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* Graduate Student Handbook Agreement Form*

This form, located in Appendix A at the end of this handbook, must be signed and returned to the Clinic Director.

SAVE IT

USE IT

IT WILL MAKE LIFE EASIER!!

The information provided in this handbook applies to all graduate students in the Division of Communication Disorders and supersedes all other previously printed information about the program. Updates that are applicable to currently enrolled graduate students will be made available either through verbal or written communication and/or via the website at http://uwadmnweb.uwyo.edu/Comdis. The information provided in this Handbook is a general guidebook for students. It is subject to change by the Division as necessary.

Students are encouraged to download the following ASHA documents. These will be relevant to current and future clinical practice. These can be accessed at the ASHA website (www.asha.org).

- Scope of Practice in Speech-Language Pathology
- Confidentiality
- Supervision of Student Clinicians
- Fees for Clinical Service Provided by Students
- 2014 SLP Certification Standards
Welcome to the College of Health Sciences, Division of Communication Disorders at the University of Wyoming. This handbook contains indispensable information to help you make your way through the program.

The undergraduate and graduate programs at University of Wyoming are designed to fulfill the academic and practicum requirements for the Certificate of Clinical Competence (SLP-CCC) of the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC), a semi-autonomous credentialing body of the American Speech-Language-Hearing Association (ASHA). The UW graduate program is accredited by the Council of Academic Accreditation (CAA), another semi-autonomous credentialing body of ASHA. Graduates of this program also meet the requirements for a Wyoming License in Speech Pathology and Wyoming and certification by the State Department of Education.

The faculty, academic professionals, and support staff are here to help you prepare for your professional future. Developing competent speech-language pathologists is the cornerstone of our program. We aim to provide a quality education that both challenges and supports learning, culminating in a master’s degree in speech-language pathology.

As a graduate student, you were chosen from a large pool of applicants. The faculty believes that you had excellent undergraduate preparation, you have strong potential for academic success, will achieve a promising future in the field, and will be a credit to our program. We expect you to rise to the challenges of coursework, clinic, and research. We encourage you to pursue your own education and training, developing the life-long skills that will enable you to be an outstanding professional long after you leave your alma mater, the University of Wyoming. We cannot stress enough the importance of program planning and personal initiative with respect to fulfilling requirements of the program, university, and individual graduation timetable.

We look forward to traveling with all of you on this journey of learning. We trust that you will find your passage and destination rewarding.
VISION AND MISSION STATEMENT

Vision Statement
The Graduate program in the Division of Communication Disorders will be a program of excellence in speech-language pathology.

Mission Statement
The Division of Communication Disorders prepares students to become clinical practitioners, scholars, and instructors in the fields of audiology and speech-language pathology. The Division accomplishes this mission by:

• Offering a B.S. in Speech, Language, and Hearing Science; and an accredited M.S. in Speech-Language Pathology
• Providing opportunities to access didactic and clinical learning through campus and distance education
• Providing direct clinical training through operation of a full service audiology and speech-language pathology clinic
• Conducting scholarly inquiry and research in communication disorders
• Educating students to apply the highest ethical standards and cultural sensitivity in the provision of services
• Participating in the University of Wyoming community through interdisciplinary educational programs
• Providing audiology and speech-language pathology services to the Wyoming community

Program Goals are presented in Appendix B
A BRIEF HISTORY

Coursework in speech correction, as it was known at that time, was initiated at the University of Wyoming in 1940. This coursework was administered through the Department of Speech in the College of Arts and Sciences by Dr. Dean Nichols. This program was interrupted by World War II when Dr. Nichols was called to active duty as an officer in the United States Army. Following his discharge at the end of World War II, Dr. Nichols returned to the University to re-establish the speech correction program. According to available records, the first Master of Arts, with emphasis in speech correction, was awarded to Elaine N. Young in August, 1950. In 1947, Dr. Nichols established the Summer Speech and Hearing Clinic, an eight-week intensive clinic for the communicatively handicapped throughout Wyoming. Summer Clinic was operational through the summer of 1978.

The first Bachelor of Arts, with emphasis in speech correction, was awarded to Barbara Kahn in January, 1952. After Barbara’s unexpected passing, her parents, Ruby and Albert Kahn, established the Barbara Kahn Foundation for Speech Correction in 1953 to promote research and clinical work in speech-language pathology and audiology at the University of Wyoming. For over fifty years, this fund has helped fund student scholarships and assistantships, special speakers and student events, and research and teaching equipment in the Division of Communication Disorders.

Dr. Nichols retired from the University of Wyoming June 30, 1967. In the fall of 1967, a year-round speech and hearing clinic was established. Effective July 1, 1968, the speech correction program was separated from the Department of Speech in the College of Arts and Sciences and became an autonomous department – the Department of Speech Pathology - in the newly created College of Health Sciences. Dr. R. Ramon Kohler was hired to head the program. The department then offered both Bachelor of Science and Master of Science degrees in Speech Pathology. Audiology coursework was added to the curriculum in the fall of 1968 and the Master of Science in Audiology was approved during the 1970-1971 academic year. At that time, the department was renamed the Department of Speech Pathology and Audiology. In 1973, the department moved to Ross Hall. In the 1980s, some of the faculty had offices away from Ross Hall, in a small house on Lewis Street.

The master’s programs in both speech pathology and audiology were accredited by the Education and Training Board (now Council of Academic Accreditation) of the American Speech-Language-Hearing Association in 1973. In 1978, the bachelor’s program was officially designated as a pre-professional program. Since that time, the undergraduate degree has been named Bachelor of Science in Speech, Language, and Hearing Science. The master’s degrees became the Master of Science in Speech-Language Pathology and in Audiology. In the early 1980s, the program began offering distance master’s coursework. Distance undergraduate coursework for students with degrees in other fields (called Leveling) was added in 1999.

In January 1983, Dr. Kohler stepped down as Chair of the Department. Dr. Janis Jelinek was appointed to replace him. Dr. Jelinek served as Chair of the Department for 17 years and retired June 30, 1999 as Professor Emeritus. Dr. Douglas Laws assumed duties as Interim Head of the Department on July 1, 1999. In the spring of 2000, the College of Health Sciences underwent a college-wide reorganization. The department name was changed to Division of Communication Disorders. Dr. Laws retired July 31, 2000 as Professor Emeritus. Dr. Michael Primus assumed
duties as the Interim Director for the Division through December 2000. Dr. Mary Hardin-Jones was appointed Director of the Division in January, 2001.

In September 2005, the Division and the UW Speech and Hearing Clinic moved from Ross Hall to the new College of Health Sciences building. In compliance with ASHA-CFCC certification standards mandating a clinical doctorate in audiology, the Division accepted its last class of master’s students in audiology in fall 2004. The University of Wyoming decided not to offer a doctorate in audiology and formally closed the graduate program in audiology in spring 2007. In the summer of 2008, Dr. Hardin-Jones stepped down as Director of the Division to focus on teaching and research. Dr. Teresa Ukrainetz, who began with the Division in 1995, was appointed Director. In 2013, the distance graduate track was suspended for a major programmatic change with admissions scheduled to re-start in Fall, 2016. In the summer of 2015, Dr. Ukrainetz returned to the faculty and Dr. Mark Guiberson, who joined the Division in 2011, became Director and Dr. Ukrainetz rejoining the professoriate. Through all these changes, the Division continues to flourish. The future looks bright for students, faculty, and alumni of the University of Wyoming’s Division of Communication Disorders.
• ADDITIONAL SOURCES OF INFORMATION •

Graduate Education webpage
http://www.uwyo.edu/uwgrad/

- University admission policies
- University tuition and Fees
- UW Catalog: Course descriptions and scholastic requirements
- Sources of funding, including graduate assistantships
- Graduation process information
- Graduate student regulations and policies

The Division Website
http://uwadmnweb.uwyo.edu/comdis/

- Current Graduate Handbook under Division Documents
- Faculty and facility descriptions
- Speech and Hearing Clinic information (Notice of Privacy Practices)
- Campus and distance track information
- Student Appeals procedure, under Division Documents

Clinic Practicum Procedural Manual
- Required packet for SPPA 5030

Exposure Control Plan - Available in the main office, HS265.

In addition, we have a Division Facebook site which you are invited to join. Search for University of Wyoming Division of Communication Disorders, or find us at http://www.facebook.com/group.php?gid=328516880423&ref=ts. The site provides the latest Division activities and news, such as social events, pictures of our facility, students and faculty, invitations to NSSLHA events, scholarship opportunities and recipients, and news links highlighting the Division.
MINIMUM ADMISSION REQUIREMENTS FOR FULL ADMISSION

Admission is on a competitive basis. Offers of admission are based on more information than this, but these are the minimum scores required for full admission:

- Minimum of 3.0 undergraduate grade point average
- Minimum of a cumulative score of at least 291 on the combined Verbal and Quantitative sections of the Graduate Record Examination (GRE)

In addition, students seeking admission into the graduate program in speech-language pathology are required to obtain, pay, and pass a criminal background check. These background checks are routinely required by schools, hospitals, and other agencies that participate in the clinical education of our students. Students should retain their access (log in and password) information to access the report when needed. The results of the background check may determine your admission to our program.

Clinical training sites will be informed that students have completed a background check as part of their admission to the graduate program. Students may be required to update their background checks prior to an externship. Furthermore, students must inform the Dean of the College if they are convicted of a crime while enrolled in the master’s program. Please note that a conviction may result in a termination from the program.

Please see the College of Health Sciences website for the policy and procedures document pertaining to background checks. See the University Catalog, our Division webpage, and the graduate academic advisor for further details on this and other matters pertaining to graduate admission and programs of study.

CONDITIONAL ADMISSION

An applicant may be admitted conditionally if he or she does not meet the GPA or GRE requirements for full admission, and the Division determines that there are sufficient areas of strength for success in graduate school in comparison to other applicants. Conditions are placed on admission such as graduate grade point average, performance criteria, or completion of certain courses. Conditional students are not eligible for graduate assistantships.

PRIOR GRADUATE COURSEWORK

A student may submit no more than a total of 12 pre-admission semester hours. These semester credit hours (SCH) may be derived from 3 categories: non-degree, reserved, and transfer graduate credit hours. The total number of SCH accepted from each category is as follows: 12 hours for non-degree graduate credits, 9 hours for transfer credits, and 6 hours for graduate credits reserved during the undergraduate degree. Division faculty must approve of the course work before it will be applied toward your graduate program of study.
At the University of Wyoming, an individual may enroll in graduate-level coursework in speech-language pathology as a Non-degree Graduate Student with permission from the Division. Non-degree Graduate Students who are later admitted to the master’s program may transfer up to 12 SCH of prescribed speech-language pathology course work taken in this manner upon approval of the Division. The academic coursework must be completed within 6 years of the date of graduation from the master’s program. Non-degree Graduate Students may not enroll in clinical experiences (SPPA 5030, 5270, 5290).

Students accepted into the master’s program may transfer up to 9 SCH from another accredited university upon approval of the Division faculty. The academic coursework must be completed within 6 years of the date of graduation from the master’s program.

Upon approval of the Division faculty, an undergraduate student who either majors or levels in speech, language and hearing sciences at the University of Wyoming may reserve 5000 level coursework for up to 6 SCH. The student must follow all procedures as outlined in the University of Wyoming Catalog. These graduate level SCH must be officially reserved for the graduate degree program and cannot be applied towards the undergraduate degree. These courses must appear on the undergraduate transcript as being reserved for graduate credit. The academic coursework must be completed within 6 years of the date of graduation from the master’s program.

**CORE UNDERGRADUATE COURSEWORK (LEVELING)**

Each student must have taken undergraduate coursework in four foundational areas (Biological Sciences, Physical Sciences, Social Sciences, and Statistics) and coursework in Basic Communication Processes. The full undergraduate preparation consists of the 12 courses listed below or, if from another university, the equivalent topic coverage (called Leveling). The coursework must meet standards specified by ASHA-CFCC. If you have a question, please meet with the Graduate Advisor.

Four of the leveling courses are *Prerequisites* to beginning the graduate program: students will not be accepted without them. Four courses are *Required*: at least one *Required* course must be present prior to beginning the graduate program and the remaining three must be completed by the end of the graduate program. Three leveling courses are strongly *Recommended* for success in graduate school, but if they are missing, you may be required to do additional readings or activities rather than taking the courses for credit. A course in American Sign Language is also recommended although it is not one of our leveling courses. In addition, 15 hours of approved observation are required before beginning direct clinical contact hours in the graduate program.

1. Phonetics (*Prerequisite*)
2. Language Development (*Prerequisite*)
3. Anatomy & Physiology of Speech and Hearing (*Prerequisite*)
4. Audiology (*Prerequisite*)
5. Neural Bases of Communication (*Required*)
6. Acoustics of Speech & Hearing (*Required*)
7. Research Methods (*Required*)
8. Aural Rehabilitation (*Required*)
9. Clinic Methods (*Recommended*)
10. Speech Disorders across the Lifespan (*Recommended*)
11. Language Disorders across the Lifespan (*Recommended*)
12. Clinic Observation (1 SCH, on campus only, *Recommended*)

These courses are typically completed within a bachelor’s degree in communication disorders or as additional non-degree coursework accompanying a bachelor’s degree in another field. Leveling courses completed during the master’s degree are not part of the student’s Graduate Program of Study.

The standard for successful completion of these courses is a grade of C-, consistent with the undergraduate standard. For leveling courses being completed while in the graduate program, up to two can be taken as S/U rather than for a grade (they are not figured into the graduate GPA calculations). Please be advised that if you enroll in a 5000-level course, even if it is for leveling, the minimum grade for Satisfactory is a grade of B-. 
• OVERVIEW OF CAMPUS AND DISTANCE M.S. TRACKS •

The master’s of science in speech-language pathology prepares students for careers as speech-language pathologists. The degree consists of 32 semester credit hours (SCH) of academic coursework, 20 SCH clinical experiences, and 4 SCH of thesis or 1 SCH of oral comprehensive examination. The minimum program hours is 50 SCH but typically, students take 53 to 56 SCH to fulfill the academic and clinical preparation across the lifespan and types of disorders.

The workload is heavy but manageable. The Division follows the University guideline of 3 hours of study for each hour of class time (clinic is considered 3 SCH of workload regardless of enrollment SCHs). Thus, three academic courses plus clinic averages about 48 hours of study per week. A 2010-11 analysis of student-reported study time showed average total weekly workloads across the year at or below this guideline.

The program includes all academic and clinical requirements for certification by the American Speech-Language Hearing Association (ASHA) (see www.asha.org), licensure by the Wyoming Speech Pathology and Audiology Licensure Board, and certification by the Wyoming Department of Education. Students who received their undergraduate degree in Speech, Language, and Hearing Sciences from the University of Wyoming are assured they meet ASHA’s requirements for foundational courses and basic communication science courses. Students who earned undergraduate degrees from other universities may be missing some coursework but will make up these missing courses during their master’s program, thus meeting requirements by the time of graduation.

CAMPUS

The campus track takes 2 years of full-time study. Students enroll in 3-4 academic courses while engaging in clinical training each semester for three academic (fall, spring, fall) semesters. Courses are also taken during the first summer semester and the final clinical experience typically ends in early July of the second summer semester. A thesis option is available. Some students have the opportunity to work as graduate assistants.

During the spring and summer of the second year, campus students engage in two full-time 12-week externships, one medical and one educational (this is full-time workload, but the credit hour load and thus the cost of tuition is part-time). The externships, in combination with other clinical experiences, provide each student with a comprehensive clinical education. Students return to campus for oral comprehensive examinations at the end of the spring semester while on externship.

DISTANCE

In 2016, a more compact and better sequenced distance track will commence. The revised distance master’s track takes 3 years of study. In this track, distance students take 1-2 courses per semester. Each year, the approximately 6 distance students are embedded synchronously with the approximately 18 campus students in a single course using web conferencing technology. Distance students attend campus for 8-9 weeks in the first two summers for clinic and coursework.
During the spring and summer of the third year, distance students engage in two full-time 12-week externships, one medical and one educational (this is full-time workload, but the credit hour load and thus the cost of tuition is part-time). Regular work duties, including being an SLP aide, are not considered educational experiences. Arrangements should be made with employers to cover work and medical insurance. Students return to campus for oral comprehensive examinations at the end of the spring semester while on externship.

**GRADUATE CURRICULUM**

**CAMPUS PROGRAM CURRICULUM 2015-2017**

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<tr>
<td>SPPA 5020: Phonology (3)</td>
<td>SPPA 5100: Motor Speech (3)</td>
<td>SPPA 5110: Craniofacial Disorders (2)</td>
</tr>
<tr>
<td>SPPA 5140: Evaluation (3)</td>
<td>SPPA 5110: Craniofacial Disorders (2)</td>
<td>SPPA 5380: Professional Practice (1)</td>
</tr>
<tr>
<td>SPPA 5280: Preschl Lang Intervention (3)</td>
<td>SPPA 5000: Multicultural (1)-embedded</td>
<td>SPPA 5030: Clinic 3 (2)</td>
</tr>
<tr>
<td>SPPA 5030: Clinic 1 (3)</td>
<td>SPPA 5030: Clinic 1 (3)</td>
<td>Possible elective (1-3 credits)**</td>
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<td>SPPA 4750: Research Methods* (3)</td>
<td>SPPA 4750: Research Methods* (3)</td>
<td>**1 credit of electives may be required for students needing full time status</td>
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<td>SPPA 5100: Motor Speech (3)</td>
<td>SPPA 5270: Educational Practicum (6)</td>
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<tr>
<td>SPPA 5330: School Lang Intervention (3)</td>
<td>SPPA 5110: Craniofacial Disorders (2)</td>
<td>SPPA 5961: Graduate Project (Orals) (1)</td>
</tr>
<tr>
<td>SPPA 5130: Aphasia (3)</td>
<td>SPPA 5380: Professional Practice (1)</td>
<td>SPPA 5290: Medical Practicum (6)</td>
</tr>
<tr>
<td>SPPA 5030: Clinic 2 (3)</td>
<td>SPPA 5030: Clinic 2 (3)</td>
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<tr>
<td>SPPA 4150: Aural Rehab* (3)</td>
<td>SPPA 5380: Professional Practice (1)</td>
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<tr>
<td>SPPA 4380: Neural Bases* (3) SP ’16 offering (one time only- usually FA offering).</td>
<td>SPPA 4150: Aural Rehab* (3)</td>
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<th>Summer I</th>
<th>Summer I</th>
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<tr>
<td>SPPA 5220: Voice (3)</td>
<td>SPPA 5220: Voice (3)</td>
<td>**1 credit of electives may be required for students needing full time status</td>
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<tr>
<td>SPPA 5210: Aug/Alt Comm (3)</td>
<td>SPPA 5210: Aug/Alt Comm (3)</td>
<td>**1 credit of electives may be required for students needing full time status</td>
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<td>SPPA 5230: Dysphagia (3)</td>
<td>SPPA 5230: Dysphagia (3)</td>
<td>**1 credit of electives may be required for students needing full time status</td>
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<tr>
<td>Kahn Speaker (SPPA 5380)</td>
<td>Kahn Speaker (SPPA 5380)</td>
<td>**1 credit of electives may be required for students needing full time status</td>
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</table>

*Commonly missing required undergraduate courses.

Based on updated schedule 8/27/15

**DISTANCE PROGRAM: NO SCHEDULE FOR 2015-16**
• GRADUATE REQUIREMENTS •

* Students should also refer to the University Catalog for rules and responsibilities *

GRADUATE PROGRAM OF STUDY

A Program of Study (CAPP report) will be prepared for each student and listed by the Office of the Registrar on WyoWeb (Log into WyoWeb and select Degree Evaluation, Detail Requirements). The Program of Study constitutes an agreement between the student and the university regarding the minimum coursework requirements for that student's degree. Contact the Graduate Advisor if individual modifications (e.g., courses reserved for graduate credit during the undergraduate program, transferred courses, thesis credits, and additional courses) need to be made to the CAPP report. The CAPP report reflects the number of credit hours required by the Division, which is more than the minimum required by the university. It does not reflect missing undergraduate courses that may need to be completed during the graduate program. Changes to the approved program may be requested by contacting the Graduate Advisor.

Students must maintain enrollment for two of the three academic semesters to be considered enrolled in the program. Students should notify the Division if any changes in name, address or e-mail occur during the program.

Plan A (Thesis) and Plan B (Non-Thesis) have the same requirement of 32 SCH in academic courses and 20 SCH in clinical experiences. The thesis track has an additional 4 SCH thesis credit and the non-thesis track has an additional 1 SCH of oral comprehensive examination. Students must achieve each of the knowledge and skills identified on the Wyoming Assessment of Knowledge and Skills (WAKS).

GRADUATE EXAMINATION COMMITTEE

Plan A: If you conduct a thesis, you will identify a faculty member with common research interests to direct your research. That individual will serve as Chair of your thesis committee and will assist you in forming your committee. This committee will advise you as you conduct and write the thesis, and will conduct your oral defense. See Appendix C for Plan A thesis option information.

Plan B: If you enroll in the non-thesis option (Plan B), a Graduate Examination Committee will be assigned to you in your second year for campus students and third year for distance students. The graduate committee will consist of the Chair, two members from the Division, and one member from outside the Division. This committee will conduct your Oral Comprehensive Examination.

