

MUSC

MEDICAL UNIVERSITY
OF SOUTH CAROLINA

College of Health Professions
Department of Rehabilitation Sciences
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COMMUNICATION SCIENCES AND DISORDERS

Academic Year
2008–2009

NOTICE

The Medical University of South Carolina *Bulletin* contains official university policies.

Department of Rehabilitation Sciences *Student Handbooks* are intended to inform students about policy and procedures that are particularly important or specific to the graduate programs in Physical Therapy, Occupational Therapy, and Communication Sciences and Disorders.

Student Handbooks contain information intended to benefit students. They are not contracts, because Departmental and Program Handbooks *are subject to change* as University, College and Departmental policies change throughout the year.

Please seek advice on particular matters from your
Faculty Advisor
Program Director
Department Chair

Thank You.
Program Director
Communication Sciences and Disorders
Department of Rehabilitation Sciences

Medical University of South Carolina
Department of Rehabilitation Sciences
Communication Sciences and Disorders Program

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COMMUNICATION SCIENCES AND DISORDERS PROGRAM

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Director, Evelyn Trammel Voice and
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Otolaryngology

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Judy Martin, PhD

Associate Professor
Professor Emeritus
University of South Carolina

Adjunct Faculty

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Clinical Instructor

Vickie Guerry, MS

Clinical Instructor

Diane Andrews, MS

Clinical Assistant Professor
Manager, Speech-Language Pathology Services

Valerie Kreil, MS

Clinical Instructor

Julie Blair, MA

Clinical Instructor

Rebekah McCown Maxwell, MEd

Clinical Instructor
Manager, Adult Services

Starr Carr, MSR

Clinical Instructor

Lisa McDade, MA

Clinical Instructor

Audra K. Condon, MA, SP

Clinical Instructor

Caroline B. Mitchell, MS

Clinical Instructor

Continued...

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Linda Dunnege-Tolly, MS
Clinical Assistant Professor

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Clinical Instructor

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Gina Greene, MSP
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Mary Hall, MSP
Clinical Instructor

Shane Morey, MSP
Clinical Instructor

Gale J. Singletary, MS
Clinical Instructor

Nevitte Swink, MSP
Clinical Instructor
Manager, Pediatric Services

Kimberly A. Snyder, MA
Clinical Instructor

Kristen D. Thayer, MS
Clinical Instructor

Ronald G. Thayer, MS
Clinical Instructor

All teaching and supervisory faculty hold the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP). Dr. Horner is Board-Certified in Adult Neurologic Disorders (BC-NCD/A) by the Academy of Neurologic Communication Sciences and Disorders. Dr. Martin-Harris is board certified in Swallowing and Swallowing Disorders by the American Speech-Language-Hearing Association (ASHA), and is a Fellow of ASHA.

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Medical University of South Carolina
Department of Rehabilitation Sciences
Communication Sciences and Disorders Program

THE PROFESSION OF SPEECH-LANGUAGE PATHOLOGY: AN OVERVIEW

American Speech-Language-Hearing Association (ASHA)

ASHA is a professional and scientific organization with a current membership of over 123,000. Members must hold (1) the master's degree or equivalent with major emphasis in speech-language pathology, audiology or speech and hearing science; or (2) the master's degree or its equivalent and present evidence of active research and performance in the field of human communication. The requirements for election to membership in ASHA may be waived in special instances by recommendation of the Committee on Membership and a majority vote of the Legislative Council.

Members of ASHA agree to abide by the Code of Ethics of ASHA (revised 2003; see Appendix V)

Journals and other professional practice materials: <http://www.asha.org/about/publications>

Student section: <http://www.asha.org/students/>

ASHA Action Center: **1-800-498-2071**

Address:

American Speech-Language-Hearing Association (ASHA)

2200 Research Blvd.

Rockville, MD 20850-3289

Website: <http://www.asha.org>

Praxis Examination

The *Praxis* Examination is offered by the Educational Testing Service (ETS) throughout the year. A score of 600 or better is required for certification for Speech-Language Pathology. The required exam is the **PRAXIS II for Speech-Language Pathology** (test code [20330](#)).

Information regarding the exam can be obtained by calling 609-771-7395 or visiting the ETS website at: <http://www.ets.org/praxis/index.html> and on the ASHA website at: <http://www.asha.org/students/praxis>

The Praxis registration form prompts registrants to list all test score recipients. **MUSC must be listed as a recipient**, as PRAXIS scores are one measure required for accreditation.

Use these important Praxis Examination codes:

<u>Code #</u>	<u>Recipient Name</u>
R0271	Medical University of South Carolina
R5031	ASHA (for certification)
R8064	South Carolina Board of Examiners (for licensure in the state of South Carolina)
R8108	SC State Dept of Education (for teacher's certificate)

Please note: ASHA, SC Board of Examiners, and SC State Department of Education require original test scores to be sent directly from ETS. It is strongly advised to include them as recipients, along with MUSC, to avoid payment for additional reports at a later time.

Certificate of Clinical Competence (CCC-SLP)

The Council for Clinical Certification (CFCC) is responsible for processing applications by individuals who have graduated from programs accredited by the Council of Academic Accreditation (CAA), and for awarding the Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP).

The requirements for certification (CCC-SLP) include:

- ❑ Successful completion of an accredited graduate communication sciences and disorders curriculum,
- ❑ Accrual of 400 hours of supervised clinical practicum experience or equivalent,
- ❑ A passing score on a national examination (“Praxis II” examination), and
- ❑ Successful completion of a post-graduate Clinical Fellowship (CF) year.

Upon successful completion of these three major requirements, post-graduates are awarded the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP). The CCC-SLP is ASHA’s way of informing the public that an individual has met minimum standards for clinical competence.

The American Speech-Language-Hearing Association (ASHA) can be accessed at: www.asha.org. At graduation, students and designated Program Faculty will complete ASHA’s 3-page Membership and Certification Application. This application should be mailed to ASHA with the required supporting documentation within three years of graduation. However, graduates are encouraged to submit the application following graduation, between May 1 and August 31, to receive 6-months of membership free. Following submission of the application and successful completion of the clinical fellowship, graduates are awarded the Certification of Clinical Competence (CCC). Additional questions regarding ASHA membership and certification can be answered by referencing ASHA’s Membership and Certification Handbook at <http://www.asha.org/about/membership-certification/handbooks/slp/default.htm>.

Speech-Language Pathology Clinical Fellowship (SLPCF)

Guidelines for completing the SLPCF are provided 1) in the Certification Standards, 2) on the ASHA webpage, and 3) in the Membership and Certification Handbook.

<http://www.asha.org/about/membership-certification/handbooks/slp/default.htm>

Certification Maintenance

Effective January 1, 2005, individuals who hold the Certificate of Clinical Competence (CCC) in Speech-Language Pathology must accumulate 30 contact hours of professional development over a 3-year period. Detailed information about maintaining certification can be found at:

<http://www.asha.org/about/membership-certification/certification/standard7-SLP-guide.htm>

Clinical Specialty Recognition

Specialty Recognition is a means by which audiologists or speech-language pathologists with advanced knowledge, skills and experience beyond the Certificate of Clinical Competence (CCC-A or CCC-SLP) can be recognized by consumers, colleagues, referral and payor sources, and the general public. The American Speech-Language-Hearing Association (ASHA) initiated the Specialty Recognition Program in 1995. Detailed information can be found at:

<http://www.asha.org/about/Membership-Certification/specialty-recognition>

LICENSE TO PRACTICE

South Carolina Licensure

Licensure to practice speech-language pathology in the State of South Carolina is granted by the Board of Examiners in Speech-Language Pathology and Audiology which is within the Department of Labor, Licensing, and Regulation (LLR). An application can be downloaded from the LLR's website. Verification of supervised professional employment is required for completion of the application.

South Carolina Board of Examiners in Speech-Language Pathology and Audiology

South Carolina Department of Labor, Licensing and Regulation

Post Office Box 11329

Columbia, South Carolina 29211-1329

803-896-4650 phone

803-896-4719 fax

<http://www.llr.state.sc.us/POL/Speech>

Licensure in Other States

Licensure requirements vary from state-to-state. If you anticipate working in a state other than South Carolina, be sure to check the licensure requirements for that State.

Potential differences include: 1) coursework credits, 2) clinical practicum (types, hours) and/or 3) your method of documenting achievement during your graduate studies.

Those students seeking employment in other states will need to apply to that state for licensure. Information on state licensing divisions can be found at:

<http://www.asha.org/about/legislation-advocacy/state/>

Teacher Certification

To practice in the public schools, speech-language pathologists must also hold teacher certification. Teacher certification is granted by the SC State Department of Education, Office of Educator Certification. Requirements for teacher certification vary from state to state, so students are encouraged to seek out the requirements for their given state as the information provided here is pertinent to South Carolina. A graduate may qualify for teacher certification for the State of South Carolina in one of three ways: 1) hold Certificate of Clinical Competence (CCC), 2) hold degree from a University which has been approved by the SC State Department of Education, or 3) provide verification from the University that all clinical and academic requirements have been met **AND** provide a letter from the school district stating that employment has been offered.

New MUSC graduates, without an undergraduate education degree, can only apply for teacher certification under option #3 as CCC's are obtained after completion of a clinical fellowship and MUSC is not on the list of universities approved to award education degrees. However, if a student's undergraduate degree was in education and the student satisfactorily completed the requirements for the degree then the student may apply for teacher certification under option #2.

Fulfilling the requirements of option #3: Verification from the University that all clinical and academic requirements have been met is satisfied by the completion of the "*Verification of College Preparation, Recommendation for Teacher Certificate*" form. This form can be downloaded from the following URL: <http://www.scteacheers.org/cert/certpdf/recom.pdf>. Students may ask either the CSD Program Director or the Director of Clinical Education to complete the form. In addition, the hiring school district must fax a letter confirming the hire to the Office of Educator Certification at fax number 803-734-2873. Employment must be offered before applying for teacher certification. Please note that the position must be as a permanent hire and NOT as a substitute/temporary hire. With this option, an "initial" teacher's certification is awarded. After the first school year then an active teacher's certificate is awarded. The type of certificate (initial vs. active) does not affect pay. MUSC CSD graduates qualify for a Masters +30 on the teacher salary schedule because our masters curriculum exceeds 60 semester credit hours.

Office of Educator Certification
Suite 500
3700 Forest Drive
Columbia, SC 29204

Tel: 803-734-1418
Fax: 803-734-2873
Hotline: 803-734-8466
Toll Free Tel: 877-885-5280
E-mail: certification@scteachers.org
Website: <http://ed.sc.gov/topics/certification/>

South Carolina Speech-Language-Hearing Association (SCSHA)

The South Carolina Speech, Language and Hearing Association is a professional organization of scientists, clinicians, teachers and others who have common concerns and interests in the field of human communication disorders. The association is the official organization representing speech-language pathology and audiology in the State of South Carolina.

CSD students are encouraged to join SCSHA, and to attend the annual SCSHA convention which is held in February of each year.

SCSHA has six categories of members:

1. Member: “Members shall be defined as professionals who hold a graduate degree with a major emphasis in speech-language pathology, audiology or speech-language or hearing sciences, or a graduate degree and present evidence of active research, interest and performance in the field of human communication.”
2. Associate Member: “Must have any level of professional certification awarded by the South Carolina Department of Education in the area of communicative disorders; or a Bachelor’s degree with major emphasis in speech pathology, audiology, language, speech science, hearing science, or speech language and hearing science.”
3. Affiliate Member: “Individuals who are allied professionals or individuals interested in the areas of language, speech, swallowing and/or hearing.”
4. Student Member: “Students who are pursuing a full course of study in speech-language, audiology or professionally related area in a recognized college or university and who are interested in promoting the purposes, objectives and activities of SCSHA.”
5. Discount Rate for Students belonging to NSSLHA (Number must be provided).
6. Life Member: “Members who have held membership in SCSHA for ten (1) consecutive years and have attained the age of sixty-five (65). Life members are granted all rights and privileges awarded to Members and annual dues will be waived.”

SCSHA, 701 Gervais St., Suite 150-206, Columbia, SC 29201, phone 888-729-3717, FAX 888-729-3489, email scsha@scsha.com

SCSHA Website: <http://www.scsha.com>

See Appendix IX for South Carolina Code of Laws Title 40, Chapter 67—Speech Pathologists and Audiologists.

National Student Speech-Language-Hearing Association (NSSLHA)

As a student, you are encouraged to establish an affiliation with ASHA through membership with the MUSC NSSLHA Chapter. The MUSC NSSLHA chapter was established in 1997. NSSLHA sponsors fundraising events to support NSSLHA projects. NSSLHA officers are elected in November and serve for one year.

An application form will be given to you. When you have completed the application form, give it to Amy Dickson or (chapter co-advisors), who will complete the university portion of the application.

NSSLHA members receive a print subscription of one of the following ASHA publications: *American Journal of Speech-Language Pathology (AJSLP)*, *Journal of Speech, Language and Hearing Research (JSLHR)*, *Language, Speech & Hearing Services in Schools (LSHSS)*, or *American Journal of Audiology (AJA)*. Members also receive two issues of *Contemporary Issues in Communication Sciences and Disorders (CICSD)*, three issues of NSSLHA's newsletter, *NSSLHA Now!* and a print subscription to the *ASHA Leader*.

NSSLHA members receive a reduced registration to the ASHA Convention, NSSLHA-to-ASHA Conversion Discounts, and numerous other benefits. See ASHA's website **Benefits of National Membership**, at <http://www.nsslha.org/NSSLHA/memberbenefits.htm>

NSSLHA to ASHA Conversion Program

Graduating NSSLHA members with at least two years of consecutive membership receive a discount on ASHA application fees. For more information, visit: <http://www.nsslha.org/nsslha>

Medical University of South Carolina
Department of Rehabilitation Sciences
Communication Sciences and Disorders Program

**OUTLINE OF STANDARDS FOR CCC-SLP
AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION**

Overview of Standards

Degree: Applicants for entry-level practice (candidates for the certificate of clinical competence in speech-language pathology (CCC-SLP) must hold a Master's or Doctoral degree. The 2005 SLP Standards stipulate that the graduation education in speech-language pathology must be initiated and completed in a program accredited by the Council on Academic Accreditation (CAA) in Speech-Language Pathology of the American Speech-Language-Hearing Association.

Academic Coursework: 75 semester credit hours (SCH) in the professional area, at least 36 of which must be completed at the graduate level (Standard III).

