional services and who are licensed  
25 professional clinical counselors, licensed marriage and family  
26 therapists, physicians and surgeons, psychologists, licensed clinical  
27 social workers, registered nurses, chiropractors, or acupuncturists,  
28 are in compliance with the Moscone-Knox Professional  
29 Corporation Act (Part 4 (commencing with Section 13400) of  
30 Division 3 of Title 1 of the Corporations Code), this article, and  
31 any other statute or regulation pertaining to that corporation and  
32 the conduct of its affairs. With respect to a professional clinical  
33 counselor corporation, the term "governmental agency" in the  
34 Moscone-Knox Professional Corporation Act (Part 4 (commencing  
35 with Section 13400) of Division 3 of Title 1 of the Corporations  
36 Code) shall be construed to mean the Board of Behavioral Sciences.

37 ~~SEC. 37.~~

38 *SEC. 35.* Section 14132.55 of the Welfare and Institutions  
39 Code is amended to read:

1 14132.55. For the purposes of reimbursement under the  
2 Medi-Cal program, a speech pathologist or audiologist shall be  
3 licensed by the Speech-Language Pathology and Audiology  
4 Examining Committee of the Medical Board of California or  
5 similarly licensed by a comparable agency in the state in which  
6 he or she practices. Licensed speech-language pathologists or  
7 licensed audiologists are authorized to utilize and shall be  
8 reimbursed for the services of those personnel in the process of  
9 completing requirements under the provisions of subdivision (c)  
10 of Section 2532.2 of the Business and Professions Code.

11 ~~SEC. 38.~~

12 *SEC. 36.* No reimbursement is required by this act pursuant to  
13 Section 6 of Article XIII B of the California Constitution because  
14 the only costs that may be incurred by a local agency or school  
15 district will be incurred because this act creates a new crime or  
16 infraction, eliminates a crime or infraction, or changes the penalty  
17 for a crime or infraction, within the meaning of Section 17556 of  
18 the Government Code, or changes the definition of a crime within  
19 the meaning of Section 6 of Article XIII B of the California  
20 Constitution.

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

## OCCUPATIONAL ANALYSIS OF THE SPEECH-LANGUAGE PATHOLOGIST PROFESSION



OFFICE OF PROFESSIONAL EXAMINATION SERVICES



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

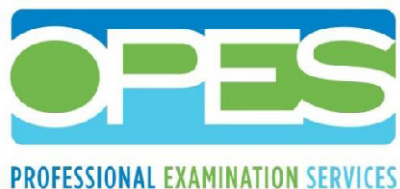
OCCUPATIONAL ANALYSIS OF THE  
SPEECH-LANGUAGE PATHOLOGIST PROFESSION

This report was prepared and written by the  
Office of Professional Examination Services  
California Department of Consumer Affairs

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## EXECUTIVE SUMMARY

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis of Speech-Language Pathologist practice in California. The purpose of the occupational analysis is to define practice for Speech-Language Pathologists in terms of actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis serve as the basis for determining the tasks and knowledge that make up the description of practice for the Speech-Language Pathology profession in California.

OPES test specialists began by researching the profession and conducting telephone interviews with seven Speech-Language Pathologists throughout California. The purpose of these interviews was to identify the tasks performed in Speech-Language Pathology practice, and the knowledge required to perform those tasks in a safe and competent manner. An initial focus group of practitioners and educators was held at OPES in January 2014 to review the results of the interviews, and to identify changes and trends in Speech-Language Pathology practice specific to California. A second focus group was later held with additional Speech-Language Pathology practitioners to review and refine the task and knowledge statements derived from the interviews and initial focus group. Practitioners in these focus groups also performed a preliminary linkage of the task and knowledge statements to ensure that all tasks had a related knowledge and all knowledge statements had a related task. New task and knowledge statements were created as a result of this process, and some statements were eliminated from the final list due to overlap and reconciliation.