PROGRAM GRADE REQUIREMENTS

The Division accepts students into our graduate program who have strong indicators of potential for success. However, occasionally, students are not suited to the profession of speech-language pathology. It is to the benefit of these students that they recognize this mis-match early and leave the program. The faculty regularly review student performance to determine whether students are succeeding and what may be needed to facilitate better performance. The following specifies the grade requirements of our graduate program.
Cumulative GPA

A university requirement is that graduate students must maintain a cumulative minimum graduate GPA of 3.0. Students must have a GPA of 3.0 to graduate. A student with a cumulative GPA of less than 3.0 at the end of a semester will be placed on probationary status by the Registrar or the Division Director. A probationary student has one semester to rectify the GPA. If the cumulative GPA remains below 3.0, the Registrar or Division Director will suspend the student. The student must submit a written petition to the CHS Dean and Division Director for reinstatement. After a review process, the student’s petition will be accepted or rejected. Conditions will be specified for reinstatement (see University Graduate Regulations and Policies on the web). Following reinstatement, the student will have one semester to return to a 3.0 GPA. It should be noted that, although a B- meets the division’s minimum individual grade requirement (see below), it is equivalent to only 2.67 points, so a B+ or better will be required in another course to meet the minimum GPA of 3.0. See the graduate education section of the UW catalog for more information.

Individual Course Grades

This program, consistent with ASHA-CAA requirements, follows a competency-based model of education. Performance averaged across courses does not show mastery within individual courses. Satisfactory performance requires a letter grade of B- or better or a Satisfactory (S) rating (equivalent to a B- or better), and mastery of all knowledge and skill objectives (see next section).

A student can earn no more than two unsatisfactory course grades in the graduate program coursework. If a student obtains a third U or C (all references to “C” are inclusive of C+, C, C-, D+, D, and F), the student will be dismissed from the program at the end of that semester. A withdrawal at any time from a course or clinic without prior approval from the Division will count toward the limit of three C/Us.

Remediations (see next section) are intended for isolated areas of difficulty, not for generally inadequate performance. Students with two grades of C are required to re-take those courses. One grade of C may require a re-take. Re-takes may extend the length of your graduate program a semester or more. A re-take of a course that results in another C will count toward the limit of three C/Us. Students can re-take a course or clinic only once.

A student may only receive one U in clinic. If the student receives a second unsatisfactory grade in clinic, he or she will be dismissed from the program at the end of that semester. Clinical clock hours obtained during the semester when the student received a U (or a withdrawal) will not be applied towards ASHA’s requirements.

Any graduate student who has withdrawn or has been dismissed from the program and subsequently is re-admitted must meet the certification standards and curriculum requirements in effect at the time of re-admission.
• KNOWLEDGE AND SKILLS OUTCOME ASSESSMENT •

WYOMING ASSESSMENT OF KNOWLEDGE AND SKILLS (WAKS)
The Wyoming Assessment of Knowledge and Skills (WAKS) document identifies learning objectives that each student must successfully demonstrate before graduating from the program. The WAKS by Standard and by Course are located in Appendices D to F. It is possible for a student to pass a course without meeting each of the learning objectives linked to the course. Graduation from the program requires that a student not only maintain grade requirements, but also successfully demonstrates competencies in all WAKS standards and objectives.

Each of these learning objectives is linked on the WAKS to a specific standard from ASHA’s Standards for the Certificate of Clinical Competence in Speech-Language Pathology. Although many of the individual objectives are addressed in multiple courses and clinical experiences, each learning objective has been linked to a particular course/practicum experience. Syllabi for each graduate level course identify each learning objective that is addressed by the course. During the course, the students are evaluated on the graduate-level objectives. If an objective is not met on the specified exam or assignment, the student must remediate the deficiency. Remediations are designed by each instructor. At the end of each semester, instructors communicate to the students and to the Graduate Advisor each student’s performance on the WAKS graduate learning objectives.

Objectives related to undergraduate knowledge and skills of basic communication processes are indicated in relevant graduate course syllabi. Some undergraduate competencies may be reviewed and specifically reexamined, but all are expected and built upon within the graduate courses.

In the event that a learning objective for a particular course is not signed off by an instructor during the semester, the student is responsible for meeting with that instructor to develop a remediation plan. It is the responsibility of the student to meet with the instructor for clarifying how remediations are completed for a given course. Many instructors are unavailable during the summer, so students should plan accordingly. Remediation may include independent readings followed by examinations, written projects, oral examinations, or demonstrations of a clinical skill. Failure to remediate learning objectives will prevent awarding of the master’s of science in speech-language pathology.

Students track their progress in meeting these objectives by communicating with their instructors, accessing an on-line data management program, and participating each semester in academic advising sessions. The Division uses a learning management system called CALIPSO. The Academic Advisor updates CALIPSO at the end of each semester regarding whether a given student has passed his/her academic WAKS objectives, while the Speech Clinic Director updates CALIPSO regarding all clinical objectives and associated records. The Graduate Advisor and Speech Clinic Director will let students know how to access CALIPSO.

The Graduate Advisor reviews WAKS progress with each student each semester, but the student is responsible for checking on the currency and accuracy of the records. Students should also maintain a portfolio of their graduate work that demonstrates their acquisition of knowledge and skills. Examples of evidence include syllabi, graded projects, drafts of written reports, and videos.
of clinical performance. Instructors keep exams that are not returned to students. ASHA reserves the right to request this evidence when students apply for certification.

**MODULAR ASSESSMENT OF COMPETENCIES (MAC)**

Each student must pass an audiology modular assessment of competencies. The audiology examination evaluates the audiology knowledge obtained at the undergraduate level associated with learning objectives on the WAKS. Exam times will be announced and guidance on exam preparation will be provided. This exam tests basic knowledge of hearing anatomy and physiology, common auditory disorders, the communication problems associated with hearing impairment, hearing screening, and amplification devices. A score of 80% on each module is required to pass. Students who fail exam modules must repeat those areas until they meet the standard.

Campus graduate students take the MAC exam during their first semester. Distance students take the exam during their first or second summer on campus. Students missing leveling courses should wait to take the MAC exam until they have completed the relevant coursework. Students need to complete the MAC before externships.

**ORAL COMPREHENSIVE EXAMINATION (PLAN B)**

Plan B students must pass an oral comprehensive examination to graduate from the program. Orals are taken through enrolling in the 1-credit course: SPPA 5961 – Graduate Project. The 2-part examination consists of an analytic case study followed by questions on the field of speech-language pathology. The Division Director will notify students of their committees in the fall semester prior to the anticipated semester of graduation. The oral comprehensive committee is comprised of a Chair, two division faculty members, and an outside member.

The Oral Comprehensive Examination tests fundamental knowledge of applied science and clinical practice for a student graduating with a master’s of science in speech-language pathology. A student graduating with this degree should be able to speak in a professional, informed manner about significant topics in the field. The student should be assured that this is the time when he or she will have the greatest breadth of knowledge and should be proud of this accomplishment.

The Graduate Handbook and the Graduate Advisor inform students about the general Orals process and content. Committee Chairs provide further guidance to their assigned students. The student should study for Orals by (a) reviewing major concepts and important details from coursework; (b) critically reflecting and integrating academic knowledge and clinical practice; and (c) practicing answering questions orally in a fluent, organized manner. If the student has been thinking and learning throughout the master’s program, this final review combined with recent clinical experiences will bring together sufficient competence to excel in Orals.

**Timing**

- You are eligible to take Orals when your graduate and leveling coursework is complete. You must complete at least one externship prior to taking the examination to maximize your knowledge and skills, and to allow you a client for the case study portion of the examination.
Orals are not offered in the summer. Orals typically occurs late in the second spring of graduate study for campus and, in the revised distance delivery format, distance track students.

- Orals must be conducted in person before the committee. No telephone or other media forms of student representation are allowed. On rare occasions, with permission from your Chair, a committee member may participate at a distance.

- All academic WAKS objectives must be met before the oral comprehensive exam will be scheduled. Resolve missing WAKS objectives before contacting the Chair about scheduling the Orals.

- You can attend the analytic case study portion of another student’s Orals. Orals schedules are posted in the Division office and on the Division website each semester. We recommend attending at least one in a semester prior to your own Orals.

Process

- It is your responsibility to contact your graduate examination committee to schedule a time and date for this 2-hour oral examination. Scheduling efforts usually occur in January-February for the late spring exam.

- To schedule, after checking that all your WAKS items have been completed, start with the Chair of your committee. After you and your Chair have settled on a choice of several dates and times, use doodle.com or some other online scheduling website to present these options to the rest of your committee. Patience and polite perseverance are required to find a time suitable to you and your 4-member committee.

- Once your committee has agreed on a date and time, contact the Division office (comdis@uwyo.edu) with the date and time. Do this at least three weeks before Orals. The administrative assistant will book a room and post the date at least 10 days before the event. You can invite an audience to the Case Study part of the examination.

- Remind your committee of the date, time and location one week in advance of the examination.

- Download a Report of Final Examination form from the Office of the Registrar’s website on Graduate Student Forms and Guidelines. Students should complete the sections that they are qualified to complete (name, W#, major, name of committee members) and bring the form to the comprehensive examination. Bring a copy of the Division Orals outcome form, located in Appendix G.

- Bring your presentation saved on a portable device. The Division will provide the computer and projector. You can use your own laptop but if you have a Mac, bring an adaptor for the projector. Have a back-up file of your presentation available (e.g., in an e-mail attachment to yourself).

- Arrive prior to the scheduled time to get the room ready. Find your Chair 30 minutes before the Orals to assist you in setting up the projector and computer.

- Dress professionally. Bring water and writing materials for yourself to the presentation.
Analytic Case Study

For the analytic case study, you will select a client from one of your externships and develop a presentation on the management of this client. Your committee will ask you questions about the case during and following the presentation (e.g., the rationale for selection of particular tests, how progress data were collected, or the research evidence for a particular intervention decision). This is the portion of the examination over which you have the most control, use it to your advantage: the more knowledge and skills you can demonstrate within the case study, the less will be asked of those areas in the Field portion of the examination.

You should have been heavily involved in this case, particularly the treatment portion. The client might be selected because you saw the case through from beginning to end, it illustrates a particular management process, or it involved a challenging diagnostic or treatment process. Clients chosen are typically treatment cases. It is possible to present a diagnostic case, but this selection should be made only in consultation with your Chair. It would need to be a complex case, with multiple disciplines involved in the diagnostic process, some diagnostic therapy data, and specific recommendations and rationale for treatment upon discharge.

After you have selected and done some preparation on your case study presentation, you are encouraged to meet with your Chair, in person, by phone, or by e-mail. Students are allowed one consultation with their Chair, so the work they share should be fairly well developed. Students should contact their Chair for guidance at least 2 weeks prior to the scheduled comprehensive exam. Your chair will not revise or edit your content, but will guide you in general content and organization.

Format

- 15-20 minute rehearsed oral presentation; this is a formal spoken presentation (but is not read aloud from notes)
- 20-25 PowerPoint slides outlining main points using bullets of key words and phrases
- Email a final PowerPoint handout to each of your committee members at least 1 day before the examination. The handout should be in a 6-slide per page PDF format.

Content

- The focus can be on a particular aspect of the case, but you should have a thorough and critical understanding of the whole case
- Pertinent information regarding the referral concern, the context of service delivery, and client history (excluding patient name and identifying information)
- Assessment decisions, procedure, and results. These may have been conducted prior to your participation, but you should have investigated, as best you can, the decisions made. You should understand any procedures, tests or other tools used.
- Treatment goals, procedures, activities, progress data, and results. Treatment may have been initiated prior to your participation, but you should have a clear understanding of the decisions made and a thorough understanding of the treatment provided.
Analysis

- An evidence-based practice analysis of the case. You should have evidence embedded as appropriate throughout the case. You should formally present three prongs of evidence for a major decision or feature of the assessment or treatment.

  1. Research evidence: Present some research evidence to support or critique your case. For one major decision or feature, briefly report whether what was done is in line with the general research evidence (from a review article, meta-analysis, or textbook) and then report specifically on 1-2 studies illustrating a particular aspect of your case.

     For each study, summarize the research question, design, procedure, findings, and quality of the experimental control. When explaining the studies, refer to them by author (year) with the full reference at the end of your presentation. Report whether the level of evidence was high, moderate, or low, which involves the research design (e.g., group experimental, single-subject experimental, group observational, case study), the internal validity, and whether it was published in a peer-reviewed journal. Explain how this study informs your management of the case. Clinical craft: Critique a particular aspect of the case from a clinical perspective. Did you provide best practice for the assessment, elements of quality treatment, or aspects important for a particular disorder? Sources can be your own judgment, the current supervisor, past supervisors, professors, and textbooks. These sources (other than yourself) are considered expert testimonials based on many years of clinical experience, but they are not systematically gathered, scrutinized, and published empirical research.

  2. Client features: Consider the case from this particular client or family’s perspective or values. Consider how some particular aspect of this case and situation around it affected implementation of what clinical craft and research evidence indicated.

- Self-reflection: This should be a final critical summary of the case decisions and events, what you learned, and the parts that you would like to have done differently. This overlaps with the evidence-based practice portion of your presentation: did you do what was recommended from the research, what accorded with your best knowledge of clinical craft, and what was best for this particular client?

Field Examination

The case study will be followed by questions from the field. The field examination is more heavily weighted in determination of the examination outcome, so prepare well. Topics include the basic processes of communication, normal speech and language development, communication and swallowing disorders, assessment and treatment, hearing disorders and their management, research methods, multicultural issues, and professional practice. The material will come from your courses and clinical experiences.

Prepare by studying your class notes, readings, and assignments. Consider what your instructors emphasized in their courses: the main points, the take-home messages, the course WAKS objectives, and the critical details. Think about how the academic knowledge integrates with your clinical experiences to inform your practices. Practice answering questions. Record and critique the content, fluency, and organization of your answers. At this point in your program, your knowledge is fresh and current. It encompasses a large array of clinical science and craft in communication (and
swallowing) disorders. This is your opportunity to show your professors and instructors the professional you are becoming.

In the examination, listen to the questions, think carefully, and answer fully. Do not rush your answers. Despite an initial blank or confusion, you can often retrieve and provide the information. Monitor what you are saying and start again if you get tangled up. You may need to take a moment to organize your thoughts. You can also jot notes to sort out your thoughts before you answer. If a question is not clear to you, ask for clarification.

Outcomes

The examination outcome may be a Pass, Conditional Status, or a Fail.

- **Pass** means that you performed well in almost all areas examined and provided a quality analytic case study.

- **Conditional Status** means that you showed multiple areas of strength but performed poorly in several areas and may have had weaknesses in your analytic case study. You must then pass an exam devised around your individual pattern of performance. Poor performance on the conditional status exam will result in a Fail.

- **Fail** means that you performed poorly in multiple areas examined, that you had a very poor analytic case study, or that you failed to meet the conditions specified in a Conditional Status outcome. You may take the Orals examination once again, in person. The timing of the second examination is set by your committee but will be at least 1 month after the first examination. You should discuss your performance with your Chair and be clear on how you need to improve your performance. **If you fail a second time, you will be dismissed from the program and will not earn a master’s of science in speech-language pathology.**

- If the committee are split on their decision, the judgment of the majority of the Division committee members will prevail.

- Grading of SPPA 5961: Graded as S or U. For a Conditional occurring at the end of the semester, an Incomplete may be entered until Orals is re-taken the following fall. For a Fail, 5961 is graded as U. In this case, a new section of 5961 is set up and the student then enrolls in that section for the retake which is graded as S or U.

PRAXIS EXAMINATION

The Praxis is a written multiple-choice comprehensive examination. It is not part of the master’s degree, but is required for the certificate of clinical competency (CCC) by ASHA. The ASHA passing score for the Praxis 5331 is 162.

Students should plan to take the Praxis towards the end of their last semester of graduate study. This allows them to prepare for Orals and Praxis simultaneously. All students must have their score reported to the Division. When taking the exam, designate **UW SLP & Aud recipient code** of **RA0346** (NOT the general UW recipient code, which goes to the College of Education).
• IMPORTANT DEADLINES AND TASKS •

Fall Semester (Year 1)

August  Campus students send MMR vaccination records to Student Health before enrolling in fall courses.

September  Explore whether Plan A or B will be pursued and, if Plan A, determine your Thesis Chair.

Advising Week  1. Inform Graduate Advisor if Plan A will be pursued.
2. Campus students determine dates for reviewing and taking the MAC exam.
3. Log into CALIPSO and become familiar with it.

Spring Semester (Year 1)

March  1. Thesis committee turned in to the Division office prior to the prospectus meeting.
2. Campus students submit cover sheets to the Clinic Director for externships.
3. Distance students contact the Clinic Director about first summer on campus.

April  Distance students send MMR vaccination records to Student Health before enrolling in summer courses on campus.

Summer Semester (Year 1)

June end  Attend this Kahn Lecture or second summer Kahn Lecture, linked to Prof Practice (SPPA 5380).

Fall Semester (Year 2)

December  1. Speech Clinic Director will ask students if full time practicum letter is needed for loan deferral, then Division office will issue letters.
2. Campus students obtain form that covers health insurance and loan repayment deferral for this period from UW Graduate Student Resources.
3. Distance students submit cover sheets to the Clinic Director for externships.

Spring Semester (Year 2 Campus, Year 3 Distance)

February  1. Confirm on CALIPSO that all academic WAKS objectives have been met or meet them.
2. Contact Chair and committee members to set up Orals for late April or early May.
3. Contact Division office with date and time of Orals at least two weeks in advance of the exam.

March  1. CHS Commencement Ceremony form. Turn in form if you intend to walk at the May ceremony. It can be obtained from the Division office. You may walk at Commencement prior to your actual semester of graduation.
2. Regalia order. If you are walking at Commencement, fill out your regalia order following instructions emailed from the Division office.
3. Hooding Request. If you would like a particular Division faculty member to hood you at Commencement, ask that person in advance because not all faculty routinely attend ceremonies; spread the honor around – we all appreciate being asked!
Advising Week
Contact the Graduate Advisor if you have (with approval) diverged from the course plan indicated in your Program of Study (see WyoWeb Degree Evaluation).

April/May
1. Orals and Praxis occur. Be sure to have the Praxis score sent to UW SLP & Aud.
2. Report of Final Examination (RFE) form. After passing your oral examination, this form will be signed by your committee. Turn this form in to Division office. The Division Director will sign after you complete your final externship and any other program requirements.
3. Anticipated Graduation Date form. This form must be submitted to the Registrar for the semester in which you will graduate, which is typically the 2nd summer for campus and 3rd summer for distance. See due dates at the Registrar website. If you want to graduate when expected, follow the directions.
4. You must be enrolled in at least 1 credit hour of something in the semester in which you graduate. If you have completed all requirements, you can enroll in 1 SCH of SPPA 5940: Continuing Registration.
5. Pay your graduation and diploma fee at the Cashier’s Office in Knight Hall after turning in your RFE.

Spring Semester (Year 2 Distance)
March
Contact Clinic Director about second summer on campus.

Summer Semester (Year 2 Campus)
June-July
Attend the Kahn Lecture, part of requirements for the Professional Practice class.

July
1. Verify with Clinic Director that you have met ASHA minimum clock hours.
2. Confirm that WAKS on CALIPSO has been completed, including clinical items.
3. If needed for employment, obtain a letter from the Division Director saying you have completed all requirements.

Early August
Graduation for campus students. Check the Graduate Education website for exact date.

Summer Semester (Year 2 Distance)
Attend this Kahn Lecture or the first summer Kahn Lecture, which is linked to your Professional Practice class.
**FUNDING OPPORTUNITIES**

_Asprise Award._ Freshman and sophomore undergraduates can apply for a CHS Aspire award. One student per year is awarded this scholarship. The scholarship can be renewed for up to three years. The student will engage in a sequence of guided professional or research activities intended to promote career development.

_State and Barbara Kahn Graduate Assistantships._ These assistantships are awarded to applicants to the graduate program for their first academic year. A smaller number of awards may be awarded for the first summer and second fall of the graduate program. Assistantships require 10 hours of instructional, research, and professional support per week. There is a mandatory preparatory teaching symposium. Students must be making adequate progress towards their degrees and fulfilling their support duties to maintain these awards.

_Barbara Kahn Graduate Scholarships._ These scholarships are awarded to graduate student applicants. Scholarships are competitive, based on the graduate application materials. The number and amount of awards vary.

_Barbara Kahn Thesis Funding._ Graduate students who are conducting a thesis may apply for funding to support their research activities (see thesis information in this handbook).

_Barbara Kahn Student Research Awards._ Undergraduate and graduate students can apply to the Kahn Award Committee for an award of up to $500 for projects conducted under the guidance of a Division professor. The awards can be used toward project expenses including conference presentation costs. Applications are made through the sponsoring professor.

Applications must include: (a) a project description, (b) the timeline, (c) the planned presentation venue, (d) an itemized budget, and (e) a letter of support from the sponsoring professor. The mentor’s letter of support should explain: (a) the scope and quality for presentation in a formal venue and (b) the student’s investigative ownership of the project. Each application will receive consideration based on its merits.

_Steve Elliott Scholarship._ Upper division majors or graduate students are eligible to apply for this scholarship. Four to eight scholarships of $500-$1000 are typically awarded. The posted competitions typically have due dates in late January. Application information is distributed in December or January of each year.

_College of Health Science Scholarships._ Scholarships typically offered include the Paul Stock Scholarship and the Gordon S. & Charlott Myers Health Sciences Scholarship. These scholarships are awarded by the Division either as part of the graduate application process or as a posted competitions in December or January of each year.