Supervised Clinical Observation and Clinical Practicum: 400 clock hours (CH) (Standard IV-C)

Clinical Observation (25 CH): Prior to or during clinical practicum.

Clinical Education/Practicum (400 CH)

- ❑ 375 CH at the graduate level in the area in which the Certificate is sought in direct client/patient contact, i.e., direct services including counseling (Standard IV-C)
- ❑ At least 325 of 400 must be completed while the student is engaged in graduate study in an accredited program (Standard IV-D)
- ❑ Supervised practicum must include experience with client/patient populations across the life span and from culturally/ linguistically diverse backgrounds, and represent various types and severities of communication and/or related disorders, differences, and disabilities (Standard IV-F)

Program of Study: The applicant must demonstrate, through completion of the KASA form with supporting documentation, the acquisition of skills referred to in this Standard. (Standard IV-G)
The nine areas delineated in Standard III-C are summarized below under Content Areas.

Speech-Language Pathology Clinical Fellowship (SLP CF): 36 weeks of full-time clinical practice (minimum 35 hours per week of direct patient/client contact) or equivalent (see Standard VI)

National Examination in Speech-Language Pathology (*Praxis II*)

Maintenance of certification requirement (Standard VII), effective January 1, 2005.

Medical University of South Carolina
Department of Rehabilitation Sciences
Communication Sciences and Disorders Program

CSD PROGRAM OVERVIEW

Mission

The mission of the Communication Sciences and Disorders Program is to prepare students to provide competent diagnostic, consultative and therapy services to individuals of all ages with communication, cognitive, hearing, and swallowing disorders, while adhering to high ethics standards. The interdisciplinary program emphasizes the biological bases of normal and disordered communication while integrating knowledge regarding social, psychological, cultural, and behavioral and learning differences. The program also emphasizes research methods and evidence-based clinical practice. Graduates of our accredited speech-language pathology program are prepared to practice in settings such as hospitals, rehabilitation facilities, and schools.

Degree

The Communication Sciences and Disorders curriculum leads to a ***Master of Science degree in Rehabilitation Science, Communication Sciences and Disorders track***. The program curriculum adheres to ASHA standards and is organized around specific competencies: diagnosis, management and treatment of communication, cognitive, hearing and swallowing disorders; anatomy and physiology; research methods (including quantitative, qualitative, and single-subject methodologies, as well as evidence-based practice); interdisciplinary practice; professional issues and ethics, the legal foundations of health care delivery and practice, and cultural awareness. The program is designed to insure that graduates possess the knowledge and abilities to perform competently and proficiently.

Student Learning Objectives

By the end of the program, students will demonstrate the knowledge and abilities necessary to:

1. Provide high quality services within the scope of practice of speech-language pathology;
2. Apply sound problem-solving and clinical reasoning skills to patient/client diagnosis, treatment, and management;
3. Work in a collegial and effective manner with colleagues and team members to manage patient's/client's communication, cognitive, hearing, and/or swallowing disorders;
4. Develop and implement quality control measures and individualized data-based methods to ensure that diagnostic and rehabilitation services are evidence based as much as possible;

5. Adhere to ASHA's Code of Ethics;
6. Adhere to legal principles and institutional practices applicable to clinical practice with individuals with disabilities whom we serve in preschool settings, schools, private practices, hospitals, rehabilitation settings, and long-term care facilities.

Content Areas

By the end of the curriculum, the student will understand the theoretical bases and evidence supporting prevention, diagnosis, treatment, and management in core content areas:

- ❑ Articulation
- ❑ Fluency
- ❑ Voice and resonance, including respiration and phonation
- ❑ Receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities
- ❑ Hearing, including the impact on speech and language
- ❑ Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding: orofacial myofunction)
- ❑ Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
- ❑ Social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities)
- ❑ Communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies)

Accreditation

The Communication Sciences and Disorders Program of the Medical University of South Carolina holds accreditation (2005-2013) from the Council on Academic Accreditation (CAA) which is an independent accreditation board affiliated with the American Speech-Language-Hearing Association (ASHA).

The CSD Program is accredited by the Council on Academic Accreditation (CAA) through November 30, 2013.

Program standards are consistent with the Council for Clinical Certification (CFCC).

The CFCC governs your application for the Certificate of Clinical Certification in Speech-Language Pathology (CCC-SLP).

Medical University of South Carolina
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ACADEMIC CURRICULUM OVERVIEW

Overview of Curriculum

- ❑ Interdisciplinary courses, e.g., neuroscience, research methods
- ❑ Communication sciences and disorders theory courses
- ❑ Communication sciences and disorders clinical education
- ❑ Communication sciences and disorders advanced topics

Most courses are required for successful completion of the *Master of Science* degree in *Rehabilitation Science*, Communication Sciences and Disorders track.

Depending on the availability of faculty and visiting lecturers, courses might, from time-to-time, be moved within the two-year sequence, or otherwise be adapted to accommodate curricular changes or unforeseen circumstances.

The curriculum is *subject to change* by agreement among the Communication Sciences and Disorders faculty and Program Director, pending review by the College of Health Professions Curriculum Committee as required. Students will be given written information about any changes, with as much advance notice as is possible. (This overview of the curriculum is not a contract.)

Advanced Topics seminars are designed to offer flexible scheduling, semester hour credits, and content. When *Advanced Topics* seminars are offered, they are typically designated as required courses. The content of *Advanced Topics* may change from year-to-year.

Knowledge and Skills Assessment

All students are expected to achieve student learning objectives relevant to knowledge and skill domains identified in the Standards for Clinical Certification. This involves verifying achievement of formative learning identified in course syllabi and the clinical educational program. Students' achievement of course objectives will be verified by each instructional faculty member.

Comprehensive Examinations

At the completion of the curriculum, students are required to take a comprehensive examination. The format and scheduling of the comprehensive examination are established at the discretion of the faculty.

The comprehensive examination is a condition of graduation. Failure will result in a remediation plan (e.g., to repeat a course) prior to graduation. If the remedial program is not successful, the student may be deemed ineligible for graduation.

Normally, the comprehensive examination is arranged during the last semester of coursework, just prior to students' transition to an external affiliation.

Thesis Option (Appendix VIII)

Undertaking a master's thesis is a major endeavor. Advance planning is required! At this time, the process is competitive. Students must apply to do a thesis, and will be allowed this option depending on their meeting the stipulated requirements, as well as *the availability* of individual faculty to assume the responsibility for research mentorship.

Qualified students are encouraged to apply.

See Thesis syllabus, application, and recommendation form in Appendix VIII.

The major thesis supervisor must be a faculty member (doctoral level) of the Medical University of South Carolina, but need not necessarily be a Communication Sciences and Disorders faculty member.

At least one member of the Thesis Committee will be a speech-language pathologist or other qualified faculty member from Communication Sciences and Disorders.

All students, including those who undertake a thesis, are required to complete comprehensive examinations successfully.

Medical University of South Carolina
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CLINICAL EDUCATION CURRICULAR POLICIES

The CSD program offers a range of clinical experiences, during which students develop the ability to apply theory to practice, and to develop problem solving and clinical abilities. The process is a “formative” one, in which students will gradually acquire clinical judgment, and will gradually be allowed to assume more independence in their rendering of clinical services (at the discretion of their supervising clinical educator).

Students are expected to work closely with clinical education supervisors—i.e., to incorporate supervisory feedback diligently—in order to provide excellent diagnostic, intervention and consultative services.

Clinical Observation

Students in the Communication Sciences and Disorders Program are required to observe at least 25 hours of clinical services provided by certified speech-language pathologists and/or audiologists. Students may observe assessment and evaluation of cognitive, communication and swallowing disorders, speech and language therapy and client/patient counseling.

The clinical observation experiences allow students to become familiar with the client/patient/clinician interaction process, assessment and evaluation procedures, therapy planning, and therapy counseling techniques.

Student’s clinical observation placements are coordinated by the CSD program clinical education coordinator. All observations must be documented on the Clinical Observation Form which can be obtained from the CSD Clinical Education webpage.

The CSD Program dress code must be adhered to during clinical observation. All students must purchase a white lab coat to be worn while observing and working in hospitals and long-term care facilities. (See *Dress Code* below.)

Clinical Education

Clinical education is a vital part of the preparation of the students for the practice of speech-language pathology.

The clinical education component of the curriculum—including observation and practicum experiences—is graded on the quality-point scale like all other coursework in the curriculum.

Clinical education starts early in the program. The clinical practicum experience provides an opportunity for students to learn to provide speech-language pathology services in a closely supervised environment.

Depending on the stage of clinical education, students will be responsible for obtaining pertinent case history information, planning, executing evaluation and treatment, and documenting session results.

Clinical clock hours obtained during this experience will be applied toward the 400 hour requirement mandated by ASHA.

The clinical coordinator will arrange all clinical practicum experiences. Students will be required to meet with the clinical coordinator at the end of each semester for an evaluation.

Students will advance through the clinical education curricula *depending on* their successful completion of requisite academic coursework. Students must have a minimum GPA of 3.0 in their CSD courses before they begin their practicum rotations, at the discretion of the Director of Clinical Education.

Clinical Affiliations

CSD-531, CSD-639 and CSD-641. Clinical Affiliation. These courses provide supervised clinical practice in communication disorders (531 and 639 are required; 641 is remedial). Each 8-week placement is outside Charleston (with rare exceptions). An interview or other criteria might be required by the clinical affiliate. Students select from existing clinical affiliation contracts; new contracts are established at the discretion of the Director of Clinical Education in collaboration with university counsel. Prerequisites include minimum 3.0 cumulative GPA, and satisfactory completion of comprehensive examinations and professional development requirements.

Clinical affiliations are scheduled during the last semester of enrollment in the MUSC Communication Sciences and Disorders Program. Each clinical affiliation is graded by quality points (like other coursework). Upon successful completion, students earn 8 semester hours of academic credit for each external affiliation.

External clinical affiliations are arranged for students in the program, pending successful *completion* of all coursework, i.e., successful completion of all classroom and clinical education (practicum) experiences. Students who have failing grades, are in remedial or probationary status, have “incompletes” in any course, and/or have not met the requisite professional behavior goals will not be allowed to proceed to an external site for intensive clinical experience. In summary, students must have a minimum GPA of 3.0 in their CSD courses before they begin their external clinical affiliations, at the discretion of the Director of Clinical Education. Any exceptions to this policy will be at the discretion of the Director of Clinical Education, in consultation with the Program Director.

Each affiliation lasts about eight weeks.

The clinical affiliation experience allows students the opportunity to gain supervised clinical practice experience in various clinical settings. We have 350 plus agreements with clinical facilities across the country from which to choose. Clinical affiliation sites are arranged by the clinical education coordinator in consultation with students.

Medical University of South Carolina
Department of Rehabilitation Sciences
Communication Sciences and Disorders Program

STUDENT PROFESSIONALISM POLICIES

Patient Safety Policy*

Patient safety is of paramount concern to students and practitioners at the Medical University of South Carolina and their clinical education facilities.

Students will:

- ❑ Provide patients with a safe, healthy and secure environment;
- ❑ Perform their clinical work carefully and competently;
- ❑ Use safe and effective practices, e.g., universal precautions, hand-washing;
- ❑ Respond promptly to patients' needs or requests;
- ❑ Coordinate patients' care among all the appropriate caregivers;
- ❑ Answer patients' health care questions honestly and completely;
- ❑ Keep patients informed of any changes in the treatment plans.

To avoid patient safety infractions, students will:

- ❑ Follow supervisors' instructions;
- ❑ Ask for guidance when questions arise about the most appropriate course of action;
- ❑ Perform clinical functions only with supervision or with a supervisor's oversight and permission;
- ❑ Act within his/her level of competency (knowledge and skill);
- ❑ Act reasonably and carefully, particularly when the risk of harm is foreseeable

Zero tolerance policy:

Any student who disregards instructions, performs clinical functions without supervision or without supervisors' oversight and permission, acts beyond his or her competencies, or places a patient, student or other person in harm's way through unreasonable behavior, reckless disregard of risks, or intentional misconduct is subject to potentially serious consequences, including reprimand, lower grade or failure of a course or practicum experience, a referral to the Honor Council, and/or or dismissal from the program.

Adapted from *Our Commitment to Our Patients' Health and Safety*, Center for Clinical Effectiveness and Patient Safety, Division of Quality Management and Patient Safety, Medical University of South Carolina. Retrieved May 14, 2007, from <http://www.musc.edu/qn/>

Professional Dress

Professional dress will be required during all patient interactions. Students are to adhere to MUSC's dress code or the facility's dress code. It is the student's responsibility to check with each facility for the appropriate dress code. If no code exists, students are to dress according to MUSC's dress code, which may be viewed at the following site:

<http://www.musc.edu/medcenter/policy/Med/A04.pdf>

The designated scrub color for MUSC Speech-Language Pathology is Misty Gray. MUSC does not require that students wear this particular scrub color.

Students should check with their clinical supervisors regarding appropriate dress for each clinical setting.

Highlights of the MUSC dress code are as follows:

1. **Name Badges:** Must be worn with the name and photo clearly visible at lapel level. Name tags identifying the staff member, credentials and title may be worn in addition to the official MUSC badge. A lab coat with name will not replace a name badge.
2. **Hair:** Hair, beards, and mustaches shall be clean and neatly kept. Direct patient care employees may wear hair at shoulder length; long hair, including loose multiple braids, should be styled off the shoulders, pulled back and secured. Extreme hair colors, hairstyles, and hair ornaments should not be worn in a professional health setting.
3. **Cosmetics:** Cosmetics should be used in moderation.
4. **Perfume/Fragrances:** Perfumes, colognes or heavy fragrances should not be worn, as many patients and staff members are offended, become nauseated or experience respiratory distress when exposed to chemical scents or odors.
5. **Jewelry:** Jewelry should be conservative in style and kept to a minimum to prevent loss or injury to self or patients. Visible pierced body jewelry is limited to two small pairs of earrings in each earlobe. Dangling earrings and bracelets/bangles should not be worn by direct patient care employees. Wrist watches may be worn. Rings and bracelets are limited to a total of three each. A single short necklace may be worn and should not interfere with patient care activities. Jewelry is to be removed if it is excessive and/or interferes with safe delivery of patient care.
6. **Fingernails:** Fingernails must be clean, short, and neatly trimmed. Clear or light colored nail polish is acceptable. Extreme nail polish colors should not be worn in a professional health care setting. Decorative fingernails should not be worn in patient care settings. Artificial fingernails, tips, wraps or fillers may not be worn by direct patient care employees.
7. **Undergarments:** Appropriate undergarments must be worn under uniforms and must not be distinguishable through attire.
8. **Outer garments:** Direct patient care employees will wear scrubs as designated for each role. The scrubs will be neat, wrinkle-free and clean. Midriff must be covered.