Upon completion of the first two focus groups, OPES developed a three-part questionnaire to be completed by Speech-Language Pathologists statewide. Development of the questionnaire included a pilot study which was conducted using a group of six licensees. The participants' feedback was used to refine the questionnaire. The final questionnaire was prepared by OPES for administration in April 2014.

In the first part of the questionnaire, licensees were asked to provide demographic information relating to their work settings and practice. In the second part, the licensees were asked to rate specific job tasks in terms of frequency (i.e., how often the licensee performs the task in the licensee's current practice) and importance (i.e., how important the task is to performance of the licensee's current practice). In the third part of the questionnaire, licensees were asked to rate specific knowledge statements in terms of how important that knowledge is to performance of their current practice.

OPES developed a stratified random sample of licensees to participate in the occupational analysis. The sample was stratified by years of practice and county of practice, with over-sampling of licensees licensed 0 to 5 years. The Board sent notification letters to the sample of 3,595 Speech-Language Pathologists (out of 11,596 total licensees) inviting them to complete the questionnaire online. Fourteen percent of

the licensed Speech-Language Pathologists in the sample (500) responded by accessing the Web-based survey. The final sample size included in the data analysis was 477, or 13 percent of the population that was invited to complete the questionnaire. This response rate reflects two adjustments, the details of which are described in the Response Rate section of this report. The demographic composition of the respondent sample is representative of the California Speech-Language Pathologist population.

OPES then performed data analyses on the task and knowledge rating responses. OPES combined the task ratings to derive an overall criticality index for each task statement. The mean importance rating was used as the criticality index for each knowledge statement.

Once the data had been analyzed, two additional focus groups were conducted with licensed Speech-Language Pathologists. The purpose of these focus groups was to evaluate the criticality indices and determine whether any task or knowledge statements should be eliminated. The licensees in these groups also established the linkage between job tasks and knowledge statements, organized the task and knowledge statements into content areas, and defined those areas. The licensees then evaluated and confirmed the content area weights.

The content outline for Speech-Language Pathology is structured into five content areas weighted by criticality relative to the other content areas. The content outline specifies the job tasks and knowledge critical to safe and effective Speech-Language Pathology (SLP) practice in California at the time of licensure.

The content outline developed as a result of this occupational analysis serves as a basis for developing an examination for inclusion in the process of granting California Speech-Language Pathology licensure. Similarly, this content outline serves as a basis for evaluating the degree to which the content of any examination under consideration measures content critical to California Speech-Language Pathology practice.

At this time, California licensure as a Speech-Language Pathologist is granted by meeting the requisite education and training requirements and passing the national examination for Speech-Language Pathology (the Praxis). There is no additional requirement to pass a California-specific examination, i.e., an additional examination based on applicable California regulations and California-specific practice requirements.

## OVERVIEW OF THE SPEECH-LANGUAGE PATHOLOGY CONTENT OUTLINE

Content Area	Content Area Description	Percent Weight
I. General Competencies	This area assesses the candidate's knowledge related to core areas of practice applicable across types of clients, disorders, and treatment settings.	14
II. Assessment	This area assesses the candidate's ability to identify, evaluate, and assess the development and disorders of speech, voice, language, or swallowing.	32
III. Diagnosis, Goal Setting, and Treatment Planning	This area assesses the candidate's ability to use assessment information to formulate an accurate diagnosis for developing a treatment plan and interventions.	20
IV. Treatment Interventions and Procedures	This area assesses the candidate's ability to develop culturally relevant treatment interventions based on assessment and diagnostic information that are measurable, objective, and consistent with the client's readiness and ability to engage in treatment.	25
V. Treatment Outcomes and Effectiveness	This area assesses the candidate's ability to evaluate client progress in relation to treatment goals and develop plans for continuation, remediation, or termination of treatment as appropriate.	9
<b>Total</b>		<b>100</b>