_College of Health Sciences Research and Travel Awards._ CHS provides support for research conducted under the supervision of a CHS faculty. It also provides some funds to present research at national conferences. Applications are due in early February.

_Wyoming Speech, Language, and Hearing Association (WSHA) Scholarships._ WSHA awards scholarships to graduate students. Refer to the WSHA website for scholarship application information.

The _Financial Aid Booklet_, published by the Financial Aid Office, lists many scholarships available to both undergraduate and graduate students. The _ASHA website also offers other valuable links to scholarship and grant opportunities through the ASHA Foundation._
• POLICIES FOR STUDENT BEHAVIOR •

When a group of students or an individual student acts as a representative of the Division of Communication Disorders or participates in an on- or off-campus activity sponsored by the Division of Communication Disorders, appropriate standards of conduct may be prescribed in accordance with University regulations and policies. **Any conduct by a speech-language pathology graduate student shall be reviewed in accordance with University regulations and policies as well as the American Speech-Language-Hearing Association Code of Ethics. Students are expected to know and abide by the Code of Ethics at all times throughout their program of study.** A copy of the ASHA Code of Ethics is provided in Appendix H.

The Division of Communication Disorders will not tolerate academic dishonesty, such as cheating and plagiarism. The provisions of University Regulation 802 will apply. If at any time prior to graduation and during the course of participation in education or professional training as a speech-language pathology graduate student, or in fulfilling other responsibilities as a University student, the student demonstrates patterns of behavior which constitute unprofessional conduct or which encroach on the student's ability to fulfill his or her responsibilities as a student, it will result in appropriate corrective action to include suspension and/or termination from the Division of Communication Disorders. Such behavior is defined to include, but is not limited to, any of the following:

- Failure to notify appropriate persons of absence from scheduled learning experiences
- Dishonesty in interactions with clients, staff or instructors
- Repeated failure to adhere to dress code
- Unsafe clinical practices
- Refusal to comply with directives from clinical supervisor regarding client management
- Use of inappropriate language
- Repeated tardiness in fulfilling scheduled responsibilities or failure to meet appointments
- Failure to maintain confidentiality in matters related to educational or clinical responsibilities

Abuse of alcohol which interferes with a student's ability to fulfill academic or professional responsibilities in the Division of Communication Disorders or the abuse or illegal use of other drugs or substances will not be tolerated. Any conduct of this type will be reviewed in accordance with regulations and policies included in University Regulations 29 and 30.
COLLEGE OF HEALTH SCIENCES – ACADEMIC ETHICS GUIDELINES

At a University, good student-teacher relationships come from mutual respect, trust, and honesty. Learning takes place when teachers and students treat each other with politeness and civility, rather than anger, ridicule, or confrontation. Indeed, a classroom conducive to teaching and learning is the right of all University of Wyoming students and faculty, and it is the responsibility of both parties to achieve and maintain it even though specifics will vary from course to course. This document provides some guidelines for carrying out that responsibility.

COURSE REQUIREMENTS

It is strongly recommended that teachers provide students with a syllabus for each course. This gives students a written record of the requirements, schedule, assignments, grading, and other policies of the course which they should read and understand. The syllabus should also state the goals of the course and how the completion of the work outlined in the syllabus fulfills those goals. Syllabi are like a contract between students and teachers. Like a contract, syllabi should make clear the expectations and requirements the parties are expected to fulfill to the best of their ability. Syllabi are projections of activities that will take place over several months, however, teachers can modify it to fit unforeseen circumstances. All changes should be clearly announced in class.

RESPONSIBILITY IN TEACHING AND LEARNING

The main purpose of a University is to promote student learning. This means that teachers direct all matters dealing with courses. That does not mean that teachers bear sole responsibility for students’ education. Students need to follow a teachers’ guidance, study, do homework, prepare for class to master the information and skills being taught. Students must prepare for class. They cannot expect a good grade in a course without putting in several hours of studying for each hour of scheduled class time. Extra-curricular activities, including jobs, should not affect teachers’ expectations or interfere with students’ preparation for classes. Teachers should use their expertise and experience to prepare and present the subject of a course in the best possible way.

Teachers (that is, anyone who teaches) should do their best to provide a disciplined yet comfortable and supportive classroom environment. Teachers materials should be well organized, their procedures clear and fair. They should encourage questions and questioning, although students should remember that insight often comes from struggling with a problem rather than being given the answer.

The ultimate responsibility for learning lies with students. Although faculty members will teach and guide, and university staff will assist and encourage, learning is the responsibility of students. Learning is hard work, and full-time students should consider “student” to be a full-time job. Students are responsible for evaluating their instructors honestly and candidly to contribute to each teacher’s effectiveness and professional growth.

ATTENDANCE

Students are expected to attend all required meetings of their courses. They are responsible for the instruction and the announcements in all class meetings. If absent from class, students can assume they have missed something important and take steps to make it up. This is done first by getting notes from another student and doing any assignments. If they do not understand the material, students should then approach the teacher with questions. They should not expect the teacher to reteach the class. If students choose not to attend the class, they should expect the consequences.

Students must attend all scheduled examinations. Leaving early for vacations or breaks does not constitute a valid reason for absence.

If students must be absent from a class or cannot complete assigned work on time, they should consult beforehand with the teacher whenever possible. Except for valid reasons, teachers are under no compulsion to accept late work, especially if no prior arrangements have been made. Examples of excused absences are medical or University authorized activity (e.g. athletic) as approved by the office of Student Life. Students with such absences must make up any missed work. They remain responsible for the material covered while they were gone.

Teachers have the right to set the attendance policy for their courses. These policies must be announced to the students, and should be included in course syllabi. Practicum and internship experiences have specific time requirements and students are expected to fulfill these requirements. If students cannot meet these expectations then students and teachers may arrange appropriate make-up experiences, according to the guidelines of the school or department.
ASSIGNMENTS
Students have a responsibility to turn in assignments on time. By the same token, teachers have a responsibility to grade and return assignments promptly. Papers should be clearly marked so that students can understand their mistakes. Grading is not based on effort but on the results of effort such as getting the right answer, solving a problem correctly, or writing a good paper. Teachers should grade fairly, so that students with comparable results receive comparable grades.

STUDENT ACCESS TO TEACHERS
Students should be able to meet with their teachers during teachers’ office hours. If this is not possible, they should arrange an appointment with the teacher. Sometimes the most opportune time for students to arrange such appointments is before or after class. Appointments should be kept by both parties; if circumstances prevent this, the person unable to make the appointment should contact the other and attempt to reschedule.

Teachers are expected to announce in class their policy about being contacted at home; students are asked to respect it. Late evenings are rarely a good time to call a teacher.

CLASS ROOM INTERACTION
All interactions within the classroom are expected to be honest and respectful. Teachers set the tone and demeanor of their classes. They encourage discussion and questions where appropriate. Questions and comments by students ought to be thoughtful and relevant. Questions are expected to be answered in a respectful and courteous manner. Unsanctioned talking, eating, sleeping, spitting, wearing hats, and reading unrelated material during a class may be considered rude and disruptive. Foul and abusive language is inappropriate.

Teachers should begin and end class promptly in accordance with the published class schedule. Students are expected to arrive on time and not leave or prepare to leave until the class has been dismissed. If a student is uncertain how to address a faculty member, "Dr." or "Professor", is usually a respectful approach.

ACADEMIC HONESTY
Academic honesty develops trust and respect between faculty and students, ensures fair and effective grading, creates an environment which values learning, and hopefully carries on into professional life. The University regulations discuss academic honesty in detail. Here are a few specific guidelines:

1. Students and teachers have the responsibility to be honest and the right to expect honesty from others. Dishonesty is morally and legally wrong; it can result in expulsion from the University.

2. Students must not cheat on tests, papers, exams, or other assignments; they should not fabricate, falsify, or misrepresent data on lab reports or research projects; they should not plagiarize other people’s work. Whenever relevant, they should give credit through proper documentation. If a student is unclear on proper documentation procedures, he or she should consult the teacher.

3. To prevent misunderstandings, teachers should make clear their policies on the use of educational aids, such as calculators, "note sheets" and other matters of documentation.

4. Teachers should discourage dishonesty when designing and proctoring exams, implementing make-up policies, and so on.

5. Both teachers and students should report suspected violations of standards of academic honesty to the teacher, department head, or dean.

ADVISING
Both the advisor and the advisee should keep appointments with each other, be on time, and be prepared.

Advisors are expected to be familiar with each advisee’s record and with the University and college system. In particular, they should know the requirements for University Studies and for the students’ major concentration. Advisors learn the students’ interests and goals, and within that framework help the student find courses which fulfill graduation requirements. However, once advice has been offered, both the final choice of and the responsibility for courses lies with the student. Advisors may need to teach freshman and transfer students how to plan their progress towards graduation.

Students should respect advising and registration schedules. They should know the requirements for graduation, including those for their major(s), their minor(s), and for University Studies. Students should prepare for advising
meetings by selecting a short list of courses they are interested in taking including courses that fulfill University or major requirements. In choosing courses, students should respect the prerequisite requirements for each course.

PROFESSIONALISM

In their lives of professional service the student will have an obligation to meet the needs of their clients and the agencies for whom they work. During practicums (internships) students will be expected to perform in a professional manner and demonstrate growth toward a life of professional service. There may be standards of practice specific to one's profession that need to be followed.

These guidelines were adapted from "Students and Teachers Working Together" in the College of Arts & Sciences. The Health Sciences Student Affairs Committee would like to acknowledge that document as the source for these Guidelines.

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DIVISION OF COMMUNICATION SCIENCES – STUDENT APPEAL

Students may appeal academic standards and evaluations which they consider unfair. The Division’s Student Appeal process is on the Division Website under Division Documents.

COUNCIL ON ACADEMIC ACCREDITATION – STUDENT APPEAL

Students may file complaints regarding the lack of compliance with accreditation standards with the Council on Academic Accreditation (CAA) at ASHA. The specific nature of the complaint and the relevance of the complaint to the accreditation standards must be specified, and supporting data provided. All complaints must be signed and forwarded in writing to: Chair, Council on Academic Accreditation, American Speech-Language-Hearing Association, 2200 Research Blvd., Rockville, MD 20850. A student must exhaust all institutional appeals before submitting a complaint to the CAA.
• DIVISION RESOURCES FOR STUDENTS •

STUDENT WORK SPACE

HS429 is the primary graduate student work area. It is open to graduate students in Communication Disorders, Nursing, and Social Work, but we are the primary users of the room. You will be issued a personal, lockable locker in this room. Keep your personal belongings stored and the room tidy.

HS170 is a staging area prior to clinic activity. This area is considered a confidential space in which to discuss clinical matters. Quiet study can occur here on a space available basis.

KEYS AND FEES

HS429 is accessed via the UW WyoCard. HS170 is accessed via a lockbox with a passcode.

Students are issued a locker key and may be issued others, such as a research lab key. Please keep these keys secure. Campus students keep the keys until December of their second year. Distance students should return their keys at the end of each summer.

A $10 fee is assessed for a UW Speech and Hearing Clinic badge. The badge is engraved with the student’s name and belongs to the student.

A $100 practicum fee is assessed through the Registrar for each of the two externships. These fees offset the Clinic Director’s travel or phone costs related to reviewing students at these distant sites.

DIVISION VEHICLE

The Division vehicle, if available, may be used for transport to Cheyenne practicum settings. Use must be arranged in advance with the Division office. Students are responsible for assuring that the vehicle is fueled for their trips. Students pay for their own gas. They should be sure to fill the tank at the end of the day for the next student’s use.

To drive a university vehicle, submit an Approved Driver Request online at the Risk Management Website. Notify the Division office when the request is submitted. Processing usually takes 2-3 days. The administrative assistant will let you know when you are approved to drive. Approval must be requested for every calendar year. Based on the UW 2011 Official Vehicle Policy, the following are required:

- Drive directly to and from practicum settings
- Do not transport anyone who is not employed by or enrolled at the University
- Use seatbelts and do not smoke in the vehicle
- Driver must not use hand-held communication devices while the vehicle is in motion
RESTRICTED USE COMPUTERS

The computers in HS429 and HS170 are designated primarily for clinic work. This takes priority over academic work and personal business. These computers are maintained by Information Technology (IT) and all software programs must meet their approval before being loaded.

- The (H) drive is part of the UW network. It is specific to your personal account and password. If space on your (H) drive is full, delete files and folders that are no longer needed.
- **Do not store client files or personal information on the hard drive.** Memory sticks should be used to save, transport, and back up these files. Save client reports frequently while composing them. The memory stick is a confidential item and should be kept in a secure location (e.g., in the student’s locker, with a supervisor.)
- Computers are to remain powered up to maintain links/updates to the University network.
- Do not open or copy information from another student’s files without permission from that student.
- **Always** empty the deleted items bin when you have worked on client sensitive materials. Just deleting the item does not mean another person cannot access it. “Emptying the trash” will eliminate this problem.
- There are other student computers available in HS205 and elsewhere across the University for non-clinical work.

PRINTING AND COPYING

Clinic reports and treatment materials can be printed or copied on the copier or printer in the Division Copy Room. They can be remotely sent from the computers in HS429 and HS170. All academic and personal printing and copying is at your own expense. Printing orders can be sent to general student computers throughout campus or can be printed on your own paper using the printers in HS 429 and HS170. Copying is available at the Student Union Copy Center.
• CLINICAL EDUCATION REQUIREMENTS •

The Clinic Director assigns opportunities for students to obtain necessary clock hours through the UW Speech and Hearing Clinic and associated sites. The Division will ensure that each student will have the necessary clock hours for ASHA certification upon graduation. Students should actively seek ways to obtain these hours by taking advantage of all clinical learning opportunities. It is the student's responsibility to enter and keep track of all the hours obtained and those needed for certification (on CALIPSO). If the clock hour requirement is not met, graduation will be delayed. Therefore, it is imperative that the student notify the Clinic Director immediately if they suspect they may fall short of the clock hour requirement currently set at 375 direct contact hours.

1. READ AND ABIDE by the information contained within the Graduate Student Handbook and the Procedural Manual (required packet for SPPA 5030).

2. Obtain at least 15 hours of supervised observation hours (can be a mix of SLP and Audiology hours) before initiating any direct client contact. Documentation of these observation hours must be given to the Clinic Director prior to the start of clinic to be placed in the student’s permanent file. A total of 25 hours of observation in SLP must be completed prior to graduation.

3. Complete Blood Borne Pathogen, Universal Precautions, and HIPAA training annually. The forms must be submitted to the Clinic Director at the time of the training.

4. Complete a TB test annually. This test may be a two-step screening or blood work. The results must be given to the Clinic Director to be placed in the student’s permanent file.

5. Obtain a Hepatitis B vaccine OR sign a waiver form during the first semester of clinic. The vaccination dates or waiver must be given to the Clinic Director to be placed in the student’s permanent file. Updates should be provided to the Clinic Director as they occur.

6. Complete a hearing screening during the first semester of clinic. The results must be given to the Clinic Director to be placed in the student’s permanent file.

7. Pass a CPR course before mid-term of the first semester of clinic. Documentation must be given to the Clinic Director to be placed in the student’s permanent file. Updates should be provided to the Clinic Director as they occur.

**HEPATITUS B VACCINE**

Most off-campus sites require a Hepatitis B vaccine before initiating a practicum at that site. Since students may not know their site’s requirements until it is too late to order the serum, it is strongly advised that all students obtain the Hepatitis B vaccine while on campus during the first three semesters.

If students choose to receive the Hepatitis B vaccine, they will receive a series of three shots across a six-month period. The Hepatitis B series takes at least 6 months to complete, so plan accordingly or run the risk of the externship being delayed. Students may receive both vaccines
at the University of Wyoming Student Health Center. Students are responsible for the cost of this vaccine.

**HEALTH INSURANCE**

Graduate students enrolled in at least 4.5 credit hours of campus instruction are charged automatically each semester unless a waiver is signed. The deadline for signing the waiver will vary for each semester. Students who are on externship (enrolled in section 80) are not automatically enrolled for health insurance (this includes campus track students enrolled in 5270 and 5290 externships and Orals in their final semester). To obtain health insurance, you must a) petition for the optional student fee package through the graduate school, and then b) complete an enrollment form in the Student Health Insurance office. Contact the Student Health Insurance offices at 307/766-3025 for further information. Distance graduate students should contact the Outreach Office at 307/766-3152 to obtain information on health insurance.

**LIABILITY INSURANCE**

The University of Wyoming provides general and professional liability coverage for clinical undergraduate observation students and graduate students in the Division of Communication Disorders for a nominal fee. Such coverage shall not apply to activities on the part of students which are not part of or are beyond the scope of the educational program.

Recently, an increasing number of externship sites have been requesting higher liability coverage than what is offered through UW. If the student wishes to complete an externship in one of these sites, this additional professional liability insurance coverage is the responsibility of the student. Verification of this additional liability insurance must be provided to the Clinic Director by submitting a photocopy of the page(s) from the insurance policy, which indicates who the coverage is with and effective dates of the policy. Students who fail to provide written verification of this additional coverage will not be allowed to start their externship at the site requesting additional coverage until verification is complete. A relatively easy and inexpensive way to obtain additional personal liability insurance is through the National Student Speech Language and Hearing Association (NSSLHA). Contact them at their web site: www.nsslha.org.

**DIVISION RECORDS RETENTION**

You should keep copies of important documents related to your graduate training in a safe location. You will need these for certification, licensure, and other professional needs. The Division keeps student academic records, including documentation of clinical hours, for a period of 10 years from the date of graduation. Verification of your degree can be obtained at any time from the University of Wyoming’s registrar’s office.
• CLINICAL EDUCATION •

OBSERVATIONS

Students must complete a minimum of 15 hours of supervised clinical observation before initiating any direct client contact. These hours may be in either discipline however, ASHA requires a minimum of 25 observation hours in speech-language before graduation. Any remaining speech-language observation hours can be obtained while observing fellow graduate students. The Clinic Director must be given written documentation of these supervised clinical observation hours before initiating any direct client contact. Students are responsible for ensuring all 25 hours of supervised observations in speech-language pathology are completed before their externships.

UW SPEECH AND HEARING CLINIC

The UW Clinic services include evaluation and treatment for disorders in communication, including speech, language, hearing, swallowing, voice, and stuttering. Speech-language services are also available for accent modification, deviant swallowing patterns, consultations and screenings. Audiology services include hearing screenings, diagnostic evaluations, hearing aid evaluations, hearing aid repairs, hearing counseling, assistive listening device purchases, making custom earplugs and hearing aid distribution. The Clinic charges for its services. Students will participate in record-keeping to allow client billing, and so should be aware of the fees charged for services. See Appendix I for the current university-approved fee schedule.

SPPA 5030 ~ CLINICAL PRACTICUM

Students will be introduced to clinical skills through carefully designed and closely supervised experiences in the UW Speech and Hearing Clinic and at sites supervised by UW clinical instructors or at select sites that collaborate closely with the Division, including community placements. Collectively, these experiences are gained under the course SPPA 5030, Clinical Practicum.

Campus graduate students complete three semesters of SPPA 5030. Distance graduate students complete two consecutive summers of SPPA 5030. All students take a total of 8 semester credit hours of 5030, which are variably distributed across semesters (see the Graduate Curriculum section). Credit hours are not linked to the number of clients or time spent in clinical education. The Clinic Director assigns clients with consideration of client needs, student educational needs, and clinic scheduling constraints.

Students are assigned screenings or evaluations throughout the semester, again with appropriate supervision. Typically, students receive supervision well above the 25% minimum required by ASHA. Supervision is adjusted accordingly to meet student’s needs. Occasionally, assigned clients are more demanding or are in advance of the associated coursework. In these cases, students are provided independent readings, meet with expert faculty, and receive increased levels of guidance and supervision. All students are expected to observe fellow students to develop their clinical skills. Scheduling of clients is contingent upon class time and if applicable, graduate assistantships.
SPPA 5270/5290 – EXTERNSHIPS

The externships are viewed as an extension of academic and clinical experiences. Clinical instruction continues in these experiences. A student’s academic and clinical performance may be shared with external supervisors to enable them to best support the student’s learning.

All graduate students complete two full-time, twelve-week externships following completion of SPPA 5030. Students register for one externship in the spring and one in the summer semester, but the beginning and ending dates do not align with semesters. The order of externships are arranged and determined by the student and Clinic Director. Course sequence is also taken into consideration when determining the order of the externships. For example, students are not eligible for a medical externship without first completing the Dysphagia course.

Determination of a student’s preparedness for externships is subject to approval by the clinical supervisors and the faculty. This may include meeting a required number of clinic hours and/or demonstrating the knowledge and skills appropriate for the externship. Thesis students must complete the prospectus meeting before entering into externships.

Students will be expected to perform in a professional manner and demonstrate growth toward a life of professional service. These externships are more like work settings, although clinical guidance and supervision continues. From their practica and externships, the student needs to gain experiences covering the breadth of the lifespan across the Big 9 disorder categories.

Many students will be required to re-locate in order to complete these externships. Travel and living arrangements for the externships are the student's responsibility. A letter to financial aid for loan repayment purposes can be issued by the Division indicating the practica are full-time experiences despite their part-time credit hour status (i.e., 6 SCH).