Non- direct patient care employees will wear professional business attire which is clean, neat and conservative.

9. **Permissible:** T-shirts, turtleneck tops and “dickies” (of designated color or white) may be worn under the scrub top and not in place of the scrub top.
10. **Unprofessional attire and appearance:** The following will be considered unprofessional, inappropriate attire for Medical Center based activities:
 - a. T-shirts and sweatshirts (worn as an outer garment)
 - b. Isolation gowns or patient gowns
 - c. Recreational attire including exercise/jogging shorts or sports outfits
 - d. Mini skirts, sun dresses, halter tops, tank tops
 - e. Blue denim jeans and pants made of spandex or lycra material
 - f. Party clothes such as glitter, sequins, or other evening attire
 - g. "Revealing" clothes such as low-cut, sheer, see-through, or tight/form fitting attire
 - h. Leather clothing
 - i. Dark glasses (except for documented medical reason)
 - j. Head wear including hats, sweatbands, and bandannas
 - k. Surgical scrubs (teal blue color) worn by non-OR staff

Source: Medical University Hospital Authority.

Professional and Behavior Evaluation (PBE), Minimum Skills, and Essential Functions (See Appendix VI)

Communication Sciences and Disorders students must meet with their faculty advisor and/or the Program Director (or other faculty member designated by the Program Director) at least twice a year for a Professional Behavior Evaluation (PBE).

The PBE is used to assess students’ development of learning maturity, academic progress, communication abilities, and personal characteristics. Satisfactory evaluations and progress on the professional behavior evaluation are required for continuation in the CSD Program.

When the advisor and/or student identify issues that require attention or remediation, a written plan must be developed, and forwarded to the Program Director.

Failure to make satisfactory progress in addressing the issues is grounds for dismissal from the CSD Program.

The Student Services Coordinator maintains copies of all the academic information on behalf of the Program Director.

The Director of Clinical Education and/or the Assistant Director of Clinical Education of the CSD program maintain files of all the clinical information.

The Program Director, Director of Clinical Education and the Assistant Director of Clinical Education consult with instructional and supervisory faculty members during the year to assure

that the appraisal processes are fair. Students are encouraged to consult frequently with their assigned Faculty Advisor, any other faculty member, or the Program Director.

Medical University of South Carolina
Department of Rehabilitation Sciences
Communication Sciences and Disorders Program

ATTENDANCE POLICY

Because the Communication Sciences and Disorders Program is designed to prepare individuals for *professional practice*, all classroom and clinic educational experiences, as well as other mandatory lectures or experiences (required from time-to-time, at the discretion of the faculty) are *required* for satisfactory completion of the masters degree.

Policy on Attendance: Classes, Clinic, Related Activities, and Examinations

Students are expected to be *in attendance* on the MUSC campus for graduate coursework and other required curricular (academic and clinical) activities, mid-term examinations, and final examinations as follows:

- ❑ Monday through Friday, 8:00 a.m. to 5:00 p.m.
- ❑ During the regular semester, *including final examination week*.
- ❑ From time-to-time (to be announced in advance), students may be asked to attend *weekend courses*, or to participate in courses or clinical activities *in the evenings*.

Unless otherwise stipulated by the instructional faculty, students who have matriculated in the Communication Sciences and Disorders Program *are required* to attend all classes—interdisciplinary classes, as well as CSD classes—unless an *emergency* or *unforeseen illness* (affecting oneself or a family member) occurs.

Please note:

- ❑ The faculty, at his/her discretion, may require written verification of the medical or emergency situation.
- ❑ Absences due to social events, airline tickets, or other non-academic reasons are *not acceptable*, and are likely to reflect negatively on the student's grade and/or in the student's *Professional Behavior Evaluation*.
- ❑ Repeated failure to adhere to professional behavior can lead to dismissal from the program, per University and College guidelines (see MUSC Bulletin).
- ❑ Final examinations will *not be rescheduled for individual* students for reasons other than bona fide emergency situations or unforeseen illness.

Faculty Discretion

Regarding any departures or exceptions to this policy: Each professor or clinical education instructional faculty will articulate any particular attendance policies in the course outline, or other timely *written notice* to students.

Faculty have discretion to make exceptions in individual circumstances.

Medical University of South Carolina
Department of Rehabilitation Sciences
Communication Sciences and Disorders Program

ACADEMIC PROGRESS GUIDELINES

The academic progress and grading are governed by policies in the MUSC *Bulletin* and on the College of Health Professions website. These are reproduced in the Department of Rehabilitation Sciences Student Handbook (main section). These policies apply to all communication sciences and disorders students, with these qualifications:

1. Students must maintain a 3.0 overall GPA to remain in satisfactory academic standing.
2. The Communication Sciences and Disorders faculty will serve as the de facto “Academic Progress Committee,” and will meet at the end of each semester to discuss issues of academic progress and professional behavior of all students in the program.
3. The Program Director, in consultation with the Student Services Coordinator and the Dean’s Office, as appropriate, will make all final determinations regarding academic progress, probation and/or remediation.
4. Notification regarding academic progress will occur in writing as soon as possible after grade reports are available from the Office of Enrollment Management.
5. Students placed on academic probation in any semester will be required to meet with counselors at the Center for Academic Excellence.
6. Any student wishing to appeal a decision regarding academic progress may appeal to the Dean of the College of Health Professions.

Important Note Regarding Academic and Clinical Education Progress

Classroom and clinical education components of your curriculum go hand-in-hand.

Advancement to clinical practicum and external affiliations is dependent on satisfactory completion of academic and clinical education course work, as well as satisfactory professional development.

Medical University of South Carolina
Department of Rehabilitation Sciences
Communication Sciences and Disorders Program

**DOCUMENTATION OF ACADEMIC PROGRESS
AND CLINICAL EDUCATION**

All faculty members in the Communication Sciences and Disorders Program are committed to working collegially with each student to help assure the student's success in the program, both academically and professionally. Each student, in turn, has the responsibility of adhering to university, college, and program policies and guidelines regarding academic and professional expectations in order to assure his/her individual success and/or resolution of difficulties as they arise.

Student Records

Documentation of students' academic progress and clinical observations and practicum hours are kept in secure file cabinets in the Rehabilitation Sciences Department. Each student has a file which contains the following:

1. Admissions information (admissions letter, academic transcripts, admissions transcript(s) evaluation, letters of recommendation, miscellaneous admissions information).
2. Academic information (*Tracking Form for Communication Sciences and Disorders Students*, registration forms, grade reports from the Office of Enrollment Services, other official documentation from the Office of Enrollment Services, transcript evaluations for ASHA certification).
3. Evaluation information (*Professional Behavior Evaluations*, scores from the Praxis Examination).
4. Clinical information (documentation of clinical education assignments, a copy of computerized form used for documenting and tracking clinical practicum clock hours, practicum evaluations, and clinical clock hours for ASHA certification).
5. Miscellaneous (correspondence/information regarding academic status, letters to students regarding academic matters, letters of recognition, academic awards letters, etc.).

Medical University of South Carolina
Department of Rehabilitation Sciences
Communication Sciences and Disorders Program

IMPORTANT SUMMARY NOTES

Students who graduate from MUSC with a *Master of Science* degree in *Rehabilitation Science, Communication Sciences and Disorders* track *must apply* to the Council for Clinical Certification in order to receive the Certificate of Clinical Competence—Speech-Language Pathology (CCC-SLP).

As you near graduation, it is *your responsibility* to process the ASHA membership and certification application forms, and state licensure applications. It is imperative that you do the following:

Before starting classes:

- ❑ Read and understand this Departmental Handbook, and the CSD Program Handbook (and other materials provided by the CSD Program),
- ❑ Read and understand the Standards for Clinical Certification (**Appendix I**)

During your first semester and throughout your graduate program:

- ❑ Develop good study habits; use the Center for Academic Excellence for skill development or tutoring if you need it; work closely with your faculty; attend class; work hard; develop your theoretical knowledge, clinical abilities, and professional attributes; achieve 3.0 overall; and take all other steps necessary *to succeed* in your MUSC graduate program;
- ❑ Recognize that your clinical education is an integral part of your graduate education and you are required to perform in practicum settings at a level commensurate with your experience; and, you must demonstrate knowledge, abilities, and appropriate professional attributes in your practicum experiences before you will be allowed to go on an external clinical affiliation.

Before, or soon after graduation:

- ❑ Obtain employment that will allow you to complete the Clinical Fellowship (CF),
- ❑ Before, or soon after graduation: Take and *pass* the national *Praxis* examination (currently 600 points or better),
- ❑ **Remember:** Ask NTS to send your *Praxis* score to the CSD program.

Summary of Requirements for Graduation

- ❑ Cumulative grade point average of 3.0;
- ❑ Successful completion of all courses in the curriculum;
- ❑ Verification that student learning objectives are achieved relative to defined knowledge and skills domains in
 - Academic coursework and
 - Clinical education;
- ❑ Satisfactory professional behavior;
- ❑ Successful completion of comprehensive examinations.

Best wishes for a rewarding graduate school experience,
From the entire CSD faculty.
May 21, 2008

APPENDIX I

Standards and Implementation for the Certificate of Clinical Competence in Speech- Language Pathology (effective January 1, 2005)

http://www.asha.org/about/membership-certification/new_standards.htm

Membership and Certification Handbook of the American-Speech-Language-Hearing Association

For Speech-Language Pathology

- [Standard I: Degree](#)
- [Standard II: Institution of Higher Learning](#)
- [Standard III: Program of Study—Knowledge Outcomes](#)
- [Standard IV: Program of Study—Skills Outcomes](#)
- [Standard V: Assessment](#)
- [Standard VI: Speech-Language Pathology Clinical Fellowship](#)
- [Standard VII: Maintenance of Certification](#)

III. Standards and Implementation Procedures for the Certificate of Clinical Competence

Effective January 1, 2005

The American Speech-Language-Hearing Association issues Certificates of Clinical Competence to individuals who present evidence of their ability to provide independent clinical services to persons who have disorders of communication. Individuals who meet the standards specified by the Association's Council For Clinical Certification may be awarded a Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) or a Certificate of Clinical Competence in Audiology (CCC-A). Individuals who meet the standards in both professional areas may be awarded both certificates.

Applicants for Reinstatement

Individuals who apply for reinstatement on or after January 1, 2006, must meet the 2005 Certification Standards. The reinstatement policy under the 2005 Certification Standards is as follows:

- If lapsed less than 5 years: Submit a reinstatement application form, the reinstatement fee, and evidence of professional development hours based on the number of years lapsed (i.e., 1 year = 10 hours; 2 years = 20 hours; 3-5 years = 30 hours).
- If lapsed more than 5 years: Submit a new application for certification with the appropriate fee, obtain a passing score on the Praxis Series examination within 5 years of application for reinstatement, complete a modified clinical fellowship (12-weeks duration), and accumulate 30 contact hours of professional development for the 3 years prior to the application for reinstatement.

The Standards for the Certificate of Clinical Competence in Speech-Language Pathology are shown in bold. The Council For Clinical Certification implementation procedures follow each standard.

Standards and Implementation for the Certificate of Clinical Competence in Speech-Language Pathology

Standard I: Degree

Effective January 1, 2005, the applicant for certification must have a master's or doctoral or other recognized post-baccalaureate degree. A minimum of 75 semester credit hours must be completed in a course of study addressing the knowledge and skills pertinent to the field of speech-language pathology.

Implementation:

Verification of the graduate degree is required of the applicant before the certificate is awarded. Degree verification is accomplished by submitting (a) an application signed by the director of the graduate program indicating the degree date, and (b) an official transcript showing that the degree has been awarded. Individuals educated in foreign countries must submit official transcripts and evaluations of their degrees and courses to verify equivalency.

All graduate course work and graduate clinical practicum required in the professional area for which the Certificate is sought must have been initiated and completed at an institution whose program was accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association in the area for which the Certificate is sought.

Automatic Approval. If the graduate program of study is initiated and completed in a CAA-accredited program and if the program director or official designee verifies that all knowledge and skills requirements have been met, approval of the application is automatic provided that the application for the Certificate of Clinical Competence is received by the National Office no more than 3 years after the degree is awarded.

Evaluation Required. The following categories of applicants must submit a completed application for certification that includes the Knowledge and Skills Acquisition (KASA) summary form for evaluation by the Council For Clinical Certification (CFCC):

(a) those who apply more than 3 years after the completion of the graduate degree from a CAA-accredited program

(b) those who were graduate students and were continuously enrolled in a CAA-program that had its accreditation withdrawn during the applicant's enrollment

(c) those who satisfactorily completed graduate course work, clinical practicum, and knowledge and skills requirements in the area for which certification is sought in a program that held candidacy status for accreditation

(d) those who satisfactorily completed graduate course work, clinical practicum, and knowledge and skills requirements in speech-language pathology at a CAA-accredited program but (1) received a graduate degree from a program not accredited by CAA, (2) received a graduate degree in a related area, or (3) received a graduate degree from a non-U.S. institution of higher education.

The graduate program director must verify satisfactory completion of both undergraduate and graduate academic course work, clinical practicum, and knowledge and skills requirements.

Standard II: Institution of Higher Education

The graduate degree must be granted by a regionally accredited institution of higher education.

Implementation:

The institution of higher education must be accredited by one of the following: Commission on Higher Education, Middle States Association of Colleges and Schools; Commission on Institutions of Higher Education, New England Association of Schools and Colleges; Commission on Institutions of Higher Education, North Central Association of Colleges and Schools; Commission on Colleges, Northwest Association of Schools and Colleges; Commission on Colleges, Southern Association of Colleges and Schools; or Accrediting Commission for Senior Colleges and Universities, Western Association of Schools and Colleges.

Individuals educated in foreign countries must submit documentation that course work was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants educated in foreign countries must meet each of the Standards that follow.

Standard III: Program of Study—Knowledge Outcomes

The applicant for certification must complete a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes.