Process of Securing an Externship

Students must apply for externships. To be eligible for externships, students must demonstrate competency with core clinical skills (e.g., Core Clinical Skills form). Before students begin an externship at any facility, a cooperative education agreement (i.e., contract) must be approved by the University and that facility. Typically, it takes 6-12 months to execute a contract.

The Clinic Director maintains an externship site list of current clinical opportunities. Students should consider these externship sites first before requesting that a new site be pursued. Attempts will be made to accommodate students’ choices for externships but sometimes alternate selections must be made to allow the student to graduate on time.

The implementation of the Higher Education Act and current state authorization regulations has affected clinical practicum choices. At this time, the Division of Communication Disorders will not be placing students in clinical practica in certain states. We have adopted this policy to comply with regulations in these states. See the Division website for the list of eligible states (http://www.uwyo.edu/comdis/distance-study/).

Students are never to arrange their own externships. The Clinic Director makes the contract arrangements. Upon approval, graduate students may make initial inquiries with sites that they are considering for an externship. This means that they can obtain the name, telephone, or e-mail address of a contact person or a possible supervisor at the facility so that the Clinic Director can make contact. After the initial contact, the Director will provide the student with further
instructions regarding the externship. This may include completing site requirements before the externship begins, including another criminal background check, drug screening and fingerprinting, or purchase of facility attire, such as scrubs or lab coat. Students are responsible for the cost of these extra requirements.

**Supervisor Requirements**

Like the University supervisors, the externship supervisor(s) must hold the following minimum credentials:

a) A Master's degree in Speech-Language Pathology

b) Certificate of Clinical Competence in Speech-Language Pathology

c) State license and/or Department of Education Endorsement (if applicable)

A copy of the supervisor’s current ASHA certification card and state license, if applicable, must be given to the Clinic Director within the first 6 weeks of the externship. This applies to all supervisors that participate in clinical education during the externship. The supervisor must supervise a minimum of 25% of each client’s total treatment and/or evaluations (including screenings). It is the student’s responsibility to notify the Clinic Director if the externship supervisor is not maintaining the proper levels of supervision. Clock hours that are not properly supervised will not be counted in your accumulation of ASHA hours. Weekly clock hours of client contact are recorded on CALIPSO.

Mid-term and final student-supervisor conferences will be held during the externships. Documentation of these conferences should be sent to the Clinic Director. Frequently, the mid-term conference is held with the site supervisor, student and Clinic Director via telephone or site visit. This conference should clearly document the student’s overall mid-term performance using the CALIPSO Performance Evaluation form. The student should exit the mid-term conference with a mid-term grade (S/U) and an understanding of what is needed to improve performance. A final evaluation (CALIPSO) of the student's overall performance is required from the supervisor and should be returned to the Clinic Director by the end of the externship.

**Student – Supervisor Communication**

Each student should be familiar with the externship site's policy regarding lines of communication and professional responsibilities. Site supervisors bear the ethical and professional responsibility for management of clients seen by the student. This means that the site supervisor must approve all recommendations, referrals, and discussions regarding client management before they are implemented. The UW Clinic Director is responsible for communicating proper supervision practices to the supervisor prior to the start of the externship and if needed, re-assigning a graduate student to another site or supervisor if supervision is not adequate.

Respect for professional lines of communication is essential to good client management and avoids placing the student and clients in the position of having to respond to competing and contradictory messages. To gain maximum benefit from this clinical training, students need to maintain open lines of communication with their supervisors. Many unnecessary days of anxiety and difficult situations can be avoided if the supervisor (and Clinic Director) is kept informed.
Treat this experience as it is your first professional job. For example, if you are going to be absent, your supervisor must be notified. Any missed days are expected to be made up. However, the student is not expected to “fill-in” for an absent certified clinician nor manage a caseload that is not commensurate with his or her clinical competency. Regardless of what has been learned previously, approach externships as opportunities to develop emerging competencies and acquire new ones.

**EXPECTATIONS IN CLINICAL EDUCATION**

Refer to the SPPA 5030 Procedural Manual and syllabus for more information

**PROFESSIONAL CONDUCT**

The Code of Ethics established by the American Speech-Language-Hearing Association (ASHA) identifies the basic principles and rules that are considered necessary to the maintenance of high ethical standards and conduct within the profession of speech-language pathology. All certified speech-language pathologists and professionals completing their Clinical Fellowship Year (CFY) are required to abide by these ethical standards. Students enrolled in clinical training programs must recognize that: a) patient welfare is always of paramount concern and ultimately; and b) it is the clinical supervisors who bear the ethical and legal responsibility for patient/client management.

According to the ASHA’s Principle of Ethics IV A, “Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.” Since students will be providing clinical services under the supervision of ASHA certified clinicians who hold the Certificate of Clinical Competence, they must (a) **abide by the ASHA Code of Ethics at all times** and (b) **comply with all directives for client management issued by their supervisors**. Failure to comply with directives from a clinical supervisor will result in loss of clinical privileges for the remainder of that semester and may result in other academic and/or disciplinary actions up to and including suspension or termination. If the student continues to ignore directives for patient/client management provided by the supervisor, all clinical privileges will be suspended and the Division will take steps to terminate the student from the program.

**CONFIDENTIALITY**

**All client information is confidential.** As stated in ASHA’s Code of Ethics, Principle I, I: “Individuals shall not reveal, without authorization, any professional or personal information about the person served professionally, unless required by law to do so, or unless doing so is necessary to protect the welfare of the person or of the community.” Protecting patient confidentiality is also now the law. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) came into effect on April 14, 2003 and amended in February, 2010. Noncompliance can result in monetary, civil, and criminal penalties. The HIPAA Confidentiality Agreement form located in Appendix J must be signed and turned in to the Clinic Director.

- Students should avoid discussing client information with anyone except those within the Division who maintain the same commitment to confidentiality (e.g., clinic supervisors,
faculty, graduate colleagues, and undergraduate observers). Be acutely aware of your surroundings even when making reference to a client (without using the actual name) as the community in which the UW Clinic is located is not large.

- **The Clinic Computer Labs (located in rooms HS170 and HS429)** are designated to be a clinical work area for the students in the Division. It is imperative that all students take measures to insure that client information is kept in the strictest of confidence.

- **No** information may be taken or copied from the client’s permanent folder without the written consent of the client, client’s family and/or the clinic supervisor. This includes assessment protocols, reports and information for research, coursework, or class presentations. A signed release of information form must be in the client’s permanent file before any documents are released.

- **All** original reports are kept in the permanent file. All reports should indicate on the last page with a cc: (name/complete address) who is to receive a copy of the report, including the patient/client. The name(s) **MUST** match the name(s) listed on the Permission to Disclose PHI form.

- **Permanent** files are kept in the Clinic front office. Folders may be used on the clinic premises (i.e., observation rooms, sound booths, Clinic Computer Labs, treatment rooms, clinic office and supervisor’s offices) but they should never be left unattended. This will be considered as a breach of confidentiality, may result in loss of clinic privileges, and may result in other academic and/or disciplinary actions up to and including suspension or termination. On rare occasions, the permanent file may be signed out and taken to another location with permission from the supervisor. The file should be returned to the office immediately. **If unable** to secure the file in the front office, the supervisor or student will secure the file in their office or another secure location.

- **Working folders** are kept in the file cabinet of HS170. It is assumed that you will have the working folder during your session but when not in session, working folders must be signed out indicating their location within the clinic premises.

- **Faxed** client information is to be treated with the same confidentiality. When a fax is received or sent, the person sending the fax must ensure that there is a release of information in the client’s file and must then log the transaction in the fax log book AND the /client’s permanent file in the contact log.

- **Telephone** confidentiality is also important. Students may use the telephones in the Clinic Computer Labs, treatment rooms, graduate room and supervisor’s offices (with permission) to make calls to clients pending room availability.

- **E-Mail** correspondence between a supervisor and graduate clinician and client and graduate student should be kept confidential by only using initials when referencing the client and by limiting the information that is disclosed. **Password protection** is required on all clinical documents (i.e., STP, progress reports) sent via e-mail.

**Failure** to comply with these confidentiality policies may result in an unsatisfactory clinic grade and/or loss of clinic privileges, and may result in other academic and/or disciplinary actions up to and including suspension or termination.
ATTENDANCE, BEHAVIOR, & DRESS CODE

Attendance

Attendance in clinic is expected. Clinicians should always maintain the schedule set with their clients. Appointments for personal business should be scheduled around clinic, class time and assistantship commitments. Time between classes should also be considered when scheduling.

Behavior

Certain topics of discussion with clients should be avoided, including religion, politics, and gender-related issues. Maintain an unbiased, neutral point of view. Be sensitive to a client’s personal space. Touching, although often used to reassure a client, may be viewed as inappropriate. It is best practice to inform the client before introducing a task that may involve close proximity and/or touching the person.

In keeping with ASHA’s Code of Ethics, Principal IV, the Division of Communication Disorders strives to maintain a “harmonious inter-professional and intra-professional” atmosphere within the clinic proper. Students should refrain from gossip and making negative comments about other students, staff, and faculty to clients, other students, staff, and faculty. When problems arise with a client, concerns should first be directed to the involved clinical supervisor. If no resolution is obtained, then it is appropriate to consult the Clinic Director. If the supervisor is also the clinic director, then it is appropriate to consult with the Division Director.

Dress Code

All student clinicians and observers must dress professionally. For the clinic setting, this is interpreted as conservative, modest, business attire. When at other clinical sites, observe the staff at the facility to help determine how to dress appropriately for that facility. In general, be aware of how you may appear when bending, reaching, and leaning during a session. Keep in mind that observers will see you from a variety of angles (check these angles in a mirror beforehand).

If you are unsure of the appropriateness of your attire, consult your supervisor. Your supervisor is the ultimate judge of appropriateness. You may be required to change or cover up your attire.

Additional considerations:

- Clinicians and observers must always wear their UW or other identification badges when working in the UW Clinic or in off-campus clinical experiences
- Good personal hygiene, including oral hygiene, is extremely important due to the close proximity between you and the client
- Be sensitive to those with allergies and sensitivities by avoiding fragrance use on clinic days
- Be aware of distractions or interference that jewelry may cause to some clients
- Jewelry for pierced body parts other than ears should NOT be worn on clinic days
THE SUPERVISION PROCESS

The graduate clinician's major goal and responsibility in the clinical process is to provide quality service to their clients. This means planning effective assessments and treatment to the best of one's ability. It includes documentation, analysis and interpretation of collected data, and modifying treatment/recommendations as needed for the best possible outcome. The clinician should be an active participant in the supervision process. This includes critical reflection, self-evaluation of clinical behavior and an on-going collaboration with the clinic supervisor.

Students and supervisors will have regular conferences. This includes the initial planning, weekly, mid-term conference and final check-out. Prepare for all supervisory conferences. Adequate preparation demonstrates responsibility and initiative by the clinician. Come to the conferences with items to discuss and lead the discussion. Present ideas about areas upon which you would like to improve your clinical skills. Discuss some of the solutions to solve the problems you are encountering with your client or the overall clinic process. Developing clinical skills takes time. Thus, the supervisory conference should focus as much as possible, on clients, instructionally related topics, and clinician-specific skills. Other topics can be discussed during regularly scheduled weekly group meetings.

To be an active part of the supervision process, it is essential that the clinician openly express his/her thoughts, concerns, needs and ideas with their supervisor. It is best to go directly to your supervisor for clarification on expectations before consulting another supervisor or the Clinic Director.

EXPECTATIONS ABOUT PROFESSIONAL BEHAVIOR


Communication Disorders is a professional discipline. Professions require certain behaviors of those who practice them. These expectations apply to situations (which may or may not directly involve other people) that focus on professional tasks or on relations with other professionals. These expectations include the education and training of students who wish to enter the profession. The following points convey expectations about the behavior of those who seek to join the profession as certified audiologists and speech-language pathologists.

- You show up.
- You show up on time.
- You show up prepared.
- You show up in a frame of mind appropriate to the professional task.
- You show up properly attired.
- You accept the idea that “on time, prepared, appropriate, and properly” are defined by the situation, by the nature of the task, or by another person.
• You accept that your first duty is to the ultimate welfare of the persons served by your profession and that “ultimate welfare” is a complex mix of desires, wants, needs, abilities, and capacities.

• You recognize that professional duties and situations are about completing tasks and about solving problems in ways that benefit others, either immediately or in the long term. They are not about you. When you are called upon to behave as a professional, you are not the patient, the customer, the star, or the victim.

• You place the importance of professional duties, tasks, and problem solving above your own convenience.

• You strive to work effectively with others for the benefit of the persons served. This means you pursue professional duties, tasks, and problem solving in ways that make it easier (not harder) for others to accomplish their work.

• You properly credit others for their work.

• You sign your work.

• You take responsibility for your actions, your reactions, and your inaction. This means you do not seek to export responsibility by offering excuses, by blaming others, by emotional displays, or by helplessness.

• You do not accept professional duties or tasks for which you are personally or professionally unprepared.

• You do what you say you will do. By the time you said you would do it. To the extent you said you would do it. And to the degree of quality you said you would do it.

• You take active responsibility for expanding the limits of your knowledge, understanding, and skill.

• You vigorously seek and tell the truth, including those truths that may be less than flattering to you.

• You accept direction (including correction) from those who are more knowledgeable or more experienced. You provide direction (including correction) to those who are less knowledgeable or less experienced.

• You value the resources required to provide professional duties, tasks, and problem solving, including your time and that of others.

• You accord respect to the values, interests, and opinions of others that may differ from your own, as long as they are not objectively harmful to the persons served.

• You accept the fact that others may establish objectives for you. While you may not always agree with those goals, or may not fully understand them, you will pursue them as long as they are not objectively harmful to the persons served.

• When you attempt a task for the second time, you seek to do it better than you did the first time. You revise the ways you approach professional duties, tasks, and problem solving in consideration of peer judgments of best practice.

• You accept the imperfections of the world in ways that do not compromise the interests of those you serve, or your pursuit of excellence.

• You base your opinions, actions, and relations with others upon empirical evidence, and upon examined personal values consistent with the above.

• You expect all of the above from other professionals.
• THE EXTERNSHIP – BEING A STUDENT AND A PROFESSIONAL •

STUDENT EXPECTATIONS FOR EXTERNSHIPS

Although each externship site is unique and may have specific guidelines for students to follow, some general guidelines are meant to serve as recommendations for professional behavior in any site. Students should consult their immediate site supervisor to discuss expectations during the externship. Doing this early can avoid many unnecessary miscommunications for the student and the supervisor. If issues are not resolved, the student should notify the Clinic Director so interventions can be made.

• Only the clinical supervisor has been granted clinical privileges at their site. The site supervisor must approve all clinical services you provide.
• These extensions of your academic and clinical education are to provide you with opportunities to learn and not solely to fulfill the required clock hours for graduation. Be an equal partner in the responsibility of your learning.
• Treat the externship as you would a job. Demonstrate a positive work ethic. Adhere to the work hours followed by your supervisor.
• Attend the externship for the scheduled duration. Do not arrange time off for vacations or study.
• Be prepared and ready to work with clients.
• Show up on time and where and when you are expected to be someplace. Be accountable to your supervisor when you are on the job.
• Notify your supervisor and office staff immediately of any absence. Offer to make up any missed days if the supervisor’s schedule allows.
• During any “downtime” from client care, engage in learning opportunities such as treatment planning, studying evaluations, reviewing suggested readings, practicing writing notes or evaluations and helping with miscellaneous facility needs.
• Be involved and absorbed in the site you are participating in. Do not turn down an opportunity to gain more experience because you have already obtained the required clock hours for a particular disorder category.
• Participate and share in your learning by offering to conduct an in-service or share your recent academic background with your supervisor or other related staff. Reciprocal teaching is one of the small ‘perks’ our program can offer to supervisors for their service.
• Maintain a professional demeanor. Dress and act professionally. Be aware of what you say in front of clients, family members and other staff members and how it may be perceived.
• Remember that you are representing yourself, the University of Wyoming, the Division of Communication Disorders, and the particular site and supervisor with whom you are working when you are working with clients. What impression will you leave each of them?
SUPERVISOR EXPECTATIONS FOR EXTERNSHIPS

Although each externship site is unique and may have specific guidelines for students to follow, these general principals are meant to serve as recommendations for site supervisors about the overall clinical learning process. Students’ learning will be commensurate with the opportunities provided by each particular site. The Division recommends that supervisors consult with their students early in the externship to discuss their expectations. This may avoid many unnecessary miscommunications between the student and the supervisor. If issues are not resolved, it is important that the supervisor notify the Clinic Director immediately so adjustments can be made.

• Only the clinical supervisor has been granted clinical privileges at their site. The site supervisor is expected to approve all clinical services provided by the graduate student.
• This extension of academic and clinical education is to provide students with opportunities to learn, gain hands-on exposure, and to fulfill the required clock hours for graduation and ASHA certification. Supervisors should assist the student by providing a well-balanced clinical experience (treatment, screenings and evaluations).
• Repeated opportunities to learn are a hallmark of any externship. Supervisors should feel confident in providing students with ample opportunities to improve knowledge and skills regardless if the student has obtained “required clock hours” for a particular disorder category.
• The externship should be treated like a job. Supervisors should not require students to perform duties in their absence to “make-up” for lost productivity nor should supervisors expect students to compensate for staffing shortages by being “free labor”. Supervisors should notify their students if they are to be absent. Coverage by another certified SLP within the facility is acceptable. If the supervisor’s schedule allows, students should offer to make-up any missed days. Supervisors should contact the Clinic Director if attendance is a concern.
• During any “downtime” from client care, supervisors should assign students learning opportunities such as treatment planning, studying evaluations, reviewing suggested readings, practicing report and note writing and learning about the practical aspects of billing and administration of their particular facility.
• Supervisors may request that students extend their learning by having them conduct an in-service or share their academic or clinical knowledge with supervisors or other related staff.
• Supervisors should submit all documentation required by the Division in a timely manner. This includes a copy of ASHA Certification cards, state license, if applicable, bi-weekly feedback forms, and mid-term and final performance evaluations on CALIPSO.
The Division of Communication Disorders is committed to providing a safe working and learning environment for all students. The students have the right to know about health hazards associated with their clinical work or study. In order for students to make knowledgeable decisions about any personal risks encountered, an Exposure Control Plan has been developed which includes policies, procedures, and Division of responsibilities designed to develop awareness of potentially hazardous situations in the work place and to train students in appropriate and safe work practices. The Division’s Exposure Control Plan is located in the administrative assistant’s office (HS265). It is also available from the Audiology and Speech-Language Clinic Directors. It is imperative that students take responsibility for their health and safety and follow the outlined procedures pertaining to Blood Borne Pathogens. Students receive Blood Borne Pathogens and Universal Precautions training annually through the UW Environmental Health and Safety (EHS) training course and must also pass a Division test with a minimum of 80%.

It is important that students assume responsibility for their safety. All students will have access to pertinent safety information through their clinical supervisors. When safety concerns arise, students are encouraged to contact their Clinic Director and review the safety manuals. A training program has been designed for the benefit and protection of all personnel within the program. Necessary information is available to inform the students of how best to handle hazardous situations and how to utilize the procedures outlined in the Exposure Control Plan. In recognition of the special hazards associated with risk of exposure to the transmission of blood-borne pathogens, including but not limited to HIV (human immunodeficiency virus) and HBV (hepatitis B virus), special policies and procedures (Universal Precautions) are adopted for all work entailing such risk. Speech-language pathology courses have a designated time for instruction in Blood Borne Pathogens and safety precautions.

Hepatitis B vaccination is strongly recommended for all students participating in clinical training. Occupational exposure to human blood and other potentially infectious materials exist and the quantity of exposure does not matter. The majority of externship sites require the vaccination. **Students who choose not to obtain the Hepatitis B vaccination must sign a vaccine declination form, which will be kept in the student’s permanent file in the Division.**

The use of Personal Protective Equipment (PPE) (i.e., gloves, eyeglasses, etc.) is mandatory and is provided by the Division of Communication Disorders. The Division will provide gloves, and protective eyeglasses in the Cleaning Room (HS 185). The Division intends to comply with federal, state, and university safety mandates. The original safety training records (e.g., Blood Borne Pathogen Training) are kept in the Clinic Director’s office.

Students attending externships must comply with that facilities specific safety plan. Externship personnel serve in the supervisory role for students attending these sites. Students are recommended to carry health insurance and are responsible for medical expenses related to a medical consultation/exam.
REQUIRED FORMS

The following forms related to student safety are located in Appendix K at the end of the handbook and must be signed and returned to the Clinic Director within the first 2 weeks of starting the graduate program.

1. Blood Borne Pathogen Training Form
2. Hepatitis B Vaccination Verification Form

CLINIC SAFETY POLICIES AND PROCEDURES

* All clinical staff and students should follow these guidelines *

Equipment

Decontamination, cleaning, disinfection, and sterilization of multiple use equipment before reuse should be carried out according to specific infection control policies and procedures.

All clinical materials (e.g., assessment items, audiometer earphones, tympanometry probe tips, hearing lab tools or instruments, toys) and work surfaces (e.g., table tops, arm rests on chairs, mirrors) should be cleaned and disinfected after each use. Clinical materials may be cleaned with an approved disinfectant or household bleach solution.

Audiological equipment, i.e., tympanometry probe tips and hearing instrument tools, must be cleaned/disinfected following the Clinic Equipment Cleaning Protocol. For each new client, disposable items such as otoscope tips and headphone covers should be used and then properly discarded in a waste container.

Hand washing

a. Wash hands immediately if they are potentially contaminated with blood or body fluids containing visible blood.

b. Wash hands before and after treating patients/clients.

c. Wash hands after removing gloves.

d. Wash hands after cleaning/disinfecting room and materials.

e. Follow the basic hand washing technique:
   i. vigorous mechanical action whether or not a skin cleanser is used
   ii. use of antiseptic or ordinary soap under running water
   iii. rinsing for at least 20 seconds thorough hand drying with a disposable paper or towel to help eliminate germs

f. An alternative when hand-washing is not feasible is to use an alcohol-based disinfectant gel.
Gloves

a. Wear gloves when touching blood or other body fluids containing visible blood.
b. Wear gloves when performing **invasive** procedures on all patients/clients. This includes performing an examination of the oral speech mechanism; using laryngeal mirror, oral endoscope, or nasoendoscope; and assisting with oral-myofunctional tasks.
c. Wear gloves to clean/disinfect all equipment, unless otherwise indicated.
d. Change gloves after contact with each patient/client.
e. If a glove is torn, remove the glove and use a new glove as promptly as patient/client safety permits.
f. After removing gloves, wash hands immediately.
g. Discard gloves in the room before exiting.

Spills

Cleaning and decontaminating spills and/or splashes of blood or other bodily fluids.
a. Maintain a barrier between the spill and your own body. Wear a pair of gloves, and eye protection (safety glasses are located in HS 178 and 185.)
b. Surround spill with disinfectant.
c. Cover with paper towel.
d. Saturate paper towel with disinfectant.
e. Allow for contact time per disinfectant instructions.
f. Paper towels can be thrown in regular waste.
g. Clean surface with a freshly prepared 1:9 hydrochloride (e.g., household bleach solution).
h. Notify clinic supervisor and/or Clinic Director immediately.
i. In the event of a large spill or when items cannot be completely disinfected (e.g., items that are disposable such as fabric chair seat or carpet), call Environmental Health and Safety (EHS) at (6-3277) and the Physical Plant Blood Team at (6-6225).

Human Blood Borne Pathogen Exposure Incident Instructions

a. Rinse or wash affected surface immediately and apply first aid.
b. Report incident to supervisor immediately.
c. Report to student health to seek medical attention.
d. Return *copy* of the incident report and all relevant medical reports to the Division office
e. A copy of the report should be sent to the EHS office
CLINIC EQUIPMENT CLEANING PROTOCOL

* Gloves and protective eyewear must be worn during all cleaning/desinfecting processes unless otherwise indicated *

Disinfectants

- A fresh mixture of household bleach and water (1:9 parts) is mixed each week for use in each clinic treatment area. At the end of each week, the mixture is disposed of allowing the containers holding the mixture to air dry before each new mixture is made.
- It is not necessary to wear personal protective equipment (PPE) when using this solution.
- This solution is changed each week by the materials room attendant.

Sporox

- The Sporox is premixed and ready to use in HS 178 (Hearing Aid Lab) and 185 (Cleaning room).
- Pour two cups of Sporox liquid into the clearly marked container.
- The Sporox should be changed every 21 days. The materials room attendant will change the solution and log the date on the sheet posted near the container.
- Dispose of used Sporox into the Hearing Aid Lab or Cleaning room sinks.
- Should you have any reaction from contact with the Sporox, refer to the warnings and precautions sheet posted inside the cabinet where the container is located and notify the appropriate Clinic Director immediately.

Maxicide

- The Maxicide solution must be mixed before use. The two agents (one powder one liquid) become active once mixed.
- After Maxicide mixture is made, pour the designated amount into the marked tubes in the Cleaning room.
- The Maxicide in the tubes and any unused solution should be discarded after 21 days into the sink. Log the date when the mixture is made on the container and place the same information on the base of the tubes with the Maxicide mixture.
- Should you have any reaction from contact with the Maxicide, refer to the warnings and precautions sheet posted directly on the container and notify the Clinic Director immediately.

Tympanometry and Instrument Cleaning (completed by clinic GA)

- Place used tympanometry tips into the plastic container labeled “dirty tips”.
- Wash tympanometry probe tips in warm soapy water. (Otoscope probe tips are disposable and should be thrown away after use.)
- Take cleaned tips to the appropriate Sporox container (e.g., audiology will use the Hearing Aid Lab (HS 178); speech will use the Cleaning Room (HS 185).
- Place rinsed probe tips/instruments in container of Sporox for one hour to disinfect but no more than 6 hours.
- Use tweezers OR gloved hands to remove disinfected tips/instruments from Sporox container.
• Rinse with warm-hot water.
• Place on clean paper towel and air dry in the Hearing Aid Lab (HS 178) OR the Cleaning Room (HS 185).
• Using the paper towel, transport cleaned tips/instruments to the proper storage container in the Hearing Aid Lab OR the Clinic materials room (HS 186).
• Throw away used paper towel.

UNIVERSAL PRECAUTIONS

1. Assume all human blood, bodily fluids and unfixed tissues are contaminated with Human Immunodeficiency Viruses (HIV), hepatitis viruses including Hepatitis B Viruses (HBV), Hepatitis C Virus (HCV), and other Blood Borne pathogens. Pathogens are disease-producing microbes. These human materials are thus considered biohazardous in any workplace.
2. Any direct physical contact with human biohazardous materials is to be avoided. Maintain a barrier between yourself and the potential contaminant. Use personal protective devices such as gloves and eye protection when appropriate. Gloves should be worn during all invasive procedures, including oral peripheral examinations and otoscopic examinations. Protective glasses should be worn when grinding hearing aids.
3. Know the signs and symptoms of Hepatitis B Virus, and Human Immunodeficiency Virus infections. Report unexplained significant illnesses, rashes and fevers to your supervisor if you have handled human biohazardous materials.
4. Understand the biohazardous tasks you must do in your job classification or category as detailed to you in the Blood Borne Pathogen training.
5. Become proficient at using personal protection (e.g., gloves, masks, eye shields, etc.) before becoming in contact with biohazardous materials.
6. It is highly recommended that you obtain the vaccination against Hepatitis B. Notify Clinic Directors when this series has been completed.
7. Avoid needle sticks, cuts, abrasions, and splashes in work associated with human hazardous materials. Protect face and broken, irritated or abraded skin from human materials, and avoid aerosols.
8. Always use good hygiene work practices including antiseptic techniques, spill clean-up, medical waste containment and regular, thorough hand washing with soap and water and/or non-water hand sanitizers, especially after removing gloves or when leaving your work area.
9. Dispose of biohazardous human materials and contaminated, disposable lab ware properly. Contaminated recyclable lab equipment must be sterilized. Protect yourself, patients/clients, staff and visitors from accidental exposure.
10. Decontaminate all reusable protective gear immediately after use following specific clinic procedures.
11. Clean work areas thoroughly with disinfectant or a mixture of household bleach before leaving your work area.
12. Report all accidental exposures to Clinic Directors and supervisors and seek medical follow-up. The attending healthcare professional will want to know the individual’s name who was the source of the contaminate, if possible. Do NOT save specimens for HIV or HBV testing.
13. Obtain proper biosafety training and become proficient in performing all biohazardous tasks assigned to you.

* These Universal Precautions must be strictly followed by all Division supervisors, graduate clinicians, and student observers in all settings *

**BLOODBORNE PATHOGEN TRAINING**

The Bloodborne Pathogen Standard applies to all who are likely to have exposure to human blood and other potentially infectious materials as part of the job or class. The cause for concern is the hazard of infectious diseases that may be in blood.

1. A copy of the regulatory text of the **Bloodborne Pathogen Standard** is available in the University of Wyoming Bloodborne Pathogen Exposure Control Plan. Your department should have a copy available for your use at an accessible location.

2. The **exposure control plan** describes how UW, your department, and you will minimize your exposure to bloodborne pathogens.

3. **Transmission of bloodborne pathogens** occurs when potentially infectious materials directly contact the eye, nose, mouth, or are pierced into the body. Blood, semen, and vaginal secretions are some of the **potentially infectious materials**. **Bloodborne pathogens** of particular concern are **Hepatitis B virus**, **Hepatitis C virus** and **HIV** (Human Immunodeficiency Virus). Know the symptoms of these diseases.

4. Methods to prevent or **reduce exposure**:  
   **Engineering controls**: engineer out the hazard  
   **Work practices**: Always use Universal Precautions!  
   - Hand washing -- lather for 20 seconds, turn faucet off with towel. 
   - Disinfectants -- 1 part bleach with 9 parts water, Sani cloths, or alcohol-based hand sanitizer gel

   **Personal protective equipment** -- Choose PPE appropriate to the hazard.

5. **Personal protective equipment** and information on PPE types, proper use, removal handling, decontamination, and disposal is provided by your department.

6. Student Health administers the **Hepatitis B vaccine**, providing information on its efficacy and safety. The vaccine requires three shots over a six month period. The vaccine is offered free of charge to employees with occupational exposure.

7. **Exposure emergency** -- in case of an emergency involving blood and other potentially infectious materials:  
   a. Perform initial first aid.  
   b. Contact your supervisor and get paperwork.  
   c. Go to the emergency room.
d. You will complete a report and receive confidential medical follow-up.
e. You will receive confidential post exposure evaluation.

8. Color-coding system and labels: “BIOHAZARD” on red or orange.

**How bloodborne pathogens spread on the job:**
Bloodborne pathogens (including HIV and HBV) may enter your body in a number of ways.

1. By a sharp object that is contaminated by the virus when it cuts or punctures your skin. Examples of sharp objects are: needles, broken glass, knives.
2. When a contaminated object touches inflamed skin, acne, skin abrasions.
3. When you touch a contaminated surface and then touch your eyes, nose, mouth or open wounds or inflamed skin.

**To minimize exposure to bloodborne pathogens,** there are four strategies of prevention. These strategies are used in combination to offer you maximum protection:

1. **Universal precautions** means that one should assume that all contact with others is potentially hazardous and one should structure the approach to working with all human blood and certain body fluids accordingly. This method defines human blood, certain body fluids and any body fluid tinged with blood as infectious.
2. **Engineering controls** attempt to design safety into the tools and workplace organization. An example is a sharps container.
3. **Work practice controls** are the use of equipment with engineered protection. Examples are immediately putting contaminated sharps into a sharps container, and washing hands immediately after removing gloves.
4. When occupational exposure remains after using engineering and work practice controls, employers must provide personal protective equipment. Personal protective equipment is used to protect you from contamination of skin, mucous membranes, or puncture wounds. Examples are gloves and safety glasses.

**Exposure Reporting**

1. If you come into contact with blood or body fluids that may be contaminated with bloodborne pathogens, immediately rinse the exposed area with warm water and soap or mouthwash.
2. Next, report the incident to your supervisor. OSHA requires the following information: How, when and where did the incident occur and with whose blood or body fluids did you come into contact?
3. Your supervisor will take you to a health care provider within 1 hour of the exposure. You do not pay for the medical examination.
4. Your blood will be tested for HIV only with your consent. But you may have a blood sample taken and stored for 90 days. If you change your mind within 90 days, the testing will be done.
5. The person whose blood or body fluids you came into contact with may have his or her blood tested as well. The results of the test will be made known to you.
EMERGENCY RESPONSE PROCEDURE

Client welfare and safety are paramount while clients are attending the UW Speech and Hearing Clinic. The following steps are procedures that should be followed to ensure the client safety is maintained.

If an emergency arises that is client-centered:
  • Stay with the client
  • Call/yell for assistance (e.g., open door and yell for help)
  • Use phone in treatment room and call 9-1-1
  • Offer client assistance (e.g., first aid, CPR, etc.)
  • Stay with client until medical assistance arrives
  • After situation is resolved, report incident to clinical supervisor/director
  • Supervisor/director will follow-up with Risk Management and others as needed

If an emergency arises that is environmental (fire, tornado, etc.)
  • Remove or assist client away from the building
  • Move client to a safe location away from windows/debris if a tornado
  • Remain with the client
  • Call 9-1-1 to report situation (use a cell phone)
  • After the situation has resolved, report incident to clinical supervisor
  • Return to building only after an “all clear” has been given by the authorities

Revised 12/2011
NATIONAL STUDENT SPEECH-LANGUAGE-HEARING ASSOCIATION (NSSLHA)

The Wyoming Chapter of the National Student Speech-Language Hearing Association (NSSLHA) is an active student group on campus. NSSLHA is the national pre-professional organization for undergraduate and graduate students interested in learning about the professions of speech-language pathology and audiology, providing valuable community service, and engaging in fellowship with like-minded students. NSSLHA local and national levels have separate dues.

Benefits of NSSLHA Membership

- NSSLHA to ASHA Conversion Program provides a reduction in the initial membership and certification fees for students who transfer their NSSLHA membership to ASHA
- Four American Speech-Language-Hearing (ASHA) publications
- Annual NSSLHA Journal and the biennial NSSLHA Clinical Series if distributed in a year during which you are a member
- Substantial discounts for ASHA Convention registration, and on other ASHA-sponsored workshops
- Discounts on ASHA professional products and publications such as the guide to Graduate Education and the governmental Affairs Review
- Low cost student liability and medical insurance
- ASHA's Employment Referral Service (ERS), excellent to use when looking for a CFY position
- Opportunity to establish credit by applying for a NSSLHA MasterCard
- Semi-annual newsletter NSSLHA News and Notes

WYOMING SPEECH-LANGUAGE-HEARING ASSOCIATION (WSHA)

http://www.wyomingspeechlanguagehearingassociation.org/

WSHA is the officially recognized association for Wyoming audiologists and speech-language pathologists by the American Speech-Language Hearing Association (ASHA). The purpose of the Wyoming Speech-Language-Hearing Association (WSHA) is to implement and advance training programs and practices in the field of speech-language pathology and audiology to enhance services throughout Wyoming and promote the maintenance of current knowledge and skills.
WSHA welcomes undergraduate and graduate speech-language pathology and audiology students to our organization as the future of our profession. Students have the opportunity to participate in WSHA in a number of ways.

1. Attend the WSHA convention. WSHA offers free registration for students who volunteer during the convention. You may sign up for various jobs which include: selling raffle tickets, working the registration table, assistant to the WSHA president-elect/convention chair. Working at the convention allows you to network with professionals across our state, meet nationally known speakers, and attend sessions for learning opportunities.

2. WSHA professional members will sponsor student and Clinical Fellow membership fees. If you are interested in being sponsored as a student or CF member, click on the "Membership" button on the WSHA website home page to print an application form.

3. A University of Wyoming NSSLHA member is eligible to participate as an active, non-voting WSHA board member. This is an excellent introduction to leadership activities at the local and state level. Contact the NSSLHA chapter representative at UW or the WSHA President about this opportunity.

4. As a WSHA member, you will receive the quarterly newsletter, conference and convention information, and a directory of WSHA members.

5. WSHA is proud to offer scholarships for University of Wyoming graduate students. Click on the student link on the website for the scholarship application.

STATE LICENSURE

For state licensure, contact the state licensure board for your desired state to request the appropriate paperwork. Check the state’s clinical hour requirement because it may differ from here. The paperwork should be completed and sent in to the state board before beginning employment in the state. The contact information for Wyoming licensure is:

Wyoming Board of Speech Pathology and Audiology
2001 Capitol Ave, Room 103
Cheyenne WY 82002
homepage: http://plboards.state.wy.us/speech/index.asp
Emily Cronbaugh Michelle Flynn
Executive Director Licensing Specialist
Phone: (307) 777-6529 Phone: (307) 777-7387
Fax: (307) 777-3508 Fax: (307) 777-3508
Email: Emily.Cronbaugh@wyo.gov email: michelle.flynn1@wyo.gov
ASHA CERTIFICATION AND MEMBERSHIP

The national professional association is the American Speech-Language-Hearing Association (ASHA). For the most current information and forms for certification and membership, see www.asha.org, e-mail at actioncenter@asha.org, or call 800-498-2071 (Action Center), or mail:
American Speech-Language-Hearing Association
2200 Research Blvd.
Rockville, MD 20850

The website provides direct links to NSSLHA for membership applications, liability insurance information and conversion (graduate student to certified member) information. The website offers valuable links to scholarship and research grant opportunities through the ASHA Foundation as well as job advertisements and information about national level happenings.

CANDIDACY FOR CLINICAL FELLOWSHIP

ASHA certification is required or expected as a speech-language pathologist. You may choose to apply for state licensure (required in medical settings). State association membership is part of the privileges and responsibilities of being a professional.

All graduation requirements (including Orals, but excluding thesis completion) must be met before submitting ASHA paperwork to the Division Head for initiation of the CFY or certification. Praxis score notification must also have been received by the Division. Full eligibility for certification requires completion of the Clinical Fellowship. For certification application, the Division office will issue a signed ASHA Verification by Program Director form after official notification of graduation. If you do not receive the verification form within two months following graduation, the office is missing either current contact information or a praxis score. Contact the Division office to resolve the matter.

STUDENT STATUS LETTERS

At any time during your program, such as for financial or employment reasons, you can request from the Division Director a Current Status Letter indicating at what point you are in your program of studies and your anticipated date of graduation. Full-time Engagement Letters from the Division Director for the practicum semester if credit hours fall below full-time are issued in the month prior through the Division office. This may be needed for medical insurance and loan deferral reasons.

If you have completed all academic and clinical requirements, and are awaiting official notification of graduation, you can receive an official Registrar-generated Degree Verification for potential employers or state licensure bodies. Request the verification directly from Dawn Carver (dcarver@uwyo.edu) at the Registrar. Provision of this verification takes up to one week following the Registrar’s receipt of your request and notice of completion of all degree requirements.
• APPENDICES •
Appendix A – Graduate Handbook Agreement Form
UNIVERSITY OF WYOMING
DIVISION OF COMMUNICATION DISORDERS

GRADUATE STUDENT HANDBOOK AGREEMENT

I have accessed the Division of Communication Disorder’s Graduate Student Handbook that matches my class starting year on the Division website. I understand that I am responsible and accountable for the contents and will abide by the policies and procedures contained therein.

____________________________________
Printed Name

____________________________________
Signature

____________________________________
Date

Form is to be placed in the student’s permanent file folder maintained by the Division of Communication Disorders.
Appendix B – Program Goals
Communication Disorders Program Assessment
Program Goals & Objectives
(Accepted April 6, 2010)

I. The Division will maintain a quality program in communication disorders by meeting the following goals and objectives.

A. Maintain accreditation in speech-language pathology through the Council of Academic Programs (CAA), a semi-autonomous body of the American Speech-Language-Hearing Association (ASHA).

B. Conduct regular program evaluation through:
   1. Assessment of undergraduate and graduate student performance.
   2. Assessment of academic personnel performance.
   3. Assessment of program satisfaction for graduating students and alumni.

II. Upon completion of the B.S. program in Speech, Language, and Hearing Sciences, students will meet the following goals and objectives.

The B.S. in Speech, Language, and Hearing Science provides a quality pre-professional education in human communication sciences and disorders. Students graduate with the knowledge and skills needed to go on to further education in professional programs in speech-language pathology, audiology, and to other careers in health and education. Program quality is monitored and maintained through regular examination of the results of direct and indirect measures of teaching and learning goals.

Students earning a B.S. in Speech, Language, and Hearing Science will demonstrate competencies in the following areas within (a) human communication and swallowing, (b) clinical knowledge and skills, and (c) communication and professionalism.

<table>
<thead>
<tr>
<th>A. Core Competencies in Human Communication &amp; Swallowing Science</th>
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<tbody>
<tr>
<td>1. Anatomical and physiological bases of communication and swallowing</td>
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<tr>
<td>2. Neurological bases of communication and swallowing</td>
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<tr>
<td>3. Acoustic and articulatory bases of communication</td>
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<tr>
<td>4. Psychological and linguistic bases of communication</td>
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<tr>
<td>5. Social and cultural bases of communication</td>
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<tr>
<td>6. Research methods used in the field of communication disorders</td>
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<th>B. Introductory Clinical Knowledge and Skills</th>
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<tr>
<td>7. Nature of hearing and balance disorders</td>
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<tr>
<td>8. Remediation of hearing and balance disorders</td>
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<tr>
<td>9. Nature of speech and swallowing disorders</td>
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<tr>
<td>10. Nature of language and literacy disorders</td>
</tr>
<tr>
<td>11. Principles and methods of assessment and treatment</td>
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<tr>
<td>12. Phonetic transcription and language sample analysis of typical speakers</td>
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<th>C. Basic Competencies in Communication &amp; Professional Areas</th>
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</table>
III. Upon completion of the M.S. in Speech-Language Pathology, students will meet the following goals and objectives.

Graduate education in the Division of Communication Disorders is shaped by ASHA-CAA accreditation standards and ASHA-CFCC certification standards for graduate programs in speech-language pathology. Some of the curriculum standards are taught primarily in the undergraduate program, but determination that all standards have been met occurs within the graduate program through a set of approximately 130 measurable objectives designed to reflect our curriculum (see Wyoming Assessment of Knowledge and Skills [WAKS] in the current year of the Division Graduate Handbook).