Implementation:

The program of study must address the knowledge and skills pertinent to the field of speech-language pathology. The applicant must maintain documentation of course work at both undergraduate and graduate levels demonstrating that the requirements in this standard have been met. The minimum 75 semester credit hours may include credit earned for course work, clinical practicum, research, and/or thesis/dissertation. Verification is accomplished by submitting an official transcript showing that the minimum credit hours have been completed.

Standard III-A: The applicant must demonstrate knowledge of the principles of biological sciences, physical sciences, mathematics, and the social/behavioral sciences.

Implementation:

The applicant must have transcript credit (which could include course work, advanced placement, CLEP, or examination of equivalency) for each of the following areas: biological sciences, physical sciences, social/behavioral sciences, and mathematics. Appropriate course work may include human anatomy and physiology, neuroanatomy and neurophysiology, genetics, physics, inorganic and organic chemistry, psychology, sociology, anthropology, and non-remedial mathematics. The intent of this standard is to require students to have a broad liberal arts and science background. Courses in biological and physical sciences specifically related to communication sciences and disorders (CSD) may not be applied for certification purposes in this category. In addition to transcript credit, applicants may be required by their graduate program to provide further evidence of meeting this requirement.

Standard III-B: The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.

Implementation:

This standard emphasizes the basic human communication processes. The applicant must demonstrate the ability to integrate information pertaining to normal and abnormal human development across the life span, including basic communication processes and the impact of cultural and linguistic diversity on communication. Similar knowledge must also be obtained in swallowing processes and new emerging areas of practice. Program documentation may include transcript credit and information obtained by the applicant through clinical experiences, independent studies, and research projects.

Standard III-C: The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas:

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

Implementation:

The applicant must demonstrate the ability to integrate information delineated in this standard. Program documentation may include transcript credit and information obtained by the applicant through clinical experiences, independent studies, and research projects. It is expected that course work addressing the professional knowledge specified in Standard III-C will occur primarily at the graduate level. The knowledge gained from the graduate program should include an effective balance between traditional parameters of

communication (articulation/phonology, voice, fluency, language, and hearing) and additional recognized and emerging areas of practice (e.g., swallowing, upper aerodigestive functions).

Standard III-D: The applicant must possess 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 of the disorders.

Implementation:

The applicant must demonstrate the ability to integrate information about prevention, assessment, and intervention over the range of differences and disorders specified in Standard III-C above. Program documentation may include transcript credit and information obtained by the applicant through clinical experiences, independent studies, and research projects.

Standard III-E: The applicant must demonstrate knowledge of standards of ethical conduct.

Implementation:

The applicant must demonstrate knowledge of, appreciation for, and ability to interpret the ASHA Code of Ethics. Program documentation may reflect course work, workshop participation, instructional module, clinical experiences, and independent projects.

Standard III-F: The applicant must demonstrate knowledge of processes used in research and the integration of research principles into evidence-based clinical practice.

Implementation:

The applicant must demonstrate comprehension of the principles of basic and applied research and research design. In addition the applicant should know how to access sources of research information and have experience relating research to clinical practice. Program documentation could include information obtained through class projects, clinical experiences, independent studies, and research projects.

Standard III-G: The applicant must demonstrate knowledge of contemporary professional issues.

Implementation:

The applicant must demonstrate knowledge of professional issues that affect speech-language pathology as a profession. Issues typically include professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures. Documentation could include information obtained through clinical experiences, workshops, and independent studies.

Standard III-H: The applicant must demonstrate knowledge about certification, specialty recognition, licensure, and other relevant professional credentials.

Implementation:

The applicant must demonstrate knowledge of state and federal regulations and policies related to the practice of speech-language pathology and credentials for professional practice. Documentation could include course modules and instructional workshops.

Standard IV: Program of Study—Skills Outcomes

Standard IV-A: The applicant must complete a curriculum of academic and clinical education that follows an appropriate sequence of learning sufficient to achieve the skills outcomes in Standard IV-G.

Implementation:

The applicant's program of study should follow a systematic knowledge- and skill-building sequence in which basic course work and practicum precede, insofar as possible, more advanced course work and practicum.

Standard IV-B: The applicant must possess skill in oral and written or other forms of communication sufficient for entry into professional practice.

Implementation:

The applicant must demonstrate communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. For oral communication, the applicant must demonstrate speech and language skills in English,

which, at a minimum, are consistent with ASHA's most current position statement on students and professionals who speak English with accents and nonstandard dialects. For written communication, the applicant must be able to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.

Individuals educated in foreign countries must meet the criteria required by the International Commission of Healthcare Professions (ICHP) in order to meet this standard.

Standard IV-C: The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

Implementation:

Observation hours generally precede direct contact with clients/patients. However, completion of all 25 observation hours is not a prerequisite to begin direct client/patient contact. For certification purposes, the observation and direct client/patient contact hours must be within the scope of practice of speech-language pathology.

For certification purposes, observation experiences must be under the direction of a qualified clinical supervisor who holds current ASHA certification in the appropriate practice area. Such direction may occur simultaneously with the student's observation or may be through review and approval of written reports or summaries submitted by the student. Students may use videotapes of the provision of client services for observation purposes. The applicant must maintain documentation of time spent in supervised observation, verified by the program in accordance with Standards III and IV.

Applicants should be assigned practicum only after they have acquired a sufficient knowledge base to qualify for such experience. Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward practicum. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client. In rare circumstances, it is possible for several students working as a team to receive credit for the same session depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another interviews the parents, both students may receive credit for the time each spent in providing the

service. However, if one student works with the client for 30 minutes and another student works with the client for the next 45 minutes, each student receives credit for the time he/she actually provided services— that is, 30 and 45 minutes, not 75 minutes. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.

Standard IV-D: At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

Implementation:

A minimum of 325 clock hours of clinical practicum must be completed at the graduate level. The remaining required hours may have been completed at the undergraduate level, at the discretion of the graduate program.

Standard IV-E: Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate area of practice. The amount of supervision must be appropriate to the student's level of knowledge, experience, and competence. Supervision must be sufficient to ensure the welfare of the client/patient.

Implementation:

Direct supervision must be in real time and must never be less than 25% of the student's total contact with each client/patient and must take place periodically throughout the practicum. These are minimum requirements that should be adjusted upward if the student's level of knowledge, experience, and competence warrants. A supervisor must be available to consult as appropriate for the client's/patient's disorder with a student providing clinical services as part of the student's clinical education. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence.

All observation and clinical practicum hours used to meet Standard IV-C must be supervised by individuals who hold a current CCC in the professional area in which the observation and practicum hours are being obtained. Only the supervisor who actually observes the student in a clinical session is permitted to verify the credit given to the student for the clinical practicum hours.

Standard IV-F: Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

Implementation:

The applicant must demonstrate direct client/patient clinical experiences in both diagnosis and treatment with both children and adults from the range of disorders and differences named in Standard III-C.

Standard IV-G: The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. Evaluation:

- a. conduct screening and prevention procedures (including prevention activities)
- b. collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals
- c. select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures
- d. adapt evaluation procedures to meet client/patient needs
- e. interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention
- f. complete administrative and reporting functions necessary to support evaluation
- g. refer clients/patients for appropriate services

2. Intervention:

- a. develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
- b. implement intervention plans (involve clients/patients and relevant others in the intervention process)
- c. select or develop and use appropriate materials and instrumentation for prevention and intervention

- d. measure and evaluate clients'/patients' performance and progress
- e. modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients
- f. complete administrative and reporting functions necessary to support intervention
- g. identify and refer clients/patients for services as appropriate

3. Interaction and Personal Qualities:

- a. communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others
- b. collaborate with other professionals in case management
- c. provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others
- d. adhere to the ASHA Code of Ethics and behave professionally

Implementation:

The applicant must document the acquisition of the skills referred to in this Standard applicable across the nine major areas listed in Standard III-C. Clinical skills may be developed and demonstrated by means other than direct client/patient contact in clinical practicum experiences, such as academic course work, labs, simulations, examinations, and completion of independent projects. This documentation must be maintained and verified by the program director or official designee.

For certification purposes, only direct client/patient contact may be applied toward the required minimum of 375 clock hours of supervised clinical experience.

Standard V: Assessment

The applicant for certification must demonstrate successful achievement of the knowledge and skills delineated in Standard III and Standard IV by means of both formative and summative assessment.

Standard V-A: Formative Assessment

The applicant must meet the education program's requirements for demonstrating satisfactory performance through ongoing formative assessment of knowledge and skills.

Implementation:

Formative assessment yields critical information for monitoring an individual's acquisition of knowledge and skills. Therefore, to ensure that the applicant pursues the outcomes stipulated in Standard III and Standard IV in a systematic manner, academic and clinical educators must have assessed developing knowledge and skills throughout the applicant's program of graduate study. Applicants may also be part of the process through self-assessment. Applicants and program faculties should use the ongoing assessment to help the applicant achieve requisite knowledge and skills. Thus, assessments should be followed by implementation of strategies for acquisition of knowledge and skills.

The applicant must adhere to the academic program's formative assessment process and must maintain records verifying ongoing formative assessment. The applicant shall make these records available to the Council For Clinical Certification upon its request.

Documentation of formative assessment may take a variety of forms, such as checklists of skills, records of progress in clinical skill development, portfolios, and statements of achievement of academic and practicum course objectives, among others.

Standard V-B: Summative Assessment

The applicant must pass the national examination adopted by ASHA for purposes of certification in speech-language pathology.

Implementation:

Summative assessment is a comprehensive examination of learning outcomes at the culmination of professional preparation. Evidence of a passing score on the ASHA-approved national examination in speech-language pathology must be submitted to the National Office by the testing agency administering the examination.

Standard VI: Speech-Language Pathology Clinical Fellowship

After completion of academic course work and practicum (Standard IV), the applicant then must successfully complete a Speech-Language Pathology Clinical Fellowship (SLPCF).

Implementation:

The Clinical Fellow may be engaged in clinical service delivery or clinical research that fosters the continued growth and integration of the knowledge, skills, and tasks of clinical

practice in speech-language pathology consistent with ASHA's current Scope of Practice. The Clinical Fellow's major responsibilities must be in direct client/patient contact, consultations, record keeping, and administrative duties.

The SLPCF may not be initiated until completion of the graduate course work and graduate clinical practicum required for ASHA certification.

It is the Clinical Fellow's responsibility to locate an ASHA certified speech-language pathologist (CCC-SLP) who will serve as their mentor. Prior to initiating the CF and at the beginning of any new year, the Clinical Fellow must contact the ASHA National Office to verify the mentoring SLP's certification status. If it is found that the mentor has not maintained certification throughout the entire CF experience, the period of time worked after the lapse of certification will not be accepted.

Standard VI -A: The mentoring speech-language pathologist and Speech-Language Pathology Clinical Fellow will establish outcomes and performance levels to be achieved during the Speech-Language Pathology Clinical Fellowship (SLPCF), based on the Clinical Fellow's academic experiences, setting-specific requirements, and professional interests/goals.

Implementation:

The Clinical Fellow and mentoring SLP will determine outcomes and performance levels in a goal-setting conference within 4 weeks of initiating the SLPCF. It is the Clinical Fellow's responsibility to retain documentation of the agreed-upon outcomes and performance levels. The mentoring SLP's guidance should be adequate throughout the SLPCF to achieve the stated outcomes, such that the Clinical Fellow can function independently by the completion of the SLPCF. The Clinical Fellow will submit the SLPCF Report and Rating Form to the Council For Clinical Certification at the conclusion of the SLPCF.

Standard VI -B: The Clinical Fellow and mentoring SLP must engage in periodic assessment of the Clinical Fellow's performance, evaluating the Clinical Fellow's progress toward meeting the established goals and achievement of the clinical skills necessary for independent practice.

Implementation:

Assessment of performance may be by both formal and informal means. The Clinical Fellow and mentoring SLP should keep a written record of assessment processes and recommendations. One means of assessment must be the SLPCF Report and Rating Form.

Standard VI-C: The Speech-Language Pathology Clinical Fellowship (SLPCF) will consist of the equivalent of 36 weeks of full-time clinical practice.

Implementation:

Full-time clinical practice is defined as a minimum of 35 hours per week in direct patient/client contact, consultations, record keeping, and administrative duties relevant to a bona fide program of clinical work. The length of the SLPCF may be modified for less than full-time employment (FTE) as follows:

15-21 hours/week over 72 weeks

22-28 hours/week over 60 weeks

29-34 hours/week over 48 weeks

35 + hours/week over 36 weeks

Professional experience of less than 15 hours per week does not meet the requirement and may not be counted toward the SLPCF. Similarly, experience of more than 35 hours per week cannot be used to shorten the SLPCF to less than 36 weeks. (Note: Students enrolled in PhD programs and/or doctoral level faculty may do a Modified SLPCF. See further information under "Modified SLPCF Procedures.")

Standard VI-D: The Clinical Fellow must submit evidence of successful completion of the Speech-Language Pathology Clinical Fellowship (SLPCF) to the Council For Clinical Certification.

Implementation:

The Clinical Fellow must submit the [SLPCF Report and Rating Form \(PDF format\)](#), which includes the Clinical Fellowship Skills Inventory (CFSI) and documentation of successful achievement of the goals established at the beginning of the SLPCF. This report must be completed by both the Clinical Fellow and the mentoring SLP.

Standard VII: Maintenance of Certification

Demonstration of continued professional development is mandated for maintenance of the Certificate of Clinical Competence in Speech-Language Pathology. This standard took effect on January 1, 2005. The renewal period will be 3 years. This standard will apply to all certificate holders, regardless of the date of initial certification.

Implementation:

Individuals who hold the Certificate of Clinical Competence (CCC) in Speech-Language Pathology must accumulate 30 contact hours of professional development over the 3-year period in order to meet this standard. Individuals will be subject to random review of their professional development activities. If renewal of certification is not accomplished within the 3-year period, certification will lapse. Re-application for certification will be required, and certification standards in effect at the time of re-application must be met.

Continued professional development may be demonstrated through one or more of the following options:

- Accumulation of 3 continuing education units (CEUs) (30 contact hours) from continuing education providers approved by the American Speech-Language-Hearing Association (ASHA). ASHA CEUs may be earned through group activities (e.g., workshops, conferences), independent study (e.g., course development, research projects, internships, attendance at educational programs offered by non-ASHA CE providers), and self-study (e.g., videotapes, audiotapes, journals).
- Accumulation of 3 CEUs (30 contact hours) from a provider authorized by the International Association for Continuing Education and Training (IACET).
- Accumulation of 2 semester hours (3 quarter hours) from a college or university that holds regional accreditation or accreditation from an equivalent nationally recognized or governmental accreditation authority.
- Accumulation of 30 contact hours from employer-sponsored in-service or other continuing education activities that contribute to professional development.