Students must maintain a GPA of 3.0 with no more than 2 Cs in all courses in the program of study. In addition, graduate students must pass all objectives, preferably on the first attempt, and otherwise on subsequent remediations (reteach/relearn/retest). Program quality and overall student learning is monitored through examination of performance in the following areas:

A. In academic coursework, students will demonstrate knowledge of:
   1. Basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, development, linguistic and cultural bases
   2. Etiologies and characteristics of communication and swallowing disorders in the areas of articulation, stuttering, voice and resonance, language, hearing, swallowing, cognition, social aspects, and communication modalities
   3. Principles and methods of prevention, assessment and intervention for people with communication and swallowing disorders

B. In clinical education, students will demonstrate knowledge and skills in:
   1. Planning and execution of evaluation and treatment at an appropriate level of independence
   2. Professional comportment and culturally-sensitive clinical practices
   3. Competent clinical writing

C. At the conclusion of the graduate program, students will demonstrate preparation for entry into clinical practice by:
   1. Successful completion of external clinical practica
   2. Passing the oral comprehensive examination or thesis defense
3. Passing a national clinical certification examination

IV. On an on-going basis, academic personnel in the Division of Communication Disorders will meet the following goals and objectives.

A. Excellence in teaching, research, and advising.
   1. Academic personnel will have a course or instructor rating of 4.0 (5 pt scale) or higher each year.
   2. Academic personnel will have no requests for advisor changes and an undergraduate exit advisor rating of 4.0 or higher each year.
   3. Research faculty will have one or more publications or presentations each year.

B. Excellence in service and professional development.
   1. Academic professionals will engage in one or more continuing education events, each year.
   2. Academic personnel will serve on one or more college or university committees each year.
   3. Academic personnel of associate and full/senior rank will serve in one or more professional or leadership roles at the state, national, or international level each year.
Appendix C – Thesis Information
PROTOCOL FOR THESIS (PLAN A) ADVISEMENT

The graduate thesis partially fulfills University of Wyoming graduation requirements for a Plan A program as specified by the University and the Division of Communication Disorders. It is expected that this thesis will be of such quality that it can be presented at a state, regional, or national professional conference and/or published in a regional or national professional journal.

1. The student should seek out a faculty member with common research interests to discuss chairing the project. After an agreeable plan is reached, the chair will assist the student in forming a committee. It is the option of the committee chair regarding what materials are to be developed prior to selecting additional committee members.

2. The graduate committee consists of the Chair in the area of the student’s interest, a second member from the Division of Communication Disorders, and a third member from outside the Division. The chair and outside member must be doctoral faculty with research responsibilities. If the desired chair has not chaired a thesis before, a more experienced doctoral faculty member of the Division is named co-chair and becomes the second committee member from the Division. The relationship among the student, committee chair and committee continues as long as there is mutual agreement among the parties.

3. The chair and committee members serve as advisors to the student in the planning, writing, and execution of the thesis. The committee members minimally participate in the thesis prospectus meeting and the thesis defense.

4. Thesis writing is a process, involving multiple drafts. Committee members have a minimum of two weeks to read and return prospectus/thesis drafts. Committee members are not obligated to advise in the summer. The student should be aware that it will take several months to write a proposal.

5. Under the direction of the Chair, the student contacts the faculty members for consent to serve. It is the student's responsibility to submit a completed Graduate Committee Nominations Form to the Director of the Division (See appended form).

6. The final draft of the prospectus is developed under the supervision of the Graduate Committee Chair. Copies of the prospectus should be submitted to the Chair and each committee member at least two weeks in advance of the proposal meeting.

7. Before the prospectus approval meeting can take place, the student’s Program of Study must be in place (see WyoWeb Degree Evaluation). The prospectus meeting should take place during the second semester of graduate study. The Chair will determine when the prospectus is ready to be defended. The student is responsible for bringing a Thesis Prospectus Approval form to the prospectus meeting.

8. The student, under the guidance of the thesis Chair submits the planned project to the Human Subjects IRB for approval prior to commencing data collection. See the Office of Research & Development website for submission dates. If the IRB requires substantive changes to the proposal, a second approval from the committee should be obtained before proceeding with data collection. This approval can be carried out by e-mail, but a copy should go in the student’s file along with the Thesis Prospectus Approval form.
9. Students can apply for thesis funding. A limited amount of funding is available on a
competitive basis from the Kahn Foundation to assist in execution of the thesis.

10. The thesis prospectus must be provided to committee members at least two weeks prior to
the prospectus meeting. No further writing should occur on the prospectus until after the
meeting.

11. The student, under the direction of the Chair, arranges a meeting time and location for the
prospectus meeting. The Chair conducts the meeting at which the student presents the
project and the committee evaluates it and provides recommendations. Signatures of the
committee members are obtained on the Thesis Prospectus Approval Form.

12. For the final thesis defense, the thesis must be submitted to committee members at least two
weeks in advance of the defense. No further writing should occur on the thesis until after the
meeting.

13. The thesis defense will generally take place during the fifth semester of graduate study. The
Chair will determine when the thesis is ready to be defended.

14. The student, under the direction of the Chair, arranges a room and meeting time of the
committee for defense of the thesis.

15. The Chair conducts the meeting at which the student presents the thesis and the committee
evaluates it, determines what revisions are needed, and whether the Chair can approve them
or whether each committee member will review and approve them.

16. At the end of the thesis defense, committee members sign the signature page, the Division
Thesis Completion Form, and the Report of Final Examination. The student should have
these forms prepared for signatures in advance of the meeting. If the sign-off is not agreed
upon, the student will obtain committee member signatures after revisions are approved.

17. The final formatting details are determined by the university. See the Registrar’s office
webpage, Graduate Student Forms and Guidelines, for details on formatting and submitting
the final thesis.

18. Bound copies of the final thesis should be given to all committee members (and to your
mother).
THE UNIVERSITY OF WYOMING
DIVISION OF COMMUNICATION DISORDERS

THESIS GRADUATE COMMITTEE NOMINATION

This is to confirm that I have discussed the ideas for a research study,

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________,
to be conducted by______________________________________________________________,
a graduate student in the Division of Communication Disorders, and that I have agreed to be
nominated to serve on the Graduate Committee.

______________________________________ Chair  ____________ Date

______________________________________ Co-Chair  ____________ Date

______________________________________ Member  ____________ Date

______________________________________ Outside Member  ____________ Date

RETURN THIS FORM TO THE DIVISION OFFICE AS SOON AS ALL SIGNATURES ARE ACQUIRED
THE UNIVERSITY OF WYOMING
DIVISION OF COMMUNICATION DISORDERS

THESIS PROSPECTUS APPROVAL FORM

This is to confirm that the thesis study, ____________________________________________
______________________________________________________________________________
______________________________________________________________________________
proposed by ___________________________________________________________________

a graduate student in the Division of Communication Disorders has been approved. Permission
is granted to conduct the study after approval by the appropriate Human Subjects Review Board
and with the following changes:

Graduate Committee

______________________________________ Chair _____________ Date

______________________________________ Co-Chair _____________ Date

______________________________________ Member _____________ Date

______________________________________ Outside Member _____________ Date

RETURN THIS FORM TO THE DIVISION OFFICE
Division of Communication Disorders

THESIS DEFENSE RESULTS

Student Name: ______________________________  Date: __________

Committee Members:

_________________________________________ (Chair)  ____________________________

_________________________________________  ____________________________

Results of Examination:

____  Pass with changes to be approved by Chair

____  Pass with changes to be approved by Committee

____  Fail

Conditions to be met before the Defense can be conducted again:

________________________________________________________________________

Student signature

________________________________________________________________________

Committee Chair  Division Member

________________________________________________________________________

Division Member  External Member

For Fail:

____  Pass: Successful second Defense

________________________________________________________________________

Committee Chair  Date

4/30/2010
KAHN THESIS FUNDING

Speech-language pathology graduate students who are completing a thesis may apply for support from the Kahn Foundation by writing a request to the Kahn Committee.

The application shall consist of:
1. A brief paragraph describing the study
2. An itemized budget for materials and equipment
3. An explanation of the necessity of each of the expenses
4. Documentation of committee and IRB approval
5. A statement from the thesis committee chair on student progress and support of the request

Funding criteria:
1. Funding awards will be limited to a maximum of $500
2. Funds may be used for travel to a data collection location, purchasing equipment and materials, and assistance with data collection, reliability measures, and in some circumstances, data management and analysis
3. Funds may not be used to pay the student investigator
4. Funds may not be used to pay others for what the student can accomplish with guidance and assistance from the thesis chair
5. The Kahn Committee may set additional conditions for funding, such as determining if equipment purchases or paid assistance are necessary or appropriate
6. Student expenses are paid for either through Division p-cards or receipt reimbursement
7. All equipment and reusable materials purchased with Kahn funds for the thesis execution shall become the property of the Division of Communication Disorders
8. The thesis chair is responsible for assuring that all equipment and reusable material is returned to the Division to be re-allocated by the Director to faculty as needed
9. Funding of any request is at the discretion of the Kahn Committee

Approved by the Kahn Committee May, 2012
CONFERENCE FUNDING FOR THESIS PRESENTATIONS

1. The Division will provide financial assistance to graduate students who are presenting their thesis at a national conference. Funding will be provided up to one year following graduation.

2. Financial assistance will be provided for one conference only.

3. The exact amount of funding provided to each student will be dependent upon availability of funds within the Division at the time of the request.

4. Each student must formally request funding in writing to the Division Head. The request must include:
   a. a copy of the conference presentation acceptance letter
   b. an itemized budget for registration, airfare, and hotel
   c. a brief letter of support by the chair of the student’s thesis committee
   d. evidence of IRB approval for the research

5. Pending approval of the funding request by the Kahn Committee and pending available resources, each student will be eligible for the following assistance:
   a. Airfare (coach class up to $500)
   b. Conference registration (up to $400)
   c. Hotel (actual cost of room up to $100 per night for 4 nights)

6. Following approval, each student should complete the conference registration form and provide it along with specific flight information to the division office for prepayment. Hotel costs will not be prepaid. Each student must pay for his or her hotel and submit the original receipts for reimbursement.

Approved 1/15/08
Appendix D – Academic WAKS by ASHA-CFCC Certification Standard
WAKS by CFCC Standard

SLP WAKS Learning Marker – University of Wyoming

Revised: Academic items revised August/14, Clinical items revised May/11; Item-course links current as of July/14

Each instructor sets standards to meet graduate objectives; undergraduate objectives (UG) are accomplished through undergraduate education but addressed further in graduate courses; hearing objectives are accomplished through UG and MAC.

Standard IV-A

The applicant must have demonstrated knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences.

Sub Category: Biological Sciences

Learning Objective: The student will have completed coursework in Biological Sciences as part of undergraduate coursework.
Courses/Activities Using this Marker: UG/Leveling
Implementation: Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). A course in biological sciences specifically related to CSD may not be applied for certification purposes to this category unless the course fulfills a university requirement in one of these areas.

Sub Category: Physical Sciences

Learning Objective: The student will have completed coursework in Physical Sciences as part of undergraduate coursework.
Courses/Activities Using this Marker: UG/Leveling
Implementation: Acceptable courses in physical sciences should include physics or chemistry. A course in physical sciences specifically related to CSD may not be applied for certification purposes to this category unless the course fulfills a university requirement in one of these areas.

Sub Category: Statistics

Learning Objective: The student will have completed coursework in Statistics as part of undergraduate coursework.
Courses/Activities Using this Marker: UG/Leveling
Implementation: A stand-alone course in statistics is required. Research methodology courses in communication sciences and disorders (CSD) may not be used to satisfy the statistics requirement.

Sub Category: Social/Behavioral Sciences

Learning Objective: The student will have completed coursework in Social/Behavioral Sciences as part of undergraduate coursework.
Courses/Activities Using this Marker: UG/Leveling
Implementation: Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health.

Standard IV-B

The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

IV – B. Knowledge of Normal Basic Human Communication

Sub Category: Biological

Learning Objective: Complete coursework in Speech Anatomy & Physiology as part of undergraduate coursework
Courses/Activities Using this Marker: UG/Leveling (SPPA 3265 – A&P of Speech & Hearing or equivalent)

Learning Objective: Complete coursework in Hearing Anatomy & Physiology as part of undergraduate coursework
Courses/Activities Using this Marker: UG/Leveling (SPPA 3265 – A&P of Speech & Hearing or equivalent)

Learning Objective: Describe anatomy & physiology of respiration
Courses/Activities Using this Marker: UG/Leveling and SPPA 5100 – Motor Speech Disorders

Learning Objective: Describes anatomy & physiology of phonation
Courses/Activities Using this Marker: UG/Leveling and SPPA 5220 – Voice Disorders

Learning Objective: Describe anatomy & physiology of resonance
Courses/Activities Using this Marker: UG/Leveling and SPPA 5110 – Craniofacial Disorders

Learning Objective: Describes the anatomy & physiology of articulation
Courses/Activities Using this Marker: UG/Leveling and SPPA 5100 – Motor Speech Disorders

Learning Objective: Describes the anatomy & physiology of hearing mechanism including the outer, middle, and inner ear
Courses/Activities Using this Marker: UG/Leveling and Hearing MAC Examination

Sub Category: Neurological
**Learning Objective:** Complete coursework in Neurological Basis of Communication as part of undergraduate coursework  
**Courses/Activities Using this Marker:** UG/Leveling (SPPA 4380 – Neurological Basis of Communication or equivalent)

**Learning Objective:** Describes major components of the central and peripheral nervous system.  
**Courses/Activities Using this Marker:** UG/Leveling and SPPA 5100 – Motor Speech Disorders

**Learning Objective:** Describes speech pathways and processes in the CNS.  
**Courses/Activities Using this Marker:** UG/Leveling and SPPA 5100 – Motor Speech Disorders

**Learning Objective:** Describes language pathways and processes in the CNS.  
**Courses/Activities Using this Marker:** UG/Leveling and SPPA 5130 – Aphasia

**Learning Objective:** Describes the pathways and processes of the auditory nervous system.  
**Courses/Activities Using this Marker:** UG/Leveling and Hearing MAC Examination

**Sub Category:** Acoustic

**Learning Objective:** Completed coursework in Speech Acoustics as part of undergraduate coursework.  
**Courses/Activities Using this Marker:** UG/Leveling (SPPA 4310 – Acoustics of Speech & Hearing or equivalent)

**Learning Objective:** Explains the properties of sound and methods of measurement  
**Courses/Activities Using this Marker:** UG/Leveling and SPPA 5220 – Voice Disorders

**Learning Objective:** Describes the acoustic properties of vowels and consonants.  
**Courses/Activities Using this Marker:** UG/Leveling and SPPA 5100 – Motor Speech Disorders

**Sub Category:** Psychological

**Learning Objective:** Completed coursework in Language Development as part of undergraduate coursework.  
**Courses/Activities Using this Marker:** UG/Leveling (SPPA 3160 – Language Development or equivalent)

**Learning Objective:** Describes cognitive development and its relation to language.  
**Courses/Activities Using this Marker:** UG/Leveling and SPPA 5280 – Preschool Language
**Sub Category**: Developmental/Lifespan

**Learning Objective**: Complete coursework in Speech Development as part of undergraduate coursework  
**Courses/Activities Using this Marker**: UG/Leveling (SPPA 3210 – Phonetics or equivalent)

**Learning Objective**: Completed coursework in Language Development as part of undergraduate coursework.  
**Courses/Activities Using this Marker**: UG/Leveling (SPPA 3160 – Language Development or equivalent)

**Learning Objective**: Describes the development of literacy  
**Courses/Activities Using this Marker**: SPPA 5330 – School-age Language Intervention

**Learning Objective**: Demonstrates knowledge of the development of phonology  
**Courses/Activities Using this Marker**: UG/Leveling and SPPA 5020 – Phonological Intervention

**Learning Objective**: Describes development of syntax, semantics, and pragmatics in early childhood  
**Courses/Activities Using this Marker**: UG/Leveling and SPPA 5280 – Preschool Language Intervention

**Learning Objective**: Describes development of syntax, semantics, and pragmatics in the school years  
**Courses/Activities Using this Marker**: UG/Leveling and SPPA 5330 – School-age Language Intervention

**Sub Category**: Linguistic

**Learning Objective**: Complete coursework in Speech Development as part of undergraduate coursework  
**Courses/Activities Using this Marker**: UG/Leveling (SPPA 3210 – Phonetics or equivalent)

**Learning Objective**: Completed coursework in Language Development as part of undergraduate coursework.  
**Courses/Activities Using this Marker**: UG/Leveling (SPPA 3160 – Language Development or equivalent)

**Learning Objective**: Identifies phonological processes  
**Courses/Activities Using this Marker**: UG/Leveling and SPPA 5020 – Phonological Intervention

**Learning Objective**: Identifies constituents of syntax, semantics, and pragmatics  
**Courses/Activities Using this Marker**: UG/Leveling and SPPA 5280 – Preschool Language Intervention
Sub Category: Cultural

Learning Objective: Complete coursework in Speech Development as part of undergraduate coursework.
Courses/Activities Using this Marker: UG/Leveling (SPPA 3210 – Phonetics or equivalent)

Learning Objective: Completed coursework in Language Development as part of undergraduate coursework.
Courses/Activities Using this Marker: UG/Leveling (SPPA 3160 – Language Development or equivalent)

Learning Objective: Identifies effects of cultural & socioeconomic variation on language acquisition.
Courses/Activities Using this Marker: UG/Leveling and SPPA 5280 – Preschool Language Intervention

Learning Objective: Explains major features of multiple language acquisition.
Courses/Activities Using this Marker: UG/Leveling and SPPA 5330 – School-age Language Intervention

Learning Objective: Identifies effects of cultural & socioeconomic variation on speech acquisition.
Courses/Activities Using this Marker: UG/Leveling and SPPA 5020 – Phonological Intervention

IV – B. Knowledge of Normal Swallowing Processes

Sub Category: Biological

Learning Objective: Describes the anatomy & physiology of normal swallow, including oral and pharyngeal phases.
Courses/Activities Using this Marker: UG/Leveling and SPPA 5230 – Dysphagia

Sub Category: Developmental/Lifespan

Learning Objective: Demonstrates knowledge of swallowing development.
Courses/Activities Using this Marker: UG/Leveling and SPPA 5230 – Dysphagia
Standard IV-C

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

- articulation
- fluency
- voice and resonance, including respiration and phonation
- receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
- hearing, including the impact on speech and language
- swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
- cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
- social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- augmentative and alternative communication modalities

Implementation: It is expected that course work addressing the professional knowledge specified in Standard IV-C will occur primarily at the graduate level.

IV – C. Knowledge of Articulation Disorders

Learning Objective: Identifies etiological factors associated with articulation & phonological disorders
Courses/Activities Using this Marker: SPPA 5020 – Phonological Intervention

Learning Objective: Differentiates characteristics of major dysarthria types and apraxia of speech
Courses/Activities Using this Marker: SPPA 5100 – Motor Speech Disorders

IV – C. Knowledge of Fluency Disorders

Learning Objective: Differentiate major characteristics associated with stuttering and cluttering
Courses/Activities Using this Marker: SPPA 5120 – Stuttering

Learning Objective: Describes major theories of stuttering
Courses/Activities Using this Marker: SPPA 5120 – Stuttering

Learning Objective: Contrasts stuttering and normal disfluencies in young children
Courses/Activities Using this Marker: SPPA 5120 – Stuttering
IV – C. Knowledge of Voice and Resonance Disorders

Learning Objective: Identifies etiological factors associated with voice disorders
Courses/Activities Using this Marker: SPPA 5220 – Voice Disorders

Learning Objective: Identifies common voice disorders
Courses/Activities Using this Marker: SPPA 5220 – Voice Disorders

Learning Objective: Identifies etiological factors associated with resonance disorders
Courses/Activities Using this Marker: SPPA 5110 – Craniofacial Disorders (Identifies or Describes?)

Learning Objective: Identifies the perceptual and physiological characteristics associated with resonance disorders
Courses/Activities Using this Marker: SPPA 5110 – Craniofacial Disorders

IV – C. Knowledge of Receptive and Expressive Language Disorders

Learning Objective: Describes symptoms and differentiates among aphasia, dementia, right hemisphere, TBI, and normal aging
Courses/Activities Using this Marker: SPPA 5130 – Aphasia

Learning Objective: Explains intrinsic and extrinsic characteristics of reading deficits
Courses/Activities Using this Marker: SPPA 5330 – School-age Language Intervention

Learning Objective: Differentiates common types of developmental language disorders
Courses/Activities Using this Marker: SPPA 5280 – Preschool Language Intervention

IV – C. Knowledge of Hearing Disorders

Learning Objective: Completed coursework in Audiology as part of undergraduate coursework
Courses/Activities Using this Marker: UG/Leveling (SPPA 4340 – Basic Audiology or equivalent)

Learning Objective: Describes the communication problems associated with hearing impairment and deafness
Courses/Activities Using this Marker: UG/Leveling and Hearing MAC Examination

Learning Objective: Differentiates among common auditory disorders
Courses/Activities Using this Marker: UG/Leveling and Hearing MAC Examination

IV – C. Knowledge of Swallowing Disorders

Learning Objective: Describes etiological factors associated with swallowing disorders
Courses/Activities Using this Marker: SPPA 5230 – Dysphagia
Learning Objective: Describes oral, pharyngeal, & esophageal swallowing deficits throughout the lifespan
Courses/Activities Using this Marker: SPPA 5230 – Dysphagia

IV – C. Knowledge of Cognitive Aspects of Communication Disorders

Learning Objective: Describes the relation of cognitive, sensory, and motor deficits to communication skills
Courses/Activities Using this Marker: SPPA 5210 – AAC

Learning Objective: Describes the relation of acquired deficits in attention, memory, & cognition to communication skills
Courses/Activities Using this Marker: SPPA 5130 – Aphasia

Learning Objective: Describes relation of developmental deficits in attention & memory to communication skills
Courses/Activities Using this Marker: SPPA 5330 – School-age Language Intervention

IV – C. Knowledge of Social Aspects of Communication Disorders (see Intervention)

IV – C. Knowledge of Augmentative and Alternative Communication Modalities

Learning Objective: Apply augmentative and alternative communication (AAC) depending on the need of the client. Identify, describe, and critically evaluate client skills (including linguistic, operational, social, and strategic competencies as well as mediating factors) required to build communicative competence and use both unaided and aided AAC systems
Courses/Activities Using this Marker: UG/Leveling and SPPA 5500 – AAC

Standard IV-D

For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical / physiological, psychological, developmental, and linguistic and cultural correlates.

IV – D. Knowledge of Prevention, Assessment, and Intervention of Articulation Disorders

Learning Objective: Administers and interprets standardized speech tests
Courses/Activities Using this Marker: SPPA 5140 – Evaluation Procedures

Learning Objective: Analyses the speech sound system of infants and children
Courses/Activities Using this Marker: SPPA 5020 – Phonological Intervention

Learning Objective: Transcribes disordered speech using IPA
Courses/Activities Using this Marker: SPPA 5020 – Phonological Intervention
Learning Objective: Designs appropriate treatment plans for common articulation and phonological disorders
Courses/Activities Using this Marker: SPPA 5020 – Phonological Intervention

Learning Objective: Demonstrates knowledge of procedures for assessment of acquired speech disorders
Courses/Activities Using this Marker: SPPA 5100 – Motor Speech Disorders

Learning Objective: Develops appropriate treatment plans for dysarthria and apraxia
Courses/Activities Using this Marker: SPPA 5100 – Motor Speech Disorders

IV – D. Knowledge of Prevention, Assessment, and Intervention of Fluency Disorders

Learning Objective: Demonstrates knowledge of common fluency assessment procedures
Courses/Activities Using this Marker: SPPA 5120 – Stuttering

Learning Objective: Demonstrates knowledge of treatment approaches for children and adults who stutter
Courses/Activities Using this Marker: SPPA 5120 – Stuttering

IV – D. Knowledge of Prevention, Assessment, and Intervention of Voice and Resonance Disorders

Learning Objective: Performs qualitative assessment of resonance
Courses/Activities Using this Marker: SPPA 5110 – Craniofacial Disorders

Learning Objective: Critiques approaches to treatment of resonance disorders
Courses/Activities Using this Marker: SPPA 5110 – Craniofacial Disorders

Learning Objective: Demonstrates knowledge of quantitative assessment of phonation
Courses/Activities Using this Marker: SPPA 5220 – Voice Disorders

Learning Objective: Performs qualitative assessment of voice
Courses/Activities Using this Marker: SPPA 5220 – Voice Disorders

Learning Objective: Describes intervention for common voice disorders
Courses/Activities Using this Marker: SPPA 5220 – Voice Disorders

IV – D. Knowledge of Prevention, Assessment, and Intervention of Receptive and Expressive Disorders

Learning Objective: Administers and interprets tests for common acquired disorders
Courses/Activities Using this Marker: SPPA 5140 – Evaluation

Learning Objective: Demonstrates knowledge of standardized test construction and evaluation
Courses/Activities Using this Marker: SPPA 5140 – Evaluation
Learning Objective: Administers and interprets common norm-referenced language tests
Courses/Activities Using this Marker: SPPA 5140 – Evaluation

Learning Objective: Clinically analyzes a sample of disordered language
Courses/Activities Using this Marker: SPPA 5140 – Evaluation

Learning Objective: Selects and interprets criterion-referenced assessment measures, including interview, observation, and case history review
Courses/Activities Using this Marker: SPPA 5140 – Evaluation

Learning Objective: Demonstrates understanding of norm-referenced scores and relations among those scores
Courses/Activities Using this Marker: SPPA 5140 – Evaluation

Learning Objective: Differentiates language disorder from language difference
Courses/Activities Using this Marker: SPPA 5140 – Evaluation

Learning Objective: Explains assessment procedures for early language disorders
Courses/Activities Using this Marker: SPPA 5280 – Preschool Language Intervention

Learning Objective: Explains the role of the family and sociocultural factors in language intervention
Courses/Activities Using this Marker: SPPA 5280 – Preschool Language Intervention

Learning Objective: Develops appropriate treatment plans for early language disorders
Courses/Activities Using this Marker: SPPA 5280 – Preschool Language Intervention

Learning Objective: Demonstrates knowledge of assessment procedures for school-age language disorders
Courses/Activities Using this Marker: SPPA 5330 – School-age Language Intervention

Learning Objective: Develops appropriate treatment plans for school-age language disorders
Courses/Activities Using this Marker: SPPA 5330 – School-age Language Intervention

Learning Objective: Delineates the role of the SLP within the school as a system
Courses/Activities Using this Marker: SPPA 5330 – School-age Language Intervention

Learning Objective: Demonstrates knowledge of assessment procedures for acquired language and cognitive disorders
Courses/Activities Using this Marker: SPPA 5130 – Aphasia

Learning Objective: Develops appropriate treatment plans for acquired language and cognitive disorders
Courses/Activities Using this Marker: SPPA 5130 – Aphasia
IV – D. Knowledge of Prevention, Assessment, and Intervention of Hearing Disorders

**Learning Objective:** Completed coursework in Audiology as part of undergraduate coursework  
**Courses/Activities Using this Marker:** UG/Leveling (SPPA 4340 – Basic Audiology or equivalent)

**Learning Objective:** Completed coursework in Aural Rehabilitation as part of undergraduate coursework  
**Courses/Activities Using this Marker:** UG/Leveling (SPPA 4150 – Aural Rehabilitation or equivalent)

**Learning Objective:** Identifies current amplification techniques and assistive devices for hearing loss  
**Courses/Activities Using this Marker:** UG/Leveling and Hearing MAC Examination

**Learning Objective:** Demonstrates knowledge of basic hearing screening procedures  
**Courses/Activities Using this Marker:** UG/Leveling and Hearing MAC Examination

IV – D. Knowledge of Prevention, Assessment, and Intervention of Swallowing Disorders

**Learning Objective:** Describes current approaches to the assessment of swallowing  
**Courses/Activities Using this Marker:** SPPA 5230 – Dysphagia

**Learning Objective:** Identifies swallowing problems from videofluorographic evaluation  
**Courses/Activities Using this Marker:** SPPA 5230 – Dysphagia

**Learning Objective:** Describes appropriate intervention for common oral and pharyngeal swallow disorders  
**Courses/Activities Using this Marker:** SPPA 5230 – Dysphagia

IV – D. Knowledge of Prevention, Assessment, and Intervention of Cognitive Disorders

**Learning Objective:** Discusses modifications of treatment approaches based on client’s acquired cognitive deficits  
**Courses/Activities Using this Marker:** SPPA 5130 – Aphasia

**Learning Objective:** Demonstrates treatment approaches based on client’s cognitive, sensory, and motor deficits  
**Courses/Activities Using this Marker:** SPPA 5500 – AAC

IV – D. Knowledge of Prevention, Assessment, and Intervention of Social Communication Disorders

**Learning Objective:** Describes how to facilitate functional communication for adults  
**Courses/Activities Using this Marker:** SPPA 5130 – Aphasia
Learning Objective: Describes how to facilitate social uses of language for children  
Courses/Activities Using this Marker: SPPA 5280 – Preschool Language Intervention

IV – D. Knowledge of Prevention, Assessment, and Intervention with  
Alternative/Augmentative Communication Modalities

Learning Objective: Identifies appropriate low and high technology AAC strategies for children and adults  
Courses/Activities Using this Marker: SPPA 5210 – AAC

Learning Objective: Discusses best communication modality options and appropriate  
communication supports for children and adults  
Courses/Activities Using this Marker: SPPA 5210 – AAC

Learning Objective: Demonstrates treatment approaches based on client’s cognitive, sensory,  
and motor deficits  
Courses/Activities Using this Marker: SPPA 5210 – AAC

Standard IV-E

The applicant must have demonstrated knowledge of standards of ethical conduct.

Implementation: The applicant must have demonstrated knowledge of the principles and rules of the current ASHA Code of Ethics.

IV – E. Knowledge of Ethics and Ethical Conduct

Learning Objective: Describes the purpose of the ASHA Code of Ethics and the 4 Principles of Ethics  
Courses/Activities Using this Marker: SPPA 5380 – Professional Practice

Standard IV-F

The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.

Implementation: The applicant must have demonstrated knowledge of the principles of basic and applied research and research design. In addition, the applicant must have demonstrated knowledge of how to access sources of research information and have demonstrated the ability to relate research to clinical practice.

IV – F. Knowledge of Research

Learning Objective: Explains experimental and descriptive research methods  
Courses/Activities Using this Marker: UG/Leveling (SPPA 4750 – Research Methods or equivalent)


**Learning Objective:** Applies research literature to treatment practice (i.e., rationales)

**Courses/Activities Using this Marker:** SPPA 5030+5270/90 – Clinic

**Learning Objective:** Critically evaluates research literature methodology

**Courses/Activities Using this Marker:** SPPA 5120 – Stuttering

**Standard IV-G**

The applicant must have demonstrated knowledge of contemporary professional issues.

**Implementation:** The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues typically include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures.

**IV – G. Knowledge of Professional Issues**

**Learning Objective:** Demonstrates knowledge on a wide range of professional issues, including policies, practices, and guidelines

**Courses/Activities Using this Marker:** SPPA 5080 – Professional Practice

**Standard IV-H**

The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.

**IV – H. Knowledge of Certification Issues**

**Learning Objective:** Describes relevant documentation required for professional credentials (state, national, and specialty recognition)

**Courses/Activities Using this Marker:** SPPA 5080 – Professional Practice

**Standard V – Skills Outcomes**

**V – A. Oral and Written Communication**

The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

**Implementation:** Individuals are eligible to apply for certification once they have completed all graduate-level academic course work and clinical practicum and been judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards. The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. For oral
communication, the applicant must have demonstrated speech and language skills in English, which, at a minimum, are consistent with ASHA's current position statement on students and professionals who speak English with accents and nonstandard dialects. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence in English.

**Learning Objective:** Demonstrates adequate technical writing skills (i.e., grammar, spelling, content, and professional style).
**Courses/Activities Using This Marker:** SPPA 5030+5270/90 - Clinic

**Learning Objective:** Writes information accurately, clearly, logically, concisely, and appropriate for audience, following facility format.
**Courses/Activities Using This Marker:** SPPA 5030+5270/90 - Clinic

**Learning Objective:** Uses professionally adequate articulation, voice, fluency, and language
**Courses/Activities Using This Marker:** SPPA 5030+5270/90 - Clinic

**Learning Objective:** Presents oral information accurately, clearly, logically, concisely, and appropriate for audience.
**Courses/Activities Using This Marker:** SPPA 5030+5270/90 - Clinic

**Standards V - B, C, D, E, F** deal further with Clinical Skills Outcomes (see *** for further information)
Appendix E – CFCC Standards and Academic WAKS by Course
CFCC Standards and WAKS by Course – University of Wyoming

Revised August 2014

Each instructor sets standards to meet graduate objectives; undergraduate objectives (UG) are accomplished through undergraduate education but addressed further in graduate courses; hearing objectives are accomplished through UG and MAC.

SPPA 5140 - Evaluation

IV – D. Knowledge of Assessment of Speech (Articulation) and Language (Receptive/Expressive) Disorders

1. Demonstrates knowledge of standardized test construction and evaluation
2. Administers and interprets standardized speech tests
3. Administers and interprets common norm-referenced language tests
4. Clinically analyzes a sample of disordered language
5. Administers and interprets tests for common acquired disorders
6. Demonstrates understanding of norm-referenced scores and relations among those scores
7. Selects and interprets criterion-referenced assessment measures, including interview, observation, and case history review
8. Differentiates language disorder from language difference

SPPA 5020 - Phonology Intervention

IV – B. Knowledge of Normal Basic Human Communication (Biological, Neurological, Acoustic, Developmental, Linguistic, Psychological, Cultural)

1. Demonstrates knowledge of the development of phonology (UG)
2. Identifies phonological processes (UG)
3. Identifies effects of cultural & socioeconomic variation on speech acquisition (UG)

IV – C. Knowledge of Articulation Disorders

4. Identifies etiological factors associated with articulation & phonological disorders

IV – D. Knowledge of Prevention, Assessment and Intervention of Articulation Disorders

5. Analyzes the speech sound system of infants and children
6. Designs appropriate treatment plans for common articulation and phonological disorders
7. Transcribes disordered speech using IPA

SPPA 5100 - Motor Speech Disorders

IV – B. Knowledge of Normal Basic Human Communication (Biological, Neurological, Acoustic, Developmental, Linguistic, Psychological, Cultural)

1. Describes the anatomy and physiology of articulation (UG)
2. Describes the acoustic properties of vowels and consonants. (UG)
3. Describes anatomy & physiology of respiration. (UG)
4. Describes speech pathways and processes in the CNS. (UG)
5. Describes major components of the central and peripheral nervous system. (UG)

IV – C. Knowledge of Articulation Disorders
6. Differentiates characteristics of major dysarthria types and apraxia of speech

IV – D. Knowledge of Prevention, Assessment and Intervention of Articulation Disorders
7. Develops appropriate treatment plans for dysarthria and apraxia
8. Demonstrates knowledge of procedures for assessment of acquired speech disorders

----------------------------------------------
SPPA 5110 - Craniofacial Disorders

IV – B. Knowledge of Normal Basic Human Communication (Biological, Neurological, Acoustic, Developmental, Linguistic, Psychological, Cultural)
1. Describes anatomy & physiology of resonance (UG)

IV – C. Knowledge of Voice and Resonance Disorders
2. Describes etiological factors associated with resonance disorders
3. Identifies the perceptual and physiological characteristics associated with resonance disorders

IV – D. Knowledge of Prevention, Assessment and Intervention of Voice and Resonance Disorders
4. Performs qualitative assessment of resonance
5. Critiques approaches to treatment of resonance disorders

--------------------------------------------
SPPA 5120 - Stuttering

IV – C. Knowledge of Fluency Disorders
1. Describes major theories of stuttering
2. Differentiate major characteristics associated with stuttering and cluttering
3. Contrasts stuttering and normal disfluencies in young children

IV – D. Knowledge of Prevention, Assessment and Intervention of Fluency Disorders
4. Demonstrates knowledge of common fluency assessment procedures
5. Demonstrates knowledge of treatment approaches for children and adults who stutter

IV – F. Knowledge of Research
6. Critically evaluates research literature methodology (UG)

-----------------------------------------
SPPA 5130 - Aphasia
IV – B. Knowledge of Normal Basic Human Communication (Biological, Neurological, Acoustic, Developmental, Linguistic, Psychological, Cultural)
   1. Describes language pathways & processes in the CNS (UG)

IV – C. Knowledge of Receptive and Expressive Language Disorders
   2. Describes symptoms and differentiate among aphasia, dementia, right hemisphere, TBI, and normal aging

IV – C. Knowledge of Cognitive Aspects of Communication
   3. Describes the relation of acquired deficits in attention, memory, & cognition to communication skills

IV – D. Knowledge of Prevention, Assessment and Intervention of Receptive and Expressive Disorders
   4. Demonstrates knowledge of assessment procedures for acquired language and cognitive disorders
   5. Develops appropriate treatment plans for acquired language and cognitive disorders

IV – D. Knowledge of Prevention, Assessment and Intervention of Cognitive Disorders
   6. Discusses modifications of treatment approaches based on client’s acquired cognitive deficits

IV – D. Knowledge of Prevention, Assessment and Intervention of Social Communication Disorders
   7. Describes how to facilitate functional communication for adults

------------------------------------
SPPA 5220 - Voice Disorders

IV – B. Knowledge of Normal Basic Human Communication (Biological, Neurological, Acoustic, Developmental, Linguistic, Psychological, Cultural)
   1. Describes anatomy & physiology of phonation (UG)
   2. Explains the properties of sound and methods of measurement (UG)

IV – C. Knowledge of Voice and Resonance Disorders
   3. Identifies common voice disorders
   4. Identifies etiological factors associated with voice disorders

IV – D. Knowledge of Prevention, Assessment and Intervention of Voice and Resonance Disorders
   5. Performs qualitative assessment of voice
   6. Demonstrates knowledge of quantitative assessment of phonation
   7. Describes intervention for common voice disorders

----------------------------------------------
SPPA 5230 - Dysphagia
IV – B. Knowledge of Normal Swallowing Processes
1. Describes anatomy and physiology of normal swallow, including oral and pharyngeal phases
2. Demonstrates knowledge of swallowing development

IV – C. Knowledge of Swallowing Disorders
3. Describes etiological factors associated with swallowing disorders
4. Describes oral, pharyngeal, & esophageal swallowing deficits throughout the lifespan

IV – D. Knowledge of Prevention, Assessment and Intervention of Swallowing Disorders
5. Identifies swallowing problems from videofluorographic evaluation
6. Describes current approaches to the assessment of swallowing
7. Describes appropriate intervention for common oral and pharyngeal swallow disorders

----------------------------------
SPPA 5280 - Preschool Lang Intervention

IV – B. Knowledge of Normal Basic Human Communication (Biological, Neurological, Acoustic, Developmental, Linguistic, Psychological, Cultural)
1. Describes cognitive development and its relation to language (UG)
2. Describes development of syntax, semantics, and pragmatics in early childhood (UG)
3. Identifies constituents of syntax, semantics, and pragmatics (UG)
4. Identifies effects of cultural & socioeconomic variations on language acquisition (UG)

IV – C. Knowledge of Receptive and Expressive Language Disorders
5. Differentiates common types of developmental language disorders

IV – D. Knowledge of Prevention, Assessment and Intervention of Receptive and Expressive Disorders
6. Explains assessment procedures for early language disorders
7. Develops appropriate treatment plans for early language disorders
8. Explains the role of the family and sociocultural factors in language intervention

IV – D. Knowledge of Prevention, Assessment and Intervention of Social Communication Disorders
9. Describes how to facilitate social uses of language for children

----------------------------------
SPPA 5330 – School-age Lang Intervention

IV – B. Knowledge of Normal Basic Human Communication (Biological, Neurological, Acoustic, Developmental, Linguistic, Psychological, Cultural)
1. Describes the development of syntax, semantics, and pragmatics in the school years (UG)
2. Describes the development of literacy
3. Explains major features of multiple language acquisition (UG)

IV – C. Knowledge of Receptive and Expressive Language Disorders
4. Explains intrinsic and extrinsic characteristics of reading deficits

IV – C. Knowledge of Cognitive Aspects of Communication
5. Describes relation of developmental deficits in attention & memory to communication skills

IV – D. Knowledge of Prevention, Assessment and Intervention of Receptive and Expressive Disorders
6. Demonstrates knowledge of assessment procedures for school-age language disorders
7. Develops appropriate treatment plans for school-age language disorders
8. Delineates the role of the SLP within the school as a system

---------------------------------------------

SPPA 5380 - Professional Practice

IV – E. Knowledge of Ethics and Ethical Conduct
1. Describes the purpose of the ASHA Code of Ethics and the 4 Principles of Ethics

IV – G. Knowledge of Professional Issues
2. Demonstrates knowledge on a wide range of professional issues, including policies, practices, and guidelines

IV – H. Knowledge of Certification Issues
3. Describes relevant documentation required for professional credentials (state, national, and specialty recognition)

---------------------------------------------

SPPA 5500 - AAC

IV – C. Knowledge of Cognitive Aspects of Communication
1. Describes the relation of cognitive, sensory, and motor deficits to communication skills

IV – C. Knowledge of Augmentative and Alternative Communication Modalities
2. Apply augmentative and alternative communication (AAC) depending on the need of the client. Identify, describe, and critically evaluate client skills (including linguistic, operational, social, and strategic competencies as well as mediating factors) required to build communicative competence and use both unaided and aided AAC systems

IV – D. Knowledge of Assessment and Intervention of Cognitive Disorders
3. Demonstrates treatment approaches based on client’s cognitive, sensory, and motor deficits
IV – D. Knowledge of Assessment and Intervention with Alternative/Augmentative Communication Modalities
   4. Discusses best communication modality options and appropriate communication supports for children & adults
   5. Identifies appropriate low and high technology AAC strategies for children & adults
   6. Demonstrates treatment approaches based on client's cognitive, sensory, and motor deficits

SPPA 4750 – Research Methods

IV – F. Knowledge of Research
   1. Critically evaluates research literature methodology (UG)
   2. Explains experimental and descriptive research methods (UG)

Hearing MAC

IV – B. Knowledge of Normal Basic Human Communication (Biological, Neurological, Acoustic, Developmental, Linguistic, Psychological, Cultural)
   1. Describes the anatomy and physiology of hearing mechanism including the outer, middle, and inner ear. (UG)
   2. Describes the pathways and processes of the auditory nervous system (UG)

IV – C. Knowledge of Hearing Disorders
   3. Differentiates among common auditory disorders (UG)
   4. Describes the communication problems associated with hearing impairment and deafness (UG)

IV – D. Knowledge of prevention, assessment, and intervention of hearing disorders
   5. Demonstrates knowledge of basic hearing screening procedures (UG)
   6. Identifies current amplification techniques and assistive devices for hearing loss (UG)
Appendix F – Clinical WAKS by ASHA-CFCC Certification Standard
Performance Evaluation

Evaluation saved. You can now enter the scores.