Professional development is defined as any activity that relates to the science and contemporary practice of audiology, speech-language pathology, and speech/language/hearing sciences, and results in the acquisition of new knowledge and

skills or the enhancement of current knowledge and skills. Professional development activities should be planned in advance and be based on an assessment of knowledge, skills, and competencies of the individual and/or an assessment of knowledge, skills, and competencies required for the independent practice of any area of the professions.

For the first renewal cycle, beginning January 1, 2005, applications for renewal will be processed on a staggered basis, determined by initial certification dates.

- For individuals initially certified before January 1, 1980, professional development activities must be initiated after January 1, 2005, and completed by December 31, 2007.
- For individuals initially certified between January 1, 1980, and December 31, 1989, professional development activities must be initiated after January 1, 2006, and completed by December 31, 2008.
- For individuals initially certified between January 1, 1990, and December 31, 1999, professional development activities must be initiated after January 1, 2007, and completed by December 31, 2009.
- For individuals initially certified between January 1, 2000, and December 31, 2004, professional development activities must be initiated after January 1, 2008, and completed by December 31, 2010.

All individuals will have a 3-year period to complete the process for renewal of certification.

*This page was updated on: **5/10/2007**.*

Retrieved for MUSC CSD Program Handbook 5/11/07.

APPENDIX II

College of Health Professions
Department of Rehabilitation Sciences
Communication Sciences and Disorders

Standards, Domains, Courses, and Learning Objectives

College of Health Professions
 Department of Rehabilitation Sciences
 Communication Sciences and Disorders
Standards, Domains, Courses, and Learning Objectives
 October 5, 2005
 Student Handbook 2006-2008

STANDARD	DOMAIN	COURSES	LEARNING OBJECTIVE The student will demonstrate the ability to analyze, synthesize and evaluate knowledge re:
Basic Processes III-B	Biological	CSD 634 Head/Neck Anatomy	human anatomy and function, including spine, thorax, head and neck
		CSD 633 Craniofacial/Genetics	biological bases of human communication
	Neurological	RS 520 Neurosciences	neurological bases of human communication
	Acoustic	CSD 614 Speech Science	biological, neurological, acoustic, developmental/lifespan bases
		CSD 540 Swallowing	biological, neurological, acoustic, psychological, developmental/ lifespan, and cultural bases
	Psychological		psychological bases of abnormal human behavior
		CSD 540 Swallowing	biological, neurological, acoustic, psychological, developmental/ lifespan, and cultural bases
	Dvl/pmtl	CSD 614 Speech Science	biological, neurological, acoustic, developmental/lifespan bases
		CSD 633 Craniofacial/Genetics	biological bases of human communication
		CSD 540 Swallowing	biological, neurological, acoustic, psychological, developmental/ lifespan, and cultural bases
	Linguistic	CSD 611 Phonetics	linguistic bases of human communication
		CSD 622 Lang Acquisition	linguistic and other cognitive bases of communication
	CSD 635 Phon Articulation	linguistic (phonology, articulation) bases	

Cultural	CSD 625 Multicultural	cultural bases of human communication differences
	CSD 540 Swallowing	biological, neurological, acoustic, psychological, developmental/ lifespan, and cultural bases
	RS 641 Health Promotion	biological, developmental, and cultural/demographic bases of health promotion and disease prevention
All Areas	CSD 614 Speech Science	biological, neurological, acoustic, developmental/lifespan bases
Articulation	CSD 635 Phonology-Articulation	expressive language (phonology, articulation) disorders, including the etiologies, characteristics, developmental, and linguistic correlates
	CSD 520 Motor Speech	motor speech disorders, including the etiologies, characteristics, and anatomical/physiological correlates
Fluency	CSD 616 Fluency	fluency disorders, including the etiologies, characteristics, anatomical/physiological, and developmental correlates
Voice	CSD 610 Voice	voice and resonance, including respiration and phonation disorders, including the etiologies, characteristics, anatomical/physiological, and acoustic correlates
	CSD 633 Craniofacial/Genetics	voice and resonance, including respiration and phonation disorders, including the etiologies, characteristics, anatomical/physiological, developmental and acoustic correlates
	CSD 632 Trachs & Vents	voice disorders and its social aspects, including the etiologies, characteristics, and anatomical/physiological correlates
Resonance	CSD 610 Voice	voice and resonance, including respiration and phonation disorders, including the etiologies, characteristics, anatomical/physiological, and acoustic correlates
	CSD 633 Craniofacial/Genetics	voice and resonance, including respiration and phonation disorders, including the etiologies, characteristics, anatomical/physiological, developmental and acoustic correlates

Disorders

III-C

Etiologies & Characteristics

	CSD 622 Language Acquisition	receptive and expressive language disorders (phonology, morphology, syntax, semantics, and pragmatics)
Language	CSD 635 Phonology-Articulation	expressive language (phonology, articulation) disorders, including the etiologies, characteristics, developmental, and linguistic correlates
	CSD 623 Language Disorders	receptive and expressive language disorders (phonology, morphology, syntax, semantics, and pragmatics), and social aspects (challenging behaviors, etc.), including the etiologies, characteristics, developmental, and linguistic correlates
	CSD 535 Stroke Syndromes	receptive and expressive language and communication disorders after stroke, including the etiologies, characteristics, anatomical/physiological, and linguistic correlates
	CSD 545 Dementia & Trauma	receptive and expressive language, cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (challenging behaviors, etc.), including the etiologies, characteristics, anatomical/physiological, and linguistic correlates
	CSD 626 Audiology	hearing disorders; impact on speech and language; communication modalities, including the etiologies, characteristics, anatomical/physiological, acoustic, and developmental correlates
Hearing	CSD 640 Aural Rehabilitation I	hearing disorders; impact on speech and language, including the etiologies, characteristics, developmental, and linguistic correlates
	CSD 642 Aural Rehabilitation II	hearing disorders; impact on speech and language; and communication modalities (including manual), including the etiologies, characteristics, and developmental and linguistic correlates
	RS 695 Community-Based Experience: Aural Rehabilitation	hearing disorders; impact on speech and language; and communication modalities (including manual), including the etiologies, characteristics, and developmental and linguistic correlates
Swallowing	CSD 540 Swallowing	swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction), including the etiologies, characteristics, and anatomical/physiological correlates

	CSD 623 Language Disorders	receptive and expressive language disorders (phonology, morphology, syntax, semantics, and pragmatics), and social aspects (challenging behaviors, etc.), including the etiologies, characteristics, developmental, and linguistic correlates
Cognition	CSD 545 Dementia & Trauma	receptive and expressive language, cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (challenging behaviors, etc.), including the etiologies, characteristics, anatomical/physiological, and linguistic correlates
	CSD 623 Language Disorders	receptive and expressive language disorders (phonology, morphology, syntax, semantics, and pragmatics), and social aspects (challenging behaviors, etc.), including the etiologies, characteristics, developmental, and linguistic correlates
Social	CSD 545 Dementia & Trauma	receptive and expressive language, cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (challenging behaviors, etc.), including the etiologies, characteristics, anatomical/physiological, and linguistic correlates
	CSD 625 Multicultural	social aspects of communication disorders
Communication	CSD 618 Augmentative Communication	communication modalities (including augmentative, and alternative communication techniques and assistive technologies)
	CSD 640 Aural Rehabilitation I	hearing disorders; impact on speech and language, including the etiologies, characteristics, developmental, and linguistic correlates
	CSD 642 Aural Rehabilitation II	hearing disorders; impact on speech and language; and communication modalities (including manual), including the etiologies, characteristics, and developmental and linguistic correlates
	RS 695 Community-Based Experience: Aural Rehabilitation	hearing disorders; impact on speech and language; and communication modalities (including manual), including the etiologies, characteristics, and developmental and linguistic correlates

Prevention Assessment Intervention	All Areas	RS 641 Health Promotion	health promotion and disease prevention, biological, developmental, and cultural/demographic bases of principles and methods of assessment, and intervention, including consideration of etiologies, and characteristics
		CSD 631 Diagnostic & Treatment Methods	prevention, assessment, and intervention, including consideration of etiologies, characteristics, anatomical/physiological, and acoustic, psychological, developmental, and linguistic and cultural correlates,
		Practicum (all)	
	Articulation	CSD 635 Phonology-Articulation	assessment, and intervention regarding expressive language (phonology) disorders, including consideration of etiologies, characteristics, developmental, and linguistic correlates
		CSD 520 Motor Speech	assessment, and intervention regarding acquired motor speech disorders, including consideration of etiologies, characteristics, and anatomical/physiological correlates
	Fluency	CSD 616 Fluency	prevention, assessment, and intervention regarding fluency disorders, including consideration of etiologies, characteristics, anatomical/physiological, and developmental correlates
	Voice	CSD 610 Voice	prevention, assessment, and intervention, regarding voice and resonance, including respiration and phonation disorders, including consideration of etiologies, characteristics, anatomical/physiological, and acoustic correlates
		CSD 633 Craniofacial/Genetics	prevention, assessment, and intervention regarding voice and resonance, including respiration and phonation disorders, including consideration of etiologies, characteristics, anatomical/physiological, and acoustic correlates
		CSD 632 Trachs & Vents	assessment, and intervention regarding voice disorders and its social aspects, including consideration of etiologies, characteristics, and anatomical/physiological correlates

III-D	Resonance	CSD 610 Voice	prevention, assessment, and intervention, regarding voice and resonance, including respiration and phonation disorders, including consideration of etiologies, characteristics, anatomical/physiological, and acoustic correlates
		CSD 633 Craniofacial/Genetics	prevention, assessment, and intervention regarding voice and resonance, including respiration and phonation disorders, including consideration of etiologies, characteristics, anatomical/physiological, and acoustic correlates
	Language	CSD 622 Language Acquisition	assessment of receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics), including consideration of etiologies, characteristics, developmental and linguistic correlates
		CSD 635 Phonology-Articulation	assessment, and intervention regarding expressive language (phonology) disorders, including consideration of etiologies, characteristics, developmental, and linguistic correlates
		CSD 623 Language Disorders	prevention, assessment, and intervention regarding receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics), including consideration of etiologies, characteristics, developmental, and linguistic correlates
		CSD 535 Stroke Syndromes	assessment, and intervention regarding receptive and expressive language and communication disorders after stroke, including consideration of etiologies, characteristics, anatomical/ physiological, linguistic correlates
		CSD 545 Dementia & Trauma	prevention, assessment, and intervention regarding disorders of receptive and expressive language, cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (challenging behaviors, etc.), including the etiologies, characteristics, anatomical/physiological, and linguistic correlates
		CSD 626 Audiology	prevention, assessment, and intervention regarding hearing disorders; impact on speech and language, including consideration of etiologies, characteristics, anatomical/physiological, acoustic, and developmental correlates

Hearing	CSD 640 Aural Rehabilitation I	intervention regarding hearing disorders; impact on speech and language, including the etiologies, characteristics, developmental, and linguistic correlates
	CSD 642 Aural Rehabilitation II	intervention regarding hearing disorders; impact on speech and language, including the etiologies, characteristics, developmental, and linguistic correlates
	RS 695 Community-Based Experience: Aural Rehabilitation	hearing disorders; impact on speech and language; and communication modalities (including manual), including the etiologies, characteristics, and developmental and linguistic correlates
Swallowing	CSD 540 Swallowing	prevention, assessment, and intervention regarding swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction), including consideration of etiologies, characteristics, and anatomical/physiological correlates
Cognition	CSD 623 Language Disorders	prevention, assessment, and intervention regarding receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics), including consideration of etiologies, characteristics, developmental, and linguistic correlates
	CSD 545 Dementia & Trauma	prevention, assessment, and intervention regarding disorders of receptive and expressive language, cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (challenging behaviors, etc.), including the etiologies, characteristics, anatomical/physiological, and linguistic correlates
Social	CSD 623 Language Disorders	prevention, assessment, and intervention regarding receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics), including consideration of etiologies, characteristics, developmental, and linguistic correlates
	CSD 545 Dementia & Trauma	prevention, assessment, and intervention regarding disorders of receptive and expressive language, cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive

		functioning); social aspects of communication (challenging behaviors, etc.), including the etiologies, characteristics, anatomical/physiological, and linguistic correlates
	CSD 625 Multicultural	prevention, assessment, and intervention regarding the social aspects of communication
Communication	CSD 618 Augmentative Communication	assessment, and intervention regarding disorders associated with communication modalities (including augmentative, and alternative communication techniques and assistive technologies), including consideration of etiologies, characteristics, psychological and developmental correlates
	CSD 640 Aural Rehabilitation I	intervention regarding hearing disorders; impact on speech and language, including the etiologies, characteristics, developmental, and linguistic correlates
	CSD 642 Aural Rehabilitation II	intervention regarding hearing disorders; impact on speech and language, including the etiologies, characteristics, developmental, and linguistic correlates
Ethics III-E	CSD 629 Intro to Medical CSD	standards of ethical conduct,
	CSD 651 Professional Issues	standards of ethical conduct,
Prof Issues III-G	CSD 629 Intro to Medical CSD	contemporary professional issues
	CSD 651 Professional Issues	contemporary professional issues
Credentials III-H	CSD 629 Intro to Medical CSD	certification, specialty recognition, licensure, and other relevant professional credentials
	CSD 651 Professional Issues	certification, specialty recognition, licensure, and other relevant professional credentials
Research III-F	RS 535 Evidence-Based Practice	processes used in research and integration of research principles into evidence-based clinical practice
	RS 555 Quantitative Research	processes used in research and integration of research principles into evidence-based clinical practice

RS 560 Qualitative Research	processes used in research and integration of research principles into evidence-based clinical practice
RS 565 Single Systems Research	processes used in research and integration of research principles into evidence-based clinical practice
RS 515 Research Seminar	processes used in research and integration of research principles into evidence-based clinical practice
RS 699 Research Project	
	processes used in research and integration of research principles into evidence-based clinical practice
CSD 645 Independent Study	processes used in research and integration of research principles into evidence-based clinical practice
CSD 799 Thesis	processes used in research and integration of research principles into evidence-based clinical practice