Supervisor: Coyle, Lynda D

*Student: Doe, Jane
*Site: UW Speech & Hearing Clinic
*Evaluation Type: Final
*Semester: 2015 Fall
*Course number: Practicum - Fall 1

Client(s)/Patient(s) Multicultural Aspects (check all that apply): [ ]
- Ethnicity
- Race
- Culture
- National origin
- Socioeconomic status
- Gender identity
- Sexual orientation
- Religion
- Exceptionality
- Other

Client(s)/Patient(s) Linguistic Diversity (check all that apply): [ ]
- English
- English Language Learner
- Primary English dialect
- Secondary English dialect
- Bilingual
- Polyglot
- Gender identity
- Sign Language (ASL or SEE)
- Cognitive / Physical Ability
- Other

Save

PERFORMANCE RATING SCALE
Click to see Rating Scale
Please refer to the Performance Rating Scale for grading criteria. Use a score between 1 and 5, in 0.25 increments (1.25, 1.5 etc.)

1 - Not evident
2 - Emerging
3 - Present
4 - Adequate
5 - Consistent

*If n/a, please leave space blank

Evaluation skills
Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box

https://www.calipsoclient.com/uwyo/evaluations/show?id=723
7/7/2015
### Performance Evaluation | CALIPSO

*Procedures (std IV-D, std V-B, 1a) 2*

2. Performs chart review and collects case history from interviewing patient and/or relevant others (std V-B, 1b) 2

3. Selects appropriate evaluation instruments/procedures (std V-B, 1c) 2

4. Administers and scores diagnostic tests correctly (std V-B, 1c) 2

5. Adapts evaluation procedures to meet patient needs (std V-B, 1d) 2

6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std IV-C) 2

7. Interprets and formulates diagnosis from test results, history, and other behavioral observations (std V-B, 1e) 2

8. Makes appropriate recommendations for intervention (std V-B, 1e) 2

9. Completes administrative functions and documentation necessary to support evaluation (std V-B, 1f) 2

10. Comprehensively summarizes client’s status in a written evaluation report (std IV-B) 2

11. Makes appropriate recommendations for patient referrals (std V-B, 1g) [?] 2

<table>
<thead>
<tr>
<th>Score totals:</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
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<th>0</th>
<th>0</th>
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<th>0</th>
</tr>
</thead>
</table>

**Total number of items scored:** 0  **Total number of points:** 0  **Section Average:** 0

**Comments:**

**Save**

### Treatment Skills

- Articulation
- Fluency
- Voice
- Language
- Hearing
- Swallowing
- Cognition
- Social Aspects
- Communication Modalities

Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.

https://www.calipsoclient.com/uwyo/evaluations/show?id=723  
7/7/2015
<table>
<thead>
<tr>
<th>Performance Evaluation</th>
<th>CALIPSO</th>
<th>Page 3 of 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develops appropriate treatment plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process. (std V-B, 2a)</td>
<td></td>
<td>Session times out in: 1:35:39</td>
</tr>
<tr>
<td>2. Implements treatment plans (std V-B, 2b)</td>
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<td>3. Selects and uses appropriate materials/instrumentation (std V-B, 2c)</td>
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<tr>
<td>4. Sequences tasks to meet objectives?</td>
<td></td>
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<tr>
<td>5. Provides appropriate introduction/explanation of tasks</td>
<td></td>
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<tr>
<td>6. Uses appropriate models, prompts or cues. Allows time for patient to respond.</td>
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<tr>
<td>7. Adapts treatment session to meet individual patient needs (std V-B, 2e)</td>
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<tr>
<td>8. Develops an appropriate behavior management plan as needed and implements plan consistently.</td>
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<tr>
<td>10. Measures and evaluates patients' performance and progress (std V-B, 2d)</td>
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<tr>
<td>11. Completes administrative functions and documentation necessary to support treatment (std V-B, 2f)</td>
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<tr>
<td>12. Comprehensively summarizes client's status in written progress reports (mid-term; final). (std IV-B)</td>
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<tr>
<td>13. Identifies and refers patients for services as appropriate (std V-B, 2g)</td>
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<tr>
<td>Score totals:</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Total number of items scored:</td>
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<td>Total number of points:</td>
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https://www.calipsoclient.com/uwyo/evaluations/show?id=723

7/7/2015
## Preparedness, Interaction, and Personal Qualities

<table>
<thead>
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<th>Preparedness, Interaction, and Personal Qualities</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Possesses foundation for basic human communication and swallowing processes (std IV-B)</td>
<td>2</td>
</tr>
<tr>
<td>2. Possesses the knowledge to integrate research principles into evidence-based clinical practice (std IV-F)</td>
<td>2</td>
</tr>
<tr>
<td>3. Possesses knowledge of contemporary professionals issues and advocacy (includes trends in professional practice, ASHA practice policies and guidelines, and reimbursement procedures) (std IV-G)</td>
<td>2</td>
</tr>
<tr>
<td>4. Adheres to the ASHA Code of Ethics and conducts him or herself in a professional, ethical manner (std IV-E, std V-B, 3a)</td>
<td>2</td>
</tr>
<tr>
<td>5. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std V-B, 3a)</td>
<td>2</td>
</tr>
<tr>
<td>6. Provides counseling and supportive guidance regarding communication and swallowing disorders to patients, family, caregivers, and relevant others (std V-B, 3c)</td>
<td>2</td>
</tr>
<tr>
<td>7. Collaborates with other professionals in case management (std V-B, 3b)</td>
<td>2</td>
</tr>
<tr>
<td>8. Displays effective oral communication with patient, family, or other professionals (std V-A)</td>
<td>2</td>
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<tr>
<td>9. Displays effective written communication for all professional correspondence (std V-A)</td>
<td>2</td>
</tr>
</tbody>
</table>

**Total number of items scored:** 0  **Total number of points:** 0  **Section Average:** 0

### Comments:

---

### Overall summary of strengths and areas to improve (mid-term):

- **Overall summary of strengths and areas to improve (final):**

### Mid-term action plan for areas to improve (i.e., 1-2 measurable goals to complete by semester's end):

- Total points (all sections included): 0
  - Adjustment: 0.0
  - Evaluation score: 0
  - Letter grade: N/A

---

By entering the student's name, I verify that this evaluation has been reviewed and discussed with the student prior to final submission.

Student name: __________________________ Date reviewed: __________________________

---

https://www.calipsoclient.com/uwyo/evaluations/show?id=723

7/7/2015
Performance Evaluation | CALIPSO

I verify that this evaluation is being submitted by the assigned clinical supervisor and that:

* Supervisor name: ____________________________  Date completed: ____________

☐ Final submission (if this box is checked, no more changes will be allowed)

Save

Standards referenced herein are those contained in the Membership and Certification Handbook of the American Speech-Language-Hearing Association. Readers are directed to the ASHA Web site to access the standards in their entirety.

Author: Laurel H. Hayes, M.Ed., CCC-SLP and Savaj D. Pharr, M.S.

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7/7/2015
Appendix G – Division Orals Form
Division of Communication Disorders

ORAL COMPREHENSIVE EXAMINATION RESULTS

Student Name: ______________________________ Date: ____________

Committee Members:

_____________________________ (Chair) ____________________________

__________________________ ________________________________

Results of Examination:

____ Pass

____ Conditional Status Conditions to Pass:

____ Fail The student must apply to the Division Head to re-take the oral comprehensive examination. The timing of the comprehensive examination will be at the discretion of the committee.

____________________________
Student signature

____________________________
Committee Chair Division Member

____________________________
Division Member External Member

For Conditional or Fail:

____ Pass: Met conditions or re-took Orals successfully

____________________________
Committee Chair Date

4/30/2010
Appendix H – ASHA Code of Ethics
Code of Ethics

Index terms: ethics
doi:10.1044/policy.ET2010-00309
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Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose. Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices. The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities. Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity. Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

Principle of Ethics I

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

A. Individuals shall provide all services competently.
B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
C. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
D. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.
E. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
F. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.
G. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.
H. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.
I. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
J. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
K. Individuals shall not provide clinical services solely by correspondence.
L. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.
M. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.
N. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.
O. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.
P. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their
Q. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

R. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

**Principle of Ethics II**

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

**Rules of Ethics**

A. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.

B. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.

C. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.

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

E. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

**Principle of Ethics III**

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

**Rules of Ethics**

A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.

B. Individuals shall not participate in professional activities that constitute a conflict of interest.

C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.

D. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.

E. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.
F. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.

G. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

**Principle of Ethics IV**

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

**Rules of Ethics**

A. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

B. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.

C. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.

D. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.

E. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

F. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.

G. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.

H. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.

I. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

J. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.

K. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.

L. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

M. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.

N. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.
Appendix I – Clinic Fee Schedule
Effective July 1, 2013

<table>
<thead>
<tr>
<th>Communication Disorders</th>
<th>FY 2013</th>
<th>Chart Field</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Speech-Language Pathology Evaluations</strong></td>
<td></td>
<td>1700-13452</td>
</tr>
<tr>
<td>Evaluation – Level 1</td>
<td>105.00</td>
<td></td>
</tr>
<tr>
<td>Evaluation – Level 2</td>
<td>63.00</td>
<td></td>
</tr>
<tr>
<td>Evaluation – Level 3</td>
<td>waived</td>
<td></td>
</tr>
<tr>
<td>Evaluation with Instrumentation – Level 1</td>
<td>150.00</td>
<td></td>
</tr>
<tr>
<td>Evaluation with Instrumentation – Level 2</td>
<td>90.00</td>
<td></td>
</tr>
<tr>
<td>Evaluation with Instrumentation – Level 3</td>
<td>waived</td>
<td></td>
</tr>
<tr>
<td>Re-evaluation (only for existing UW Clients)</td>
<td>40.00</td>
<td></td>
</tr>
<tr>
<td>Speech/Language Screening</td>
<td>25.00</td>
<td></td>
</tr>
<tr>
<td><strong>Individual Speech-Language Treatment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Semester – Level 1</td>
<td>220.00</td>
<td></td>
</tr>
<tr>
<td>Per Semester – Level 2</td>
<td>110.00</td>
<td></td>
</tr>
<tr>
<td>Per Semester – Level 3</td>
<td>waived</td>
<td></td>
</tr>
<tr>
<td>Per 1/2 Semester or Summer (≤7wks) – Level 1</td>
<td>waived</td>
<td></td>
</tr>
<tr>
<td>Per 1/2 Semester or Summer (≤7wks) – Level 2</td>
<td>110.00</td>
<td></td>
</tr>
<tr>
<td>Per 1/2 Semester or Summer (≤7wks) – Level 3</td>
<td>55.00</td>
<td></td>
</tr>
</tbody>
</table>

**Speech-Language Services – Sliding Fee Information**

Net income or status:
- Level 1 = $25,000+
- Level 2 = $25,000-$12,000 or UW student
- Level 3 = Under $12,000

To qualify for Level 2 or Level 3, documentation must be provided in the form of a tax return or personal letter showing evidence of financial hardship. Sliding scale rates are based on net income including student loans. Evidence of UW enrollment required for student status.

<table>
<thead>
<tr>
<th>Audiology Diagnostic Evaluations</th>
<th></th>
<th>1700-13452</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditory brainstem (ABR)</td>
<td>135.00</td>
<td></td>
</tr>
<tr>
<td>Comprehensive audiometry threshold evaluation &amp; speech recognition</td>
<td>60.00</td>
<td></td>
</tr>
<tr>
<td>Typanometry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conditioned Play Audiometry</td>
<td>30.00</td>
<td></td>
</tr>
<tr>
<td>Pure tone &amp; air bone audiometry</td>
<td>45.00</td>
<td></td>
</tr>
<tr>
<td>Consultation</td>
<td>40.00</td>
<td></td>
</tr>
<tr>
<td>Central auditory process</td>
<td>25.00</td>
<td></td>
</tr>
<tr>
<td>Ear impression fee &amp; handling</td>
<td>60.00</td>
<td></td>
</tr>
<tr>
<td>Otoacoustic Emissions – limited</td>
<td>20.00</td>
<td></td>
</tr>
<tr>
<td>Otoacoustic Emissions – comprehensive</td>
<td>70.00</td>
<td></td>
</tr>
<tr>
<td>Hearing aid, single unit at cost + 40%</td>
<td>+40%</td>
<td>1700-13452</td>
</tr>
<tr>
<td>Procedure</td>
<td>FY 2013</td>
<td>Chart Field</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>---------</td>
<td>--------------</td>
</tr>
<tr>
<td>Hearing aid programming &amp; fitting following manufacturer repair, factory invoice + 50.00</td>
<td>+50.00</td>
<td>+40%</td>
</tr>
<tr>
<td>Assistive Listening Devices/supplies at cost + 40%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Aid evaluation, orientation &amp; follow-up</td>
<td>300.00</td>
<td>1700-13452</td>
</tr>
<tr>
<td>Out-of-warranty Hearing Aid check</td>
<td>25.00</td>
<td></td>
</tr>
<tr>
<td>Industrial audiogram</td>
<td>25.00</td>
<td></td>
</tr>
<tr>
<td>Audiometric Screening</td>
<td>25.00</td>
<td></td>
</tr>
<tr>
<td>Special tests</td>
<td>25.00</td>
<td></td>
</tr>
<tr>
<td>Acoustic Reflex Test</td>
<td>20.00</td>
<td></td>
</tr>
<tr>
<td>Acoustic Reflex Decay Test</td>
<td>20.00</td>
<td></td>
</tr>
<tr>
<td>Speech Audiometry Threshold</td>
<td>20.00</td>
<td></td>
</tr>
<tr>
<td>Speech Audiometry Threshold w/ speech recognition</td>
<td>30.00</td>
<td></td>
</tr>
<tr>
<td>Visual Reinforcement Audiometry</td>
<td>45.00</td>
<td></td>
</tr>
<tr>
<td>Tone Decay Test</td>
<td>20.00</td>
<td></td>
</tr>
<tr>
<td>Stenger Test</td>
<td>20.00</td>
<td></td>
</tr>
<tr>
<td>Electrocochleography/Vestibular Function Testing</td>
<td>130.00</td>
<td></td>
</tr>
<tr>
<td>Caloric vestibular test each irrigation</td>
<td>20.00</td>
<td></td>
</tr>
<tr>
<td>Optokinetic nystag bidirect/fovea/periph stim</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>Oscillat track test</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>Positional nystagmus test, min 4 pos</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>Sinusoid vertical axis rotat test</td>
<td>80.00</td>
<td></td>
</tr>
<tr>
<td>Spontaneous nystagmus test, gaze/fix nystagmus</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>Vertical electrodes</td>
<td>50.00</td>
<td></td>
</tr>
</tbody>
</table>
Appendix J – SPPA 5270/5290 Externship Application
COVER SHEET FOR EXTERNSHIP APPLICATIONS

*application should be typed*

Name______________________________ Practicum Type: Educational or Medical
(Circle one)

Date application was submitted:

Please indicate when the first semester of graduate study began (after acceptance)

   Fall Semester __________ (indicate year)
   Spring Semester __________ (indicate year)
   Summer Session __________ (indicate year)

Please list the sites in order of your preference (#1 is your first choice, etc.) with addresses, e-mails, telephone numbers, and the name of a contact person, if it is known.

1.

2.

3.

4.

Please indicate specific date preferences:
University of Wyoming  
Division of Communication Disorders

APPLICATION FOR EXternships

The externships are viewed as an extension of academic and clinical education designed to provide graduate students with a variety of clinical experiences. All externships sites are to be approved by the Division in accordance with the minimum standards of the American Speech-Language-Hearing Association (ASHA). An application packet (including a letter of introduction, forms, and suggestions) will be sent to the practicum site listed. The duration of each practicum is twelve weeks of full-time experience. This application has been reviewed and is accepted for an externship.

Clinic Director

<table>
<thead>
<tr>
<th>Date application was submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________________</td>
</tr>
</tbody>
</table>

1. Name ______________________________

<table>
<thead>
<tr>
<th>Address ______________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone __________ E-mail ______________________________</th>
</tr>
</thead>
</table>

2. Anticipated date of graduation ______________________________

3. List colleges attended and degrees awarded

<table>
<thead>
<tr>
<th>Institution</th>
<th>Cum. GPA</th>
<th>Year</th>
<th>Degree</th>
</tr>
</thead>
</table>
APPLICATION FOR EXTERNSHIP (page 2)

Name ____________________________ Practicum Type: Educational or Medical (Circle one)

4. Provide a list of all courses completed in your major area, including the course grade.

5. List all courses completed in related areas.

<table>
<thead>
<tr>
<th>Course</th>
<th>Institution</th>
<th>Semester and year course completed</th>
<th>Grade</th>
</tr>
</thead>
</table>

6. Please indicate specific date preferences:

7. Attach an autobiographical sketch (approx. 500 words) that includes a summary of clock hours completed and an estimate of clock hours that will be completed by the beginning of the practicum.
Appendix K – Clinic Safety & Confidentiality Forms
HIPAA CONFIDENTIALITY AGREEMENT
(Health Insurance Portability and Accountability Act of 1996)

General Security
• **Patient Health Information (PHI) should be protected at all times.**
• PHI that is being read and/or written should be covered or turned over when your work is interrupted.
• PHI should be disposed of by shredding the documents. Patient information should NEVER be thrown away without first being shredded.
• PHI should not be discussed in public places (e.g., hallway, graduate room) or outside of the clinic.
  When discussing PHI in the clinic, lower your voice or move to a private area.
• PHI should not be discussed with friends or family *unless* consent has been obtained by the client/patient to do so.
• Computer discs containing PHI should never be left in a computer or placed in an unsecured location.
• Never disclose your computer password to others.
• Never loan your building keys to anyone and do not open locked doors for strangers.

Office Security
• Remove all PHI from a fax machine promptly and file it either in the patient’s chart or give it directly to the intended recipient *after* logging it in the fax logbook and the permanent file.
• Do not fax PHI after normal business hours when a fax machine is likely to be unattended.
• When calling another health office to request/disclose requested PHI, do not leave a patient’s name or reason for the call on a message machine. Leave your name, affiliation, date and time of call and a return telephone number only.
• When leaving a message for a patient/client at their home, either with a family member or with a message machine, do not reveal PHI (e.g., “Your hearing aides are ready.”). Simply leave your name, affiliation, date and time of call and a return telephone number only.

Protecting patient confidentiality is the LAW. You should not attempt to access PHI unless you need it to effectively assess or treat a patient/client. Any information received should be protected and discussed only to others directly involved in the care of the patient/client unless the patient/client has consented in writing to other disclosures.

I have read the above information and have received information on the HIPAA law as it relates to the operations of the UW Speech and Hearing Clinic. I understand that I will be informed of any new procedures or changes to this law as they occur.

__________________________________       ____________________________________
Printed Name                           Signature       /       Date

Original is to be placed in the student’s permanent file.

Revised 12/2011
BLOODBORNE PATHOGENS TRAINING FORM

ACKNOWLEDGEMENT OF RECEIVING AND REVIEWING BIOSAFETY INFORMATION ON
UNIVERSAL PRECAUTIONS IN HANDLING and COMING IN CONTACT WITH HUMAN BLOOD,
BODY FLUIDS, AND TISSUES.

Date of Training: ___________________  Instructor: _____________________________

I, _________________________________________, acknowledge that I am familiar with the
Universal Precautions for handling and coming in contact with human blood, body fluids and
tissues and the OSHA Standard on Bloodborne Pathogens.

I understand that my clinical assignment may involve work with human blood, body fluids or
tissues and that I must adhere to the biosafety practices set forth in the OSHA Standards on
Bloodborne Pathogens, and the Division of Communication Disorder’s Exposure Control Plan
for Bloodborne Pathogens.

I understand these safety procedures and their application to my clinical experience. I have had
an opportunity to ask questions of my clinical supervisor about my clinical experience and the
correct use of these procedures in performing my work assignments.

I understand that I am expected to ask my clinical supervisor for instruction in any new
procedures that arise in future applications of these safety procedures before initiating such
activities.

_________________________________________
Name (print or type)

_________________________________________
Signature  Date

Signed form is to be placed in the student’s permanent file.
HEPATITIS B VACCINATION FORM

Student Name (last, middle, first)  Social Security Number

CONSENT FOR HEPATITIS B VACCINATION
I have knowledge of Hepatitis B and the Hepatitis B vaccination. I have had an opportunity to ask questions of a qualified health care professional and understand the benefits and risks of the Hepatitis B vaccination. I understand that I must have three (3) doses of the vaccine to obtain immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine. I give my consent to be vaccinated for Hepatitis B.

Signature of Student  Date

Signature of Witness  Date

HEPATITIS B VACCINE DECLINATION
I understand that due to my clinical exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. It has been recommended that I receive the Hepatitis B vaccine; however, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Signature of Student  Date

Signature of Witness  Date

RELEASE FOR HEPATITIS B MEDICAL INFORMATION
I hereby authorize ____________________________________________ to release to the Division of Communication Disorders at the University of Wyoming, Hepatitis B vaccination information. I give my permission for this Hepatitis B vaccination and related Hepatitis B information to be given to the Division for my student file.

I authorize release of Hepatitis B status to the health care provider in case of an exposure incident.

Signature of Student  Date

Signature of Witness  Date

Signed form is to be placed in the student’s permanent file.