Revised Table October 5, 2005; May 12, 2006

APPENDIX III

College of Health Professions
Department of Rehabilitation Sciences
Communication Sciences and Disorders

CURRICULUM 2008-2010

Subject to Change

Medical University of South Carolina
College of Health Professions
COMMUNICATION SCIENCES AND DISORDERS CURRICULUM

Class of 2010

YEAR 1

Summer			Fall			Spring		
RS 535	Evidence Based Prac.	1	RS 701	Neuroscience	5	RS 560	Qualitative Research*	1
CSD 652	Health Promotion	1	RS 555	Quantitative Res.	1	CSD 623	Childhood Lang. Dis.	3
CSD 634	Anatomy & Phys. of Head & Neck	3	CSD 622	Lang. Acquisition	3	CSD 631	Diag. & Trmt. Methods	2
CSD 629	Intro to Med. CSD	3	CSD 502	Clinical Education II	2	CSD 610	Voice Disorders	3
CSD 635	Phono & Artic. Dis.	3	CSD 614	Speech/Hearing Sci.	3	CSD 503	Clinical Education III	2
CSD 501	Clinical Education I	2	CSD 540	Swallowing Dis.	3	CSD 626	Audiology	3
CSD 533	Phonetics	2	CSD 616	Advanced Topics:Fluency	1	CSD 535	Stroke Syndromes	3
Minimum Credits		15	Minimum Credits		18	Minimum Credits		16+

YEAR 2

Summer			Fall			Spring		
RS 565	Single Sys Research	1	RS 515	Research Seminar	1	CSD 531	Clinical Affiliation I	8
CSD 640	Aural Rehab I	1	CSD 618	Advanced Topic:AAC	1	CSD 639	Clinical Affiliation II	8
CSD 642	Aural Rehab II	1	CSD 633	Genetics/Cranio.	3	CSD 641	Clinical Affiliation III <i>(elective/remedial)</i>	**
CSD 545	Dementia & Trauma	2	CSD 651	Prof. Issues for CSD	2			
CSD 520	Motor Speech Dis.	2	CSD 632	Trachs and Vents	2			
CSD 604	Clinical Education IV	2	CSD 625	Multicultural Issues	2			
RS 695/1	Community-Based Ele.	1	CSD 606	Clinical Education V	2			
RS 695/2	Community-Based Ele.	1						
Minimum Credits		10	Minimum Credits		13	Minimum Credits		16

Total Credit Hours = 88

*elective

Comprehensive examinations (5th semester) are a requirement for progression to 6th semester, and graduation.

*Community-based experiences: RS 695-1 Pattison's (limited spaces); RS 695-2 Camp Communication Vacation (required).

CSD 615, 616, 617, 618 are Advanced Topics courses are 1.0 - 4.0 credit hour - flexible.

CSD 640 / 642: may exempt I or II by transcript or certificate documentation, grade B or higher.

Other potential courses: RS 699, Research Project, CSD 645 Independent Study.

CSD 799, Thesis is by application (process begins Fall of 1st year).

APPENDIX IV

Medical University of South Carolina
Department of Rehabilitation Sciences
Communication Sciences and Disorders Program

COURSE DESCRIPTIONS *(From MUSC Bulletin)*

Subject to Change
(This is not a contract)

Communication Sciences and Disorders Course Descriptions

Online: http://www.musc.edu/bulletin/chp/csd/course_descpts.html

Date revised: March 25, 2007

CSD-652. Health Promotion and Prevention. This course serves as an Introduction to Healthy People 2010, a comprehensive nationwide plan focusing on promoting health and preventing disease in the United States, and discusses national and state health indicators, as well as important topics related to the prevention of communication disorders. Prerequisites: None.
1 s.h. Sword Required.

CSD-501, CSD-502, CSD-503, CSD-604 and CSD-606. Clinical Education I-V. These courses provide students with supervised clinical practice in essential competency areas: articulation, fluency, voice, language, hearing, swallowing, cognition, pragmatics, and communication modalities. Progression to each subsequent course in the sequence depends on satisfactory academic standing, safe and effective clinical skills, and professional development.
2 s.h. each. Hays/Dickson. Required.

CSD-520. Motor Speech Disorders. This course describes adult neurologically-based motor speech disorders (dysarthria, apraxia). The focus of this course is on neurological correlates of motor control, perceptual speech abnormalities, differential diagnosis, and speech rehabilitation. Prerequisites: CSD-629, CSD-634, RS-701. **2 s.h. Ellis. Required.**

CSD-531, CSD-639 and CSD-641. Clinical Affiliation. These courses provide supervised clinical practice in communication disorders (531 and 639 are required; 641 is remedial). Each 8-week placement is outside Charleston (with rare exceptions). An interview or other criteria might be required by the clinical affiliate. Students select from existing clinical affiliation contracts; new contracts are established at the discretion of the Director of Clinical Education in collaboration with university counsel. Prerequisites include minimum 3.0 cumulative GPA, and satisfactory completion of comprehensive examinations and professional development requirements. **8 s.h. Hays. Required.**

CSD-533. Phonetics. This course describes the International Phonetic Alphabet (IPA) and applies it to American English. The course involves the identification, discrimination, and notation of vowels, diphthongs, and consonants, and speech transcription. Prerequisites: None.
2 s.h. VanLue. Required.

CSD-535. Stroke Syndromes. This course describes both theoretical and practice issues pertaining to acquired communicative disorders resulting from “focal” brain lesions: aphasia due to dominant language hemisphere damage, and neglect and communication disorders associated with nondominant hemisphere damage. Prerequisites: CSD-629, CSD-634, RS-701. **3 s.h. Ellis. Required.**

CSD-540. Swallowing and Swallowing Disorders. This course addresses current research, theory and practice in swallowing, and associated problems. Attention is devoted to neurogenic and post-surgical cases. Students are instructed in principles of evaluation and management. Prerequisites: CSD-614, CSD-629, CSD-634, RS-701. **3 s.h. Martin-Harris. Required.**

CSD-545. Dementia and Trauma. This course describes disorders associated with “non-focal” or diffuse brain damage: traumatic brain injury and dementing illness. Cognitive and language changes associated with normal aging will also be addressed. Prerequisites CSD-629, CSD-634, RS-701. **2 s.h. Ellis. Required.**

CSD-610. Voice/Resonance Disorders. This course introduces students to etiologic factors and methodology for diagnosis and treatment of functional and organic pitch, loudness, and quality disorders of voice. Prerequisites: CSD-614, CSD-629, CSD-634, RS-701. **3 s.h. Martin-Harris. Required.**

CSD-614. Speech and Hearing Science. This course is designed to provide students with a comprehensive knowledge of the scientific basis of speech and hearing. Students study the act of speaking (neurology, respiration, phonation, and articulation), the acoustic nature of speech and its measurement, and the various theories of speech perception. CSD-533, CSD-629, CSD-634. **3 s.h. VanLue. Required.**

CSD-615, CSD-616, CSD-617, CSD-618. Advanced Topics I-IV. These courses address contemporary issues relevant to the theory and practice of speech-language pathology. They are designed to provide students with knowledge and skills for specialized areas of practice. Prerequisites: None. **1-4 s.h. Faculty. Required at the discretion of the faculty.**

CSD-622. Language Acquisition. This course explains linguistic concepts (phonology, morphosyntax, and lexical-semantics), the major theories of language acquisition, and the relationship of these theories to the diagnosis of child language disorders. Prerequisites: CSD-533, CSD-629, CSD-634, CSD-635. **3 s.h. Required.**

CSD-623. Childhood Language Disorders. This course addresses the identification, assessment and differential diagnosis of pediatric language disorders, explains administration and interpretation of tests and protocols used with infants, children and adolescents, and describes intervention methods. Prerequisites: CSD-533, CSD-629, CSD-634, CSD-635. **3 s.h. Required.**

CSD-625. Multicultural Issues in Communication Disorders. This course describes cross-linguistic and cross-cultural communication in multicultural populations, and explores the complex relationships that characterize language, society, and communication disorders. Prerequisites: CSD-622, CSD-629, CSD-634, CSD-635, None. **1 s.h. Faculty. Required.**

CSD-626. Audiology. A study of the elements of acoustics necessary to understand the quantitative aspects of speech and hearing science, speech-language pathology and audiology. Includes a review of the basic physics of sound and measurement of hearing. Introduction to pathologies associated with hearing loss. Medical and/or rehabilitative strategies are also presented. Prerequisites: None. CSD-533, CSD-614, CSD-634. **3 s.h. King. Required.**

CSD-629. Introduction to the Medical Setting. This course explains interdisciplinary roles and practices including topics such as infectious disease precautions, diagnostic and surgical procedures, hospital policies, and documentation, and includes a medical terminology module. Prerequisites: None. **3 s.h. VanLue. Required.**

CSD-631. Diagnostic and Treatment Methods. This course explains assessment and treatment of communication disorders, team management concepts, determination of patient strengths and limitations, documentation requirements, therapy planning, and short-term and long-term goal formulation. Prerequisites: CSD-533, CSD-622, CSD-629. **2 s.h. Faculty. Required.**

CSD-632 Tracheostomy and Ventilator Dependency. This course describes the surgical technique of tracheotomy, types of tracheostomy tubes, and types of mechanical ventilation, and explains communication options and management of the tracheostomized patient. Prerequisites: CSD-629, CSD-634. **2 s.h. Hays/Dickson. Required.**

CSD-633. Genetic Syndromes and Craniofacial Anomalies. This course explains genetic inheritance, embryonic development and genetic syndromes involving the craniofacial complex, and describes the impact of craniofacial anomalies (notably clefts of the lip and palate) on speech-language and hearing. Prerequisites: CSD-614, CSD-629, CSD-634, RS-701. **3 s.h. VanLue. Required.**

CSD-634. Anatomy and Physiology of Head, Neck, and Thorax. This course provides a detailed examination of the anatomic structures and physiologic processes involved with speech, language, and hearing. Prerequisites: Undergraduate human anatomy, or anatomy of speech, language and hearing. **3 s.h. VanLue Required.**

CSD-635. Phonological and Articulation Disorders. This course describes disorders of perception and the production of speech sounds. Theories of phonological development, phonologic processes, and etiologic bases of functional and organic articulation disorders are used as a rationale for the development of individualized diagnostic and therapeutic plans. Concurrent with CSD-533 Phonetics. **3 s.h. Required.**

CSD-640. Aural Rehabilitation I. This course supplements CSD-626 Audiology by providing training in a manual modality. May be exempted upon presentation of transcript or certificate showing equivalent training. Prerequisite: CSD-626. **1 s.h. Faculty**

CSD-642. Aural Rehabilitation II. This course supplements CSD-626 Audiology by providing training in treatment for hearing-impaired individuals. May be exempted upon presentation of transcript or certificate showing equivalent training. Prerequisite: CSD-626. **1 s.h. Faculty**

CSD-645. Independent Study. Students engage in guided study of communication sciences and disorders, or topics involving professional or interdisciplinary healthcare issues. Topic is established in collaboration with a faculty mentor. Prerequisite: RS-535. **1-3 s.h. Faculty. Elective.**

CSD-651. Professional Issues in CSD. This course addresses a range of topics pertinent to students entering practice including general health laws and regulations, anti-discrimination law, standards of professional practice, and application of the code of ethics to realistic situations. Prerequisites: None. 1 s.h. **Faculty. Required.**

CSD-799. Thesis. This is an elective experience. Requirements include completion of a directed research proposal, collection and analysis of pilot data, and completion of a thesis in an area of clinical, survey, or historical research. Prerequisites: Undergraduate statistics, and RS-535, RS-555. **1-6 s.h. Faculty. By application.**

Comprehensive examination: Oral and written examination of anatomy/physiology and speech science, audiology, pediatric speech/language disorders, and adult speech/language disorders; one opportunity to remediate; prerequisite to external clinical affiliation in 6th semester. Satisfactory performance is a condition for graduation from the program.

See Department of Rehabilitation Sciences section of the Bulletin for other courses in the CSD curriculum: **RS-515** Research Seminar (required); **RS-535** Introduction to Evidence-Based Practice (required); **RS-555** Quantitative Research Approaches to Evidence-Based Practice (elective); **RS-560** Qualitative Research Approaches to Evidence-Based Practice (required); **RS-565** Single System Research Approaches to Evidence-Based Practice(required); **RS-695** Community-Based Experiences – Camp Communication Vacation (required); **RS-695** Community-Based Experiences – Other experiences (elective), and **RS-699** Research Practicum (elective).

Rehabilitation Sciences Course Descriptions

Online: http://www.musc.edu/bulletin/chp/rehab/course_descrp.html

RS-515. Research Seminar. This course provides an opportunity for students to review and critique peer reviewed journal articles that have the potential to inform practice, and to use the literature as a tool for evidence-based practice. 1 or more **s.h. Faculty**

RS-535. Introduction to Evidence-Based Practice. This course introduces students in the rehabilitation sciences to the concept of evidence-based practice. Beginning with an orientation to published literature in the health professions, attention will be given to techniques of literature searching using Medline, Cumulative Index to Nursing and Allied Health Literature, and PsycINFO. Students will search, read, and analyze literature that validates current practice. **1 s.h. Mitcham**

RS-555. Quantitative Research Approaches to Evidence-Based Practice. This course introduces students in the rehabilitation sciences to quantitative research approaches used to generate new knowledge for evidence-based practice. Attention will be given to the advantages and disadvantages of quantitative research designs for large group research, the principles of reliability and validity, the value of descriptive and inferential statistics and the importance of ethical research conduct. **1 s.h., Saladin, M**

RS-560. Qualitative Research Approaches to Evidence-Based Practice. This course introduces and provides preliminary experience with qualitative research approaches used to generate new knowledge in the rehabilitation sciences. Attention will be given to exploring the advantages and disadvantages of qualitative research methods, the principles of methodologic rigor, strategies for qualitative analysis, the importance of ethical research conduct, and to examining and critiquing existing professional evidence that may be used to inform practice. **1 s.h. Mitcham ***

RS-565. Single System Research Approaches to Evidence-Based Practice. This course introduces students in the rehabilitation sciences to single system research approaches used to generate new knowledge for evidence-based practice. Attention will be given to the advantages and disadvantages of single system research methods, types of single system research designs, ways of analyzing data and the importance of ethical research conduct. **1 s.h. Yuen**

RS-695. Community-Based Experiences. Opportunity for individuals and/or small group of students to actively participate with faculty members in innovative community-based experiences that will improve the health needs of diverse communities. Students will gain experience examining how their professional skills may be harnessed to respond to the health objectives embedded in Healthy People 2010. **1-3 s.h. Faculty#**

RS-699. Research Practicum. An elective course for students to work with faculty members on a research project. **1-4 s.h. Faculty#**

RS-701. Neuroscience. This course will provide students with the opportunity to thoroughly examine the structure and function of the human nervous system with emphasis on functional considerations related to clinical practice. This course will include a study of microscopic and macroscopic anatomical components of the central, peripheral, and autonomic nervous system with emphasis on the organization of functional systems. The neurophysiological principles which are related to neural transmission and function of the various structures and systems will also be examined. Signs and symptoms related to various pathological conditions affecting the nervous system will be emphasized and students will be expected to correlate the clinical manifestations with the anatomical location of the pathology. **5 s.h. Saladin**

Elective course (some sections are required)

Approved by the College of Health Professions Curriculum Committee March, 2007.

APPENDIX V

American Speech-Language-Hearing
Association (ASHA)

CODE OF ETHICS

(2003)

Code of Ethics

Last Revised January 1, 2003

APPENDIX VI

Professional and Behavior Evaluation (PBE)

*Complete a PBE at least two times each year,
meet with your faculty advisor
to discuss your progress, challenges, and goals*

APPENDIX VIII

Communication Sciences and Disorders

Thesis Option

Syllabus
Application
Recommendation Forms

(See THESIS MANUAL separately)

Medical University of South Carolina
College of Health Professions
Department of Rehabilitation Sciences
Communication Sciences and Disorders

Thesis Syllabus

Course:	Thesis in partial fulfillment of Master of Science: Rehabilitation Sciences: Communication Sciences and Disorders
Course Number:	CSD 799
Contact Hours:	Register for 1 or 2 semester hours each semester; maximum 6 semester hours over 4-6 semesters
Course Placement:	Typically Fall, Year 1 (start) to Spring Year 2 (end)
Course Place:	TBA
Course Time:	By arrangement between student and Thesis Chair and Committee Members
Course Faculty:	Faculty, Communication Sciences and Disorders Faculty, other MUSC Colleges (Chair must be doctoral level faculty)

THESIS DESCRIPTION:

CSD-799. Thesis. This is an elective experience. Requirements include completion of a directed research proposal, collection and analysis of pilot data, and completion of a thesis in an area of clinical, survey, or historical research. (Bulletin)

STUDENT ELIGIBILITY:

Potential thesis students in the Communication Sciences and Disorders Program must apply to the departmental faculty in order to be awarded thesis candidate status. The requisite credentials include at least a “B” in an undergraduate statistics course; a cumulative grade point average of 3.8; a grade point average of 3.8 in all scientific methods courses offered in the program (RS 525, RS 555; RS 565; RS 515 (all required), and RS 560 (elective). The applicant must also summarize in a brief abstract the subject of the thesis, and is required to identify a faculty member who is willing and available to serve as chair of the thesis committee. Finally, the applicant must submit a minimum of two (2) letters of recommendation that attest to the students analytic abilities, dependability, writing ability as well as other requisite aptitudes.

THESIS GOALS:

The goal of the thesis is to provide students with the opportunity to develop their scholarship in the form of an original work. Goals include: to research the literature on a focused contemporary topic pertaining to communication sciences and disorders; to develop an original and meaningful research question; to identify several specific aims that are feasible and within the normal scope of a masters thesis; to identify scientifically sound and practical methods and procedures, including the appropriate sample of research subjects; to collect original data that are reliable and valid; to analyze these data using appropriate statistical methods; to explain, discuss and critique the findings; and, finally, to prepare a scholarly work that is of sufficient quality to receive approval by the thesis committee. In all phases of thesis work, the student will

conform the research design, data collection procedures, and writing style and quality to the expectations of the thesis chair and thesis committee members.

COURSE OBJECTIVES:

Prior to final approval of the thesis, the student, with supervision, will:

1. Participate in the human subjects compliance training program and demonstrate competence;
2. Summarize the relevant literature in a concise and well written literature review;
3. Establish scientifically sound methods and procedures;
4. Submit a prospectus to the thesis committee for approval;
5. Submit the prospectus to, and receive approval from the MUSC institutional review board (IRB);
6. Recruit human participants; or, in the case of historical data analyses, acquire (as required by law) the necessary institutional approval for access to stored records;
7. Collect and analyze the data;
8. Write the thesis;
9. Obtain approval of the thesis draft from the thesis committee;
10. Orally defend the thesis;
11. Revise the thesis in light of the oral defense and recommendations of the thesis committee.
12. Produced a scholarly work of sufficient quality for publication in the MUSC library.

**Medical University of South Carolina
Communication Sciences and Disorders
APPLICATION — MASTER’S THESIS**

Student’s name: _____ Date: _____

Expected date of graduation: May 20_____

Grade of B or higher in undergraduate statistics course: _____ Yes _____ No

Grade point of 3.5 (A) in RS 535 Evidence-based practice: _____ Yes _____ No

Cumulative GPA of 3.5 or better at time of application: _____ Yes _____ No

Thesis candidates may opt out of CSD capstone experiences. Comprehensive examinations and all other courses are required.

Letters of recommendation (3) (at least 2 from CSD faculty):

_____ (1) Name of faculty: _____

_____ (2) Name of faculty: _____

_____ (3) Name of faculty: _____

Original research plan:

Attach one-half to one-page *typed* summary of your thesis topic. Headings: problem, purpose, methods (number and type of subjects, test instruments), and implications (reason why this research topic is important).

Committee chair:

A doctoral faculty member has been identified and has indicated his/her *interest* and *availability* to chair your thesis.

Proposed committee members.

1. _____

2. _____

3. _____

Disposition. Do not write in this space.

Program Director (Date)

Medical University of South Carolina
 Department of Rehabilitation Sciences
Communication Sciences and Disorders Program

Semester	Action	Expectation	Complete by
1st		Identify problem, purpose and specific aims of thesis; Identify thesis chair and tentative committee and satisfy application requirements; Submit Thesis Application and Letters of Recommendation	July 2008
2 nd	Register for Thesis CSD 799, 1 credit;	Application accepted and thesis chair identified; By end of this semester, Finalize draft of chapter 1 (Literature review, aims)	December 2008
3rd	Register for Thesis CSD 799, 1 credit	Finalize draft of chapter 2 (methods and procedures)	March 2009
3 rd	Complete IRB Compliance Program	Required for all persons wanting to do research with human participants; Submit IRB application	April 2009
4 th	Register for Thesis CSD 799, 1 credit	Collect data	July, 2009
5 th	Register for Thesis CSD 799, 1 credit	Make progress with data analysis and finish draft 1 of thesis.	December, 2009
6 th	Register for Thesis CSD 799, 1 credit	Finalize thesis to satisfaction of Thesis Committee; Defend Thesis (March)	March 2010

Approved Spring, 2003
 Revised, May, 2008

APPENDIX IX

Medical University of South Carolina
Department of Rehabilitation Sciences
Communication Sciences and Disorders Program

South Carolina Code of Laws
Title 40—Professions and Occupations
Chapter 67—Speech Pathologists and Audiologists

South Carolina Code of Laws (2004)

CHAPTER 67.

SPEECH PATHOLOGISTS AND AUDIOLOGISTS

SECTION 40-67-5. Application of chapter; conflicts of laws.

Unless otherwise provided for in this chapter, Article 1, Chapter 1, Title 40 applies to speech-language pathologists and audiologists. However, if there is a conflict between this chapter and Article 1, Chapter 1, Title 40, the provisions of this chapter control.

SECTION 40-67-10. Creation of Board of Examiners in Speech-Language Pathology and Audiology; purpose of board; membership; vacancies; oath of office.

(A) There is created the Board of Examiners in Speech-Language Pathology and Audiology under the administration of the Department of Labor, Licensing and Regulation. The purpose of this board is to protect the public through the regulation of professionals who identify, assess, and provide treatment, including dispensing and fitting appropriate devices to promote communication, for individuals with communication disorders through the administration and enforcement of this chapter and any regulations promulgated under this chapter.

(B) The Board of Examiners in Speech-Language Pathology and Audiology consists of five members: two speech-language pathologists, two audiologists, and one lay member. Each speech-language pathologist and audiologist must hold active and valid licenses issued under this chapter.

(C) All members must be appointed by the Governor with the advice and consent of the Senate. Nominations for appointment to the board may be submitted to the Governor from a group, individual, or association and must be considered in accordance with Section 40-1-45. Members shall serve terms of four years and until a successor has been appointed and qualifies.

(D) A vacancy on the board must be filled for the remainder of the unexpired term in the manner of the original appointment.

(E) The Governor may remove a member of the board in accordance with Section 1-3-240.

(F) Each member of the board, before entering upon the discharge of the duties of the office, shall take and file with the Secretary of State, in writing, an oath to perform properly the duties of the office as a member of the board and to uphold the Constitution of this State and the United States.

SECTION 40-67-20. Definitions.

As used in this chapter:

(1) "ASHA" means the American Speech-Language Hearing Association.

(2) "Audiologist" means an individual who practices audiology.

A person represents himself to be an audiologist when he holds himself out to the public by any title or description of services which incorporates the words "audiologist", "audiology", "acoustician", "auditory integrative trainer", "hearing clinician", "hearing therapist", or any similar variation of these terms or any derivative term or uses terms such as "hearing",

“auditory”, “acoustic”, “aural”, or “listening” in combination with words such as “communicologist”, “correctionist”, “specialist”, “pathologist”, “therapist”, “conservationist”, “center”, “clinic”, “consultant”, or “otometrist” to describe a function or service he performs.

(3) “Audiology” or “audiology service” means screening, identifying, assessing, diagnosing, habilitating, and rehabilitating individuals with peripheral and central auditory and vestibular disorders; preventing hearing loss; researching normal and disordered auditory and vestibular functions; administering and interpreting behavioral and physiological measures of the peripheral and central auditory and vestibular systems; selecting, fitting, programming, and dispensing all types of amplification and assistive listening devices including hearing aids, and providing training in their use; providing aural habilitation, rehabilitation, and counseling to hearing impaired individuals and their families; designing, implementing, and coordinating industrial and community hearing conservation programs; training and supervising individuals not licensed in accordance with this chapter who perform air conduction threshold testing in the industrial setting; designing and coordinating infant hearing screening and supervising individuals not licensed in accordance with this chapter who perform infant hearing screenings; performing speech or language screening, limited to a pass-fail determination; screening of other skills for the purpose of audiological evaluation; and identifying individuals with other communication disorders.

(4) “The practice of audiology” means the rendering of or the offering to render any audiology service to an individual, group, organization, or the public.

(5) “Board” means the South Carolina State Board of Examiners in Speech-Language Pathology and Audiology.

(6) “Director” means the Director of the Department of Labor, Licensing and Regulation.

(7) “License” means an authorization to practice speech-language pathology or audiology issued by the board pursuant to this chapter and includes an authorization to practice as a speech-language pathology intern, an audiology intern, and a speech-language pathology assistant.

(8) “Licensee” means an individual who has met the requirements for licensure under this chapter and has been issued a license for speech language pathology or audiology or for speech language pathology or audiology intern or speech-language pathology assistant.

(9) “Intern” means an individual who has met the requirements for licensure as a speech-language pathology or audiology intern under this chapter and has been issued this license by the board.

(10) “Person” means an individual, organization, or corporation, except that only individuals can be licensed under this chapter.

(11) “Speech-language pathologist” means an individual who practices speech-language pathology.

A person represents himself to be a speech-language pathologist when he holds himself out to the public by any title or description of services incorporating the words “speech pathologist”, “speech pathology”, “speech therapy”, “speech correction”, “speech correctionist”, “speech therapist”, “speech clinic”, “speech clinician”, “language pathology”, “language pathologist”, “logopedics”, “logopedist”, “communicology”, “communicologist”, “aphasiologist”, “voice therapy”, “voice therapist”, “voice pathologist”, “voice pathology”, “voxologist”, “language therapist”, “phoniatriest”, “cognitive communication therapist clinician”, or any similar variation of these terms or any derivative term, to describe a function or service he performs. “Similar variations” include the use of words such as “speech”, “voice”, “language”, or “stuttering” in

combination with other words which imply a title or service relating to the practice of speech-language pathology.

(12) "Speech-language pathology" or "speech-language pathology service" means screening, identifying, assessing, interpreting, diagnosing, rehabilitating, researching, and preventing disorders of speech, language, voice, oral-pharyngeal function, and cognitive/communication skills; developing and dispensing augmentative and alternative communication systems and providing training in their use; providing aural rehabilitation and counseling services to hearing impaired individuals and their families; enhancing speech-language proficiency and communication effectiveness; screening of hearing, limited to a pass-fail determination; screening of other skills for the purpose of speech-language evaluation; and identifying individuals with other communication disorders.

(13) "The practice of speech-language pathology" means the rendering of or the offering to render any speech-language pathology services to an individual, group, organization, or the public.

(14) "Speech-language pathology assistant" means an individual who provides speech-language pathology services as prescribed, directed, and supervised by a speech-language pathologist licensed under this chapter. A person represents himself to be a speech-language pathology assistant when he holds himself out to the public by any title or description of services incorporating the words "speech aid", "speech-language support personnel", "speech assistant", "communication aid", "communication assistant", "speech pathology technician", or any similar variation of these terms, to describe a function or service he performs.

SECTION 40-67-30. Licensure requirement for practice of speech-language pathology and audiology; supervision of interns and assistants.

No person may practice speech-language pathology or audiology without a license issued in accordance with this chapter. A speech-language pathology intern or assistant may only practice under the direct supervision of a speech-language pathologist, and an audiology intern may only practice under the direct supervision of an audiologist as specified by the board.

SECTION 40-67-50. Assessment, collection, and adjustment of fees.

(A) These fees must be assessed, collected, and adjusted on behalf of the board by the Department of Labor, Licensing and Regulation in accordance with this chapter and Section 40-1-50(D):

- (1) initial license fee - \$220.00;
- (2) initial intern license fee - \$110.00;
- (3) biennial license renewal fee - \$220.00;
- (4) annual intern license fee - \$110.00;
- (5) reinstatement fee - \$50.00 for renewals received after March 31 but before May 1;
- (6) replacement fee - \$10.00 for replacing a license;
- (7) initial inactive license status fee - \$100.00;
- (8) biennial inactive license renewal fee - \$100.00;
- (9) roster fee - \$15.00;
- (10) initial speech-language pathology assistant fee - \$50.00;
- (11) biennial speech-language pathology assistant license renewal fee - \$100.00;

(12) change in supervising Speech-Language Pathologist or Audiologist fee - \$25.00 for changes during a license period.

(B) All fees are nonrefundable.

(C) A check which is presented to the board as payment for a fee which the board is permitted to charge under this chapter and which is returned unpaid may be cause for denial of a license or for imposing a sanction authorized under this chapter or Section 40-1-50(G).

SECTION 40-67-60. Election of chairman, vice-chairman and other officers; meetings; quorum; adoption of rules and procedures; seal; positive majority vote.

(A) The board annually shall elect from among its members a chairman, vice-chairman, and other officers as the board determines necessary.

(B) The board shall meet quarterly and at other times upon the call of the chairman or a majority of the board.

(C) Three members of the board constitute a quorum; however, if there is a vacancy on the board, a majority of the members serving constitutes a quorum.

(D) The board shall adopt rules and procedures reasonably necessary for the performance of its duties and the governance of its operations and proceedings.

(E) The board may have and use an official seal bearing the name of the board.

(F) Any business conducted by the board must be by a positive majority vote. For purposes of this subsection, "positive majority vote" means a majority vote of the entire membership of the board, reduced by any vacancies existing at the time.

SECTION 40-67-70. Additional powers and duties of board.

In addition to the powers and duties enumerated in Sections 40-1-70 through 40-1-100, the board shall:

(1) regulate the issuance of speech-language pathology and audiology licenses;

(2) promulgate regulations and establish policies and procedures necessary to carry out this chapter; and

(3) discipline licensees in any manner permitted by this chapter or under Sections 40-1-110 through 40-1-150.

SECTION 40-67-80. Investigations; subpoenaing witnesses, taking evidence, and requiring production of documents or records.

For the purpose of conducting an investigation or proceeding under this chapter, the board or a person designated by the board may subpoena witnesses, take evidence, and require the production of any documents or records which the board considers relevant to the inquiry.

SECTION 40-67-100. Restraining orders and cease and desist orders.

Restraining orders and cease and desist orders must be issued in accordance with Section 40-1-100.

SECTION 40-67-110. Actions warranting disciplinary action.

In addition to grounds for disciplinary action as set forth in Section 40-1-110 and in accordance with Section 40-67-120, the board may take disciplinary action against a licensee who:

- (1) violates federal, state, or local laws relating to speech-language pathology or audiology;
- (2) violates a provision of this chapter or an order issued under this chapter or a regulation promulgated under this chapter;
- (3) fraudulently or deceptively attempts to use, obtain, alter, sell, or barter a license;
- (4) aids or abets a person who is not a licensed audiologist or speech-language pathologist in illegally engaging in the practice of audiology or speech-language pathology within this State;
- (5) participates in the fraudulent procurement or renewal of a license for himself or another person or allows another person to use his license;
- (6) commits fraud or deceit in the practice of speech-language pathology or audiology including, but not limited to:
 - (a) misrepresenting an educational degree, training, credentials, competence, or any other material fact;
 - (b) using or promoting or causing the use of any misleading, deceiving, improbable, or untruthful advertising matter, promotional literature, testimonial guarantee, warranty, label, brand, insignia, or any other representation;
 - (c) wilfully making or filing a false report or record in the practice of audiology or speech-language pathology or in satisfying requirements of this chapter;
 - (d) submitting a false statement to collect a fee or obtaining a fee through fraud or misrepresentation;
- (7) commits an act of dishonest, immoral, or unprofessional conduct while engaging in the practice of speech-language pathology or audiology including, but not limited to:
 - (a) engaging in illegal, incompetent, or negligent practice of speech-language pathology or audiology;
 - (b) providing professional services while mentally incompetent or under the influence of alcohol or drugs;
 - (c) providing services or promoting the sale of devices, appliances, or products to a person who cannot reasonably be expected to benefit from the services, devices, appliances, or products;
 - (d) diagnosing or treating individuals for speech or hearing disorders by mail or telephone unless the individual had been previously examined by the licensee and the diagnosis or treatment is related to the examination;
- (8) is convicted of or pleads guilty or nolo contendere to a felony or crime involving moral turpitude or a violation of a federal, state, or local alcohol or drug law, whether or not an appeal or other proceeding is pending to have the conviction or plea set aside;
- (9) is disciplined by a licensing or disciplinary authority of another state, country, or nationally recognized professional organization or convicted of or disciplined by a court of any state or country for an act that would be grounds for disciplinary action under this section;
- (10) fails to obtain informed consent when performing an invasive procedure or fails to obtain informed written consent when engaging in an experimental procedure;
- (11) violates the code of ethics promulgated in regulation by the board.

SECTION 40-67-115. Jurisdiction of board.

The board has jurisdiction over the actions of licensees and former licensees as provided for in Section 40-1-115.

SECTION 40-67-120. Imposition of fine.

Upon a determination by the board that one or more of the grounds for discipline of a licensee exists, as provided for in Sections 40-67-110 or 40-1-110, the board, in addition to the actions provided for in Section 40-1-120, may impose a fine of not more than one thousand dollars.

SECTION 40-67-130. Denial of licensure on grounds of possible disciplinary action.

The board may deny licensure to an applicant based on the grounds for which the board may take disciplinary action against a licensee.

SECTION 40-67-140. Denial of licensure on grounds of prior criminal record.

A license may be denied based on a person's prior criminal record as provided for in Section 40-1-140.

SECTION 40-67-150. Voluntary surrender of license.

A licensee who is under investigation for any of the grounds provided for in Section 40-67-110 or Section 40-1-110 voluntarily may surrender his license to the board in accordance with Section 40-1-150.

SECTION 40-67-160. Review.

A person aggrieved by an action of the board may seek review of the decision in accordance with Section 40-1-160.

SECTION 40-67-170. Payment of investigation and prosecution costs.

A person found in violation of this chapter or regulations promulgated under this chapter may be required to pay costs associated with the investigation and prosecution of the case in accordance with Section 40-1-170.

SECTION 40-67-180. Collection and enforcement of costs and fines.

All costs and fines imposed pursuant to this chapter must be paid in accordance with and are subject to the collection and enforcement provisions of Section 40-1-180.

SECTION 40-67-190. Privileged communications.

Communications made in connection with an investigation or hearing relevant to a complaint against a licensee are privileged as provided for in Section 40-1-190.

SECTION 40-67-200. Submission of false information for purpose of obtaining a license; penalties.

(A) A person who practices or offers to practice speech-language pathology or audiology in this State in violation of this chapter or a regulation promulgated under this chapter or who knowingly submits false information to the board for the purpose of obtaining a license is guilty of a misdemeanor and, upon conviction, must be fined not more than one thousand dollars or imprisoned for not more than six months, or both.

(B) A person violating any other provision of this chapter or a regulation promulgated under this chapter is guilty of a misdemeanor and, upon conviction, must be fined not more than one thousand dollars or imprisoned for not more than six months, or both.

SECTION 40-67-210. Civil and injunctive relief for violations of chapter.

In addition to initiating a criminal proceeding for a violation of this chapter, the board also may seek civil and injunctive relief pursuant to Section 40-1-210.

SECTION 40-67-220. Period of licensure; qualifications for licensure; inactive licensure.

(A) A license must be issued independently in either speech-language pathology or audiology. A license is valid for two years; however, an intern license only is valid for one year. A license application received after December 31 is valid for the next licensure period.

(B) To be licensed by the board as a speech-language pathologist or audiologist an individual must:

(1)(a) have earned a post-graduate degree in speech language pathology or audiology from a school or program determined by the board to be equivalent to those accredited by the Council on Professional Standards of the American Speech-Language Hearing Association (ASHA);

(b) passed an exam approved by the board; and

(c) completed supervised professional employment which is a minimum of thirty hours a week of professional employment in speech-language pathology or audiology for at least nine months whether or not for wages or other compensation under the supervision of a speech-language pathologist or audiologist licensed under this chapter; or

(2) meet ASHA's Standards for Certificate of Clinical Competence, or its equivalent as approved by the board, in speech-language pathology or audiology in effect at the time of application; or

(3) have a current ASHA Certificate of Clinical Competence or its equivalent as approved by the board.

(C) A speech-language pathology or audiology intern license must be issued to an applicant who has satisfied the requirement of subsection (B)(1)(a) and who has not passed the examination required by subsection (B)(1)(b) or who lacks the supervised professional employment as required by subsection (B)(1)(c), or both.

A person who has been issued a license as an intern who has not met the requirement of subsection (B)(1)(b) must pass an examination approved by the board within twelve months of the issuance of the intern license.

(D) To be licensed as a speech-language pathology assistant, an applicant must have earned a bachelors degree in speech-language pathology and must submit an application which includes a supervisory agreement and an on-the-job training plan, both of which must comply with

requirements established by the board in regulation. Speech-language pathologists who use a speech-language pathology assistant in their practices must comply with guidelines promulgated by the board in regulation.

(E) A person requesting inactive licensure must:

(1) hold a valid unrestricted license issued by this board at the time that inactive licensure is requested.

(2) agree not to practice speech-language pathology or audiology while holding an inactive license. An inactive license may be renewed for up to eight years.

SECTION 40-67-230. Notarized application for licensure; fee and documentation of eligibility.

An individual applying for a license as a speech-language pathologist or audiologist must file a notarized application with the board. Each application must be accompanied by the appropriate fee and documentation of eligibility as prescribed by the board.

SECTION 40-67-240. Issuance of license upon satisfaction of all requirements; personal right; display of license; title; duplicate license.

(A) If an applicant satisfies all licensure requirements as provided for in this chapter, the board shall issue a license to the applicant. A license is a personal right and not transferable, and the issuance of a license is evidence that the person is entitled to all rights and privileges of a speech-language pathologist or an audiologist, or of an assistant or intern while the license remains current and unrestricted. However, the license is the property of the State and upon suspension or revocation immediately must be returned to the board.

(B) A person licensed under this chapter must display the document in a prominent and conspicuous place in the person's place of business or place of employment.

(C) Only a person licensed under this chapter may use the title of "speech-language pathologist" or "audiologist" or "speech-language pathology assistant".

(D) A duplicate license may be issued by the board in accordance with Section 40-67-50.

SECTION 40-67-250. Issuance of license to person holding current license in another state.

The board may issue a license to a person who holds a current speech-language pathology or audiology license in another state if the standards for licensure in that state are at least the substantial equivalent to the licensing standards provided for in this chapter, and the person satisfies any other requirements the board may prescribe including, but not limited to, continuing education requirements.

SECTION 40-67-260. License renewal; conditions; continuing education; records.

(A) As a condition of license renewal, a speech-language pathologist or audiologist must satisfactorily complete sixteen hours per license of approved continuing education per license period.

(B) As a condition of an intern license renewal, a speech-language pathologist or audiologist must satisfactorily complete eight hours per license of approved continuing education per license period.

(C) As a condition of an assistant license renewal, a speech-language pathology assistant must satisfactorily complete eight hours of approved continuing education per license period.

(D) Continuing education must be reported on forms and in the time and manner specified by the board in regulation.

(E) Each licensee must maintain records of continuing education hours earned for a period of four years, and these records must be made available to the director or the director's designee upon request for audits that the board may conduct annually.

SECTION 40-67-270. Renewal periods; renewal fee; evidence of continuing education; reinstatement of license.

(A) A speech-language pathology or audiology license and a speech-language pathology assistant license must be renewed biennially and expire on March 31 of the second year. A speech-language pathology or audiology intern license may only be renewed for one twelve-month period for the purpose of completing the supervised professional employment required by Section 40-67-220(B)(1)(c).

(B) To renew a license the individual shall:

(1) pay a renewal fee as provided for in Section 40-67-50;

(2) submit evidence of compliance with continuing education requirements as provided for in Section 40-67-260.

(C) A license which was not renewed by March 31 is invalid and only may be reinstated upon receipt of a renewal application postmarked before May 1 and accompanied by the biennial license fee and the reinstatement fee. A renewal request not postmarked before May 1 only may be reinstated upon receipt of an application for licensure submitted under the license requirements in effect at the time the renewal request is submitted and accompanied by the biennial license fee and reinstatement fee.

SECTION 40-67-280. Activation of inactive license.

To activate an inactive license an individual must submit evidence attesting to satisfactory completion of sixteen hours of approved continuing education for each two years inactive licensure.

SECTION 40-67-290. Promulgation of code of ethics.

The Board of Examiners in Speech-Language Pathology and Audiology may promulgate regulations setting forth a code of ethics for persons licensed by the board.

SECTION 40-67-300. Limits on applicability of chapter.

This chapter does not apply to:

(1) A speech-language pathologist or audiologist employed by a state or federal agency or a political subdivision of the State while engaged in the discharge of official duties; however, federal and state or political subdivision employees or employees of a political subdivision of the State who are licensed by this board are subject to the provisions of this chapter.

- (2) Students of speech-language pathology or audiology enrolled in a course of study at an accredited university or college whose activities constitute a part of the course of study.
- (3) Hearing aid specialists licensed to fit and sell hearing aids pursuant to Chapter 25. Nothing in this chapter is in lieu of or shall conflict with or supersede Chapter 25 and the rights of those licensed under Chapter 25.
- (4) Registered nurses and licensed practical nurses or other certified technicians trained to perform audiometric screening tests in industrial operations and whose work is under the supervision of a company physician, otological consultant, or licensed audiologist.
- (5) A person licensed by the State under this title or any other provision of law whose scope of practice overlaps with the practice of speech-language pathology or audiology is not also required to be licensed under this chapter unless the person holds himself out to be a practitioner of speech-language pathology or audiology.

SECTION 40-67-350. Severability of chapter provisions.

If a provision of this chapter or the application of a provision to a person or circumstance is held invalid, the invalidity does not affect other provisions or applications of this chapter which can be given effect without the invalid provision or application, and to this end the provisions of this chapter are severable.

Disclaimer

This statutory database is current through the 2004 Regular Session of the South Carolina General Assembly. Changes to the statutes enacted by the 2005 General Assembly, which will convene in January 2005, will be incorporated as soon as possible. Some changes enacted by the 2005 General Assembly may take immediate effect. The State of South Carolina and the South Carolina Legislative Council make no warranty as to the accuracy of the data, and users rely on the data entirely at their own risk.

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